



SONOMA VALLEY HEALTH CARE DISTRICT QUALITY COMMITTEE REGULAR MEETING

AGENDA

WEDNESDAY, June 24, 2015

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	
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>Hirsch</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>Hirsch</i>	
3. CONSENT CALENDAR • QC Minutes, 5.27.15	<i>Hirsch</i>	Action
4. WOUND CARE SERVICES	<i>Cornett, Kuwahara</i>	Inform
5. POLICY AND PROCEDURE • Emergency Ops Plan 2015 and HVA 2014-15 • Organizational Multiple, June 2015 • Nutrition Services Multiple #150-172 • Wound Care Multiple PC7740, PC7420, PC 8610... • Organizational Multiple, May 2015-GL8610, PI8610, PR8610 • Pharmacy Policies-MM8610 124, 141, 147 • Discharge Planning-DC8610 265 • Infection Prevention Program-IC8610-113	<i>Lovejoy</i>	Action
6. QUALITY REPORT JUNE 2015	<i>Lovejoy</i>	Inform/Action
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 • Dashboard • Reportable Quality Issue	<i>Amara</i>	Action
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
12. ADJOURN	<i>Hirsch</i>	

3.

CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING **MINUTES**
Wednesday, May 27, 2015
Schantz Conference Room**

Committee Members Present	Committee Members Present cont.	Committee Members Excused	Admin Staff /Other
Jane Hirsch Carol Snyder Cathy Webber	M. Mainardi Ingrid Sheets Paul Amara MD Kelsey Woodward	H. Eisenstark Susan Idell Joshua Rymer	Leslie Lovejoy Gigi Betta Mark Kobe Marilyn Good

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>		
2. PUBLIC COMMENT	<i>Hirsch</i>		
	Community member Marilyn Good joined the meeting to share her experiences at the Hospital.		
3. CONSENT CALENDAR	<i>Hirsch</i>	Action	
<ul style="list-style-type: none"> QC Minutes, 4.22.15 		MOTION by Woodward to approve Consent and 2 nd by Mainardi. All in favor.	
4. THE PATIENT EXPERIENCE	<i>Kobe</i>	Inform/Action	
	Mr. Kobe presented on National Research Corporation's surveys designed to objectively measure the patient experience and improve the quality of healthcare here at the Hospital.		
5. INFECTION PREVENTION AND HAI RPTS	<i>Mathews</i>	Inform/Action	
	Ms. Mathews gave a presentation on the Infection Prevention Program including program evaluation, successes, improvements and goals for 2015.		
6. POLICY AND PROCEDURE	<i>Lovejoy/Kobe</i>	Inform/Action	.

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	<ul style="list-style-type: none"> • Code Blue #PC8610-115 • Standardization Med Screen Exam OB #PC8610-209 • Rehab Dept. #7770-100 to 139 • Dispensing of Meds #MM8390-148 	MOTION by Mainardi to approve Policies and 2 nd by Sheets. All in favor.	
7. QUALITY REPORT MAY 2015	<i>Lovejoy</i>	Inform/Action	
	Priorities for May 2015 include the Palliative Care Program, Quality Infrastructure Checking, and the HACCP Certification. Ms. Lovejoy is now a Healthcare Accreditation Certified Professional.		
8. CLOSING COMMENTS	<i>Hirsch</i>		
			.
9. ADJOURN	<i>Hirsch</i>		
	Regular Session adjourned at 6:15pm		
10. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>		
11. CLOSED SESSION	<i>Amara</i>	Action	
11. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> <ul style="list-style-type: none"> • Medical Staff Credentialing & Peer Review Report • Board Quality Dashboard Q1 			
12. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action	
13. ADJOURN	<i>Hirsch</i> Closed Session adjourned at 6:25pm		

4.

