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

SVHCD QUALITY COMMITTEE
AGENDA
WEDNESDAY, JANUARY 24, 2018
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 12.20.17	*Hirsch*	Action
4. POLICY & PROCEDURES	*Jones*	Action
5. INFORMATION SYSTEMS ANNUAL DEPT. UPDATE	*Sendaydiego*	Inform
6. QUALITY COMMITTEE DRAFT 2018 WORK PLAN	*Jones*	Action
8. QUALITY REPORT	*Jones*	Inform/Action
9. UPON ADJOURNMENT OF REGULAR OPEN SESSION	*Hirsch*	
10. CLOSED SESSION: Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Jones*	Action
11. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
12. ADJOURN	*Hirsch*	

+

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 20, 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Carol Snyder Susan Idell via Phone Dr. Brown Kelsey Woodward Ingrid Sheets	Howard Eisenstark, MD	Cathy Webber	Danielle Jones Leslie Lovejoy Dr. Solomon Mark Kobe

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	Meeting called to order at 5:00p.m. Ms. Hirsch announced that as of Dec. 7th Joshua Rymer is the new Board Chair. With this he will be joining the Finance Committee and Peter Hohorst will join the Quality Committee. Ms. Hirsch also announced that this will be Ms. Lovejoy's last meeting. Her job hours are being adjusted and she will only attend meetings when specifically requested. She will be handing the duties over to Danielle Jones.	
2. PUBLIC COMMENT	*Hirsch*	
	None	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 11.15.17		**MOTION:** by Mainardi to approve, 2nd by Woodward. All in favor
4. POLICY & PROCEDURES	*Jones*	Action
		MOTION: by Eisenstark to approve 2nd by Idell. All in favor.

5. ANESTHESIA SERVICES MEDICAL DIRECTOR REPORT	*Solomon*	
	Dr. Solomon gave his overview of the Anesthesia report. This included the Anesthesia group's quality metrics for the last quarter.	
6. EVALUATION OF THE QUALITY COMMITTEE WORK PLAN	*Lovejoy*	Inform
	Ms. Lovejoy reviewed the work plan for 2017. Overall all the things that the committee set out to accomplished, got accomplished. The outliers can be rolled into the next year's work plan or taking another direction. Group discussion about what they would like to see for the next year. The group would like to see the following in the upcoming year: Have the participants for the PI Fair present quarterly to the committee. Have Patient Care Services present in January, IS in February and CEO/CFO strategic plan in March or April. Medical Staff presentation - OB Medical Director, Dr. Brown, in July, Dr. Perryman and the Pain Team. A draft of the 2018 work plan will be presented at the January meeting.	
7. PATIENT CARE SERVICES DASHBOARD	*Kobe*	Inform
	Mr. Kobe reviewed the dashboard for the last two quarters. This included patient experience, pain management and nursing effectiveness. He noted that some of the lower numbers are reflective of staffing and management changes in the ED. He expects that these will improve in the next few quarters.	
8. BOARD QUALITY DASHBOARD	*Lovejoy*	Inform
	Tabled until January 2018 meeting	
9. QUALITY REPORT 2017	*Lovejoy*	
	Ms. Lovejoy reported that she reviewed the global quality reporting for 2017. We retained the 4 star quality rating, one of very few hospitals in the bay	**MOTION:** by Eisenstark2nd by Mainardi. All in favor

	area. The hospital acquired infections showed that we had issues with c difficile, which resulted in a 2% reduction in Medicare funding. The rolling readmission rate was 9.7%. The national and state average readmission rate is 18%. Ms. Lovejoy also reviewed the vision for when the Prime Grant ends in 2020.	
10. UPON ADJOURNMENT OF REGULAR SESSION	*Hirsch*	
	Regular session adjourned at 6:20:p.m.	
11. CLOSED SESSION • Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Hirsch/Lovejoy*	Action
12. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
		MOTION: Due to the MEC meeting date being after QC it will be approved by phone with Ms. Hirsch, Mr. Rymer and Dr. Sebastian post MEC.
13. ADJOURN	*Hirsch*	
	Meeting adjourned at 6:24 p.m.	

SUBJECT: Admission of Pediatric Patients to the Nursing Unit	POLICY #PC8610-106 PAGE 1 OF 3
DEPARTMENT: Organizational	EFFECTIVE: 1/08
APPROVED BY: CNO	REVIEW/REVISED: 12/07 12/10, 12/11, 5/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Updated all reference information:

CIHQ Accreditation Standards for Acute Care Hospitals (2016) 42 CFR 482-23
Lippincott Procedures online: Admission to Floor Pediatric.
Retrieved 7/17/2017 http://procedures.lww.com/lnp/search.do

AUTHOR JOB TITLES:
Nursing Manager

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Aggressive Behavior Management	POLICY #PC7070-100 PAGE 1 OF 2
DEPARTMENT: Specialty Clinic	EFFECTIVE: 08/17
APPROVED BY: Chief Ancillary Officer	REVISED:

NEW:
What:
To provide guidance to Specialty Clinic staff for handling patients or patient visitors who engage in aggressive or violent behavior while in the clinic.

Why:
To maintain a safe and secure environment for all employees', patients, and visitors and provide protection from any aggressive or violent behavior. Violent or aggressive episodes shall be reported immediately to Law Enforcement and the department manager.

AUTHOR JOB TITLES:
Chief Ancillary Services Officer

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

DRAFT

SUBJECT: Aggressive Behavior Management	POLICY #PC7070-100
	PAGE 2 OF 2
DEPARTMENT: Specialty Clinic	EFFECTIVE: 08/17
APPROVED BY: Chief Ancillary Officer	REVISED:

Purpose:
To provide guidance to Specialty Clinic staff for handling patients or patient visitors who engage in aggressive or violent behavior while in the clinic.

