



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING AGENDA**

Wednesday, March 26, 2014

5:00 p.m. Regular 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 <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION <i>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>	<i>Hirsch</i>	
3. CONSENT CALENDAR: A. Quality Committee Minutes, 02.26.14	<i>Hirsch</i>	Action
4. POLICY & PROCEDURE APPROVAL a) Emergency Department b) Environmental Services c) Information Management d) Organizational Multiple Departments e) Pharmacy f) Record of Care	<i>Lovejoy</i>	Action
5. ANNUAL SKILLED NURSING FACILITY REPORT	<i>Evans</i>	Inform
6. QUALITY REPORTS FOR MARCH 2014	<i>Lovejoy</i>	Inform
7. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Hirsch</i>	
8. ADJOURN	<i>Hirsch</i>	
9. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION	<i>Hirsch</i>	
10. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> – Medical Staff Credentialing & Peer Review Report	<i>Amara</i>	Action
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform

3.

CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, February 26, 2014
Schantz Conference Room**

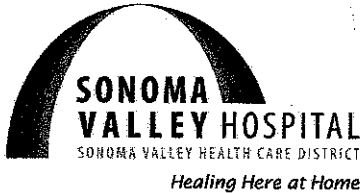
Committee Members Present	Committee Members Present	Committee Members Absent/Excused	Admin Staff /Other
Jane Hirsch John Perez Robert Cohen M.D. Susan Idell	Leslie Lovejoy Howard Eisenstark Kevin Carruth	Paul Amara M.D.	Gigi Betta

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
1. CALL TO ORDER	<i>Hirsch</i>		
	5:02 p.m. Welcome back to Kevin Carruth, 1 st Vice Chair of the Board of Directors and now member of the Quality Committee.		
2. PUBLIC COMMENT	<i>Hirsch</i>		
	None		
3. CONSENT CALENDAR	<i>Hirsch</i>	Action	
A. QC Meeting Minutes, 1.29.14		MOTION: by Perez to approve and 2 nd by Idell. All in favor.	
4. POLICIES & PROCEDURES	<i>Lovejoy</i>	Action	
		MOTION: by Carruth to approve and 2 nd by Idell. All in favor.	
5. QUALITY REPORTS FOR FEBRUARY 2014	<i>Lovejoy</i>	Inform/Action	
	Ms. Lovejoy presented the Quality Report for February 2014, the Core Measures Report and AHRQ Safety Results.		Add to 3/26/14 agenda: "Transparency in Pricing"
6. EVALUATION OF 2013 WORK PLAN	<i>Lovejoy</i>	Inform/Action	
	Ms. Lovejoy reviewed the work plan for 2013.		
7. PROPOSED 2014 WORK PLAN	<i>Lovejoy</i>	Inform/Action	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	Ms. Lovejoy presented the work plan for 2014 and the Committee recommended approval.	MOTION: by Perez to approve and 2 nd by Eisenstark. All in favor.	
8. QC DASHBOARD 2013	<i>Lovejoy</i>	Inform/Action	
	Quality Committee recommends Board approval on 3/6/14.		
9. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Hirsch</i>		
10. ADJOURN	<i>Hirsch</i>		
	6:25 p.m.		
11. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	Inform	
12. CLOSED SESSION	<i>Amara</i>	Action	
	Ms. Hirsch and Mr. Carruth expedited the credentials for the physician reappointment on page 2 of the SVH Medical Staff Report dated 2/26/14.		
13. REPORT OF CLOSED SESSION/ADJOURN	<i>Hirsch</i>	Inform	
	Adjourn 6:25 p.m. Next QC meeting is on March 26, 2014.		

4.

POLICY & PROCEDURE APPROVAL



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.

DEPARTMENT: ED 7010-16 Patient Privacy; 7010-15 Security Lockdown, ED

Departmental/Organizational (Provision of Care) PC 8610-210 Cardiac Rhythm Monitoring

APPROVED BY:
Chief Nursing Officer

DATE:
January 2014

Printed Name

S. Douglas Campbell, MD
Chief, Medical Staff

Date

1/9/14

Michael Brown, MD
Chief, Surgical Staff

Date

2/5/14

Leslie Lovejoy, RN
Chief Nursing Officer

Date

2/20/14

Paul Amara, MD
Chief of Medical Staff

Date

3/17/14

Sharon Nevins
Chair, Board of Directors

Date

Policy Submission Summary Sheet

Emergency Department Policy and Procedures

New document or revision written by: Mark Kobe, DON

Type Revision XX New Policy	Regulatory X CMS X CDPH (formerly DHS) D TJC (formerly JCHAO) <input type="checkbox"/> Other:
Departmental: Clinical/Non-clinical <i>(circle which type)</i>	XXXOrganizational <i>(List departments effected)</i>
Please <u>briefly</u> state changes to existing document/form or overview of new document/form here: (include reason for change(s) or new document/form) The following organizational policy addendum has been created: Cardiac Rhythm Monitoring PC 8610-210: This policy defines EHR documentation standards for cardiac monitored patients in the ED, ICU, M/S tele and the PACU. RN verification standards and policy for physician notification are identified.	

Policy Submission Summary Sheet

Emergency Department Policy and Procedures

New document or revision written by: Mark Kobe, DON

Type Departmental Revision X New Policy	Regulatory X CMS X CDPH (formerly DHS) D TJC (formerly JCHAO) <input type="checkbox"/> Other:
Departmental: Clinical/Non-clinical <i>(circle which type)</i>	XXXDepartmental <i>(List departments effected)</i>
Please <u>briefly</u> state changes to existing document/form or overview of new document/form here: (include reason for change(s) or new document/form)	
<p>The following ED Department policies has been created. A policy describing privacy in the ED did not formerly exist. This policy fills that void:</p> <p><u>7010-16</u> Patient Privacy, Emergency Department</p>	

Policy Submission Summary Sheet

Emergency Department Policy and Procedures

New document or revision written by: Mark Kobe, DON

Type Revision <input checked="" type="checkbox"/> New Policy	Regulatory <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH (formerly DHS) <input checked="" type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
Departmental: Non-clinical <i>(circle which type)</i>	XXXDepartmental <i>(List departments effected)</i>
Please <u>briefly</u> state changes to existing document/form or overview of new document/form here: (include reason for change(s) or new document/form) The following Departmental policy has been created: <u>7010-15</u> Security Lockdown of the Emergency Department The construction of the new ED included the provision for the ability to completely lockdown of the ED. This policy provides guidelines for its use and deactivation.	



POLICY AND PROCEDURE
Approvals Signature Page

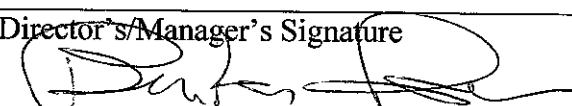
Healing Here at Home

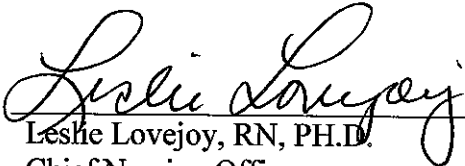
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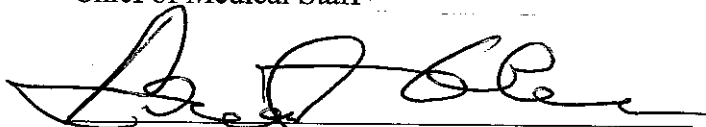
Organizational: ECHAZ8610-120 Mercury Management Policy LD8610-420 Mercury-Free Purchasing Policy	
APPROVED BY: Director of Facilities	DATE: 1-30-14
Director's/Manager's Signature 	Printed Name Alley Brown, Director Environmental Services


Leslie Lovejoy, RN, PH.D.
Chief Nursing Officer

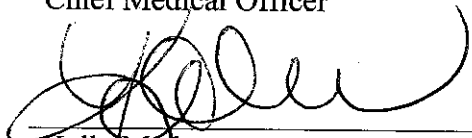
3-17-14
Date


D. Paul Amara, MD
Chief of Medical Staff

3/17/14
Date


Robert Cohen, MD
Chief Medical Officer

3/20/14
Date


Kelly Mather
Chief Executive Officer

3/20/14
Date

Sharon Nevins
Chair, Board of Directors

Date



POLICY AND PROCEDURE
Approvals Signature Page

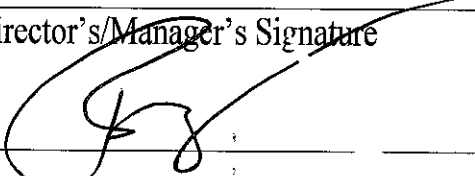
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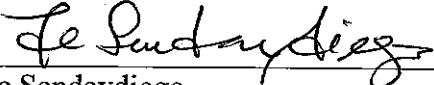
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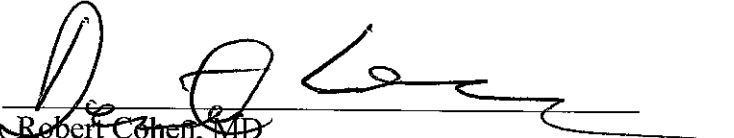
We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Department: Information Management	
APPROVED BY:	DATE: 3/13/14
Director's/Manager's Signature 	Printed Name Beverly Seyfert, Director Information Systems