WOUND CARE REPORT

SONOMA VALLEY HOSPITAL **WOUND CARE REPORT**

June 24, 2015

Presented by Joe Cornett

Wound Survey

3/12/13 to 3/25/15

#	Wound Type	Amount	
1	SDTI	7	58
2	Pressure Ulcer UTD	11	
3	Pressure Ulcer Stage 1	3	
4	Pressure Ulcer Stage 2	8	
5	Pressure Ulcer Stage 3	26	
6	Pressure Ulcer Stage 4	3	
7	Stasis Ulcer Partial Thickness	133	154
8	Stasis Ulcer Full Thickness	21	
9	Arterial Ulcer	18	
10	Surgical	48	
11	Trauma	126	
12	Non-Healing Wound	28	
13	Skin Tear Cat 1	10	
14	Skin Tear Cat 2	43	
15	Skin Tear Cat 3	120	
16	Burn: 1st Degree	26	
17	Burn: 2nd Degree Partial		
18	Burn: 2nd Degree Full		
19	Burn: 3rd Degree		
20	DM Ulcer: Wagner Grade 0	49	
21	DM Ulcer: Wagner Grade 1		
22	DM Ulcer: Wagner Grade 2		
23	DM Ulcer: Wagner Grade 3		
24	DM Ulcer: Wagner Grade 4		
25	DM Ulcer: Wagner Grade 5		
26	Abscess	32	
27	Edema	7	
28	Ostomy	9	
Total		728	

Volume

Volume												
	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015 annual						
Wound Care	1,459	1,729	1,166	1,201	2,222	3,550						
FY 2015												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Wound Care	228	249	273	295	230	322	297	237	271	356		

Staff & Community Education

- Skills lab in 2014
- Bi-monthly News letter to providers
- Napa State Hospital
- Napa Valley College Nursing program
- Staff meetings of SNF & Acute
- Medical staff dinner
- Bed Side training



Patient Education

Patient Wound Care Education Form

Patient Instructions for Wound Care

Last Name ,

Your nutritional status can greatly affect your ability to heal. Please consider implementing the recommendations for

- Vitamin C 500mg: twice a day during wound healing. It supports immune system and aids in blood vessel
- Protein: eat one serving of protein per meal. Protein is essential in the formation of new tissue and is a vital
- Hydration: Adequate hydration is essential for healing wounds, drink and 8oz. glass of water with each meal.
- Report any weight loss to the wound care team.
- Calories- 30-35 calories / Kilogram of body weight for ideal healing of your wound (unless your physician has
- Add a multi vitamin to your diet that contains A, Zinc, and Iron.
- Walk: increased mobility increases blood flow to your wound resulting in more oxygen and nutrients delivered

Signs and Symptoms of Infected Wounds

Please report any of these signs and symptoms to your wound care team or your doctor as soon as they appear:

- Discharge from the wound is thick green or yellow.
- Tenderness to the surrounding area.
- Red Streaking from the wound site.
- Swelling of the wound area.
- Foul odor from the wound.
- Redness from the surrounding wound area.
- Tissue around the wound is warmer than the surrounding tissue.
- Systemic signs and symptoms of infection: fever, chills, weakness, confusion, or rapid heartbeat.

Compression System Patient Education

Your wound care team has chosen to treat you with a compression dressing. This dressing is intended to reduce the swelling (edema) around your wound and help heal you more quickly.

If you notice any of the following signs, please remove the top layer of the wrap and notify the wound care team:

- Pale bluish toes.
- Severe pain in the foot or toes.
- Numbness/tingling in the toes.
- Shortness of breath.

Compression Stockings

How to put on Compression Stockings:

1. Fold inside out to heel, telescope (toes will be inside)
2. Slide over toes to heel.
3. Move stocking up over calf.
4. Remove all wrinkles.

When to put on Compression stockings:

1st thing in the morning when waking up. You must put on stocking before they begin to swell.

When to take off Compression stockings:

At night, before showering then go to bed, or take off when legs are elevated.

When to purchase new Compression Stockings:

You will need to purchase new stockings every 3 months for the first year, then every 6 months thereafter.

