



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING AGENDA  
Wednesday, October 29, 2014  
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	
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Hirsch</i>	
<b>2. PUBLIC COMMENT SECTION</b> <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less, Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	<i>Hirsch</i>	
<b>3. CONSENT CALENDAR:</b> A. Quality Committee Minutes, 09.24.14 B. HIPAA Security Policy, Sept. 2014	<i>Hirsch</i>	Action
<b>4. SKILLED NURSING PERFORMANCE IMPROVEMENT PROJECT</b>	<i>Donaldson</i>	Inform
<b>5. MEANINGFUL USE 2 REPORT</b>	<i>Sendaydiego</i>	Inform
<b>6. QUALITY REPORT SEPTEMBER 2014</b>	<i>Lovejoy</i>	Action
<b>7. CLOSING COMMENTS/ANNOUNCEMENTS</b>	<i>Hirsch</i>	
<b>8. ADJOURN</b>	<i>Hirsch</i>	
<b>9. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION</b>	<i>Hirsch</i>	
<b>10. CLOSED SESSION:</b> <u>Calif. Health &amp; Safety Code § 32155</u> – Medical Staff Credentialing & Peer Review Report	<i>Amara</i>	Action
<b>11. REPORT OF CLOSED SESSION</b>	<i>Hirsch</i>	Inform
<b>12. ADJOURN</b>		

3.

## CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING MINUTES  
Wednesday, September 24, 2014  
Schantz Conference Room**

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

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>	<b>FOLLOW-UP</b>
<b>1. CALL TO ORDER</b>	<i>Hirsch</i>		
	Meeting called to order at 5:05 PM		
<b>2. PUBLIC COMMENT</b>	<i>Hirsch</i>		
<b>3. CONSENT CALENDAR</b>	<i>Hirsch/Lovejoy</i>	Action	
a) Quality Committee Minutes, 07.23.14 b) <i>Multiple</i> Policy & Procedures, August 2014		<b>MOTION</b> to approve Minutes by Sheets and 2 <sup>nd</sup> by Mainardi. All in favor. <b>MOTION</b> to approve P&Ps by Mainardi and 2 <sup>nd</sup> by Sheets. All in favor.	
<b>4. QUALITY REPORT JULY 2014 AND DASHBOARD 2Q2014</b>	<i>Lovejoy</i>	Inform/Action	
a) Attachments from July 2014 Quality Report b) Quality and Resource Management Report, August 2014 c) Utilization Management Efforts & Outcomes d) Utilization Management Dashboard	The <i>Performance Improvement Fair: Improving Our Practice, Improving Our Care</i> will be on September 25, 2014 in the Basement Conference Room at SVH and all are welcome to attend.  Ms. Lovejoy presented the Quality Report for August 2014 and the Utilization Reviews for 2011-2014 YTD. She noted that CMS had	<b>MOTION</b> to approve August Quality Report by Sheets and 2 <sup>nd</sup> by Mainardi. All in favor.	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
	<p>suspended Hospital audits and they will start up again the first week of October.</p> <p>Ms. Lovejoy summarized Kelly Mather's First Annual Healing Hospital Showcase that took place here in the Hospital on September 22 &amp; 23, 2014. The Healing Hospital concept is part of SVH's Strategic Plan and is intended to keep SVH viable and current in the changing world of health care. The event was very successful and well attended.</p>		
<b>5. CLOSING COMMENTS/ANNOUNCEMENTS</b>	<i>Hirsch</i>		
	<p>SVH is partnering with Hospice by the Bay to host <i>Planning Ahead: Making Your Health Care Wishes Known</i>. The event will take place at Vintage House on 264 1<sup>st</sup> Street East in Sonoma on November 13, 2014.</p> <p>The QC October meeting on 10.29.14 will have two educational presentations. Fe Sendaydiego will present on Meaningful Use Stage II and Michelle Donaldson will present on the Skilled Nursing Facility.</p>		
<b>6. ADJOURN</b>	<i>Hirsch</i>		
	Regular Session adjourned at 5:43 PM		
<b>7. UPON ADJOURNMENT OF REGULAR OPEN SESSION</b>	<i>Hirsch</i>	Inform	
<b>8. CLOSED SESSION</b>	<i>Amara</i>	Action	
<b>9. REPORT OF CLOSED SESSION</b>	<i>Hirsch</i>	Inform	
<b>10. ADJOURN</b>	Closed Session adjourned at 5:47 PM		



**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.

<b>Organizational: Information Management</b>	
APPROVED BY:	DATE: 9/30/14
Director's/Manager's Signature	Printed Name <b>Beverly Seyfert, Director Information Systems</b>