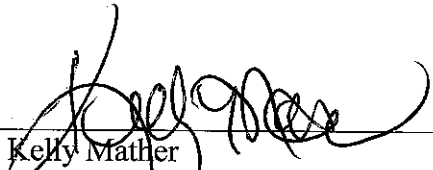

Fe Sendaydiego
Chief Information Officer

3/13/14

Date


Robert Cohen, MD
Chief Medical Officer

3/13/14
Date


Kelly Mather
Chief Executive Officer

3/13/14
Date

Sharon Nevins
Chair, Board of Directors

Date



POLICY AND PROCEDURE
Approvals Signature Page

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Healing Here at Home

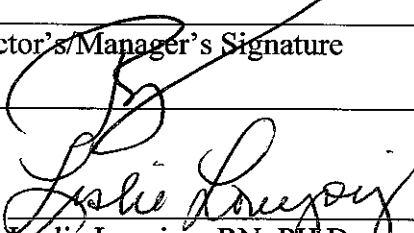
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Organizational: IM8610-126 Printing (from McKesson) Policy	
IM8610-200 Downtime (McKesson/Paragon Clinical) Documentation Policy	
APPROVED BY:	DATE: 1/30/14
Director's/Manager's Signature	Printed Name Beverly Seyfert, Director Information Systems


Leslie Lovejoy, RN, PH.D.
Chief Nursing Officer

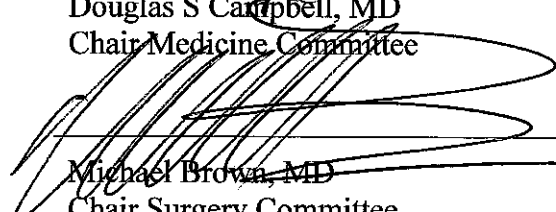
2-4-14

Date


Douglas S Campbell, MD
Chair Medicine Committee

2/13/14

Date


Michael Brown, MD
Chair Surgery Committee

2/4/14

Date


D. Paul Amara, MD
Chief of Medical Staff

3/17/14

Date


Robert Cohen, MD
Chief Medical Officer


2/20/14

Date

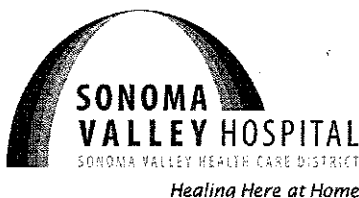

Kelly Mather
Chief Executive Officer

2/20/14

Date


Sharon Nevins
Chair, Board of Directors

Date



POLICY AND PROCEDURE
Approvals Signature Page

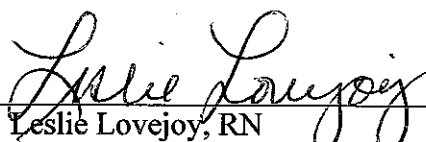
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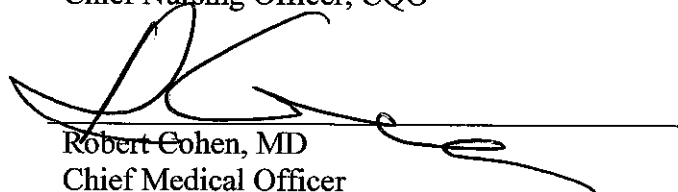
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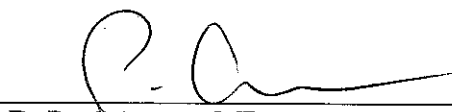
Organizational: Multiple (refer to Summary Sheet)	
APPROVED BY	DATE:
Director's/Manager's Signature	Printed Name


Leslie Lovejoy, RN
Chief Nursing Officer, CNO

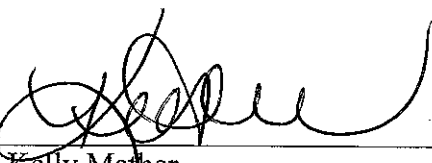
2-11-14
Date


Robert Cohen, MD
Chief Medical Officer

2/20/14
Date


D. Paul Amara, MD
President of Medical Staff

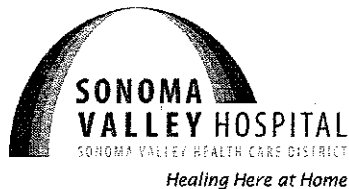
3/17/14
Date


Kelly Mather
Chief Executive Officer

2/20/14
Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

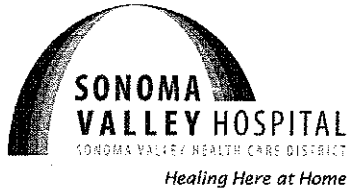
Title of Document: **Organizational-Multiple Departments**

New document or revision written by:

Type X Revision <input type="checkbox"/> New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
<input type="checkbox"/> Organizational: Clinical/Non-clinical <i>(circle which type)</i>	<input type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>

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

ECHAZ8610-108 Hazardous Material Chemical List - Reviewed; no changes
 ECHAZ8610-110 Asbestos Abatement - Retire; included in Engineering department policies
 ECHAZ8610-114 Hazardous Material Policy-retire; included information in ECHAZ8610-109 Spill Response policy
 ECHAZ8610-109 Hazardous Material Spill Response Policy-revised; added language from ECHAZ8610-114; updated language regarding large and small response of the Hazmat Response Team, updated Code Orange instructions.
 ECSAF8610-102 Safety Rounds Policy - reviewed; updated to current renamed from Hazard Surveillance Program
 ECSAF8610-104: Measuring & Assessing Performance of EOC - retire; Incorporated into Safety Committee policy#2
 ECSAF8610-106 Safety guidelines - retire; part of the EOC plan
 ECSAF8610-106 Sharps Evaluation & Implementation - retire; part of blood borne pathogen plan
 ECSAF8610-109 Product Recall - retire; included in policy LD8610-205 Product Recalls
 ECSAF8610-110 General Personal Protective Equipment - retire; part Engineering department policies
 ECSAF8610-General Infection Control - retire; included in Standard Precautions policy
 HR8610-213 Pull Notice Program - reviewed; no changes to policy, changed number only
 IM8610-183 IM System Security and Password Control - revised; minor change "IS will assist the employee in changing their password." rather than "IS will issue a new password"
 IM8610-202 Notification of Computer Security Violation - revised; minor additions noting it is a violation of security to share a password with some exceptions, a manager needs to sign off on any change in system access
 LD8610-135 Administrative Responsibility - changed nursing Admin Coordinator to Nursing Supervisor
 LD8610-165 Corporate Compliance & LD 8610-165 a - retire; included in Corporate Compliance Plan
 NR8610-140 Nursing Education Reimbursement - revised; define use of A. Tom Smith funds
 PC 8610-105 Code Management for Patient Emergency: Code Blue - updated to current standard
 PC8610-106 Chart Plan for Patient Assessment Chart Attachment A - reviewed; updated Assessment Plan Attachment A to reflect current time frames for inpatient referrals and admissions
 PC8610-106 Plan for Patient Assessment etc - revised; added documentation in to EHR where applicable
 PC8610-115 Maintenance/Security of Code/Broselow Carts & Emergency Medications - Renamed from Crash Cart Maintenance; revised and updated to represent facility wide standardization
 PC8610-150: Admission & Discharge by Unit - revised; updated SNF & ICU information, added all patients receive copy of Discharge plan
 PC8610-155 Case Management Intervention - revised; update time parameters for assessment
 PC8610-922 Safe Baby surrender - revised; was updated to reflect changes in registration and arm banding due to the implementation of the EHR
 PCLB8610-112 Adverse tissue Reactions - reviewed; no changes



Policy Submission Summary Sheet

Title of Document: **Organizational-Multiple Departments**

New document or revision written by:

PCLB8610-113 Record thermometer Documentation - reviewed; no changes
 PCMI 8610-158: Critical Tests Results, Medical Imaging - reviewed; added Spine Cord Compression to MRI exams
 RC8610-102 Disclosure or PHI by Hospital Personnel - reviewed; updated to include all users of PHI, legal information; changed number from IM8610-116.

Reviewed By	Date	Approved (Y/N)	Comment
Policy & Procedure Team	1/22/2014	yes	
Surgery Committee			
Medicine Committee			

Policy Submission Summary Sheet

Title of Document: **Organizational-Multiple Departments**

New document or revision written by:

Type X Revision <input type="checkbox"/> New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
X Organizational: Clinical/Non-clinical <i>(circle which type)</i>	<input type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>

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

LD8610-160 Visitors' Policy- retire; combined with RI8610-128 Patient's Right to Visitation
 LD8610-120 Soliciting of Charitable Funds- reviewed; no changes
 LD8610-137 Organizational Chart- reviewed; no changes
 LD8610-139 Senior Management Team- reviewed; no changes
 LD8610-141 Retention of Use of Legal Counsel- reviewed; no changes
 RI8610-121 Bio-Ethical Issues- reviewed; no changes
 RI8610-112 Encouraging Patients and Families to Report Concerns about Safety- reviewed; no changes
 RI8610-113 Patients Right to Access Protective Services- reviewed; no changes
 RI8610-105 Patient Rights & Responsibilities- reviewed; no changes

Reviewed By	Date	Approved (Y/N)	Comment
Policy & Procedure Team	3-11-14	yes	
Medicine Committee	3-13-14		



POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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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: Pharmacy	
APPROVED BY: Chief Quality Officer	DATE: x 11/5/13
Director's/Manager's Signature x	Printed Name Chris Kutza

Douglas S Campbell, MD
Chair Medicine Committee

11/21/13

Date

Michael Brown, MD
Chair Surgery Committee

2/5/14

Date

Robert Cohen, MD
Chief Medical Informatics Officer

2/20/14

Date

Kelly Mather
Chief Executive Officer

2/20/14

Date

D. Paul Amara, MD
President of Medical Staff
Chair, Pharmacy and Therapeutics Committee

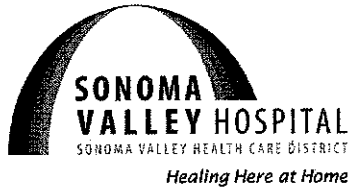
3/17/14

Date

~~Bill Boerum~~ SHARON NEVINS
Chair, Board of Directors

Date

Policy Submission Summary Sheet



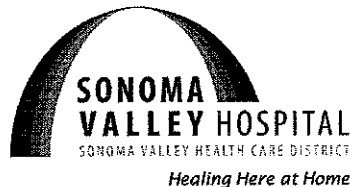
Title of Document: **Pharmacy Department**
New document or revision written by: Chris Kutza, Director of Pharmacy