Compression stockings tend to loose their tension over time and get easier to put on . In order to maintain adequate compression on your legs, you need to purchase



Ostomy Change Guidelines

1. Wash your hands, wear gloves if available.
2. Set out your equipment within easy reach.
3. Empty your pouch as normal.
4. Hold skin with one hand, and gently pull barrier off with the other. Use adhesive remover as needed, (Optional, not recommended if there is a wound/open skin).
5. Put old pouch, barrier and other waste (not the clip!) into a plastic bag for disposal. Sealable sandwich bags work great.
6. Clean the skin and stoma with a washcloth and warm water.
 - a. This can be done in the shower, but don't use scented soaps, as they will leave a film. Any waste coming out of the stoma can wash down the drain. This approach works best if you have a precut barrier available.
7. Pat skin dry, and measure stoma with measuring guide. Leave only 1/8" to 1/16" between the measuring guide and the stoma. A tight fit is essential to prevent premature failure and any peristomal skin issues.
8. Trace the correct size onto the back of the barrier with the starter hole in the middle. Cut out the hole.
9. Remove paper backing from tape and apply the entire appliance over the stoma. Make sure the stoma is in the center of the hole. Press firmly and smooth wrinkles.
10. Snap the new pouch onto the wafer, and give it a small tug to be sure it's in place.
11. Press gently on the barrier for a minute to help it get a good seal.
12. Close the bottom of the bag with the clip, and you're off!

Tips:

1. Stand over an old towel or some paper towels when changing bags to catch any waste from the stoma.
2. Don't eat late the night before a change. That way, stoma output will be less.
3. Some bleeding is normal when touching your stoma, but report any unusual color, size, shape, or bleeding to your MD.
4. Try different products. Call your MD, RN, or ostomy supply companies and ask for free samples. You may have to shop around to find what works for you.
5. Always follow any special instructions provided by your health care professional. This "How To" is only a guideline.

What You Need:

- Adhesive remover
- Skin protector
- Barrier
- Pencil
- Measuring guide
- Plastic bags
- Washcloth
- Clean towel
- New pouch
- Scissors



Modalities



Modalities continued



Aqueous Debridement



Skin Barrier Creams

Napa State Hospital



Infection Control & Evidence Based Practice

Infection Control

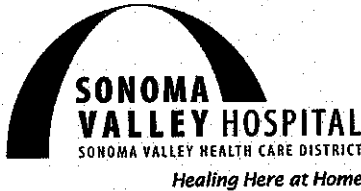
- Wound care is a clean procedure
- Sharp Debridement is a Sterile procedure
- Sanitize Wound Care tool box upon exit of every room

Evidence Based Practice

- Moist Wound Healing
- Scab in not considered healed
- Wound Temperature
- EPB supports only 15% of wound care interventions

5.

POLICY & PROCEDURE



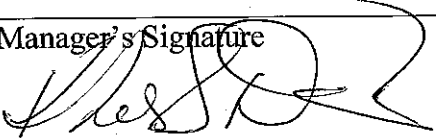
POLICY AND PROCEDURE Approvals Signature Page

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 Emergency Operations Plan 2015	
APPROVED BY: Director of Facilities	DATE: 6/16/2015
Director's/Manager's Signature 	Printed Name Kimberly Drummond

Leslie Lovejoy, RN, Ph
Chief Nursing Officer, CQO

Date

D. Paul Amara, MD
President of Medical Staff

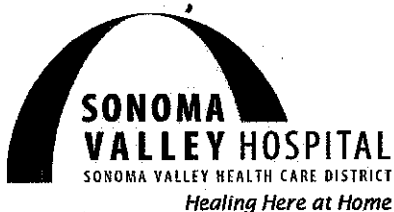
Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Emergency Operations Plan 2015**

New Document or Revision written by: **Robert Harrison, CDM, CFPP**

Date of Document: **5-29-2015**

Type: <input checked="" type="checkbox"/> Revision <input type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental (list departments effected)

Please briefly state changes to existing document/form or overview of new document/form here:

Emergency Operations Plan 2015- Updated providers for Care sites, Hospitals, Supplies, and Transportation because of a change in personnel and facilities.

HVA 2014-2015- Increased Drought from Moderate to High. All other risks remained the same.