Policy:
It is the policy of Sonoma Valley Hospital to maintain a safe and secure environment for all employees', patients, and visitors and provide protection from any aggressive or violent behavior. Violent or aggressive episodes shall be reported immediately to Law Enforcement and the department manager.

Security Officer/Chief Engineer, Safety Officer, and Safety Committee are responsible for developing, implementing, monitoring the Security management program.

Procedure:

All Employees
1. Do not agitate or approach anyone who displays aggressive behavior. **DO NOT PUT YOURSELF AT RISK.**
2. Call Law Enforcement at 911 and give the **LOCATION** of the aggressive behavior problem.
3. Move patients and visitors to a safe environment as needed.
4. When safe, notify the department manager.

Department Manager:
1. Notify the Hospital Safety Officer as soon as possible.
2. Document all incidents requiring intervention by hospital personnel and/or law enforcement through the MIDAS e-notification system.

Safety Officer
The Safety Officer will review the incident and follow-up as needed. Recommendations will be included in the follow-up portion of the MIDAS e-notification system.

References:
CIHQ Accreditation Standards for Acute Care Hospitals-1/14 482.41 CE-4: Providing a Secure Environment & 482.13 PR-8: Right to Receive Care in a Safe Setting

DRAFT

SUBJECT: Care of the Patient with Acute Alcohol Withdrawal or Delirium	POLICY # PC8610-114
	PAGE 1 OF 5
DEPARTMENT: Organizational	EFFECTIVE: 5/95
REVIEW/REVISED: 1/96, 1/99,12/01,12/07,1/08,12/10, 12/11,4/14	

☐ Revised ☒ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
The policy has been reviewed. No changes have been made.

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Change of Patient Condition	POLICY # PC8610-122
	PAGE 1 OF 1
DEPARTMENT: Organizational	EFFECTIVE: 1986
REVIEW/REVISED: 1987 1988, 1990, 1991, 1992, 02/96, 03/99, 5/01,12/07,12/10, 12/11, 5/14, 6/17	

☐ Revised ☒ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
The policy has been reviewed. No changes have been made.

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Hospital-wide Fire Response and Evacuation Plan	POLICY # CE8610-146 PAGE1 OF1
DEPARTMENT: Organizational	EFFECTIVE: 9/1/13
REVIEW/REVISED: 7/14	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:

What: Units specified one or more locations where the wheeled equipment will be moved out of the hallway during a Code Red effecting their unit.Added instructions to staff for specific disposition of hallway wheeled equipment for their unit. Added reference – NFPA 18/19.7.2.1 & 19.7.2.2

CLEARING HALLWAY RESPONSE AT POINT OF ORIGIN
Staff shall clear hallways of all wheeled equipment to the nearest safest location to facilitate relocation or evacuation. Specific locations in your unit may include:

- Nurse station
- Alcoves
- Supply room
- Equipment room
- Clean utility room
- Nourishment room
- Activity room

Why: CDPH Life Safety Survey required a policy that outlined the specific disposition of wheeled equipment in hallways to clear corridors to their maximum width to facilitate relocation of patients.

OWNER:
Kimberly Drummond, Director of Facilities

AUTHORS/REVIEWERS:
Kimberly Drummond, Director of Facilities

COMMITTEE APPROVALS:
Policy & Procedure Team: 12/19/17
Board Quality Committee:
The Board:

DRAFT

SUBJECT: Leaving Against Medical Advice	POLICY #PC8610-140 PAGE 1 OF 5
DEPARTMENT: Organizational	EFFECTIVE: 10/87
APPROVED BY: CNO	REVIEW/REVISED: 11/92, 11/94, 10/95,1/99, 12/07, 12/10, 12/11, 5/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Changed "Responsible Party" to legal decision making representative

What:

Hospital personnel will inform the patient and/or a legal decision making representative that they will be responsible for all liability for any negative outcome of non-compliance with leaving against medical advice.

Why:

Patients can expect that if he/she and/or a legal decision making representative refuses recommended treatment and/or admission advised by the attending physician that they will be asked to sign the "LEAVING HOSPITAL AGAINST MEDICAL ADVICE" (AMA) form.

AUTHOR JOB TITLES:
Chief Quality Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Management of Patient Agitation, Aggression; Physically Acting Out and Depressed Patients	POLICY #PC8610-142 PAGE 1 OF 5
DEPARTMENT: Organizational	EFFECTIVE: 12/99
REVIEW/REVISED: 12/99, 12/01, 11/07, 12/10, 5/14, 6/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Added verbiage to include patients deemed danger to self or others and guidelines for staff safety.

What:

To provide safe care/environment and reduce escalation of behavior which may result in harm to patient and/or staff.

Why:

To provide the necessary safety and health care for patients admitted to Sonoma Valley Hospital that have has a serious disturbance of behavior or affect of thought that makes the patient unable to cope with his/her life situation and interpersonal relationships

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Management of Patients in Corridor Locations	POLICY #PC8610-144 PAGE 1 OF 3
DEPARTMENT: Organizational	EFFECTIVE: 11/07
APPROVED BY: CNO	REVIEW/REVISED: 12/10 12/11, 5/14, 6/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:

Changed verbiage from restricting corridor use to Patients will be placed in corridor locations as a temporary measure when volumes are so high that there are no other options. Added direction for procedures done and patient privacy while in a hallway.

What:

Patients will be placed in corridor locations as a temporary measure when volumes are so high that there are no other options.

Why:

To establish a safe care experience for patients who must be temporarily managed in a corridor location.

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT:Nursing Blood Product Administration Part 1-Patient Identification for Sample Collection	POLICY # LB8610-110 PAGE1 OF5
DEPARTMENT: Organizational	EFFECTIVE: 5/12
REVIEW/REVISED: 8/12, 7/13, 9/14,2/16,10/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What: The life of a pre-op blood bank specimen is extended to 15 days. (the life is currently 3 days)The pre-op patient will be asked to sign a form stating they have not had a transfusion of any blood products or been pregnant in the previous 3 months. The pre-op patient will be given a blood bank armband when the lab work is drawn. They must keep the armband on until the day of surgery for positive patient ID.