Type X Revision X New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
X Organizational: Clinical <i>(circle which type)</i>	X Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>

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

MM8610-101 Look Alike Sound Alike—Reviewed & Updated
MM8610-102 Controlled Substance Management— Reviewed & Updated
MM8610-103 Warfarin Protocol— Reviewed & Updated
MM8610-104 Lipid Rescue for Local Anesthetic Toxicity—New Policy approved 12/12/2012 P&T Committee

Reviewed By	Date	Approved (Y/N)	Comment



Policy Submission Summary Sheet

Title of Document: **Pharmacy Department**

New document or revision written by: Chris Kutza, Director of Pharmacy

Type X Revision <input type="checkbox"/> New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:		
X Organizational: Clinical <i>(circle which type)</i>	X Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>		
Please <u>briefly</u> state changes to existing document/form or overview of new document/form here: <i>(include reason for change(s) or new document/form)</i>			
<u>Delete the following policies/procedures:</u> MM-129d After Hours Aseptic Technique Skills Checklist—Obsolete MM-129b After Hours RN IV Competency—Obsolete Appendix A-Anxiolytics & Hypnotics—Not a policy; obsolete Appendix B-Antipsychotics—Not a policy; obsolete MM-186 Blood Derivatives—Obsolete MM-152a IV Meds Not Requiring Intensive Care—Not a policy; obsolete MM-152b IV Meds Requiring Intensive Care—Not a policy; obsolete Look Alike Sound Alike List—Not a policy; obsolete MM-155 Medication Delivery Priorities—Obsolete Medication Distribution System Flow Chart—Not a policy; Obsolete Medication Reconciliation FORM—Not a policy; Obsolete MM-161 Medications Not to be Crushed—Obsolete MM-163 Neuromuscular Blocking Agents—Obsolete OFF Hours Pharm_Laminated Card—Not a policy; Obsolete MM-157 Patient Controlled Analgesia, (Set Up) Nursing—Obsolete MM-166 Patient Controlled Analgesia—Obsolete Pediatric Dosing—Not a policy; Obsolete MM-169 Pre-Operative Antibiotic Administration—Obsolete MM-171 Routine Bowel Care Preparation—Obsolete MM-179 Sonoma Valley Fire Med—Obsolete Standard IV Concentrations—Not a policy; Obsolete MM-176 Storage of Injectable Lorazepam—Obsolete			
Reviewed By	Date	Approved (Y/N)	Comment

Policy Submission Summary Sheet



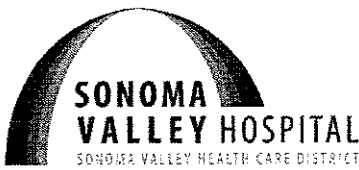
Title of Document: **Pharmacy Department**
 New document or revision written by: Chris Kutza, Director of Pharmacy

Type X Revision X New Policy	Regulatory <input type="checkbox"/> CMS <input type="checkbox"/> CDPH (formerly DHS) <input type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
X Organizational: Clinical	X Departmental <input type="checkbox"/> Interdepartmental

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

MM8610-114 Vaccine Screening-Pneumococcal and Influenza—Updated (Replaces MM-120)
 MM8610-119 Pharmacist Review of Medication Orders—Updated (Replaces MM-119, 175, 183)
 MM8610-120 Access to Patient Information for Medication Management—Updated (Replaces MM-118)
 MM8610-121 Floorstock Medications—Updated (Replaces MM-144)
 MM8610-122 Formulary Management—Updated (Replaces MM-102)
 MM8610-123 Storage of Medications—Updated (Replaces MM-111)
 MM8610-124 Inspection of Nursing Units and Medication Storage Areas—Updated (Replaces MM-146)
 MM8610-125 Temperature Monitoring of Medication Storage—Updated (Replaces MM-174)

Reviewed By	Date	Approved (Y/N)	Comment



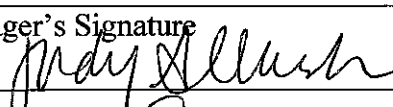
POLICY AND PROCEDURE
Approvals Signature Page


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.

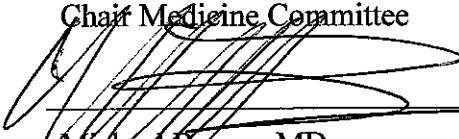
Organizational: RC8610-125 Clinical Documentation in the Electronic Medical Record	
APPROVED BY:	DATE: 1/29/2014
Director's/Manager's Signature 	Printed Name Celia Lenson, Director of HIM


Leslie Lovejoy, RN, PH.D.
Chief Nursing Officer


2/4/14
Date


Douglas S Campbell, MD
Chair Medicine Committee

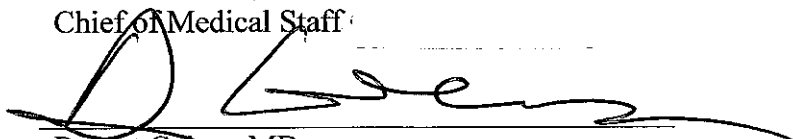
2/13/14
Date


Michael Brown, MD
Chair Surgery Committee

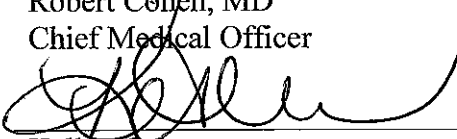
2/5/14
Date


D. Paul Amara, MD
Chief of Medical Staff

3/17/14
Date


Robert Cohen, MD
Chief Medical Officer

2/20/14
Date


Kelly Mather
Chief Executive Officer

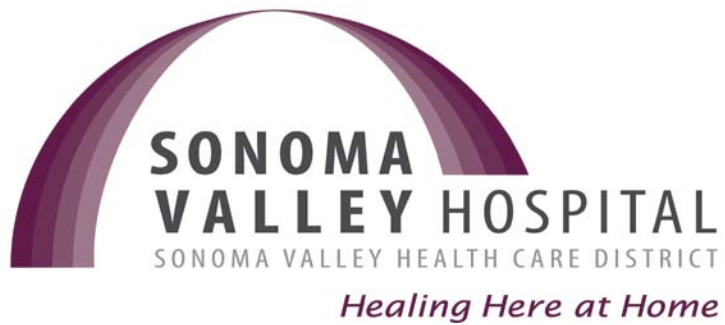
2/20/14
Date

Sharon Nevins
Chair, Board of Directors

Date

5.

SKILLED NURSING
ANNUAL REPORT 2013



Skilled Nursing Annual Report for 2013

Organizational Description

- ▶ Sonoma Valley Hospital's Distinct Part SNF is a 27 bed unit located within the grounds of the Acute Care Hospital. We provide post-acute care and rehabilitation for our patients. We have an all RN Nursing staff who are crossed - trained on the acute unit. Through daily physician visits and well trained staff, we are able to provide care to higher acuity patients. We also provide Hospice and end of life care.

Regulatory Requirements

- ▶ Sonoma Valley Hospital's D/P SNF is regulated by the California Department of Public Health Licensing Division, Life Safety Code Division, Office of Statewide Hospital Planning and Development (OSHDP), Cal OSHA, Title 22 California Code of Regulations, and The Department of Health and Human Services Centers for Medicare and Medicaid Services.

Vision, Mission, and Values

- ▶ The ***Mission*** of Sonoma Valley Hospital is: “To improve, maintain and restore the health of everyone in our community.” Our ***Vision*** is to be the “Lifelong healthcare guide(s) to everyone in our community.” The ***Values*** that guide us spell “CREATING”; (Compassion, Respect, Excellence, Accountability, Teamwork, Innovation, Nurturing, and Guidance).

Stakeholders

- ▶ Primary Stakeholders of Sonoma Valley Hospital's D/P SNF are; it's patients, our workforce, the physicians, and the community.

Competitive Position

- ▶ Competitive Position: Our 27– bed DP/SNF is the smallest of the surrounding Skilled Nursing Facilities. There are over 20 SNF's within a 20 mile radius ranging from 60 – 200 beds. We have an all RN Nursing Staff who are crossed trained on the acute units. We also have all of the services of the acute care hospital available to us.

Requirements for Success

- ▶ Key requirements that determine our success are: a) Physician referrals from our own community and the surrounding towns. b) Our reputation for providing excellent care with frequent MD visits and very skilled staff. c) Strong community support and relationships, d) our ability to care for more medically complicated patients.

Key Performance Measures/SNF

- ▶ **Key Performance Measures include:** Patient Satisfaction, Staff Satisfaction, Reducing fall and restraint rates, monitoring and tracking various infection rates, managing expenses, monitoring Psychotropic drug use, tracking employee turnover, achieving excellent survey outcomes, and reducing readmission rates.

