SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING AGENDA
Wednesday, August 27, 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 *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER	*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: A. Quality Committee Minutes, 07.23.14 B. Policy & Procedures for Case Mgmt. Dept. C. Policy & Procedures for June 2014 D. Policy & Procedures for July 2014	*Hirsch /Lovejoy*	Action
4. HIGH-RISK OB MANAGEMENT EDUCATION SESSION	*Amara*	Inform
5. 2ND REVISED QUALITY COMMITTEE CHARTER	*Hirsch*	Action
6. ANNUAL RISK MANAGEMENT REPORT (brought forward from last meeting for approval**)**	*Lovejoy*	Action
7. QUALITY REPORT JULY 2014 AND DASHBOARD 2Q2014	*Lovejoy*	Inform/Action
8. CLOSING COMMENTS/ANNOUNCEMENTS	*Hirsch*	
9. ADJOURN	*Hirsch*	
10. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION	*Hirsch*	
11. CLOSED SESSION: Calif. Health & Safety Code § 32155 – Medical Staff Credentialing & Peer Review Report	*Amara*	Action
12. REPORT OF CLOSED SESSION	*Hirsch*	Inform
13. ADJOURN		

3.

CONSENT CALENDAR

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, July 23, 2014
Schantz Conference Room

Committee Members Present	Committee Members Present cont.	Committee Members Absent/Excused	Admin Staff /Other
Jane Hirsch Susan Idell Ingrid Sheets Howard Eisenstark MD Cathy Webber		Michael Mainardi MD Kelsey Woodward Kevin Carruth Carol Snyder D. Paul Amara, MD	Robert Cohen M.D. Gigi Betta Leslie Lovejoy

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER	*Hirsch*		
	Meeting called to order at 5:04 PM		
2. PUBLIC COMMENT	*Hirsch*		
	None		
3. CONSENT CALENDAR	*Hirsch*	Action	
A. QC Meeting Minutes, 6.25.14 B. P&Ps		**MOTION** to approve Consent by Sheets and 2nd by Idell. All in favor.	
4. REVISED QUALITY COMMITTEE CHARTER	*Hirsch*	Action	
	Ms. Hirsch will incorporate the changes agreed upon at the meeting and will bring the revised Charter back to the next meeting.		
5. HIGH-RISK OB MANAGEMENT	Amara	Inform	
	Dr. Amara was absent from the meeting and will present on high-risk OB management at a future meeting.		
6. QUALITY REPORT JUNE 2014	*Lovejoy*	Inform/Action	
	Ms. Lovejoy presented the Quality & Resource Management Report which included four priorities:	**MOTION** to approve the Quality Report by Idell	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	onboarding the nurse informaticist, pre-admission flow process, CDPH activity, and plans for regulatory changes.	and 2nd by Eisenstark. All in favor.	
7. 2013 ANNUAL RISK MANAGEMENT REPORT	*Lovejoy*	Inform	
	Ms. Lovejoy presented the Annual Risk Management Report and the three areas of risk: clinical, regulatory and business. There were a few corrections to be made to the report therefore; approval of the report will be held until after Ms. Lovejoy submits the revised report.		
8. CLOSING COMMENTS/ANNOUNCEMNTS	*Hirsch*		
	The flu vaccine program will begin in the third week of September 2014.		
9. ADJOURN	*Hirsch*		
	Regular Session adjourned at 5:44 PM		
10. UPON ADJOURNMENTOF REGULAR OPEN SESSION	*Hirsch*	Inform	
11. CLOSED SESSION	*Hirsch*	Action	
12. REPORT OF CLOSED SESSION	*Hirsch*	Inform	
13. ADJOURN	Closed Session adjourned at 5:45 PM		

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SONOMA VALLEY HEALTH CARE DISTRICT
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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.

Quality Resource Management: Case Management	
APPROVED BY **Leslie Lovejoy, RN**	DATE: **8/19/14**
Director's/Manager's Signature Leslie Lovejoy	Printed Name LESLIE LOVEJOY

D. Paul Amara, MD
President of Medical Staff

Date

Robert Cohen, MD
Chief Medical Officer

8/19/14
Date

Kelly Mather
Chief Executive Officer

8/19/14
Date

Sharon Nevins
Chair, Board of Directors

Date

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Policy Submission Summary Sheet

Title of Document: Case Management

New document or revision written by: Leslie Lovejoy

Date: 08/19/2014

Type **X Revision ❑ New Policy**	**Regulatory** **❑ CDPH** (formerly DHS) **X CIHQ/CMS** **❑ Other:**
Organizational: Clinical/Non-clinical *(circle which type)*	**X 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)

