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

SVHCD QUALITY COMMITTEE
AGENDA
WEDNESDAY, October 25, 2017
5:00 p.m. Regular Session
(Closed Session will be held upon adjournment of the Regular Session)

Location: Schantz Conference Room
Sonoma Valley Hospital – 347 Andrieux Street, Sonoma CA 95476

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a Quality Committee meeting, please contact the District Clerk, Stacey Finn, at sfinn@svh.com or 707.935.5004 at least 48 hours prior to the meeting.		
MISSION STATEMENT The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less, Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.	*Hirsch*	
3. CONSENT CALENDAR • Minutes 09.27.17	*Hirsch*	Action
4. POLICY & PROCEDURES	*Lovejoy*	Action
5. QUALITY REPORT SEPTEMBER 2017	*Lovejoy*	Inform/Action
6. UPON ADJOURNMENT OF REGULAR OPEN SESSION	*Hirsch*	
7. CLOSED SESSION: Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Lovejoy*	Action
8. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
9. ADJOURN	*Hirsch*	

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SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
September 27, 2017, 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Kelsey Woodward Carol Snyder Howard Eisenstark, MD Susan Idell Michael Brown, MD		Ingrid Sheets Joshua Rymer Cathy Webber Leslie Lovejoy	Robbie Cohen, MD Mark Kobe Frederick Kretzschmar MD Lois Valenzuela Emma Snyder Danielle Jones

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	Meeting called to order at 5:01p.m.	
2. PUBLIC COMMENT	*Hirsch*	
	None	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 8.23.17		**MOTION:** by Mainardi to approve, 2nd by Eisenstark. All in favor
4. POLICY & PROCEDURES	*Lovejoy*	Action
	Medical Device policy needs clarification on wording regarding reporting and injury. Update Standard Employer Service Rate needs i.e. edited to e.g.	**MOTION:** by Woodward to approve with discussed clarifications 2nd by Eisenstark. All in favor.
5. CLINICAL LABORATORY MEDICAL DIRECTOR REPORT	*Kretzschmar/Valenzuela*	Inform
	Ms. Valenzuela gave her Clinical laboratory annual summary for 2016. She reported that the outpatient numbers have declined and likely will continue to decline. This is due to high insurance deductibles, and Dr.'s	

AGENDA ITEM	DISCUSSION	ACTION
	ordering less lab work, or insurance dictates the specific lab a patient can go to. She reviewed the clinical lab quality program and processes which includes three phases, pre analytical, analytical, and post analytical measures. In 2016 the lab scored 100% in all of their proficiency testing, except one event which was in microbiology 98%. She also reported the lab got new equipment that has improved the testing availability, efficiency, and accuracy. Dr. Kretzschmar, Clinical Lab Medical Director, gave an overview of the Pathology group, Marin Medical Laboratories and their services. He reported that the Pathology group participates in ongoing QI programs which include, Surgical Pathology peer review. They also do retrospective external consultations – cases that are signed out and a request for the Path to be sent out to UCSF or Stanford for evaluation. Concordance rate was 98% and all discrepancies were minor.	
6. QUALITY REPORT AUGUST 2017	*Jones*	Inform
	Ms. Jones gave the Quality Report for September. She reported that the Prime grant activities included meeting with the Sound Physicians groups to discuss their process for Medicare FFS patients and to make sure follow up calls are standardized. In the Quality Department, Ms. Jones has completed her 90 day probation and will be taking on more of the Risk management process over the next six months. A fulltime Case Manager/Nurse Navigator has been hired. We have offered to Andrea O'Donnell, currently a McKesson employee, to come on as the Nurse Informaticist. The Medical Staff office Performance Improvement did an audit of the Medical Staff By-laws and Rules and Regulations that identified some processes that the Med Staff Office did not have a system to complete. The action plan was reviewed and is expected to be complete in 4-5 months.	

AGENDA ITEM	DISCUSSION	ACTION
	Ms. Jones then reviewed the departments and their projects in the upcoming Oct. 17th & 18th Performance Improvement Fair. A request was made for two Quality Committee members to volunteer to be judges.	
7. RATE MY HOSPITAL DASHBOARD	*Kobe*	Inform
	Mr. Kobe gave an overview of the Rate My Hospital program that is in 5 of our outpatient departments. He said that everyday summary emails of the last 24hours are received by department leaders. After discussion regarding the dashboard and its time frame break down Mr. Kobe will inquire about the data being broken down differently. Each average score for each department is reviewed. All responses have been over 4.5 out of 5.	
8. UPON ADJOURNMENT OF REGULAR SESSION	*Hirsch*	
	Regular session adjourned at 6:12p.m.	
9. CLOSED SESSION • Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Hirsch/Jones*	Action
10. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
		MOTION: by Eisenstark to approve 2nd Idell. All in favor
11. ADJOURN	*Hirsch*	
	Meeting adjourned at 6:16p.m.	