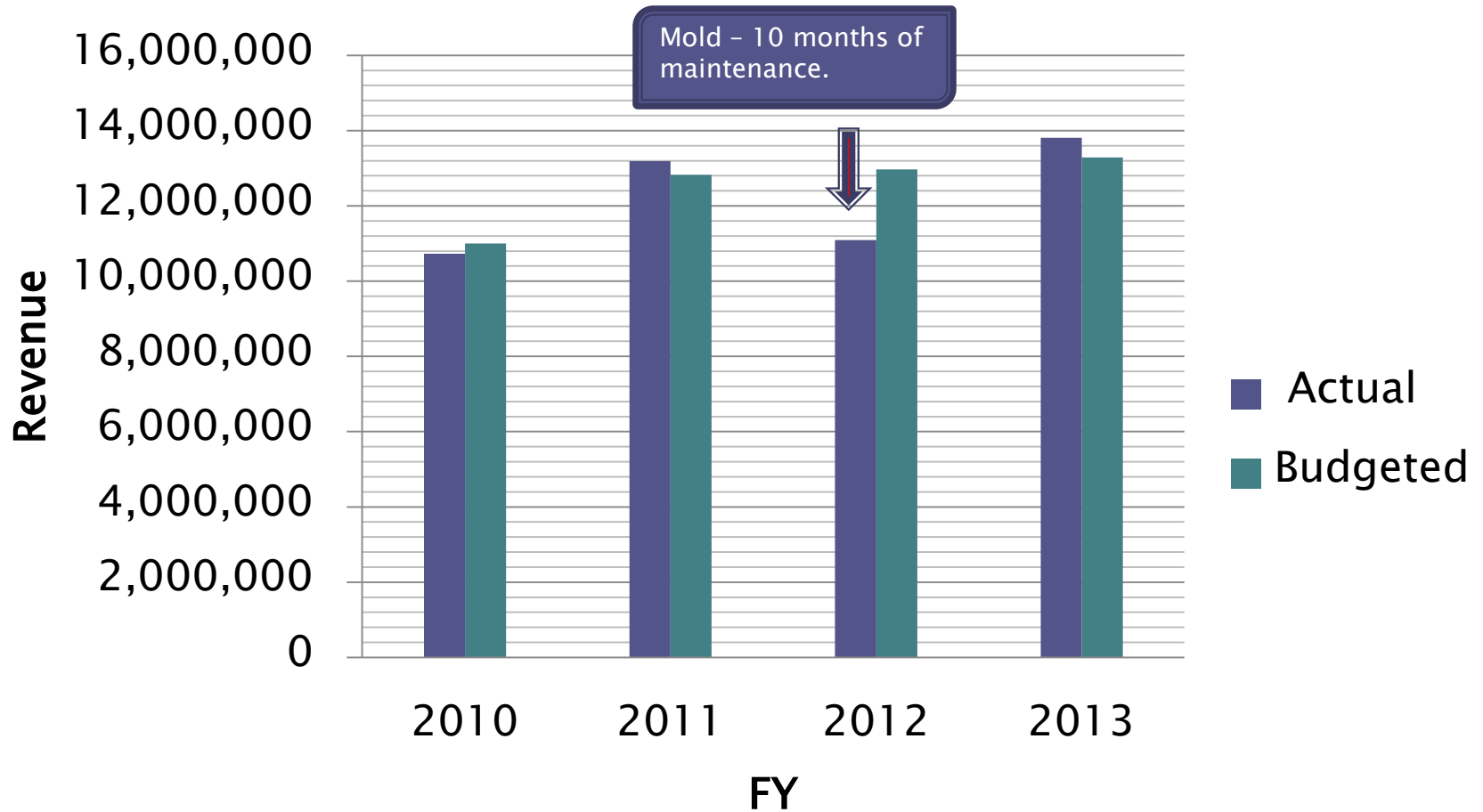
Key Elements of our QAPI Program

- ▶ Key elements of our Performance improvement (PI) system include Quality Monitoring for high risk– high volume, high risk– low volume, and problem– prone patients. Our plans are based on industry standards and Best Practices and revised monthly based on results.

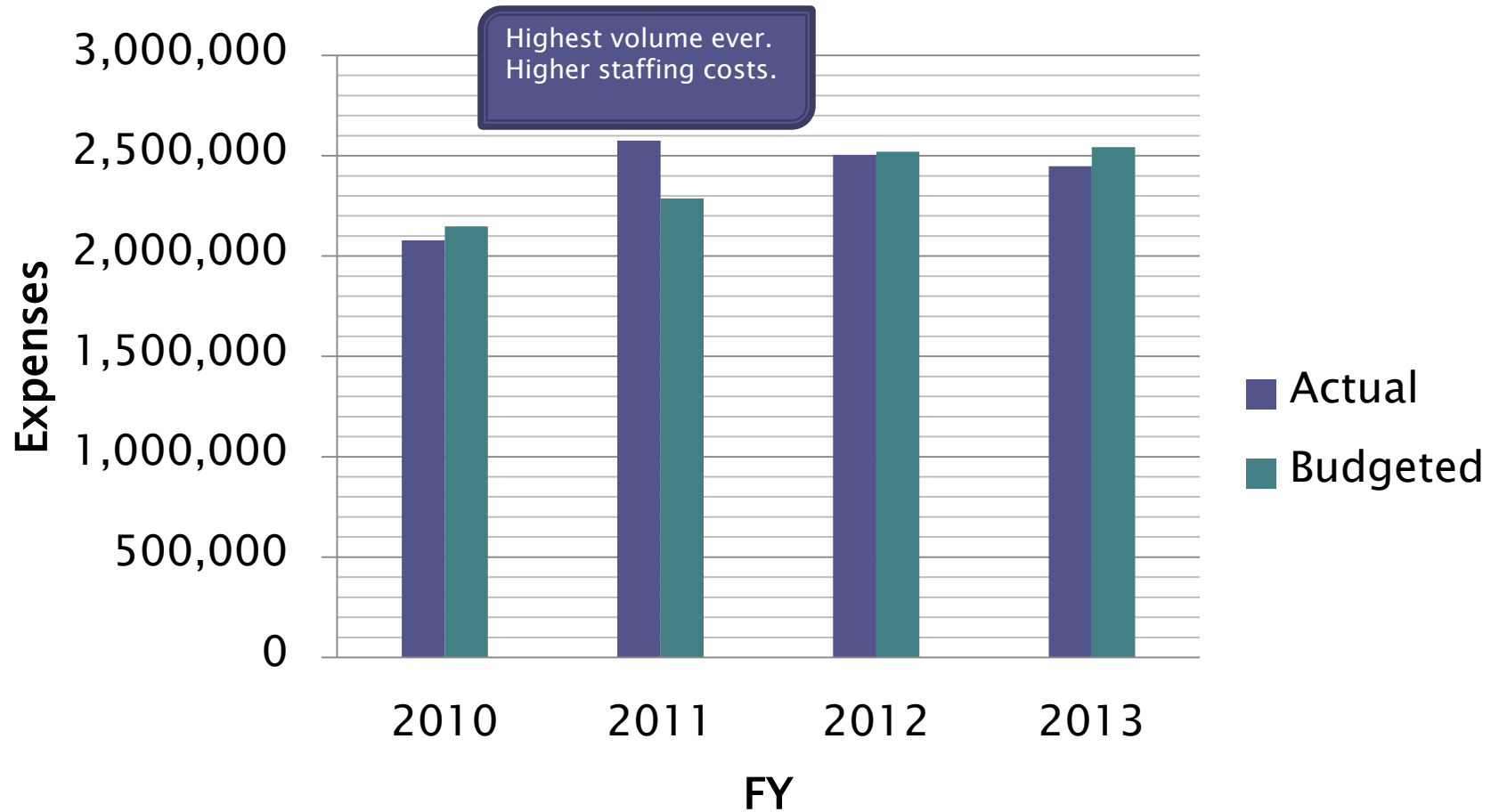
QAPI –Key Elements

- ▶ PDSA (“Plan, Do, Study Act”)
- ▶ RCA (Root Cause Analysis)
- ▶ PI (Performance Improvement Committee)
- ▶ Safety Committee
- ▶ LEM (Leadership Evaluation Manager)
- ▶ Monthly Dashboard
- ▶ Quality Control Monitoring