PC8750-100 **Assessment & Reassessment, Case Management; revised to fit new regulations**
PC8750-101 **Accountability & Responsibility, Case Management; minor revisions to reflect current structure**
PC8750-102 **Case Finding Criteria for Assessment; no changes**
PC8750-113 **Case Management in the Emergency Department; outlines current process**
PC8750-104 **Case Management Intervention; no changes**
PC8750-105 **Case Management to Community Resources, Relationship of; no changes**
RI-8750-103 **Condition Code 44-Inpatient to Observation Status; implemented in 2012**
PC8750-107 **Discharge Referral Process for Home Care; minor changes related to EHR**
PC8750-106 **Expedited Review of Continued Hospital Stay; added Executive Healthcare Resources process**
RI8750-108 **Important Message from Medicare Guideline; no changes**
PC8750-109 **Intensity of Services/Severity of Illness Screening Process; no changes**
IM8750-121 **Laptop Use, Maintenance & Cleaning; implemented in 2012**
PC8750-110 **Multidisciplinary Teams; no changes**
PC8750-123 **Observation Status; formalized in 2012, no changes**
PC8750-112 **Orientation, Case Manager: formalized in 2012**
PC8750-113 **Patient Transportation; no changes**
PC8750-114 **Philosophy of Resource & Case Management: formalized in 2011 to move towards care coordination model**
PC8750-116 **Physician Advisor Referral; added Executive Healthcare Resources process**
RI8750- 120 **Protective and Advocacy Services; no changes**
PC8750-117 **Skilled Level of Care Criteria, Guidelines for; no changes**
PC8750-118 **Social Services Referrals; no changes**
PC8750-121 **Texting by Case Managers; implemented in 2013**
PC8750-119 **Transfer Process, Case Management Role in the; added CCD requirement**
MS8710-112 **Utilization Review Plan Organizational Policy: went through committees 1st Q 2014**

Reviewed By	Date	Approved (Y/N)	Comment
Leslie Lovejoy	**08/19/14**	**Y**	
Robert Cohen	**08/19/14**	**Y**	
MEC	8/21		
QC	8/27		

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Healing Here at Home

POLICY AND PROCEDURE
Approvals Signature Page

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: Multiple (refer to Summary Sheet)	**June List**
APPROVED BY **Leslie Lovejoy, RN**	DATE: **7/02/2014**
Director's/Manager's Signature	Printed Name

Leslie Lovejoy, RN
Chief Nursing Officer, CQO

7-8-14
Date

Robert Cohen, MD
Chief Medical Officer

7/14/14
Date

D. Paul Amara, MD
President of Medical Staff

7/17/14
Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date

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SONOMA VALLEY HEALTH CARE DISTRICT
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Policy Submission Summary Sheet

Title of Document: Organizational-Multiple Departments

Type: **Revision**

June Policies

Policy	**Notes**
EC-UT8610-115 Boiler Failure/High Pressure	retire; not needed, new system
EC-UT8610-115 Boiler Failure/Low Pressure	retire; not needed, new system
EC-UT8610-124 Bulk Liquid Oxygen	retire; department policy #77
EC-UT8610-118 Communications	retire; not needed, an IS policy
EC-UT8610-107 Commuications Phones List	retire; not needed, an IS policy
EC-UT8610-119 Emergency Delivery/Diesel Fuel	retire; department policy #59
EC-UT8610-121 Emergency Generator Testing	retire; department policy #65
EC-UT8610-109 Engineering/Earthquake Procedures	retire; department policy #42
EC-UT8610-113 Equipment Failure/Offsite	retire; not needed, included in ECUT8610-112
EC-UT8610-112 Equipment/Utility Failure	retire; department policy #51
EC-UT8610-106 Equipment Phone List	retire; department policy #31
EC-UT8610-122 Fire Alarm Testing Procedures	retire; not needed in Life Safety Plan
EC-UT8610-104 Interim Life Safety	retire; refer ECLS8610-101 Interim Life Safety Measures
EC-UT8610-101 On-Call Engineer	retire; department policy #4
EC-UT8610-102 Preventative Maintenance	retire; department policy #7
EC-UT8610-108 Utilities Failure Phone List	retire; department policy #38
HR8610-164.8 Asbestos Medical Surveillance	reviewed; addition of Physician Assistant to care for patients
IM8610-119 HIPPA Committee Reporting, Monitoring and	reviewed; no changes
IM8610-110 Medical Record Review-closed	retire; not needed department policy, TJC standard
IM8610-101 Noting and Transcribing Orders	retire; included in PC8610-160 Documentation
LD8610-152 Administrative Call	revised; updated to current protocol
LD8610-143 Advance Approval for Hospital Inspection by	retire; not needed
LD8610-157 Alcoholic Beverages	reviewed; no changes
LD8610-200 Treat and Transfer of Patients (aka: Diversion of	revised; name change, updated Admin Nursing Supervisor as responsible
MS8610-125 Specialty Physician Emergency Care	revised; update to current standard re medical care & orthopedists on call
PC8610-142 Telemetry Monitoring	retire; use PC8610-210 Cardiac Rhythm Monitoring
PC8610-146 Transporting of Monitored Patients	revised; added E.H.R. documenting, reference
RC 8610-101 Medical Record Documentation Practices	retire; refer to PC8610-160 Documentation
RC8610-125 Clinical Documentation in the Patient Medical	retire; now PC8610-160
RC8610-111 Medical Record Review for Timely completion	revised; changed number from IM8610-111; updated to current standards
RC8610-325 Medical Record Content	reviewed; updated to current standards