The pre-op patient will have to be drawn for a blood bank specimen the morning of surgery if: the pre-op patient has no blood bank armband, it is more than 15 days since pre-op lab work was drawn, patient had a transfusion of a blood product or was pregnant in the previous 3 monthsor the patient has an antibody.

Why: Pre-op patients won't have to be drawn for a new specimen for blood bank the morning of surgery. The lab won't have to repeat the Type & Screen and/or crossmatch as a STAT the morning of surgery. It is Standard Operating Procedure at the local hospitals to extend the life of the pre-op blood bank specimen.

AUTHOR JOB TITLES:
Lois Valenzuela, Laboratory Manager
Frederick Kretzschmar, M.D., Medical Director, Surgical Pathology Services

COMMITTEE APPROVALS:
Frederick Kretzschmar, M.D., Medical Director, Surgical Pathology Services:
Policy & Procedure Team:
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
The Board of Directors:

DRAFT

SUBJECT: Organ and Tissue Donation/Anatomical Donation After Brain Death	POLICY #OP8610-102 PAGE 1 OF 16
DEPARTMENT: Organizational	EFFECTIVE: 1/10
REVIEW/REVISED: 1/10, 3/14, 7/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Why:

Patients or their surrogate decision-makers have the right to forego life-sustaining treatment. All patients have the right to elect organ, eye, and tissue donation in the event of death. Sonoma Valley Hospital believes that it is ethically appropriate to consider organ, eye, and tissue donation following brain death, circulatory death and cardiac arrest. This policy is intended to maintain compliance with Federal and State regulations regarding anatomical gifts as well as, with patient or authorized family directives after a patient or authorized family member has chosen to withdrawal life support.

What:

Updated according to legislative requirements and Donor Network West protocols.

1. Name change from California Transplant Donor Network (CTDN) to Donor Network West.
2. Cardiac death changed to circulatory death.
3. "Consent" changed to "authorization".
4. Staff to notify DNW within 1 hour of imminent death according to the new DNW clinical cues for organ donation.
5. Added "no cough reflex" under criteria for determining death by neurological criteria history and physical assessment.
6. Added apnea exam, absence of breathing drive with 6 prerequisites and apnea exam procedure
7. Added ancillary tests: EEG, cerebral angiogram, nuclear scan, TCD, CTA, MRI/MRA, when uncertain about reliability of neuro exam or apnea exam cannot be performed.
8. DNW Coordinator is the designated requestor of donation and will present options to the family after brain death declaration and decision to withdraw life support.
9. Removed "family in attendance for withdrawal of life support" as this is performed in the OR and death is pronounced when declared brain dead prior to the OR. Added family in attendance for withdrawal of live support to Donation after Circulatory Death P&P.
10. Removed pronouncement of death paragraph on page 9 as patient is taken to the OR on life support and death is pronounced when declared brain dead. Added this paragraph to Donation after Circulatory Death P&P.

DRAFT

11. Anesthesiologist will be required in the OR. Either hospital anesthesiologist or DNW anesthesiologist may participate
12. Removed Sierra Eye and Tissue Donor services and Sight Life Eye bank as DNW provides tissue and eye donor services.
13. Tissue and eye recovery process removed and added to Organ and Tissue Donation P&P.
14. Coroner's cases, nursing supervisor notification after organ tissue recovery completed, staff development and education, DNW reporting of quarterly statistics to the hospital all removed and added to Organ and Tissue Donation P&P.

AUTHOR JOB TITLES:
Bonnie Bernardy, Education Coordinator
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Organ Donation After Circulatory Death	POLICY #OP8610-104
	PAGE 1 OF 8
DEPARTMENT: Organizational	EFFECTIVE: 1/10
REVIEW/REVISED: 1/10, 3/14, 7/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Why:

In accordance with state and federal regulations, this policy outlines the process for organ donation after circulatory death (DCD) in order to allow organs to be donated for the purpose of transplantation, to honor the wishes of the deceased, and/or to comply with the wishes of the properly designated surrogate decision-maker or the legal next of kin. Sonoma Valley Hospital believes that it is ethically appropriate to consider DCD in accord with established policy and procedures and is consistent with Sonoma Valley Hospital's Mission, Vision and Values.

What:

Updated according to legislative requirements and Donor Network West protocols.

1. Name change from California Transplant Donor Network (CTDN) to Donor Network West.
2. Changed cardiac death to circulatory death.
3. Imminent Death definition updated with new clinical cues (removed Glasgow Coma Scale).
4. "Consent" of the surrogate decision maker changed to "authorization".
5. The paragraph concerning withholding heparin until death is declared was removed as heparin must be administered 5 minutes prior to extubation in order for donation process to proceed. (DNW explains reason for heparin during donation during donation discussion with family and authorization for donation includes heparin administration). The donation after circulatory death authorization form is provided by DNW coordinator when applicable.
6. Added pronouncement of death paragraph from Organ & Tissue Donation-Anatomical Donation after Brain Death #OP8610-102.

AUTHOR JOB TITLES:
Bonnie Bernardy, Education Coordinator
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Organ Tissue Donation	POLICY # OP8610-106
	PAGE 1 OF 11
DEPARTMENT: Organizational	EFFECTIVE: 01/89
REVIEW/REVISED: 4/90, 10/95, 12/96, 1/99, 12/07, 7/09, 2/11, 2/14, 7/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
Why:

In compliance with the Conditions of Participation for Hospitals, the Omnibus Budget Reconciliation Act of 1986, and applicable provisions of the Uniform Anatomical Gift Act, it is the policy of Sonoma Valley Hospital to identify potential organ and tissue donors and to cooperate in the procurement of anatomical gifts. This policy may be addressed as the "required request" policy and consists of the required reporting of patient deaths to the Donor Network West (DNW)

What:

Updated according to legislative requirements and Donor Network West protocols.