Trends in Revenue



Trends in Expenses



Trends in Growth

Patient Days

—◆— Volume



2008

2009

2010

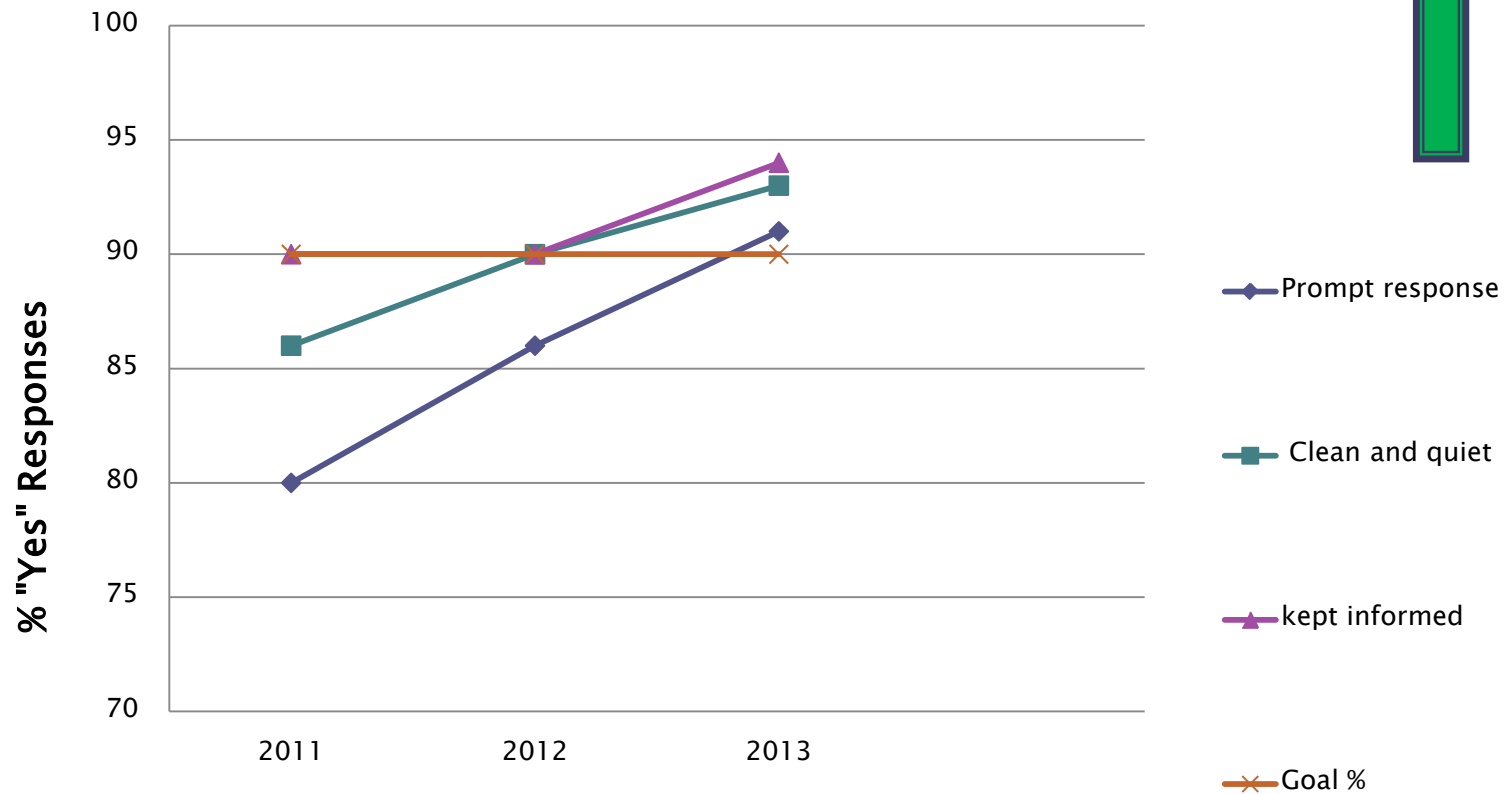
2011

2012

2013

Key QAPI Measures

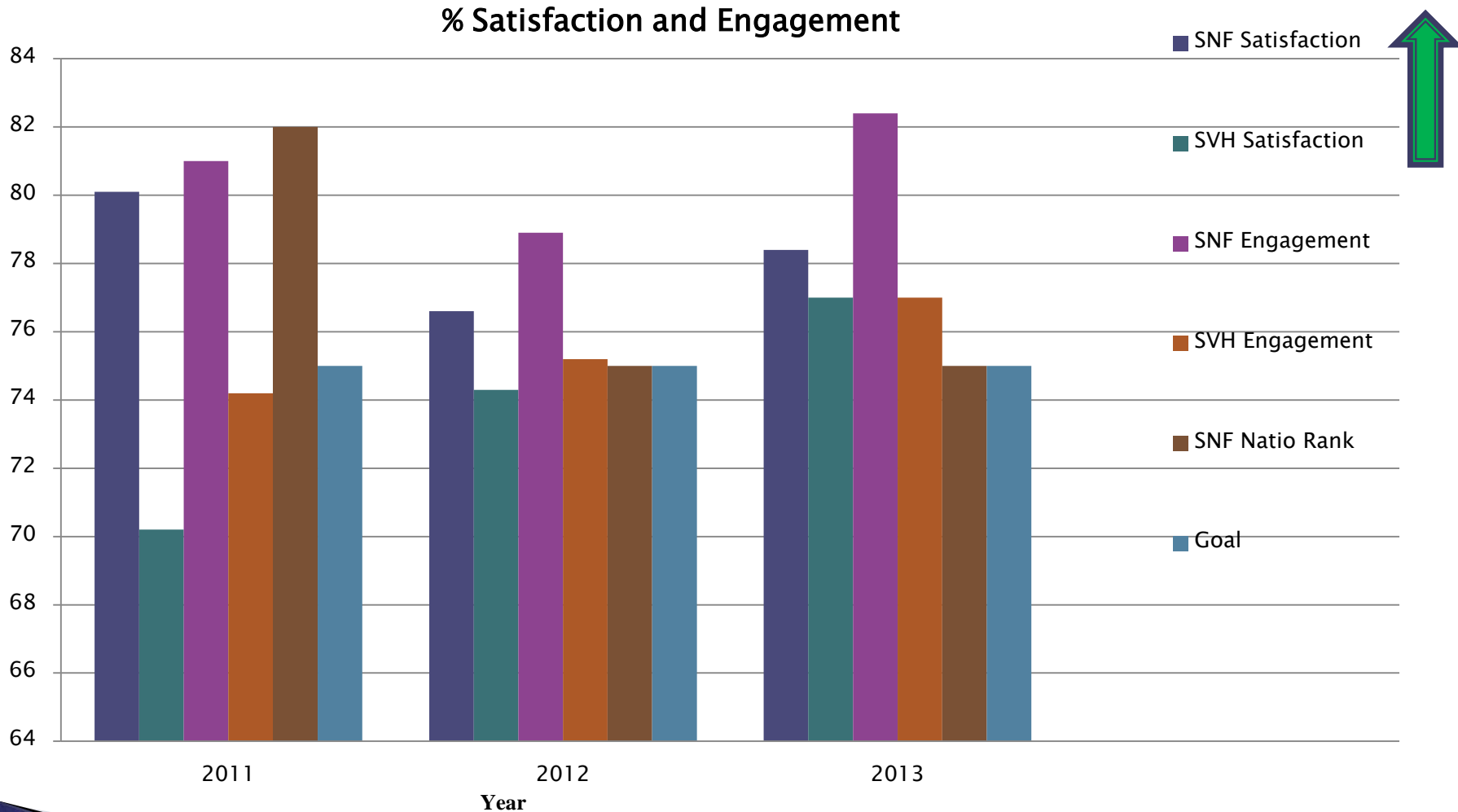
Patient Satisfaction



Key Areas of Patient Satisfaction

- ▶ SVH 's D/P SNF has focused on several key areas of Patient Satisfaction throughout the organization; *Prompt Response to call lights, a Clean and Quiet environment, and Nurses kept you informed.* The SNF has reached the 90% benchmark in all 3 areas. These 3 areas are most important to our patients per the Patient Post Discharge Questionnaire. We have implemented training for all staff to include Medication education each time a new medication is added. Whiteboards in rooms communicate hourly rounding and medication changes. We have also placed a “Yak Tracker” sound monitor on the unit to alert staff when their voices are too loud. (Data from internal survey results over 3 years)

SNF Staff Satisfaction and Engagement

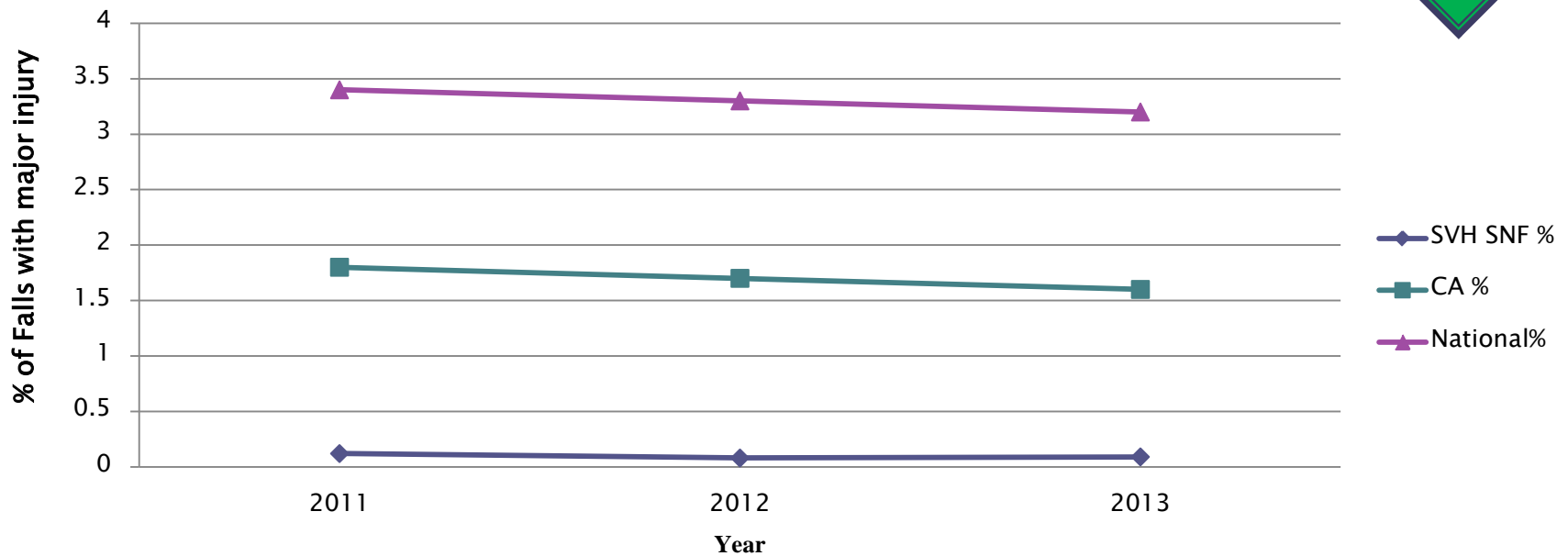


Staff Satisfaction and Engagement

- ▶ Both Employee Satisfaction and Engagement on the SNF exceed the organizational and National benchmarks. An annual Employee Satisfaction Action Plan guides our interventions. Typical opportunities for improvement include; more educational reimbursement, more speakers at staff meetings, availability of bilingual classes, and low health insurance premiums. (Data derived from Annual Press Ganey Employee Partnership surveys.)