Reviewed By:	**Date**	**Approved (Y/N)**
Policy & Procedure Team	**6/26/14**	**Yes**
Surgery Committee	**7/2/14**	**Yes**
Medicine Committee	**7/10/14**	**Yes**
Medical Executive Committee	**8/21/14**	~~Yes~~
Board Quality Committee	7/23/14	Yes

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POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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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.

Organizational: Pharmacy	
APPROVED BY: **Director of Pharmacy**	DATE: **3-27-14**
Director's/Manager's Signature	Printed Name **Chris Kutza**

Leslie Lovejoy, RN
Chief Quality & Nursing Officer — 7-15-14 — Date

Robert Cohen, MD
Chief Medical Officer — 7/15/14 — Date

D. Paul Amara, MD
President of Medical Staff
Chair, Pharmacy and Therapeutics Committee — 7/17/14 — Date

Kelly Mather
Chief Executive Officer — Date

Sharon Nevins
Chair, Board of Directors — Date

Policy Submission Summary Sheet

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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Title of Document: **Pharmacy Department**
New document or revision written by: Chris Kutza

Type	**Regulatory**
❑X **Revision** ❑ **New Policy**	❑X **CMS** ❑ **CDPH** (formerly DHS) ❑ **TJC** (formerly JCHAO) ❑ **Other:**
❑ **Organizational: Clinical/Non-clinical** *(circle which type)*	❑ **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)

MM8610-117 Sterile Compounding--Updated
MM8610-125 Temperature Monitoring of Medication Storage--Updated
MM8610-126 Adverse Drug Events-Quality Assurance--Updated
MM8610-127 Multi-Dose and Single-Dose Vials--Updated
MM8610-128 Unapproved Abbreviations--Updated
MM8610-129 Pharmacy & Therapeutics Committee--Updated
MM8610-130 Fentanyl Patch--Updated
MM8610-131 High Alert Medications--Updated
MM8610-132 Labeling of Medications--Updated
MM8610-133 Ordering and Prescribing of Medications--Updated
MM8610-134 Standing Orders and Protocols--Updated
MM8610-135 Investigational Drug Use--Updated
MM8610-136 Herbal and Natural Product Use--Updated
MM8610-137 Compounding Drug Products--Updated
MM8610-139 Medication Recalls—Updated
MM8610-140 Licensed Pharmacy Employee Theft or Impairment—Updated

Reviewed By	Date	Approved (Y/N)	Comment
Pharmacy & Therapeutics Committee	**3-27-14**	**Yes**	
Medical Executive	**8-21-14**		
Quality Board			

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Policy Submission Summary Sheet

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

Type	**Regulatory**
☒ **Revision** ☐ **New Policy**	☒ **CMS** ☐ **CDPH** (formerly DHS) ☐ **TJC** (formerly JCHAO) ☐ **Other:**
☐ **Organizational: Clinical/Non-clinical** *(circle which type)*	☐ **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)

MM8610-104 Lipid Rescue—Updated
MM8610-117 Sterile Compounding—Updated
MM8610-122 Formulary Management—Updated
MM8610-142 Medication Shortages—Updated

MM-148 IV Admixture – Intermittent IV Piggyback Standard Administration Schedule—Delete
MM-149 IV Admixture – Labeling of Parenteral Products—Delete
MM-150 IV Admixture – Preparation & Handling of Antineoplastic Chemotherapy—Delete
MM-180 Sample Medication Use—Delete
MM-182 Unsafe Medication Ordering—Delete
MM-184 Unapproved Use of Medications—Delete

Reviewed By	Date	Approved (Y/N)	Comment
Pharmacy & Therapeutics Committee	**5-22-14**	**Yes**	
~~**Surgery Committee**~~	NA		
~~**Medicine Committee**~~	NA		
Medical Executive	8-21-14		
Quality Board			

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SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Policy Submission Summary Sheet

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

Type	**Regulatory**
☒ **Revision** ☐ **New Policy**	☒ **CMS** ☐ **CDPH** (formerly DHS) ☐ **TJC** (formerly JCHAO) ☐ **Other:**
☐ **Organizational: Clinical/Non-clinical** *(circle which type)*	☐ **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)

MM8610-143 Unit Dose Packaging—Updated
MM8610-144 Medication Reconciliation—Updated
MM8610-145 Authorized Access to Medication Storage Areas—Updated
MM8610-146 Access to Medication When the Pharmacy is Closed—Updated