All Attachments updated to current standard:

- A Summary of specific response procedures for prioritized emergencies as identified in the HVA. Updated For 2015
- B A full description of the HICS model and attendant position descriptions (job action sheets) Reviewed
- C A list of alternate care sites and contact information Updated for 2015
- D A list of key external authorities and contact information Reviewed
- E A list of essential vendors Vendors updated
- F Information about other pertinent healthcare organizations Hospital info updated
- G A list of the contents of Emergency Supplies in the Emergency Supply Storage area. Updated supply list
- H A list of pre-positioned pharmaceuticals (and amount) and their assigned staging areas Reviewed
- I A list of transportation companies and their contact information Updated companies
- J The procedure for evacuation of the facility(s) Reviewed
- K K-A Bioterrorism Response Plan Reviewed
K-B Infection Control Guidelines for Potential Agents of Bioterrorism- Reviewed
K-C Biological Agent Reference List Reviewed
K-D Chemical Agent Reference List Reviewed
- L Assigning Disaster Responsibilities for Volunteer Staff Reviewed
- M Medical Staff Bylaws Addressing Disaster Privileging for Physicians and Allied Health Practitioners Reviewed
Mass Influx of Patients Reviewed
- O Mass Fatality Incident Management Plan Reviewed
- P Radiation Safety Reviewed
- Q Child Care During a Disaster Response Reviewed
- R Memorandum of Understanding Updated

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	5-19-15	yes	
Surgery Committee	6-03-15	yes	(BOB)
Medicine Committee	6-11-15	yes	
P.I. or P. T. Committee	n/a		
Medical Executive Committee	6-18-15	yes	
Board Quality	6-24-15		
Board of Directors	7-02-15		



POLICY AND PROCEDURE

Approvals Signature Page

Healing Here at Home

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- 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.

Departmental: Wound Care Department Policies

APPROVED BY:

Director of Wound Care Department

Director's/Manager's Signature

DATE:

5-29-15

Printed Name

Dawn Kuwahara RN

Michael Brown, MD
Chair Surgery Committee

Date

Douglas S Campbell, MD
Chair Medicine Committee

Date

D. Paul Amara, MD
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Wound Care Department Policies**

New Document or Revision written by: **Joseph Cornett RN**

Date of Document: **5-29-15**

Type: <input checked="" type="checkbox"/> Revision <input checked="" type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input checked="" type="checkbox"/> Departmental <input checked="" type="checkbox"/> Interdepartmental (list departments effected) Surgical Services Department

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

PC7740-100 Biological Debridement-NEW Policy

7740-102 Cancellation/No-Show Policy-reviewed and updated

PC7740-103 Conservative Sharp Debridement – recently attended certification for sharp debridement and updated procedure accordingly.

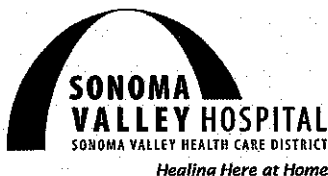
PC7420-160 Negative Pressure Wound Therapy – Updated as per infection control and current techniques.

PC7740-140 Pulse Lavage- New procedure

PC8610-122 Pressure Ulcer & Wound Care Assessment and Management (Organizational Policy)- Recently updated by SNF

PC7740-105 Silver Nitrate, Use of – Updated as per recent wound care techniques.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	n/a		
Surgery Committee	6-03-15	yes	JOE
Medicine Committee	6-11-15	yes	JOE
P.I. or P. T. Committee	n/a	/	
Medical Executive Committee	6-18-15	yes	
Board Quality	6-24-15		
Board of Directors	7-02-15		



POLICY AND PROCEDURE

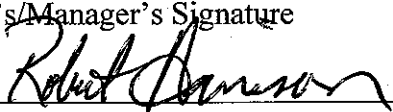
Approvals Signature Page

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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: Nutritional Services Department-Clinical Nutrition Policies #150-173	
APPROVED BY: Food and Nutrition Services Manager	DATE: 5/18/15
Director's/Manager's Signature 	Printed Name Robert Harrison, CDM, CFPP

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

Date

D. Paul Amara, MD
President of Medical Staff

Date

Robert Cohen, MD
Chief Medical Officer

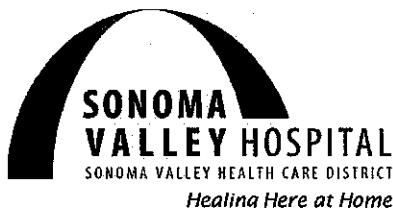
Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Nutritional Department-Clinical Nutrition**

New Document or Revision written by: **Allison Evanson, MS RD**

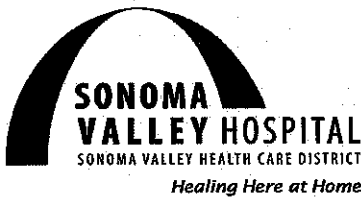
Date of Document: **5-18-15**

Type: <input checked="" type="checkbox"/> Revision <input type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS	<input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input checked="" type="checkbox"/> Departmental <input type="checkbox"/> 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)