Falls

**% of Falls with Major Injury
as compared to CA and the Nation
for Short Stay SNF's**

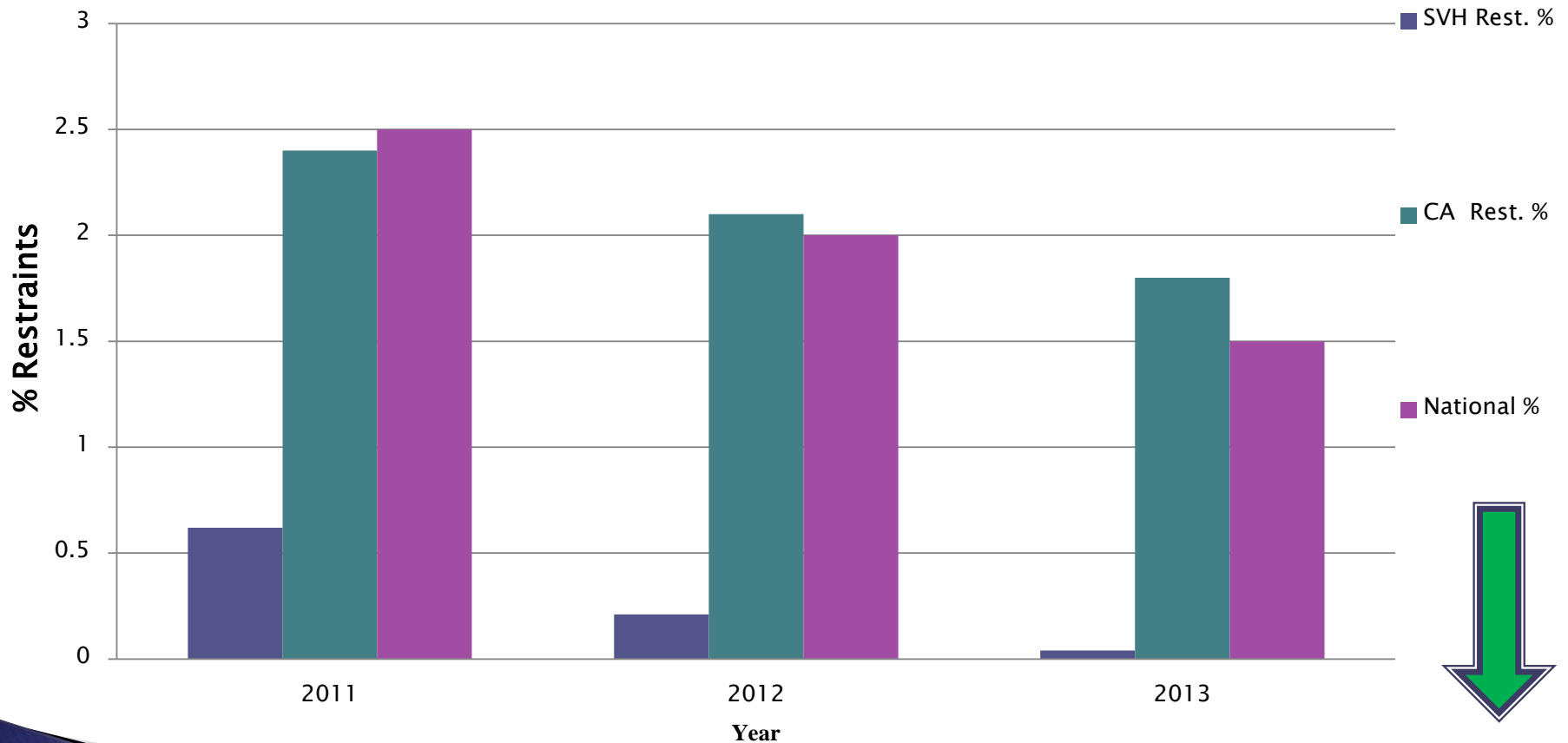


Fall rates

- ▶ Fall prevention is a priority on the SNF. We have a PDSA project dedicated to falls and report results to QAPI and Safety Committee. Results are compared against CA and National averages over a 3 year period .Our results are considerably lower than CA and National averages (0.12% to 0.09%) but we have not seen a significant reduction in falls despite our increase in technology. We have purchased new personal alarms, use low beds with alarms, and place patients at risk in close proximity to Nursing Station. Staff receives ongoing training in fall prevention.
There is a correlation between low restraint rates and consistent fall rates. (Data derived from CASPER reports, and SVH QAPI program.

SNF Restraint Rates

SVH D/P SNF Restraint % as compared to CA and National Averages

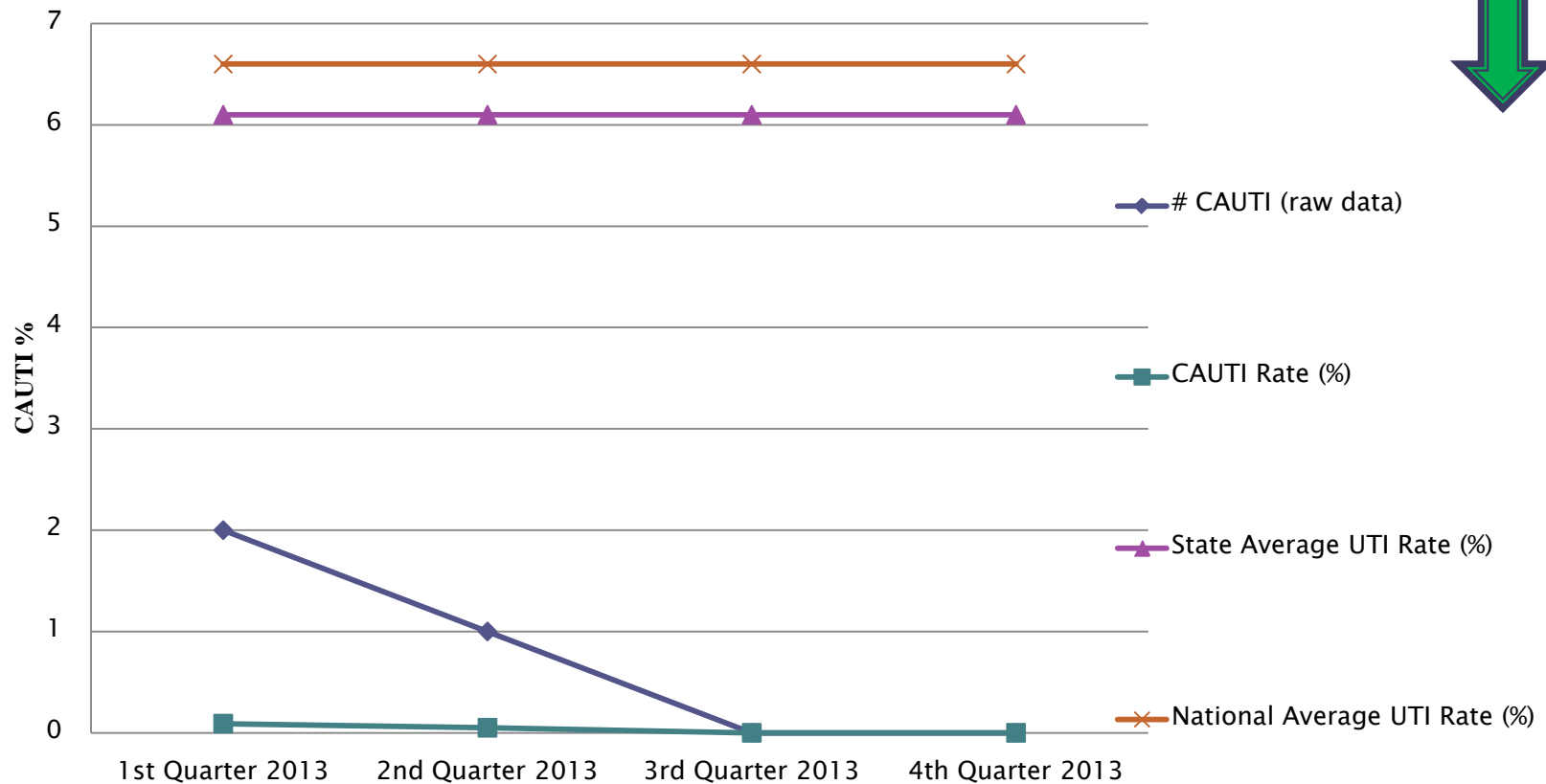


Restraint Rates on the SNF

- ▶ The Restraint rate has dramatically decreased over the past 3 years. The staff at SVH's D/P SNF are aware that the only reason to use restraints is if the patient is attempting to discontinue life sustaining treatment. Our Restraint rate for 2013 was 0.04%. We score well below CA and National benchmarks for the past 3 years. We attribute positive result to extensive training and competency testing on the SNF. (Data obtained from MDS 3.0 reports, CASPER reports, AHCA Quality data and our own QAPI results.)