MM-103 Medication Packaging and Labeling—Deleted
-Replaced by MM8610-132 Labeling of Medications & MM8610-143 Unit Dose Packaging
MM-113 Medication Administration-Unit Dose Distribution of Medications—Deleted-Obsolete
MM-133 Computerized (MAR) Medication Administration Records—Deleted-Obsolete
MM-135 Criteria Based IV to PO Med Conversion—Deleted-Obsolete
MM-137 Discharge Prescriptions—Deleted-Obsolete
MM-139 Dosing Per Pharmacy—Deleted-Obsolete
MM-142 Drug-Drug-Nutrient Interaction Screening—Deleted-Obsolete
MM-151 Intravenous Concentrated Electrolytes—Deleted
-Replaced by MM8610-123 Storage of Medications
MM-152 Level of Care for patients Receiving Intravenous Medications—Deleted-Obsolete
MM-154 Maintenance &Security of Code, Broselow Carts, and Emergency Medications—Deleted
-replaced by PC8610-115Maintenance/Security of Code/Broselow Carts and Emergency Medications
MM-156 Medication Dispensed for Outpatient Use—Deleted-Obsolete
MM-160 Medication Use Evaluation—Deleted-Obsolete
MM-177 Sliding Scale Insulin Protocol—Deleted-Obsolete
MM-178 Storage and Disposal of Unusable Medications—Deleted
-Replaced by MM8610-123 Storage of Medications
MM-187 Medication Order Noting and Transcribing—Deleted-Obsolete
MM-188 Insulin Management and Storage—Deleted
-Replaced by MM8610-131 High Alert Medications

Reviewed By	Date	Approved (Y/N)	Comment
Performance Improvement	**6-26-14**	**Yes**	
Surgery Committee	NA		
Medicine Committee	NA		
Medical Executive	8.21.14		
Quality Board			

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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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.

Organizational: Multiple (refer to Summary Sheet) (JULY 2014 LIST)	
APPROVED BY **Leslie Lovejoy, RN**	DATE: **8/06/14**
Director's/Manager's Signature Leslie Lovejoy	Printed Name Leslie Lovejoy

Leslie Lovejoy
Leslie Lovejoy, RN
Chief Nursing Officer, CQO — 8-6-14 — Date

Robert Cohen, MD
Chief Medical Officer — 8-6-14 — Date

D. Paul Amara, MD
President of Medical Staff — 8/6/14 — Date

Kelly Mather
Chief Executive Officer — Date

Sharon Nevins
Chair, Board of Directors — Date

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

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

July Policies	**Type:** Revision
Policy	**Notes**
EC-SEC8610-111 Closed Circuit TV, Security Management	revised; update to current use and reference
EC-SEC8610-112 Personnel Identification, Security Management	reviewed; no changes
EC-SEC8610-106 Security of Pediatric Patients	retire; refer to EC-SEC8610-104 Infant/Pediatric Security and Code Pink & Purple
EC-SEC8610-101 Security Management Policy	retire; not needed
EC-SEC8610-113 Traffic Control and Vehicle Access	reviewed; no changes
EC-UT8610-110 Central Core Disaster Contingency Plan	retire; Engineering department policy #57
EC-UT8610-116 Change to Diesel From Natural Gas	retire; Engineering department policy #57C
EC-UT8610-120 Electrical Failure	retire; Engineering department policy #63
EC-UT8610-125 Emergency Water Supply/Hand Carried from Well	retire; Enginerring department policy #84
EC-UT8610-123 HVAC System	retire; Engineerig department policy #69
EC-UT8610-117 Make Up Feed Water	retire; no linger in use
Plan Information Management Business Continuity and Disruption Pla	retire; Section Q of the EOP 2014
HR8610-164.7 Annual Medical Surveillance	reviewed; no changes
HR8610-164.11 Ergonomics Safety Program	reviewed; minor changes in wording
HR8610-164.3 Hepatitis B Vaccination Program	reviewed; minor changes in wording
HR8610-164.4 Health Screening of Contract Workers	reviewed; no changes
HR8610-164.9 Infectious Disease Work Restricton/Exposures	revised; minor changes to work restrictions, replaced Addendum A & B with CDC Health Guidelines
Addendum A Infectious Disease Illness Work Restrictions	revised; replaced with CDC Table on Infectious diseases and healthcare workers
FORM Infectious Disease Addendum B	delete; included in Addendum A CDC Table
Addendum C Infectious Disease Exposure Form	reviewed; no changes
HR8610-164.13 Modified Work Program	reviewed; minor changes in wording
HR8610-164.10 Management of Exposures to Blood and Body Fluids	reviewed; minor changes in wording
HR8610-164.1 Post Offer Pre-Employment Screening	reviewed; minor changes in wordking
HR8610-164.14 Respiratory Protection Program	revised; mask fit testing mandatory
HR8610-164.2 Measles, Mumps, Rubella, Varicella, Tetanus and Influe	revised; updated Tdap and flu vaccine requirements
HR8610-164.5 Tuberculosis Screening	reviewed; minor changes, added annual Wellness Fair screening
HR8610-164.6 Tuberculosis Exposure Management	reviewed; minor changes in wording; added CDC reference
HR8610-164.12 Work Injuries Investigation & Return to Work	reviewed; minor changes in wordking
IM8610-116 Disclosure of Basic Patient Information by Hospital Perso	retire; refer to IM8610-120 Workforce HIPPA regulations
LD8610-300 Capital Acquisition Policy	revised; added quotes to MDBuylines for analysis prior to purchase; updated authority of CEO to act in emergency
LD8610-136 Dietary Services Non-Patient	retire; not needed
LD8610-201 Handicapped Access for Functions	retire; not needed
LD8610-310 Interpreter Services	revised; updated Optimal Interpreter for foreign language and
LD8610-147 Weapons	revised; includes weapon definition and employee violation
PC8610-160 Clinical Documentation in the Patient Medical Record	revised; includes Documentation and Noting and Tranascribing
PC8610-367 Clinical Nursing Procedures	reviewed; no changes
PC8610-105 Code Management for Patient Emergency: Code Blue	census has only ONE RN on Med/Surg Unit. In this staffing
PC8610-130 Patient Transportation	retire; refer to Case Management department policies
PC8610-136 Residential Care, Board &Care, and Assisted Living Facility	retire; not needed