- 8340-150 Calorie counts-Reviewed
- 8340-151 Diet Manual and Approval-Reviewed
- 8340-152 Diet Office – Dietitian Availability-Reviewed
- 8340-153 Diet Orders and Diet Changes-Reviewed
- 8340-154 Drug Nutrient Interaction-Changed: Defined the educational roles of Nursing, Pharmacy and FNS. Nursing to educate using Care Notes, RD to educate on the use of Warfarin, and Pharmacy to be available for patients questions.
- 8340-155 Fluid Restriction /Allowance- Defined Nursing and FNS allowances. FNS provides 4oz of fluid per meal and Nursing to provide the rest up to the ordered fluid restriction.
- 8340-156 General Food Service Information -Reviewed
- 8340-157 Late Trays- Reviewed
- 8340-158 Menu Analysis - Reviewed
- 8340-159 Menu Distribution - Reviewed
- 8340-160 Menu Identification, Tray Service, and Preparation - Reviewed
- 8340-161 Menu Planning - Reviewed
- 8340-162 Nourishment / Between Meal Snacks- Reviewed
- 8340-163 Nutrition and Wound Healing- Reviewed
- 8340-164 Nutritional Assess/Practice Guidelines: Adult/Geriatric-Reviewed
- 8340-165 Nutritional Assessment / Practice Guidelines: Pediatric-Reviewed
- 8340-166 Nutritional Plan of Care - Reviewed
- 8340-167 Nutritional Products - Reviewed
- 8340-168 Nutritional Risk Levels-Reviewed
- 8340-169 Patient Education-Reviewed
- 8340-170 Recording Nutritional Information in the Medical Records -Reviewed
- 8340-171 Responsibilities of the Dietitian- Reviewed
- 8340-172 **Thickened Liquids –New policy**; Describes role of providers and the process for thickening liquids

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	5/19/2015	<input checked="" type="checkbox"/>	
Surgery Committee	6/03/2015	yes	BoB
Medicine Committee	6/11/2015	yes	BoB
P.I. or P.T. Committee	n/a	/	NA
Medical Executive Committee	6/18/2015	yes	NA
Quality Board	6/24/2015		
Board of Directors	7/02/2015		



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: Multiple Policies June List 2015	
APPROVED BY:	DATE: 5/24/15
Director's/Manager's Signature	Printed Name Leslie Lovejoy, RN PhD

Douglas S Campbell, MD
Chair Medicine Committee

Date

Michael Brown, MD
Chair Surgery Committee

Date

D. Paul Amara, MD
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Policies-June List**

New Document or Revision written by:

Date of Document: **5-24-15**

Type: <input checked="" type="checkbox"/> Revision <input type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input type="checkbox"/> Departmental <input checked="" type="checkbox"/> 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)

CE-HAZ8610-10 Medical Waste Management Plan 2015- reviewed and revised with the following changes:

- Changed contact persons responsible for implementation of plan
- Changed Pathological Waste to No Pathological Waste is generated at SVH per validation with Laboratory Manager, Lois Valenzuela.

EC-SEC8610-108 Vandalism, Theft, Unlocking Services & Lost/Found- revised; combined with Vandalism/Theft policy; updated e-notification process; a added hospital not responsible and all claims be directed to personal insurance carriers.

EC-SEC8610-107 Vandalism/Theft- retire; combined with EC-SEC8610-108 Vandalism, Theft, Unlocking Services & Lost/Found

HR8610-211 Attendance- Revised; non-benefited employees eligible for Paid Sick Leave

HR8610-155 Paid Sick Leave- NEW policy regarding employees who work less than half time eligible for Paid Sick Leave

HR8610-156 Paid Time Off- Revised; employees who work less than half time eligible for Paid Sick Leave

MM8610-116 Use of Medication Not Procured by the Facility- revised; patients own supply of meds during hospital stay; meds not returned to patient after discharge are destroyed after 90 days