1. Name change from California Transplant Donor Network (CTDN) to Donor Network West.
2. Eye and tissue donation added.
3. DNW Coordinator is the designated requestor and will collaborate with hospital and care team prior to discussing donation with legal next of kin.
4. DNW Coordinator will review the medical record to determine suitability for organ donation and meet with the hospital care team to make a plan to support the patient and meet with the legal next of kin.
5. Hospital will notify DNW of all imminent deaths for organ donation and all cardiac deaths for tissue donation.
6. New organ clinical cues for reporting imminent death to DNW.
7. "Consent" changed to "authorization".
8. Timeframe to expect that cardio-respiratory death will occur after withdrawal of life support was changed from 2 hours to 1 hour.
9. Contraindication list removed. Allow DNW to determine suitability of donor. Refer all deaths regardless of age, COD or co-morbidities.
10. DNW will follow-up with the coroner to determine release for donation. Coroners do not rule out donation therefore call DNW for all deaths even if deaths fall under coroner's jurisdiction.
11. Organ donation: The OR staff will provide a suite with staff including an RN circulator and scrub tech.
12. New address for DNW

DRAFT

13. Added tissue and eye recovery process (removed from donation after brain death P&P)
14. Added Coroner's cases, nursing supervisor notification after organ tissue recovery completed, staff development and education, DNW reporting of quarterly statistics to the hospital (removed from donation after brain death P&P)

AUTHOR JOB TITLES:
Bonnie Bernardy, Education Coordinator
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Pediatric Assessment	POLICY PC8610-150
	PAGE 1 OF 2
DEPARTMENT:	EFFECTIVE: 12/07
APPROVED BY:	REVIEWED: 12/10, 12/11, 02/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:
What:

Updated all reference information
Essentials of Pediatric Nursing 10th edition (Hockenberry & Wilson)
Chapter 6 (pgs. 86-140). Communication and Physical Assessment of the Child.
Chapter 6 (pgs. 106-140). Physical and Developmental Assessment of the Child.

AUTHOR JOB TITLES:
Nursing Manager

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Routine Care of the Pediatric Patient	POLICY # PC8610-154 PAGE 1 OF 9
DEPARTMENT: Nursing	EFFECTIVE: 7/89
APPROVED BY: CNO	REVIEW/REVISED: 4/99,11/01,12/07,12/10, 12/11, 9/13, 1/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Updated all reference information
Essentials of Pediatric Nursing, 10th Edition,
Lippincott's Nursing Procedure and Skills; Online edition:
http://procedures.lww.com/lnp/procedureSelect.do
UpToDate Online edition: https://www.uptodate.com/contents/search

Why:

AUTHOR JOB TITLES:
Nursing Manager

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Admission of Pediatric Patients to the Nursing Unit	POLICY #PC8610-106 PAGE 1 OF 3
DEPARTMENT: Organizational	EFFECTIVE: 1/08
APPROVED BY: CNO	REVIEW/REVISED: 12/07 12/10, 12/11, 5/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Updated all reference information:
CIHQ Accreditation Standards for Acute Care Hospitals (2016) 42 CFR 482-23
Lippincott Procedures online: Admission to Floor Pediatric.
Retrieved 7/17/2017 http://procedures.lww.com/lnp/search.do

Why:

AUTHOR JOB TITLES:
Nursing Manager

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Aggressive Behavior Management	POLICY #PC7070-100 PAGE 1 OF 2
DEPARTMENT: Specialty Clinic	EFFECTIVE: 08/17
APPROVED BY: Chief Ancillary Officer	REVISED:

NEW:

To provide guidance to Specialty Clinic staff for handling patients or patient visitors who engage in aggressive or violent behavior while in the clinic.

AUTHOR JOB TITLES:
Chief Ancillary Services Officer

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

DRAFT

SUBJECT: Aggressive Behavior Management	POLICY #PC7070-100
	PAGE 2 OF 2
DEPARTMENT: Specialty Clinic	EFFECTIVE: 08/17
APPROVED BY: Chief Ancillary Officer	REVISED:

Purpose:
To provide guidance to Specialty Clinic staff for handling patients or patient visitors who engage in aggressive or violent behavior while in the clinic.

Policy:
It is the policy of Sonoma Valley Hospital to maintain a safe and secure environment for all employees', patients, and visitors and provide protection from any aggressive or violent behavior. Violent or aggressive episodes shall be reported immediately to Law Enforcement and the department manager.

Security Officer/Chief Engineer, Safety Officer, and Safety Committee are responsible for developing, implementing, monitoring the Security management program.

Procedure:

All Employees
1. Do not agitate or approach anyone who displays aggressive behavior. **DO NOT PUT YOURSELF AT RISK.**
2. Call Law Enforcement at 911 and give the **LOCATION** of the aggressive behavior problem.
3. Move patients and visitors to a safe environment as needed.
4. When safe, notify the department manager.

Department Manager:
1. Notify the Hospital Safety Officer as soon as possible.
2. Document all incidents requiring intervention by hospital personnel and/or law enforcement through the MIDAS e-notification system.

Safety Officer
The Safety Officer will review the incident and follow-up as needed. Recommendations will be included in the follow-up portion of the MIDAS e-notification system.