Reviewed By:	**Date**	**Approved (Yes or No)**
Surgery Committee	**8/6/14**	yes
Medicine Committee	**8/14/14**	yes
Medical Executive Committee	**8/21/14**	
Board Quality Committee	**8/27/14**	

4.

QC CHARTER-
2nd REVISION

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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SUBJECT: Quality Committee Charter	
	PAGE 1 of 5
	EFFECTIVE: 12/1/11
APPROVED BY: Board of Directors (12/1/11)	REVISED: 8/27/14

Purpose:
Consistent with the Mission of the District the Board, with the assistance of its Quality Committee (QC), serves as the steward for overall quality improvement for the District. The QC shall constitute a committee of the District Board of Directors. The Board shall refer all matters brought to it by any party regarding the quality of patient care, patient safety, and patient satisfaction to the QC for review, assessment, and recommended Board action. The QC makes recommendations and reports to the Board. It has no authority to make decisions or take actions on behalf of the District unless the Board specifically delegates such authority.
The QC shall assist the Board in its responsibility to ensure that the Hospital provides high-quality patient care, patient safety, and patient satisfaction. To this end the QC shall:

1. Formulate policy to convey Board expectations and directives for Board action;
2. Make recommendations to the Board among alternative courses of action, including but not limited to physician credentialing, and oversight activities;
3. Provide oversight, monitoring and assessment of key organizational processes, outcomes, and external reports.

Policy:
SCOPE AND APPLICABILITY
This is a SVHCD Board Policy and it specifically applies to the Board, the Quality Committee, the Audit Committee, the Medical Staff, and the CEO of SVH.

RESPONSIBILITY

Physician Credentialing

1. The QC shall ensure that recommendations from the Medical Executive Committee and Medical Staff are in accordance with the standards and requirements of the Medical Staff Bylaws, Rules, and Regulations with regard to: completed applications for initial medical staff and allied health staff appointment; initial staff category assignment, initial department/divisional affiliation; membership prerogatives and initial clinical privileges; completed applications for reappointment of medical staff, staff category; clinical privileges; establishment of categories of allied health professionals permitted to practice at the hospital; the appointment and reappointment of allied health professionals; and privileges granted to allied health professionals.

2. The QC shall, in closed session, on a case by case basis, fully, rigorously, and carefully review the recommendations of the Medical Staff regarding the appointment, reappointment, and privilege delineation of physicians and submit recommendations to the Board for review and action.

Develop Policies

1. The QC shall submit recommendations for action to the Board on draft policies developed by the QC and those developed by the Hospital regarding quality patient care, patient safety, and patient satisfaction.

Oversight

Annual Quality Improvement Plan

1. The QC shall review and analyze findings and recommendations from the CEO resulting from the Hospital's prior year Annual Quality Improvement Plan, including but not limited to a comparison of the plan to actual accomplishments, administrative review, and evaluation activities conducted, findings and actions taken, system or process failures and actions taken to improve safety, both proactively and in response to actual occurrences.

2. The QC shall review the Hospital's Annual Quality Improvement Plan for continuously improving quality, patient safety, and patient satisfaction and submit the analysis with recommendations establishing priorities to the Board for discussion and action. The Hospital's plans should include, but not be limited to, assessing the effectiveness and results of the quality review using metrics and benchmarks, utilization review, performance improvement, implementing and improving electronic medical/health records, professional education, risk management programs, and patient care related activities and policies of the Hospital and/or Medical Staff, as applicable.