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	5/19/2015	yes	
Surgery Committee	6/03/2015	yes	LL
Medicine Committee	6/11/2015	yes	LL
P.I. or P.T. Committee	n/a		NA
Medical Executive Committee	6/18/2015	yes	LL
Quality Board	6/24/2015		
Board of Directors	7/02/2015		



POLICY AND PROCEDURE Approvals Signature Page

Healing Here at Home

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Organizational: Pharmacy Policies MM8610-124, MM8610-141, MM8610-147	
APPROVED BY Director of Pharmacy	DATE: 5/15/15
Director's/Manager's Signature	Printed Name: Chris Kutza

Leslie Lovejoy, RN, PhD
Chief Quality Officer, CQO

Date

Robert Cohen, MD
Chief Medical Officer

Date

D. Paul Amara, MD
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date

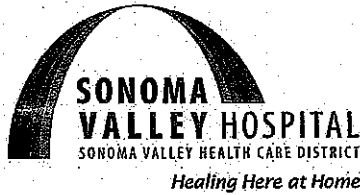


Policy Submission Summary Sheet

Title of Document: **Pharmacy Department**

New document or revision written by: **Chris Kutza**

Type X Revision X New Policy	Regulatory X CMS <input type="checkbox"/> CDPH <input type="checkbox"/> Other:		
X Organizational: Clinical	<input type="checkbox"/> Departmental <input type="checkbox"/> Interdepartmental <i>(List departments effected)</i>		
<p>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> <p>MM8610-124 Inspection of Nursing Units and Medication Storage Areas—Updated; added irregularities shall be reported within 24 hours to the pharmacist in charge (PIC) and the CNO.</p> <p>MM8610-141 Reporting Controlled Substance Theft or Loss—New</p> <p>MM8610-147 Pyxis Medstation, Management and Use of—Updated</p>			
Reviewed By	Date	Approved (Y/N)	Comment
Pharmacy & Therapeutics Committee	5/28/2015	✓	yes
Medical Executive	6/18/2015	✓	yes
Quality Board	6/24/2015		
Board of Directors	7/03/2015		



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-May 2015	
APPROVED BY	DATE: 3/24/2015
Director's/Manager's Signature	Printed Name:

Leslie Lovejoy, RN, PhD
Chief Quality Officer, CQO.

Date

D. Paul Amara, MD
President of Medical Staff

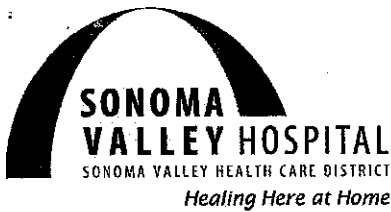
Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Policy Revisions**

New Document or Revision written by:

Date of Document: **3/24/2015**

Type: <input checked="" type="checkbox"/> Revision <input type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input type="checkbox"/> Departmental <input type="checkbox"/> 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)

GL8610-401 Policies and Procedures Policy-revised; removed MCN information, added CIHQ information & chapter headings

GL8610-414 (LD8610-414) Private Pay, Payment, High Medical Costs Discount Policy-revised; aka 'Self Pay, Payment Plan & Discounts'; self pay discount changed from 60% to 40%; high balance discounts changed from 35% to 20%, also added excluded services to policy.

PI8610-100 Performance Improvement Plan: Changed name to Quality Assessment/Performance Improvement Plan to align with CMS and CIHQ nomenclature; deleted annual evaluation portion and the sections on: benchmarking, TJC requirements, and added more emphasis on the oversight by the Governing body and the delegation process for accountability.

PR8610-260 Filming and Recording of Patients: revised current policy to include CIHQ/CMS language and built the consents both in English and Spanish. No major changes other than making it organizational.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	3/24/2015	✓	
PI/PT Committees	5/28/2015	✓	
Medical Executive Committee	6/18 6/19 2015	Yes	
Board Quality	6/24/2015		
Board of Directors	7/02/2015		



POLICY AND PROCEDURE Approvals Signature Page

Healing Here at Home

Review and Approval Requirements

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- 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: DC88610-265 Discharge Planning - NEW POLICY	
APPROVED BY	DATE: 3-24-2015
Director's/Manager's Signature	Printed Name