SUBJECT: Hepatitis B Vaccination Program	POLICY # HR8610-164.3
	PAGE: 1 of 3
DEPARTMENT: Organizational	EFFECTIVE: 12/85
REVIEW/REVISED: 10/01, 9/04, 6/07, 6/10, 7/14, 8/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Briefly state changes and include reasons for making change(s).

What:
Verbiage change throughout removing reference to Employee Health and replacing with Human Resources, and other minor language/formatting changes for clarity. Changed reference to Annual Safety Training to Annual Employee Health Screenings as a place that the vaccination program will be discussed and/or offered. Added requirement to either consent or sign declination prior to starting work. Added to paragraph V that Human Resources will track the completion of each dose and send reminder notices to the employee at each interval to ensure completion of the entire series.

Why:

AUTHORS WITH JOB TITLES:
Lynn McKissock, Director of Human Resources
Kathy Mathews, Infection Control Coordinator

APPROVALS:
Policy & Procedure Committee: 9/19/17
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Injury Due to Medical Device Equipment	POLICY #CE8610-150 PAGE 1 OF 3
DEPARTMENT: Organizational	EFFECTIVE: 5/95
APPROVED BY: Director of Facilities	REVIEW/REVISED: 4/07 12/08,3/11,4/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Briefly state changes and include reasons for making change(s).

What:

Revision includes formatting and responsibility title changes and adding regulation language from FDA website “User facilities must report a suspected medical device-related death to both the FDA and the manufacturer on Form FDA3500A within 10 work days of becoming aware. User facilities must report a medical device-related serious injury to the manufacturer, or to the FDA only on Form FDA3500A if the medical device manufacturer is unknown.”

Why:

AUTHOR JOB TITLES:
Director of Facilities

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Board Quality Committee:
The Board:

DRAFT

SUBJECT: MMR, Varicella, Td, TDaP and Influenza Vaccinations	POLICY # HR8610-164.2
	PAGE: 1 of 5
DEPARTMENT: Organizational	EFFECTIVE: 8/07
REVIEW/REVISED: 6/10, 7/14, 8/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Briefly state changes and include reasons for making change(s).

What:
Changing title to: MMR, Varicella, Td, TDaP, and Influenza Immunizations. Updated language to indicate “proof of immunity” as required, instead of “screening.” Removed the offering of a Td booster every 10 years. Updated verbiage throughout changing reference from “Employee Health” to “Human Resources” and other minor language, formats, and order of topics to provide clarity. Added that MMR, Varicella and TDaP vaccination/proof of immunity is a requirement of employment.

Why:

AUTHORS WITH JOB TITLES:
Lynn McKissock, Director of Human Resources
Kathy Mathews, Infection Control Coordinator

APPROVALS:
Policy & Procedure Committee: 9/19/17
Board Quality Committee:
Board of Directors:

DRAFT

To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 10/25/2017
Subject: Quality and Resource Management Report

October Priorities:

1. PRIME Grant Scorecard
2. Performance Improvement Fair
3. Coverage

1. Prime Grant Activities:

On the next few pages please find the Prime Reporting Scorecard and the Population Definition Flowsheet for discussion in the meeting. Cindi and Jenny will be attending the mandatory DHCS learning collaborative on November 15th in Sacramento. We are required to create and present a storyboard based on a project and what we envision at the end of the grant. Will bring to the December meeting.