Medical Staff Bylaws

1. The QC shall assure that the Medical Staff's Bylaws are reviewed and approved by the Board and are consistent with the District and Hospital Mission, Vision and Values, Board policy, and accreditation standard, prevailing standards of care, and evidence-based practices.

2. The QC shall review the Medical Staff's fulfillment of its responsibilities in accordance with the Medical Staff Bylaws, applicable law and regulation, and accreditation standards and make recommendations to the Board.

Quantitative Quality Measures

1. The QC shall assess and recommend quantitative measures to be used by our Board in assessing the quality of the Medical Staff's and Hospital's services and submit them to the Board for deliberation and action. The recommendations shall include descriptions that show how the organization measures and reports the improvement of patient care, as well as management accountability.

2. The QC shall review all reports by and Hospital responses to accreditation organizations, e.g., Fire Marshals, Environmental Health, State Department of Health Services (DHS), and other external organizations conducting management, programmatic, physical plant audits/assessments/reviews that are directly or indirectly related to the quality of health care delivery in the Hospital (quality patient care, patient safety, and patient satisfaction). Track all uncompleted/open items until remedied/closed by the Hospital, and make recommendations and report to the Board for its action as appropriate. This includes the final OSHPD report on a construction project prior to licensing by DHS, but it does not include on-going OSHPD reviews/inspections/reports while a project is in design or construction. This does not include routine financial audits, unless the audit identifies quality patient care, patient safety, and/or patient satisfaction issues, in which case the

Audit Committee shall refer the audit to the QC for its review and recommendations to the Board.

3. The QC shall ensure there is an effective, supportive, and confidential process for anyone (the Medical Staff, other health care professionals; Hospital administration; leaders and staff; patients, and their families and friends; and the public) to bring issues to the QC directly or via the Hospital—as a group, personally or anonymously--in order to promote the reporting of quality and patient safety problems and medical errors, and to protect those who ask questions and report problems.

4. The QC shall review and assess the process for identifying, reporting, and analyzing "adverse patient events" and medical errors. The QC shall develop a process for the QC to address these quality deficiencies, in the most transparent manner possible, without unnecessarily increasing the District's liability exposure.

5. The QC shall review the assessment of patient needs/satisfaction, and submit this assessment with recommendations to the Board for review and possible action. This may include, but is not limited to CMS Value Based Purchasing information; patient satisfaction surveys; reports and comparisons to other hospitals, state and national standards; and patient and/or family compliments and complaints.

6. The QC shall review and assess the system for resolving interpersonal conflicts among individuals working within the Hospital environment that could adversely affect quality of care, patient safety or patient satisfaction, and make recommendations to the Board.

Hospital Policies

1. The QC shall assure that the Hospital's administrative policies and procedures, including the policies and procedures relative to quality, patient safety and patient satisfaction, are reviewed and approved by the appropriate Hospital leaders, submitted to the Board for action, and are consistent with the District and Hospital Mission, Vision and Values, Board policy, accreditation standards, and prevailing standards of care and evidence-based practices.

Other

1. Perform other duties related to high-quality patient care, patient safety, and patient satisfaction as assigned by the Board.

Annual QC Work Plan

The QC shall develop an Annual QC Work Plan comprised of the required annual activities and additional activities selected by the QC. The Annual QC Work Plan shall be reviewed and acted on by the Board after considering the CEO's work plan to support the QC.

Required Annual Calendar Activities:

1. The QC shall review the adequacy of financial and human resources currently allocated for maintaining high-quality care, patient safety, and patient satisfaction in April, in advance of the annual budget process and provide an assessment to the Board and CEO with recommendations for action.

2. The QC Work Plan shall be submitted to the Board for its review and action no later than December.

3. The QC shall report on the status of its prior year's work plan accomplishments by December.

4. The QC reviews and assesses all Board policies regarding quality specifically including the QC Charter, and makes recommendations to the Board for action in December.

QC Membership and Staff

The QC shall have seven voting members (including three members of the public) and up to four non-voting public member alternates. All public members are appointed pursuant to Board policy and pursuant to Health and Safety Code Section 32155.

1. The seven voting members of the QC are as follows:

    - Two Board members, one of whom shall be the QC chair, the other the vice-chair. Substitutions for one or both Board members may be made by the Board chair at any QC meeting.

    - Two designated positions from the Medical Staff leadership, i.e., the President and the President-Elect. Substitutions may be made by the President for one Medical Staff member at any QC meeting.

    - Three members of the public. Substitutions may be made by the QC Chair from the prioritized non-voting public member alternates at any QC meeting. These substitutes shall attend closed session QC meetings and vote as QC members.

2. The non-voting public member alternates may attend QC meetings and fully participate in the open meeting discussions. When substituting for a voting public member, they shall attend closed session QC meetings and vote as QC members.