Leslie Lovejoy, RN
Chief Nursing Officer, CQO

Date

D. Paul Amara, MD
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Policy New**

New Document or Revision written by: **Leslie Lovejoy, CQO**

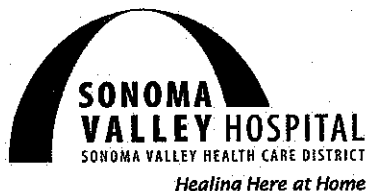
Date of Document: **3/24/2015**

Type: <input type="checkbox"/> Revision <input checked="" type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical	<input type="checkbox"/> Departmental <input checked="" type="checkbox"/> Interdepartmental –All 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)

DC8610-265 Discharge Planning: new policy that documents our current process and requires a QA/PI review of readmissions. Since we already do this and quality monitoring for documentation compliance, there is nothing new here. Aligns with Case Management departmental policies and procedure s and the documentation process is built in to the electronic health record.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	3/24/2015	Yes	
PI/PT Committees	5/28/2015	✓	
Medical Executive Committee	6/18/2015	yes	
Quality Board	6/24/2015		
Board of Directors	7/02/2015		



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: Infection Prevention Program 2015	
APPROVED BY	DATE: 1C8610-113 5/13/15
Director's/Manager's Signature <i>Kathy Mathews RN, CIC</i>	Printed Name Kathy Mathews, RN CIC

Leslie Lovejoy, RN
Chief Quality Officer

Date

D. Paul Amara, MD
Chairman, P.I. Committee

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Infection Prevention Program**

Revision written by: **Kathy Mathews RN, CIC**

Date of Document: **May 13, 2015**

Type: <input checked="" type="checkbox"/> Revision <input type="checkbox"/> New Policy	Regulatory: <input checked="" type="checkbox"/> CIHQ <input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH <input type="checkbox"/> Other:
Organizational: <input checked="" type="checkbox"/> Clinical <input checked="" type="checkbox"/> Non-Clinical	<input type="checkbox"/> Departmental <input checked="" type="checkbox"/> Interdepartmental (list departments effected) All departments, Skilled Nursing Facility and Healing at Home

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

IC8610-113 Infection Prevention Program- The 2015 program goals are summarized in this document. The 2015 Risk Assessment and Goals and strategies to accomplish the goals will be presented to the Performance Improvement Committee (May 28, 2015) The program was reviewed and revised with the following changes:

1. Title change from Infection Control Program to Infection Prevention Program
2. The term "Infection Control" changed to Infection Prevention throughout the document
3. Change Joint Commission references to CIHQ
4. Minor changes in wording for clarity

Reviewed by:	Date	Approved (Y/N)	Comment
PI/PT Committees	5/28/2015	yes	
Quality Board	6/24/2015 OK		
Board of Directors	7/02/2015		

6.

QUALITY REPORT
JUNE 2015



To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 06/24/15
Subject: Quality and Resource Management Report

June Priorities:

1. CIHQ Accreditation Summit
2. CIHQ Mid Cycle Survey

1. CIHQ Accreditation Summit:

I attended the conference the second week of June and came back with some timely and useful information regarding regulatory changes and what is coming from CMS (Center for Medicare Services). CMS has identified disparities between survey results that are identified during a “normal” accreditation by an accrediting organization (AO) and when they do a validation survey. The intention is to reduce the disparities between them, although they are very disparate types of surveys and so we will see how they intend to do this in the next 12-24 months. Accrediting organizations will be adding a pharmacist team member in future surveys in order to address the complex new regulations regarding sterile compounding and admixtures. The OIG has required that CMS surveyors need to ask for help navigating the electronic medical record during surveys so accrediting organizations will be asking hospitals to identify super user navigators during record review. CMS had its budget cut which has trickled down to the state. This trend will see the accrediting organizations being asked to handle more patient complaints which may result in more fees from the accrediting organizations. The OIG has indicated that CMS needs to improve in the survey area of physician credentialing and privileging. We will be seeing changes in the medical staff regulations in the next 2-3 years. What is more challenging is that only 60% of new CMS surveyors have ever worked in a clinical position in an acute care hospital.

2. CIHQ Mid-Cycle Survey:

We can expect the CIHQ team here within the next few weeks to do a follow-up on action plans from the initial survey and to focus on new areas of concern. It will consist of one person and last only one day. I have attached the scorecard for where we are in our action plan completion from last year. The hot topics for the one day visit will be: Compliance with the changes in the Life Safety Code, Endoscopy cleaning and sterilization processes, environmental control of sensitive issues like humidity, temperatures etc.; flash sterilization; and review of a number of policies.