*Fe Sendaydiego*  
 \_\_\_\_\_  
 Fe Sendaydiego  
 Chief Information Officer

*9/30/14*  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Michael Brown, MD  
 Chair Surgery Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Douglas S Campbell, MD  
 Chair Medicine Committee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 D. Paul Amara, MD  
 President of Medical Staff

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Kelly Mather  
 Chief Executive Officer

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Sharon Nevins  
 Chair, Board of Directors

\_\_\_\_\_  
 Date



**Policy Submission Summary Sheet**

**Title of Document:** Information Management

**New document or revision written by:** Fe Sendaydiego

**Date:** 9/30/2014

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

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

*Creating top-level policies to meet HIPAA Security Rule Standards:*

**IM8610-151 HIPAA Security-Assigned Security Responsibility**

**IM8610-157 HIPAA Security-Evaluation Policy**

**IM8610-161 HIPAA Security –Person or Entity Authentication**

**IM8610-164 HIPAA Security-Security Incident Procedures Policy**

**IM8610-167 HIPAA Security-Workforce Security Policy**

Reviewed By	Date	Approved (Y/N)	Comment
Surgery Committee	10/01/14	yes	
Medicine Committee	10/09/14	yes	
Medical Executive	10/16/14	yes	
Quality Board	10/22/14		
Board of Directors	11/06/14		



SUBJECT: HIPAA Security – Assigned Security Responsibility Policy

POLICY # IM8610-151

DEPARTMENT: Organizational

PAGE 1 OF 1

EFFECTIVE:

APPROVED BY: Chief Information Officer

REVISED: 09/12/2014

**Purpose:**

To protect the confidentiality, integrity, and availability of electronic protected health information and to help ensure compliance with the Standards and Implementation Specifications of the HIPAA Security Rule as set forth in the Code of Federal Regulations.

**Policy:**

Sonoma Valley Hospital will identify the security official who is responsible for the development and implementation of the policies and procedures required by the HIPAA Security Rule. Further guidance and Key Activities relevant to the implementation of this policy may be found in NIST SP 800-66 R1.

**Procedure:**

Subordinate procedures should be specified separately in documents under their own version control and included by reference, below. Their content should not be included within the body of this policy.

**Reference:**

1. 45 CFR 164.308(a)(2)
2. Policy IM8610-119, HIPAA Committee Reporting, Monitoring and Enforcing



SUBJECT: HIPAA Security – Evaluation Policy

POLICY # IM8610-157

DEPARTMENT: Organizational

PAGE 1 OF 1

EFFECTIVE:

APPROVED BY: Chief Information Officer

REVISED: 09/121/2014

**Purpose:**

To protect the confidentiality, integrity, and availability of electronic protected health information and to help ensure compliance with the Standards and Implementation Specifications of the HIPAA Security Rule as set forth in the Code of Federal Regulations.

**Policy:**

Sonoma Valley Hospital will perform a periodic technical and nontechnical evaluation, based initially upon the standards implemented under the HIPAA Security Rule and subsequently, in response to environmental or operational changes affecting the security of electronic protected health information.

**Procedure:**

Subordinate procedures should be specified separately in documents under their own version control and included by reference, below. Their content should not be included within the body of this policy.

**Reference:**

1. 45 CFR 164.308(a)(8)





**SUBJECT:** HIPAA Security – Person or Entity Authentication Policy

**POLICY #** IM8610-161

**DEPARTMENT:** Organizational

**PAGE** 1 OF 1

**EFFECTIVE:**

**APPROVED BY:** Chief Information Officer

**REVISED:** 09/12/2014

**Purpose:**

To protect the confidentiality, integrity, and availability of electronic protected health information and to help ensure compliance with the Standards and Implementation Specifications of the HIPAA Security Rule as set forth in the Code of Federal Regulations.

**Policy:**

Sonoma Valley Hospital will implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed. Further guidance and Key Activities relevant to the implementation of this policy may be found in NIST SP 800-66 R1.

**Procedure:**

Subordinate procedures should be specified separately in documents under their own version control and included by reference, below. Their content should not be included within the body of this policy.

**Reference:**

1. 45 CFR 164.312(d)
2. Sonoma Valley Hospital Information Systems Security Form
3. Policy IM8610-183, Information Management, System Security and Password Control



SUBJECT: HIPAA Security – Security Incident Procedures Policy      POLICY # IM8610-164

PAGE 1 OF 1

DEPARTMENT: Organizational

EFFECTIVE:

APPROVED BY: Chief Information Officer

REVISED: 09/12/2014

**Purpose:**

To protect the confidentiality, integrity, and availability of electronic protected health information and to help ensure compliance with the Standards and Implementation Specifications of the HIPAA Security Rule as set forth in the Code of Federal Regulations.