3. Members of the public must be stakeholders of the District. Stakeholders have been defined by the District Board for the purposes of committee membership as:

    - Living some or all of the time in the District, OR
    - Maintaining a place of Business in the District, OR
    - Being an accredited member of the Hospital's staff

4. Staff to the QC include the Hospital's Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and the Director of Quality and Resource Management who shall be the lead staff in support of the QC Chair for meetings, documents, and activities. These individuals who staff the QC are not voting members. Staff is expected to attend the QC meetings. The CEO may attend all QC and subcommittee meetings and shall be a resource at the QC meetings upon request of the QC Chair.

Frequency of QC Meetings
The QC shall meet monthly, unless there is a need for additional meetings.

Public Participation
All QC meetings shall be announced and conducted pursuant to the Brown Act. Physician Credentialing and Privileges are discussed and action is taken in QC Closed Session without the general public.

The general public, patients and their families and friends, Medical Staff, and Hospital staff are always welcome to attend and provide input. Other Board members may attend but may not comment as it may be a Brown Act violation.

Narrowly focused and short term ad hoc subcommittees may meet to address specific issues that will be brought to the QC for review and referral to the Board for its deliberation and action. Subcommittee meetings are not subject to the Brown Act.

Reference:

POLICY HISTORY
December 1, 2011--Board Policy regarding the QC was first adopted.

FREQUENCY OF REVIEW/REVISION
This shall occur annually or more often if required. If revisions are needed they will be taken to the Board for action.

6.

ANNUAL RISK MANAGEMENT REPORT

(to be distributed at meeting)

7.

QUALITY AND RESOURCE MANAGEMENT REPORT JULY 2014

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 08/27/14
Subject: Quality and Resource Management Report

August Priorities:

1. Transition to National Research Corporation(Picker) for Patient Satisfaction
2. Fiscal Year 2015 Value Based Purchasing and Readmission Impacts
3. Outpatient Physician Orders Team
4. Case Management Department Policies Manual

1. Patient Satisfaction Vendor Change

We have made the transition to a new HCAHPS vendor effective for July 1 discharges. Since leaving Press Ganey, we have dropped Outpatient and Ambulatory Services Patient Satisfaction until CMS develops and mandates HCAHPS surveys for those populations. It is anticipated the ED HCAHPS will be mandated sometime in 2015 and the other areas will follow suit sometime after 2016. Currently, the leaders are having their in-services on how to access reports and create custom reports in much the same way that they did with Press Ganey. As soon as we receive our July reports from NRC, I will have Mark do a presentation to this committee.

2. Medicare Reimbursement related to Performance Outcomes

The hospital received notification that we meet and exceeded pay for performance expectations and there by earned back not only the 1.5% held back but also another .65% incentive for out performing peer hospitals. I have attached two reports. The first is the VBP (Value-Based Purchasing) final report and another report that may be hard to read but in essence show our readmission rates to be below 1.0 and therefore we will not be losing funds for our performance on readmissions for fiscal year 2015.

3. Outpatient Orders from Physicians not on the Medical Staff

CMS has elevated the requirement that the hospital have a way to primary source validate non-medical staff physicians as demonstrating competency to order outpatient testing. On the advice of CIHQ, our accrediting body, we have launched a team that will develop a process and tracking system that will ensure that we have data for all physicians ordering testing at SVH. CIHQ has suggested that we use the physician's license to practice as the primary source document as it is the easiest to obtain. The Medical Staff office will be responsible for keeping the database and for updating when licenses expire. We expect to have it fully up and compliant by January. The scope of the project includes approximately 400, non-medical staff member physicians.

4. Case Management Policy and Procedure Manual

I have completed and updated the policies in the manual and am bringing them to committee for approval this month.

Topics for discussion: The workplan for August included two items:

1. Perioperative Report by Allan Sendaydiego which was completed at the last full board meeting and therefore, I am closing this from our workplan.
2. Utilization Management Outcomes and Processes: I will do an overview for next month's session.

BOARD QUALITY COMMITTEE DASHBOARD 2014

The following are quality and patient safety indicators selected by the Board Quality Committee for quarterly reporting as part of the oversight mandate for ensuring the organization has an effective quality assurance and performance improvement program (QAPI).