Monitoring Infection Rates

Catheter Associated Urinary Tract Infection (CAUTI) Rate

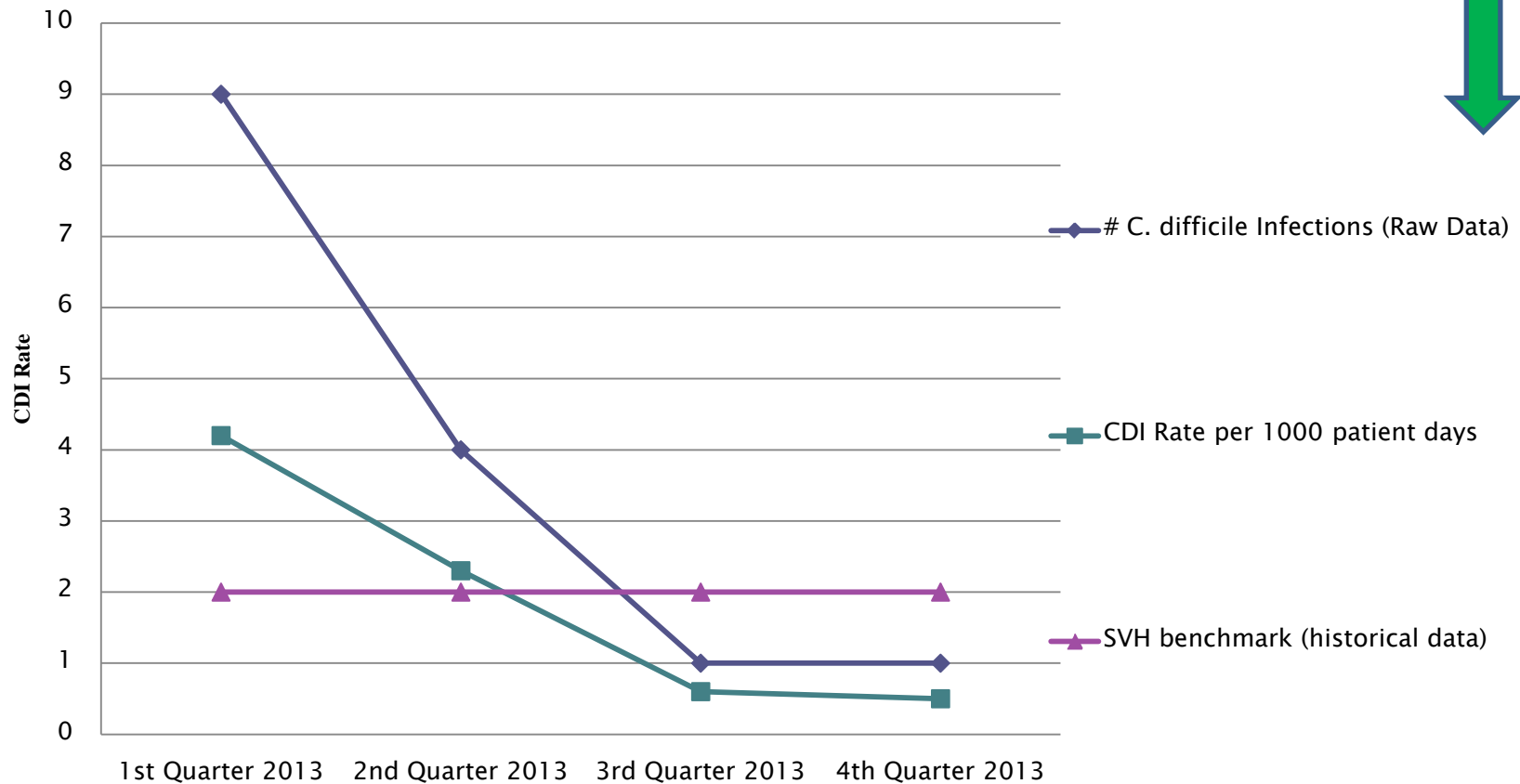


CAUTI rates on the SNF

- ▶ **Urinary tract infection (UTI)** surveillance in the SNF includes catheter-associated UTI (CAUTI). The National Healthcare Safety Network (NHSN) definitions are used for classification of infections. In 2013 there were 3 CAUTI in patients with long-term urinary catheterization for urinary retention. Prevention efforts are aimed at prompt removal of urinary catheters including daily 'foley' rounds to ensure catheters are not left in place longer than necessary, hourly patient rounding, and education for CNAs on good patient hygiene practices and catheter maintenance.

Clostridium Difficile Infection

Clostridium Difficile Infections (CDI)



CDI Infection

- ▶ **Hospital-acquired *Clostridium Difficile* Infections (CDI)** –One of the consequences of broad spectrum antibacterial use in our healthcare system is a rise in the prevalence of *Clostridium difficile* infection. The antibacterial kill both good and bad bacteria in the body therefore affecting the delicate balance of our intestinal flora and giving C. diff bacteria an opportunity to flourish. “C. diff” spores can live on surfaces from days to weeks which present an infection control challenge in a SNF setting with the activity room and intermingling of patients and common high touch surfaces. When we saw an increase in cases in the 1st quarter of 2013, we changed our disinfection practices by using bleach on all high touch surfaces in the SNF and in patient rooms who had active C. diff infection. We saw a dramatic impact from this change in practice.

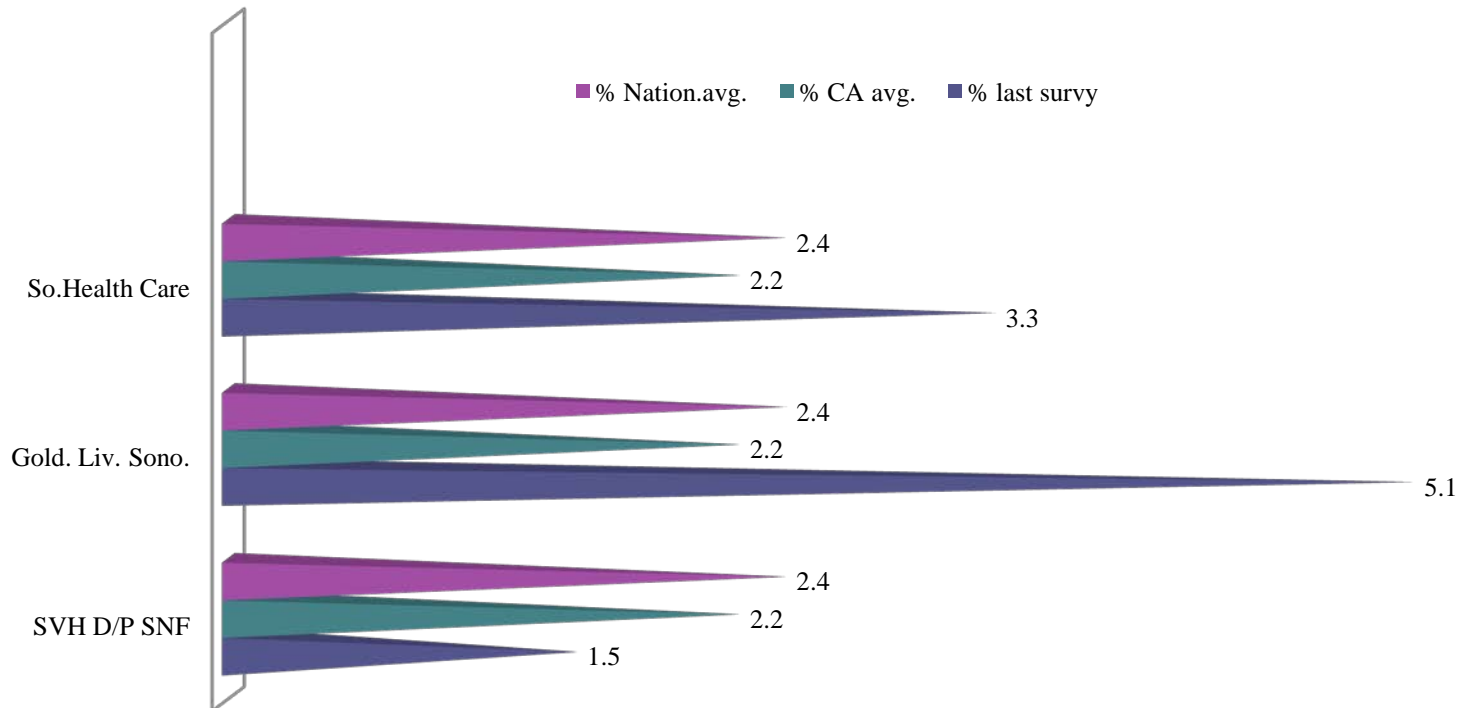
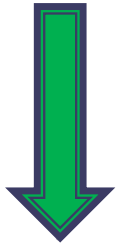
Telemedicine



Telemedicine–Sonoma Valley Hospital has been nationally recognized by AHRQ for its antimicrobial stewardship telemedicine program.<http://www.innovations.ahrq.gov/content.aspx?id=3627> We have implemented that same program in our SNF with daily antibacterial rounds between a pharmacist and our Infectious Disease Specialist. This program helps contain costs associated with inappropriate antibiotic use and helps reduce multi-drug resistant organisms.

Psychotropic Drug Use

% Off Label Psychotropic Drugs
as compared to competitors, CA and the Nation in 2013