References:
CIHQ Accreditation Standards for Acute Care Hospitals-1/14 482.41 CE-4: Providing a Secure Environment & 482.13 PR-8: Right to Receive Care in a Safe Setting

DRAFT

SUBJECT: Care of the Patient with Acute Alcohol Withdrawal or Delirium	POLICY # PC8610-114
	PAGE 1 OF 5
DEPARTMENT: Organizational	EFFECTIVE: 5/95
REVIEW/REVISED: 1/96, 1/99,12/01,12/07,1/08,12/10, 12/11,4/14	

☐ Revised ☒ Reviewed/No Changes ☐ Retired

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

What:

Why:

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Change of Patient Condition	POLICY # PC8610-122
	PAGE 1 OF 1
DEPARTMENT: Organizational	EFFECTIVE: 1986
REVIEW/REVISED: 1987 1988, 1990, 1991, 1992, 02/96, 03/99, 5/01,12/07,12/10, 12/11, 5/14, 6/17	

☐ Revised ☒ Reviewed/No Changes ☐ Retired

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

What:

Why:

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Leaving Against Medical Advice	POLICY #PC8610-140 PAGE 1 OF 5
DEPARTMENT: Organizational	EFFECTIVE: 10/87
APPROVED BY: CNO	REVIEW/REVISED: 11/92, 11/94, 10/95,1/99, 12/07, 12/10, 12/11, 5/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Changed “Responsible Party” to legal decision making representative

Why:

AUTHOR JOB TITLES:
Chief Quality Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Management of Patient Agitation, Aggression; Physically Acting Out and Depressed Patients	POLICY #PC8610-142 PAGE 1 OF 5
DEPARTMENT: Organizational	EFFECTIVE: 12/99
REVIEW/REVISED: 12/99, 12/01, 11/07, 12/10, 5/14, 6/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Added verbiage to include patients deemed danger to self or others and guidelines for staff safety.

Why:

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Management of Patients in Corridor Locations	POLICY #PC8610-144 PAGE 1 OF 3
DEPARTMENT: Organizational	EFFECTIVE: 11/07
APPROVED BY: CNO	REVIEW/REVISED: 12/10 12/11, 5/14, 6/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Changed verbiage from restricting corridor use to Patients will be placed in corridor locations as a temporary measure when volumes are so high that there are no other options. Added direction for procedures done and patient privacy while in a hallway.

Why:

AUTHOR JOB TITLES:
Deborah Bishop, ED & ICU Clinical Director
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT:Nursing Blood Product Administration Part 1-Patient Identification for Sample Collection	POLICY # LB8610-110 PAGE1 OF5
DEPARTMENT: Organizational	EFFECTIVE: 5/12
REVIEW/REVISED: 8/12, 7/13, 9/14,2/16,10/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What: The life of a pre-op blood bank specimen is extended to 15 days. (the life is currently 3 days)The pre-op patient will be asked to sign a form stating they have not had a transfusion of any blood products or been pregnant in the previous 3 months. The pre-op patient will be given a blood bank armband when the lab work is drawn. They must keep the armband on until the day of surgery for positive patient ID.

The pre-op patient will have to be drawn for a blood bank specimen the morning of surgery if: the pre-op patient has no blood bank armband, it is more than 15 days since pre-op lab work was drawn, patient had a transfusion of a blood product or was pregnant in the previous 3 monthsor the patient has an antibody.

Why: Pre-op patients won't have to be drawn for a new specimen for blood bank the morning of surgery. The lab won't have to repeat the Type & Screen and/or crossmatch as a STAT the morning of surgery. It is Standard Operating Procedure at the local hospitals to extend the life of the pre-op blood bank specimen.

AUTHOR JOB TITLES:
Lois Valenzuela, Laboratory Manager
Frederick Kretzschmar, M.D., Medical Director, Surgical Pathology Services

COMMITTEE APPROVALS:
Frederick Kretzschmar, M.D., Medical Director, Surgical Pathology Services:
Policy & Procedure Team:
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
The Board of Directors:

DRAFT

SUBJECT: Organ and Tissue Donation/Anatomical Donation After Brain Death	POLICY #OP8610-102 PAGE 1 OF 16
DEPARTMENT: Organizational	EFFECTIVE: 1/10
REVIEW/REVISED: 1/10, 3/14, 7/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:

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

What:

Updated according to legislative requirements and Donor Network West protocols.

1. Name change from California Transplant Donor Network (CTDN) to Donor Network West.
2. Cardiac death changed to circulatory death.
3. "Consent" changed to "authorization".
4. Staff to notify DNW within 1 hour of imminent death according to the new DNW clinical cues for organ donation.
5. Added "no cough reflex" under criteria for determining death by neurological criteria history and physical assessment.
6. Added apnea exam, absence of breathing drive with 6 prerequisites and apnea exam procedure
7. Added ancillary tests: EEG, cerebral angiogram, nuclear scan, TCD, CTA, MRI/MRA, when uncertain about reliability of neuro exam or apnea exam cannot be performed.
8. DNW Coordinator is the designated requestor of donation and will present options to the family after brain death declaration and decision to withdraw life support.
9. Removed "family in attendance for withdrawal of life support" as this is performed in the OR and death is pronounced when declared brain dead prior to the OR. Added family in attendance for withdrawal of live support to Donation after Circulatory Death P&P.
10. Removed pronouncement of death paragraph on page 9 as patient is taken to the OR on life support and death is pronounced when declared brain dead. Added this paragraph to Donation after Circulatory Death P&P.
11. Anesthesiologist will be required in the OR. Either hospital anesthesiologist or DNW anesthesiologist may participate
12. Removed Sierra Eye and Tissue Donor services and Sight Life Eye bank as DNW provides tissue and eye donor services.
13. Tissue and eye recovery process removed and added to Organ and Tissue Donation P&P.
14. Coroner's cases, nursing supervisor notification after organ tissue recovery completed, staff development and education, DNW reporting of quarterly statistics to the hospital all removed and added to Organ and Tissue Donation P&P.