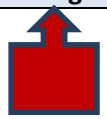
1. Surgical Services Volumes by Service Fiscal Year 2014/2015

	Jul-Sept2013 Q1.FY14		Oct-Dec2013 Q2.FY14		Jan-Mar2014 Q3.FY14		Apr-Jun2014 Q4.FY14		Totals
SERVICE	**IP**	**OP**	**IP**	**OP**	**IP**	**OP**	**IP**	**OP**	
General	44	44	29	55	27	44	27	56	**326**
OBGYN	6	16	13	19	14	26	12	16	**122**
Ophthalmology	0	48	0	63	0	59	0	65	**235**
Orthopedic	55	111	40	106	70	98	52	93	**683**
Pain Management	0	49	0	45	0	35	1	55	**185**
Podiatry	1	8	1	7	0	11	0	7	**35**
Urology	0	5	2	17	3	10	0	9	**46**
Vascular Surgery	0	3	0	3	0	3	0	2	**11**
Endoscopy	9	76	21	79	18	89	17	93	**402**
Totals	**115**	**360**	**106**	**394**	**132**	**375**	**109**	**396**	**2045**

2. Emergency Department Patient Performance

a. **Time from presentation to the ED to time seen by MD based on a sampling of cases.**

Measurement:	Emergency Department Patient Throughput (Lower # is Better)
Category:	Patient Safety
Definition:	Time from arrival in ED to being seen by an MD in minutes (Average)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
27.72	20.69	26.64					30	

Note: Reliable data collection in EMR is in development >>>GO LIVE with PhysDoc 05/2014<<<<

b. Time from decision to admit to bed on inpatient unit until patient departure from ED based on a sampling of cases.

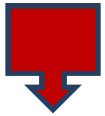
Measurement:	Time from admit decision to depart to bed (Lower # is Better)
Category:	Patient Safety
Definition:	Time from decision to admit patient to departure to assigned bed in minutes (Average)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
60.69	47	102.54					96	

Patient Satisfaction: Quality Patient Experience

Patient satisfaction is measured by the Press Ganey Patient Satisfaction Questionnaire that is mailed to the patient's home two weeks post discharge. There are many questions on the survey and the hospital has shown a significant improvement over the past two years. We chose 3 questions upon which to focus our attention.

Measurement:	Noise Level in and around rooms (Higher # is Better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
73%	69.4%	74.7%					90.00%	

Measurement:	Explanations re: tests and treatments (Higher # is Better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
86.93	86.3%	88.5%					90.00%	

Measurement:	Likelihood to recommend SVH to others (Higher # is better)
Category:	Patient Satisfaction
Definition:	% of Patients responding to Press Ganey Survey who gave a score of 5 (Very Good)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
88.95	90.6%	91.3%					90.00%	

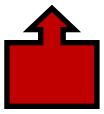
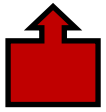
3. Readmissions Rates: Quality Patient Outcomes

Data is captured for patients who return to SVH within 30 days. The hospital focuses on four specific diagnostic groups as they are currently tied to Medicare pay-for-performance.

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days - All Diagnosis

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
5.80%	3.101%	5.385%					16.0%	

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with Same Diagnosis (DRG)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
2.24%	2.5%	4.6%					**TBD**	**TBD**

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with AMI (Heart Attack)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
0.00%	**0.00%**	**0.00%**					**18.0%**	

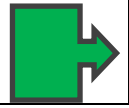
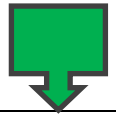
Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with CHF (Congestive Heart Failure)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
9.17%	0.00%	0.00%					23.0%	

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with PNE (Simple Pneumonia)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
2.78%	0.00%	0.00%					17.6%	

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days with COPD (Chronic Obstructive Pulmonary Disease)

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
4.13%	**0.00%**	**0.00%**					**TBD**	**TBD**

Measurement:	Readmission Rates for Medicare Patients (Lower # is better)
Category:	Quality Patient Outcomes
Definition:	Readmitted to SVH within 30 days Hip/Knee Arthroplasty

CALENDAR YEAR 2013	2014 Q1	2014 Q2	2014 Q3	2014 Q4	Q Change	YTY (2013/14) Trend	Benchmark Goal	Benchmark Perform
2.70%	**0.00%**	**0.00%**					**5.4%**	

Chart Definitions:	Calendar Year	Average of all quarters previous year
	Q Change	Change from previous quarter/calendar year
	YTY Trend	Change from previous calendar year s based on an average of the annual values.
	Benchmark goal	External standard or internally set benchmark for quality performance
	Benchmark Perform	Most recent quarter performance against the benchmark goal
		Red means performance declined or does not meet the benchmark goal
		Green means improved performance or meeting the benchmark goal

4. Hospital Acquired Infections: Quality Patient Outcomes and Safety

Infections are tracked for 16 different categories of infections are reported in detail only if quarterly or YTD performance does not meet the benchmark set and therefore potentially merits clinical and management remedial action. The following table summarizes those infection categories being tracked which are within benchmark.

Infection Category	Within Benchmark
Central line associated bloodstream infections	
Hospital acquired Cdiff infections	
Inpatient, MRSA infections	
VRE bloodstream infections	
Hip surgical site infections	
Knee surgical site infections	
Overall surgical site infections	
Class I SSI rate	
Class II SSI rate	
Total Joint SSI rate	
Ventilator Associated Events	
Hospital acquired Pneumonia	
Inpatient Hospital acquired Catheter associated urinary tract infections	
Home Care associated infections	
MRSA Active Surveillance cultures	
Flash sterilization measurements	