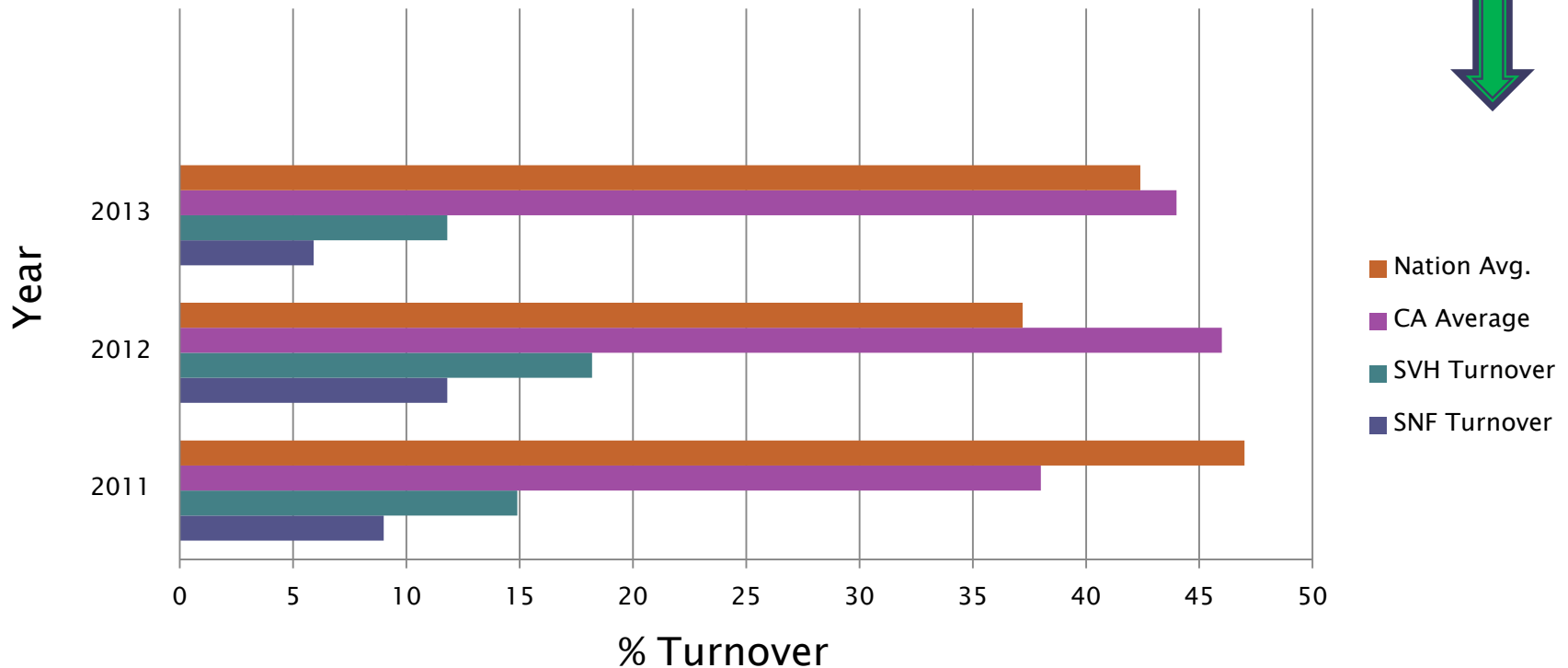


Psychotropic Drug Use

- ▶ SVH's D/P SNF's off label use of Psychotropic drugs is below both CA and National benchmarks. We also score much lower than our closest competitors for 2013. SVH's D/P SNF shows a 1.5% use of off label psychotropic drugs. Our closest competitor(s) show results between 3.3 – 5.1%. CA and National averages for short stay SNF's are between 2.2 – 2.4%. Our positive results are a reflection of the training given to Physicians and Nursing staff over the past 2 years. (Data obtained from Medicare.gov Nursing Home Compare, Casper reports and CAHF and AHCA Quality data)

Employee Turnover

SVH D/P SNF % Staff Turnover Compared to Our organization, CA and National Averages. (Nursing Staff combined)

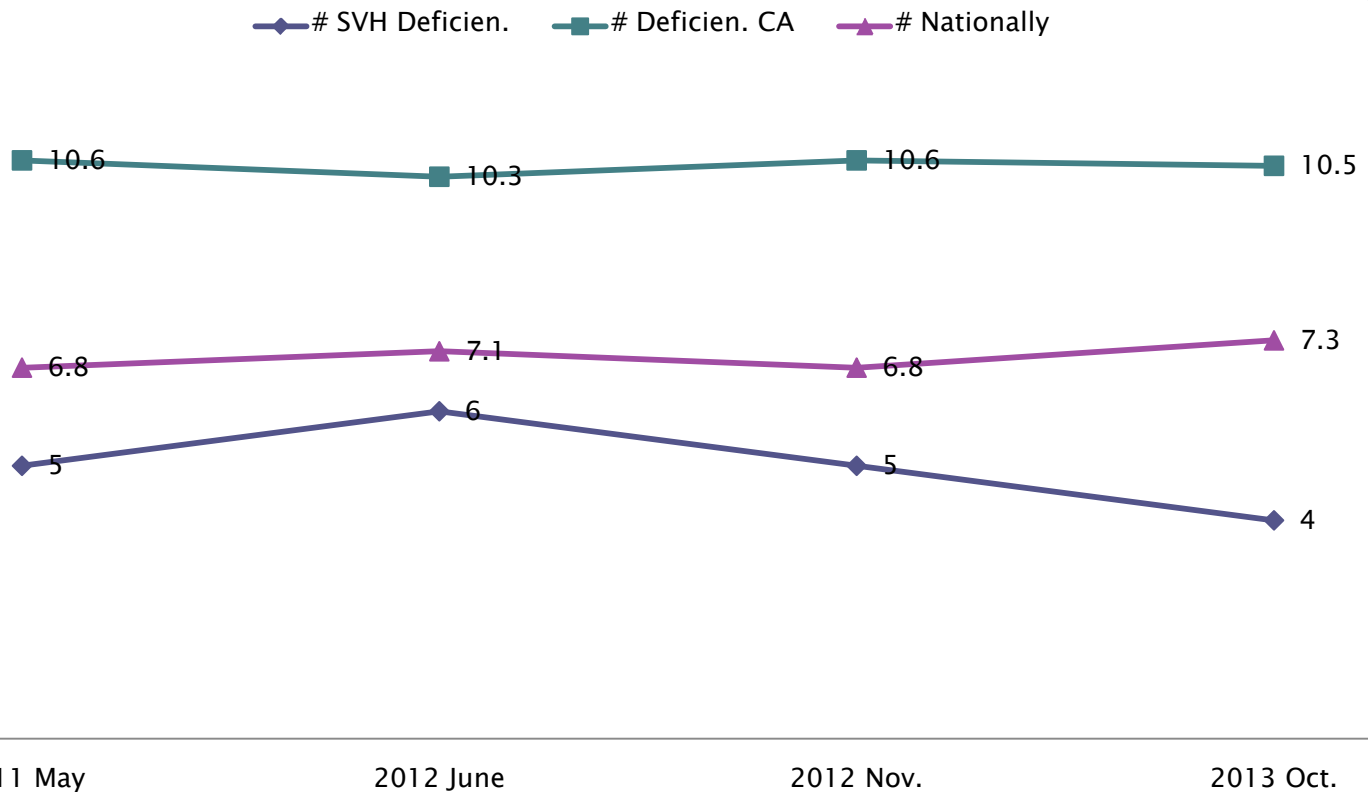


Staff Turnover in the SNF

- ▶ Staff turnover on the SVH D/P SNF has been between 5–11% for the past 3 years . We score below organizational, State and Federal averages. We attribute this low turnover to highly satisfied and engaged staff. (Data derived from CAHF, AHCA and SVH's Human Resources Department.

Survey Results

Survey Results: # of Deficiencies as compared to CA and National Averages.



Survey Results

- ▶ The preceding graph reflects our SNF's last 4 surveys and the number of minor deficiencies during each survey. SVH's D/P SNF has fewer deficiencies than both CA and the National average. Intense survey preparation, staff education, keeping abreast of regulatory changes and conducting self audits, greatly contribute to our successful surveys.(Data is obtained through CASPER reports, AHCA quality data, and Medicare.gov Nursing Home Compare.)

Strategic Challenges on the SNF

- ▶ Small, 27 bed D/P SNF in an acute care setting.
- ▶ No large parent corporation focused specifically on Long Term Care.
- ▶ District owned ,–we accept patients with no insurance.
- ▶ More acute patients are deemed as “Observation Status” and do not qualify for SNF admission.
- ▶ Managed Care increasingly involved in approving SNF days.
- ▶ All RN Nursing staff is more expensive than hiring LVN’s.
- ▶ HPPD’s are higher than most SNF’s due to acuity, (approx. 6.2 HPPD compared to the 3.2 HPPD State requirement.)

Strategic Advantages of the SNF

- ▶ Close proximity to acute hospital and ER to accept admissions.
- ▶ Affiliation with CA and National organizations for LTC.
- ▶ All of the acute care services available to us 24 hours/day.
- ▶ Electronic Medical Records, and Telemedicine robot for Infectious Disease consultation.
- ▶ Affiliation with ACO's and 2 other acute care hospitals.
- ▶ Ability to care for more acutely ill patients.
- ▶ 40% of our RN's have a Certification in area of practice.

Strategic Opportunities

- ▶ Recent affiliation with 2 other Acute Care Hospitals which could serve as a referral source for the SNF.
- ▶ Expansion of Marketing tactics to include 14 Acute Care Hospitals in Northern California.
- ▶ New Hospice/Palliative program(s) show potential for growth.
- ▶ New, ER and OR will attract physicians, and customers, and serve as a referral source for SNF.
- ▶ Seniors over age 65 make up 19.5% of Sonoma residents. (Much higher than the national average of 13.2%)
- ▶ New Orthopedic service line showing growth and will have a positive impact on the SNF.
- ▶ Long history of community involvement and financial support of the SNF.

6.

QUALITY AND
RESOURCE
MANAGEMENT REPORT
MARCH 2013



To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 03/26/2014
Subject: Quality and Resource Management Report

March Priorities:

1. Survey Preparation
2. Performance Evaluations & Employee Satisfaction survey
3. Performance Improvement Plan for Fiscal Stewardship
4. Quality section of Website
5. Orientation

1. CIHQ has notified the hospital that they have scheduled our survey from sometime in the near future. As it is an unannounced survey, we will not know the date. The department is working on the documentation prep and binder prep that has been asked for. We are in compliance for the most part on all focused survey findings from last march so we expect a smooth survey. It will be conducted over two and one half days and the surveyors will be the ones that came for the mock survey a year ago.

2. Performance Evaluations: we are in the midst of getting all our evaluation of employees completed using a new tool that has on-line capability. We also just completed our annual Employee Engagement Survey, through Press Ganey, and will have the results sometime the end of this month.

3. Performance Improvement Plan for Fiscal Stewardship. The leaders have been working to reduce operating costs over the past few months to go into effect on April 1st. Mark Kobe, Pauline Headley and I have been participating in the Save OB Task Force to obtain \$20K savings per month in operations for a goal of a yearly loss of 250K. The task force has met and we are awaiting a contribution decision from the Health Center. Further discussion will be held at the April Board meeting. With the move into the new Surgery Department and the combining of ACU and PACU, we have been able to reduce one position, repurpose some of the staff and still reduce hours. In addition, Materials Management has made some inroads in inventory reduction, cost reductions in inventory and transplant cost reductions. The Surgical Care Unit team is actively involved in trying to increase efficiencies and is meeting weekly to begin to standardize their processes.

4. The Quality Section of the Website is up and looks great thanks to the efforts of Bob Kenny, Jane and Sharon.

5. Orientation continues for Allan Sendaydiego in Surgery. He is doing well and facing some short staff issues. I have hired Kathy Mathews, RN, CIC as the new Clinical Quality Coordinator. She has

extensive IC experience and will learn the Risk Management role easily. Janine Anderson will be coming back full time to fill the Surgical Services Coordinator role on April 1st.

Topics for discussion: 2013 Annual Review of Skilled Nursing Facility