DRAFT

SUBJECT: Organ and Tissue Donation/Anatomical Donation After Brain Death	POLICY #OP8610-102
	PAGE 2 OF 16
DEPARTMENT: Organizational	EFFECTIVE: 1/10
REVIEW/REVISED: 1/10, 3/14, 7/17	

AUTHOR JOB TITLES:
Bonnie Bernardy, Education Coordinator
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Organ Donation After Circulatory Death	POLICY #OP8610-104
	PAGE 1 OF 8
DEPARTMENT: Organizational	EFFECTIVE: 1/10
REVIEW/REVISED: 1/10, 3/14, 7/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Updated according to legislative requirements and Donor Network West protocols.

1. Name change from California Transplant Donor Network (CTDN) to Donor Network West.
2. Changed cardiac death to circulatory death.
3. Imminent Death definition updated with new clinical cues (removed Glasgow Coma Scale).
4. "Consent" of the surrogate decision maker changed to "authorization".
5. The paragraph concerning withholding heparin until death is declared was removed as heparin must be administered 5 minutes prior to extubation in order for donation process to proceed. (DNW explains reason for heparin during donation during donation discussion with family and authorization for donation includes heparin administration). The donation after circulatory death authorization form is provided by DNW coordinator when applicable.
6. Added pronouncement of death paragraph from Organ & Tissue Donation-Anatomical Donation after Brain Death #OP8610-102.

AUTHOR JOB TITLES:
Bonnie Bernardy, Education Coordinator
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

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

SUBJECT: Organ Tissue Donation	POLICY # OP8610-106
	PAGE 1 OF 11
DEPARTMENT: Organizational	EFFECTIVE: 01/89
REVIEW/REVISED: 4/90, 10/95, 12/96, 1/99, 12/07, 7/09, 2/11, 2/14, 7/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:

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

What:

Updated according to legislative requirements and Donor Network West protocols.

1. Name change from California Transplant Donor Network (CTDN) to Donor Network West.
2. Eye and tissue donation added.
3. DNW Coordinator is the designated requestor and will collaborate with hospital and care team prior to discussing donation with legal next of kin.
4. DNW Coordinator will review the medical record to determine suitability for organ donation and meet with the hospital care team to make a plan to support the patient and meet with the legal next of kin.
5. Hospital will notify DNW of all imminent deaths for organ donation and all cardiac deaths for tissue donation.
6. New organ clinical cues for reporting imminent death to DNW.
7. "Consent" changed to "authorization".
8. Timeframe to expect that cardio-respiratory death will occur after withdrawal of life support was changed from 2 hours to 1 hour.
9. Contraindication list removed. Allow DNW to determine suitability of donor. Refer all deaths regardless of age, COD or co-morbidities.
10. DNW will follow-up with the coroner to determine release for donation. Coroners do not rule out donation therefore call DNW for all deaths even if deaths fall under coroner's jurisdiction.
11. Organ donation: The OR staff will provide a suite with staff including an RN circulator and scrub tech.
12. New address for DNW
13. Added tissue and eye recovery process (removed from donation after brain death P&P)
14. Added Coroner's cases, nursing supervisor notification after organ tissue recovery completed, staff development and education, DNW reporting of quarterly statistics to the hospital (removed from donation after brain death P&P)

DRAFT

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

SUBJECT: Organ Tissue Donation	POLICY # OP8610-106
	PAGE 2 OF 11
DEPARTMENT: Organizational	EFFECTIVE: 01/89
REVIEW/REVISED: 4/90, 10/95, 12/96, 1/99, 12/07, 7/09, 2/11, 2/14, 7/17	

AUTHOR JOB TITLES:
Bonnie Bernardy, Education Coordinator
Mark Kobe, Chief Nursing Officer

COMMITTEE APPROVALS:
Policy & Procedure Team: 7/18/17
Medicine Committee:
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Pediatric Assessment	POLICY PC8610-111.11
	PAGE 1 OF 2
DEPARTMENT:	EFFECTIVE: 12/07
APPROVED BY:	REVIEWED: 12/10, 12/11, 02/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Updated all reference information
Essentials of Pediatric Nursing 10th edition (Hockenberry & Wilson)
Chapter 6 (pgs. 86-140). Communication and Physical Assessment of the Child.
Chapter 6 (pgs. 106-140). Physical and Developmental Assessment of the Child.

Why:

AUTHOR JOB TITLES:
Nursing Manager

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Routine Care of the Pediatric Patient	POLICY # PC8610-154 PAGE 1 OF 9
DEPARTMENT: Nursing	EFFECTIVE: 7/89
APPROVED BY: CNO	REVIEW/REVISED: 4/99,11/01,12/07,12/10, 12/11, 9/13, 1/14, 7/17

☒ Revised ☐ Reviewed/No Changes ☐ Retired

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

What:

Updated all reference information
Essentials of Pediatric Nursing, 10th Edition,
Lippincott's Nursing Procedure and Skills; Online edition:
http://procedures.lww.com/lnp/procedureSelect.do
UpToDate Online edition: https://www.uptodate.com/contents/search

Why:

AUTHOR JOB TITLES:
Nursing Manager

COMMITTEE APPROVALS:
Policy & Procedure Team: 8/15/17
Medicine:
Med Exec:
Board Quality:
The Board:

DRAFT

SUBJECT: Post-Mortem Procedures	POLICY #PC8610-160
	PAGE 1 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 04/77
REVIEW/REVISED: 4/89, 2/94,2/95,10/95,2/97,12/98,1/9, 10/01,11/07,9/09,8/13,3/16, 9/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:

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

What:

1. Added approved by "Pathologist" as well as CNO
2. Changed "California Transplant Donor Network" to "Donor Network West (DNW)"
3. Changed "Release of Remains form" to "Record of Death form"
4. changed document "in patient's chart" to "Record of Death form"
5. Added (Record of Death form) "and the copy sent to the mortuary"
6. Changed "Chart on nurses notes" to "Document on the medical record"
7. Changed "Nursing" to "physician" with obtain a signature the Authorization for Autopsy form from next of kin"
8. Removed " nursing will assist in obtaining the autopsy permit"
9. Added "This should be done as soon as possible", as the autopsy cannot be performed without the signed approval
10. Changed "Registrant" to "County Registrar of Births and Deaths"
11. Changed "5" days to "8" days to register stillborn death certificate with the County Registrar of births and Deaths
12. Added "See Death, Fetal, Newborn policy for additional instructions"