**Policy:**

Sonoma Valley Hospital (SVH) will implement policies and procedures to address security incidents. Further guidance and Key Activities relevant to the implementation of this policy may be found in NIST SP 800-66 R1.

**Procedure:**

Subordinate procedures should be specified separately in documents under their own version control and included by reference, below. Their content should not be included within the body of this policy.

**Reference:**

1. 45 CFR 164.308(a)(6)
2. Policy IM8610-202, Notification of Computer Security Violation
3. NIST SP 800-61 R2, Security Incident Handling Guide



SUBJECT: HIPAA Security – Workforce Security Policy

POLICY # IM8610-167

DEPARTMENT: Organizational

PAGE 1 OF 1

EFFECTIVE:

APPROVED BY: Chief Information Officer

REVISED: 09/12/2014

**Purpose:**

To protect the confidentiality, integrity, and availability of electronic protected health information and to help ensure compliance with the Standards and Implementation Specifications of the HIPAA Security Rule as set forth in the Code of Federal Regulations.

**Policy:**

Sonoma Valley Hospital (SVH) will implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information, as provided under 45 CFR 164.308(a)(4), and to prevent those workforce members who do not have access under 45 CFR 164.308(a)(4) from obtaining access to electronic protected health information. Further guidance and Key Activities relevant to the implementation of this policy may be found in NIST SP 800-66 R1.

**Procedure:**

Subordinate procedures should be specified separately in documents under their own version control and included by reference, below. Their content should not be included within the body of this policy.

**Reference:**

1. 45 CFR 164.308(a)(3)
2. 45 CFR 164.308(a)(4)
3. 45 CFR 164.312(a)(1)
4. 45 CFR 164.312(d)
5. Policy IM8610-183, Information Management, System Security and Password Control
6. Policy IM8610-120, Workforce HIPAA Regulations
7. Sonoma Valley Hospital Information Systems Security Form

4.

**SKILLED NURSING  
PERFORMANCE  
IMPROVEMENT  
PROJECT**

# Changing Care Delivery: A Performance Improvement Project for the Skilled Nursing Facility



SVH QUALITY COMMITTEE PRESENTATION

**Michelle Donaldson, BSN, MHA**

**October 2014**

## A LOOK AT OUR DEPARTMENT

- Designed to save on Medicare DRGs
- High quality awards and excellent patient/staff satisfaction
- Volumes continue to increase over time
- Preferred provider by local ACO as well as many organizations
- Strong community support



Where we were...