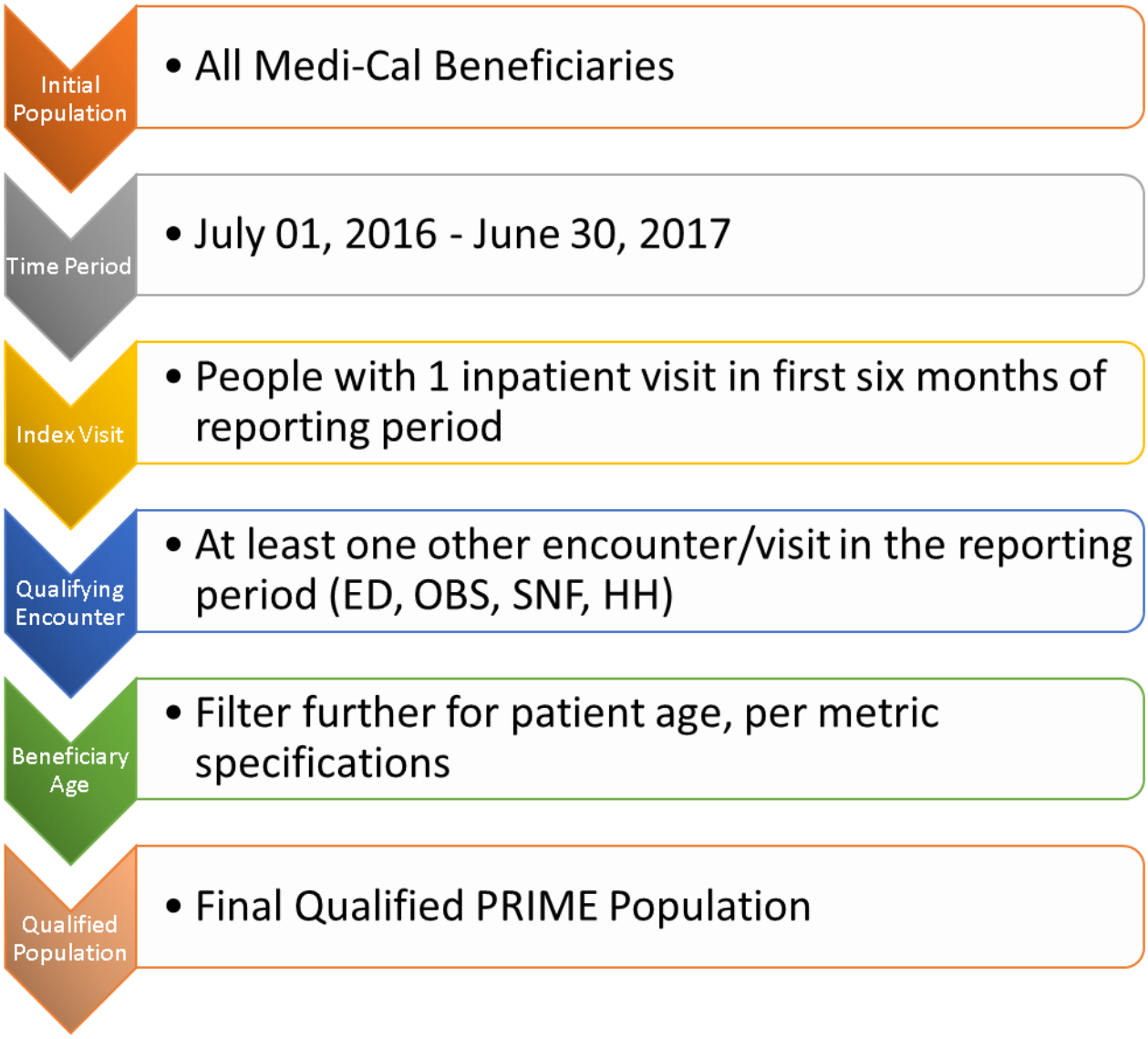
2. Performance Improvement Fair:

Because of the fire disaster, we have postponed until November. Danielle will provide dates. I need two members from this committee for the judging.

3. Coverage

Danielle is covering Quality and Risk while I work from home. Cindi, Stacey and I are coordinating medical staff. My plan is to come in one day a week to check in and complete critical deadlines and any issues that need to be dealt with face to face.

PRIME POPULATION DEFINITIONS:



All Medi-Cal Beneficiaries: Patients with Medi-Cal or Partnership as Primary or Secondary

Reporting Period: Date range for data abstraction and reporting.

Index Inpatient Stay: Inpatient stay within the first six months of the reporting period; for readmissions also look back 365 days to another IP admission

Second Hospital Encounter: Skilled Nursing, ED, Special Procedures/ACU, Healing At Home

Beneficiary Age: Readmissions (all ages), Inpatient Encounters 18 and above

Focused Prime Population: the final population out of which the data for the performance on metrics is determined.

PRIME Dashboard DY12/FY2017 Domain 2.2

Measure name	Numerator	Denominator	Rate		PRIMEOne Benchmarks 25th %tile	PRIMEOne Benchmarks 90th %tile
2.2.1 – DHCS All-Cause Readmissions (ACR)	4	54	0.0741		***0.1770***	***0.1318***
Data is ascertained by running DV Standard readmissions toolpack and computing with final qualified PRIME Population						
	Numerator	**Denominator**	**Top Box % NRC**			
2.2.2 - NQF 0166: H-CAHPS – Care Transition Metrics: Understanding Your Care When You Left The Hospital	99	189	52.4%		***48%***	***61%***
USE NRC PICKER--Note We do not currently use Mode adjustment since we utilize only 1 mode for the survey instrument (mail)09.21.17 cn						
	Numerator	**Denominator**	**Rate**			
2.2.4 - NQF 0646: Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) ALL AGES	60	100	60%			
USE Report Track -PRIME Focus report						
	Numerator	**Denominator**	**Rate**			
2.2.5 - NQF 0648: Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	2	100	2%			
USE Report Track -PRIME Focus report	**Numerator**	**Denominator**	**Rate**			
2.2.3 - NQF 0097: Medication Reconciliation – 30 days	2	60	3%			
USE Report Track -PRIME Focus report (SVCHC population only due to MOU)						