Why:

DRAFT

SUBJECT: Post-Mortem Procedures	POLICY #PC8610-160
	PAGE 2 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 04/77
REVIEW/REVISED: 4/89, 2/94,2/95,10/95,2/97,12/98,1/9, 10/01,11/07,9/09,8/13,3/16, 9/17	

AUTHORS WITH JOB TITLES:
Bonnie Bernhardy, RN, Education Coordinator
Mark Kobe, Chief Nursing Officer
Pathologist

APPROVALS:
Pathologist:
Policy & Procedure Committee: 10/17/17
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

DRAFT

SUBJECT: Post-Mortem Procedures	POLICY #PC8610-160
	PAGE 1 OF 5
DEPARTMENT: Organizational	EFFECTIVE: 04/77
REVIEW/REVISED: 4/89, 2/94,2/95,10/95,2/97,12/98,1/9, 10/01,11/07,9/09,8/13,3/16, 9/17	

☒ Revised ☐ Reviewed/No Changes ☐ Retired

CHANGE SUMMARY:

What:

1. Added approved by "Pathologist" as well as CNO
2. Changed "California Transplant Donor Network" to "Donor Network West (DNW)"
3. Changed "Release of Remains form" to "Record of Death form"
4. changed document "in patient's chart" to "Record of Death form"
5. Added (Record of Death form) "and the copy sent to the mortuary"
6. Changed "Chart on nurses notes" to "Document on the medical record"
7. Changed "Nursing" to "physician" with obtain a signature the Authorization for Autopsy form from next of kin"
8. Removed " nursing will assist in obtaining the autopsy permit"
9. Added "This should be done as soon as possible", as the autopsy cannot be performed without the signed approval
10. Changed "Registrant" to "County Registrar of Births and Deaths"
11. Changed "5" days to "8" days to register stillborn death certificate with the County Registrar of births and Deaths
12. Added "See Death, Fetal, Newborn policy for additional instructions"

AUTHORS WITH JOB TITLES:
Bonnie Bernhardy, RN, Education Coordinator
Mark Kobe, Chief Nursing Officer
Pathologist

APPROVALS:
Pathologist:
Policy & Procedure Committee: 10/17/17
Medical Executive Committee:
Board Quality Committee:
Board of Directors:

Sonoma Valley Hospital

Quality & Resource Management: Case Management

Policy and Procedure Manual

Table of Contents

Important Message From Medicare **No Changes and discussed with Admitting Leader**	PR 8750-108
Intensity of Service/Severity of Illness Screening Process **No Changes**	UR 8750-109
Multidisciplinary Teams **No Changes**	DC 8750-110
Laptop Use, Maintenance & Cleaning **Archived, no longer using laptops**	IM 8750-121
Observation Status **No Changes**	UR 8750-123
Orientation, Case Manager **Updated skills list**	HR 8750-111
Patient Status Determinations **No Changes**	UR8610.-100
Patient Transportation **No Changes**	DC 8750-115
Philosophy of Resource & Case Management **No Changes**	DC 8750-114
Physician Advisor **No Changes**	MS 8750-116
Protective and Advocacy Services **Updated Resources**	PR 8750- 120
QA/PI Plan for Quality & Resource Management **Updated**	Not a Policy
Skilled Level of Care Criteria **No Changes**	UR 8750-117
Social Work Referrals **Changed method of access to behavioral health and to palliative care: through direct physician consult order.**	DC 8750-118
Texting **No Changes**	IM 8750-122
Transfer Process **Added CCD and Transition Record process**	DC 8750-119
Utilization Review Plan **No Changes**	MS 8710-112

Approvals:
Policy/Procedure Team 10/17
Medicine Committee 12/17
BQC 12/17
Board: 1/18

2018 Quality Committee Work Plan

January 1/24	February 2/28	March 3/28	April 4/25
▪ Review and Approval of 2018 Work Plan ▪ IT Departmental Report Fe Sendaydiego	• Patient Care Services Report Medical-Surgical Department Report Mark Kobe& Lisa Miklos	▪ CEO Strategic Plan & Financial Stability ▪ PI Clinical Project Review	• Annual Infection Control Report* Kathy Mathews • Foundation Report Dave Pier
May 5/23	**June 6/27**	**July 7/25**	**August 8/22**
▪ Annual review of QA/PI Program* ▪ OB/Women's Place Sally Staples & Dr. Amara	▪ Perioperative Services Report Janine Clark & Dr. Sawyer ▪ Annual Risk Management Report*	▪ Pain Team Dr. Lee ▪ 2018 Contract Evaluation Report*	• Medication Safety Report & Department Report* Chris Kutza ▪ PI Support Services Project Review
September 9/26	**October 10/24**	**November 11/28**	**December 12/19**
▪ Orthopedic Services Report Dr. Brown ▪ PI Clinical Project Review	▪ Patient Safety/Quality education session ▪ Skilled Nursing Report* Melissa Evans	• Annual Culture of Safety AHRQ Report	▪ Evaluation of the Quality Committee Work Plan ▪ PI Support Services Project Review

*Required

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

To: Sonoma Valley Healthcare District Board Quality Committee
From: Danielle Jones
Date: 01/24/18
Subject: Quality and Resource Management Report

January Priorities:

1. 2018 Work Plan
2. Department QAPI plans & quality monitoring
3. Contract
4. Accreditation deficiencies and action plan

2018 Work Plan

I have included the work plan on the agenda for discussion and approval. Mark Kobe and Lisa Miklos will present the Patient Care Services report Med/Surg.