Topics for discussion: Wound Care Program



Dates of Survey: April 15 – 17, 2014																												
Type of Accreditation: ACUTE CARE HOSPITAL																												
					Compliance 2014												Compliance 2015											
Chapter	Standard Level	Respons Person	Monitoring Description	Term	Duration	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Sug	Sept	Oct	Nov	Dec			
Governance & Leadership	GL-3	Nancy	Governing body to approve credentialing	final doc	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes											
Medical Staff	MS-3	Nancy	By-law changes to include 'after' rather than 'or'	final doc	completed	N/A																						
	MS-3	Nancy	Include date bylaw change will be approved by governing body	final doc	completed	N/A																						
	MS-4	Nancy	Primary source verification clearly documented	final doc	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes											
	MS-5	Nancy	Med Staff meet established privileging criteria at reapp	final doc	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes											
Managing the Care Environment	CE-3	Kimberly	PMs for eyewash and Lint trap check	monthly	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes										
	CE-4	Pauline	OB staff attest to Infant Security Policy-policy signed-filed in HR	annually	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes										
	CE-15	Kimberly	Appealed-Compliance to the NFPA Life Safety Code																									
	CE-19	Kimberly	Fire Device PMs (only annuatly per Grigory)	quarterly	ongoing	yes	n/a	yes	n/a	n/a	yes	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a									
Infection Prevention & Control	IC-7	Jessica	Temperature of Cidex and QC of Test strips	weekly	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a			
	IC-7	Allan	Flash report count instruments flashed tor case turnover	monthly	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes									
	IC-7	Allan	Sterilize instruments in open position (3 mos-then random quarter)	quarterly	3 mos	n/a	yes	yes	yes	yes	yes	n/a	yes	yes	yes	yes	yes	yes										
Patient Rights	PR-2	Lisa	Presence of IMM	monthly	3 mos	n/a	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes										
	PR-3	Lisa	Notification of Representative and/or MD documented	monthly	3 mos	n/a	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes										
	PR-13	Pauline	Patient's Plan of Care	monthly	3 mos	yes	yes	yes	monitoring complete																			
Medication Management	MM-5	Jessica	Expiration date for saline bags in warmer	daily	ongoing	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes										
	MM-20	Chris	Appropriate Abbreviations for Vanco & Coloscopy patients	monthly	3 mos	yes	yes	yes	monitoring complete																			
	MM-22	Chris	Medication orders	monthly	3 mos	n/a	n/a	yes	yes	yes	monitoring complete																	
Management of Medical Record	MR-5	Allan	Presence of accurate and timely H & P and complete update	monthly	3 mos	yes	yes	yes	monitoring complete																			
Use of Restraint & Seclusion	RS-7	Mark	Restraint documentation	monthly	3 mos	yes	yes	yes	monitoring complete																			
	RS-9	Mark	Restraint Order documentation-complete																									
Anesthesia Services	AN-2	Mark	All procedural sedation documentation in the ED	monthly	3 mos	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes										
	AN-2	Allan	Anesthesia accurately document pre-anesthesia airway	monthly	6 mos	yes	yes	yes	yes	yes	yes	monitoring complete																
	AN-2	Allan	Anesthesia accurately document hydration & nausea/vomit status	monthly	6 mos	yes	yes	yes	yes	yes	yes	monitoring complete																
Discharge Planning Services	DC-2	Pauline	Appealed																									
Laboratory Services	LB-6	Allan	Tissue and license expiration dates	monthly	ongoing	n/a	n/a	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes										
Nursing Services	NS-3	Pauline	Plan of care being updated every shift	monthly	3 mos	yes	yes	yes	monitoring complete																			
Operative & Invasive Procedures	OI-3	Allan	Plan of care for fire safety in the OR	monthly	3 mos	n/a	n/a	yes	yes	yes	monitoring complete																	
	OI-4	Allan	Presence of the accurate Plan of Care; Wrong patient/site	monthly	3 mos	n/a	n/a	yes	yes	yes	monitoring complete																	
	OI-7	Mark	Appealed																									