Department QAPI plans & quality monitoring

In January I have been meeting with department leaders to review the difference between quality assurance and performance improvement and look at outcome indicators to develop PI projects for 2018.

Contracts

Currently reviewing the patient care services contract process. We are working to create a closer tie to the QAPI program in order to assess the services provided under contract to identify quality and performance problems while working with leaders to monitor contracted services by establishing expectations for the performance of the contracted services. The contract work for 2018 will include defining expectations, establishing realistic metrics, evaluating the quality of the contract service and incorporating the evaluation into the QAPI program.

Accreditation deficiencies and action plan

The Skilled Nursing Facility completed the State and Federal relicensing survey from the California Department of Public Health (CDPH) in October, and a subsequent Life Safety Survey from CDPH and Validation Survey from CMS, both in November. All three plans of correction have been accepted by CDPH and CMS with amendments. I have included the action plan and monitoring for review and discussion.

SONOMA VALLEY HOSPITAL HEALTHCARE DISTRICT
Survey Final Report

Date/s of Survey: **November 3, 2017**

Type of Survey: **CDPH SNF**

Compliance by:

ID Prefix Tag	Respons Person	Monitoring Description	Term	Duration	Goal	2017 Dec	Compliance 2018 Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
F 253	Grigory	Orkin Pest Control reports are being reviewed, Bi-weekly inspections of SNF	Monthly	Ongoing	100%													
	Grigory	EVS Coordinator preforms quality rounds on SNF Activity Room	Weekly	Ongoing	100%													
	Melissa	Visually review and record table cleanliness	Daily	Ongoing	100%													
F 279	Melissa	Review all care plans to ensure goals are stated and plans are updated	Weekly	Year	100%													
F 325	Melissa	Track/Review in ITT meeting all patient weight loss	Weekly	Year	100%													
	Melissa	Signifigant weight loss reported to Quality Assurance / PI	Quarterly	Year	100%													
F 363	Alida	House menu audits to ensure patient nutritional needs are met	Monthly	Year	100%													
F 371	Alida	Document at least 30 dry good sanitation date checks	Weekly	Ongoing	100%													
	Alida	Verify cooling of cooked foods is done and log filled out	Random	3 Months	100%													
	Grigory	Preaction system is being inspected weekly in accordance to NFPA 25 5.2.4.1	Weekly	Ongoing	100%													
	Alida	vendor rotates the bread and signs invoice only upon verification	Bread Deliveries	Ongoing	100%													
	Alida	New staff sign attestation understanding importance of cleaning pots/pans	All New Hires	Ongoing	100%													
	Alida	Cleaning tasks are completed and logged	4 Weeks, then Monthly	Ongoing	100%													
	Melissa	Monitoring of Applesauce use during medication pass	Daily	Ongoing	100%													
	Alida	Canned Goods Condition verified and documented	Weekly	Ongoing	100%													
F 441	Melissa	Daily attention to isolation rooms and compliance with infection control efforts	Daily	Year	100%													
	Melissa	Quarterly Report of Hand Hygene to Quality Assurance / PI	Quarterly	Ongoing	100%													
	Alida	Proper Glove Usage of Nutritional Staff	30 Days, Initial	Ongoing	100%													
F 517	Alida	Annual Review of menu nutritional values	Annually	Ongoing	100%													
	Grigory	Annual Inventory of Disaster Management Supplies	Annually	Ongoing	100%													

SONOMA VALLEY HOSPITAL HEALTHCARE DISTRICT
Survey Final Report

Date/s of Survey: **November 15, 2017**

Type of Survey: **CDPH Life Safety Code Standard Survey/abbreviated Survey for complaint/entity reported incident**

Compliance by: December 15, 2017

ID Prefix Tag	Respons Person	Monitoring Description	Term	Duration	Goal	2017 Dec	Compliance 2018 Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
K 353	Grigory	Automatic sprinkler system is being inspected monthly in accordance to NFPA 25 5.2.4.2 - 5.2.4.4	monthly		100%													
K 711	Grigory	Wheeled equipment is being moved and stored per departments policy	Fire Drills		100%													
K 918	Grigory	Emergency generator lead-acid batteries have the readings logged per manufacturer ranges for testing of electrolyte specific gravity	monthly		100%													
K 920	Grigory	No appliances are plugged in to a power strip and no cords or UPS's are daisy chained	Semi-Annual/Annual		100%													
K 923	Grigory	E-cylinder tanks are stored properly	Monthly		100%													
K 926	Grigory	Policy for safe practices for Oxygen Administration, handling, and storage	Once															

SONOMA VALLEY HOSPITAL HEALTHCARE DISTRICT
Survey Final Report

Date/s of Survey: **December 1, 2017**

Type of Survey: **CMS Validation Survey**

Compliance by:

ID Prefix Tag	Respons Person	Monitoring Description	Term	Duration	Goal	2017 Dec	Compliance 2018 Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
F 655	Melissa	Care Plans are complete, to include "Pain"	Weekly	6 months	100%													
F 697	Melissa	documentation of pain level, physician notification if ineffective, location, quality, effect of intervention, (medication) and proper dose, medications were given according pain level	Weekly	6 months	100%													
F 761	Melissa	ensure that there is a physicians order for all medications kept at the bedside and that there is a care plan indicating that the multidisciplinary team has reviewed this practice.	Daily	Ongoing	100%													
	Melissa	Report to Quality Assurance / PI all medications found at bedside without a physician's order and/or multidisciplinary review	Quarterly	Ongoing	100%													
F 880	Melissa	Ensure cleanliness of the suction set up	Daily	Ongoing	100%													
	Melissa	Report incidences of soiled, out-dated tubing to Quality Assurance / PI	Quarterly	1 year	100%													
	Melissa	Ensure prayer ministers comply with isolation and hand-washing techniques	As Applicable	Ongoing	100%													