By The Numbers



**-9%**

Direct Margin

**-\$11,150**

Total cost per visit

**700**

Average monthly census

**\$27M**

In annual total charges

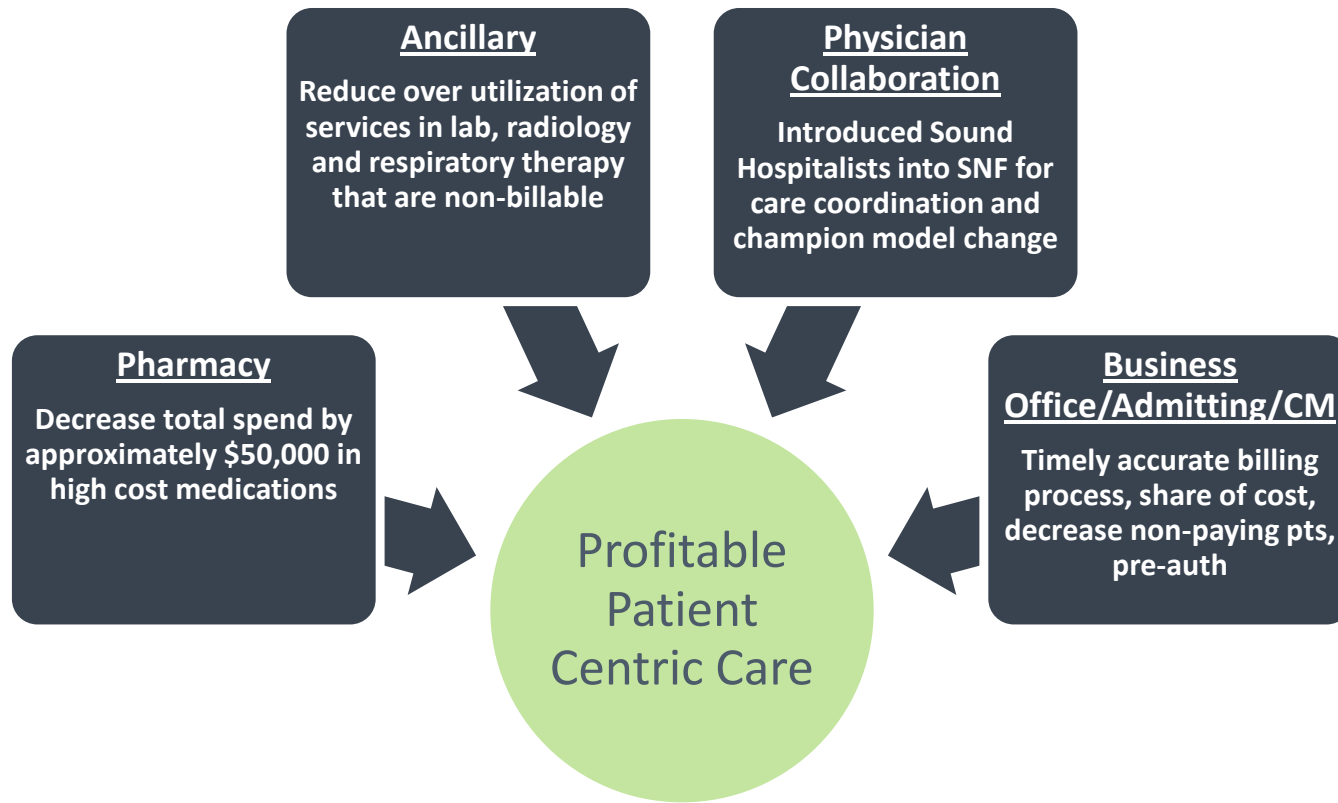
# MACRO LEVEL GOALS OF PERFORMANCE TEAM



Pharmacy	➔	Reduce Rx expenses Create formularies Utilize best practices
Ancillary	➔	Reduce Utilization of non-billable services
Rehabilitation	➔	Increase efficiency and capture of minutes at highest level
Admitting/Business Office	➔	Create system for billable OP procedures Enhance revenue capture using best practices
Physician Leadership	➔	Incorporate Physician Leadership for best practice programs and consistency

# SNF PI TEAM'S RESPONSE TO CHANGING CARE DELIVERY

**Purpose is to create a profitable Skilled Nursing Facility built around high quality cost efficient care to our long term patients**

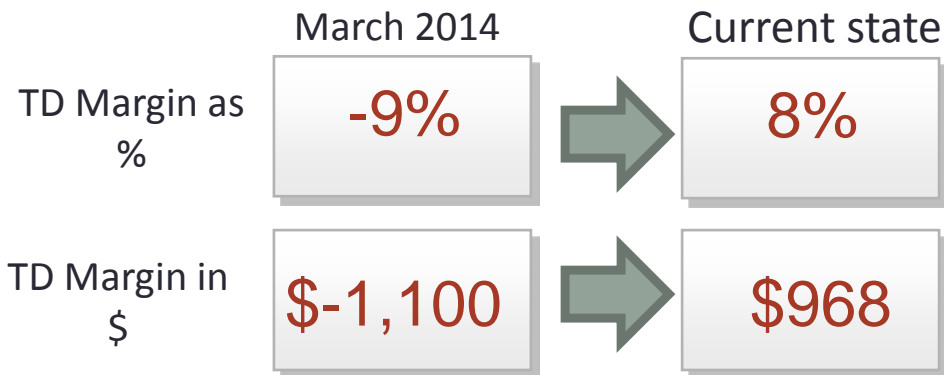


**Deliver the right care at the right time utilizing the right level or healthcare resources across a collaborative continuum of care**



# OUR CURRENT ACCOMPLISHMENTS

The current system is looking to increase the margin of the average patient visit:



## Pharmacy Completed

- Changed Insulin, Lovenox , Carafate delivery methods
- Update Anticoag protocols
- Unique SNF formulary

## Ancillary Completed

- Hardwired reduction of lab utilization to decrease non-reimbursable expenses
- Reduction in Respiratory costs by training RN staff on MDI and O2 saturation checks
- Hospitalist review of Radiology IP procedures non-billable to patients for new registration

## Admitting/ Business/CM Completed

- SNF TARS assure treatment auth request to reduce denials or delays from incomplete info
- OP registration numbers for OP procedures to being billing for test outside of the POC
- Development of efficient intake process for best practices

## Therapy Completed

- Occ Therapy to review all PT first day orders patients are now seen from day one
- RUG levels tracked monthly for reasons of missed levels

# Target Goal Structure

## FY 2014

- Acute care model
- Provider centric
- High cost medications
- Over use of services
- Weak billing structure and support

## FY 2015

- Initiated new care model
- Patient centric
- Cost reduction
- Enhanced billing procedures
- Streamlined services

## Next steps

- Expert financial audit
- Electronic Health Record
- Sound Physicians integrated into model
- Target of 20% margin
- Selective admission process

**Completion Date: June 2014**  
**On-going process improvement**

6.

**QUALITY REPORT  
SEPTEMBER 2014**



To: Sonoma Valley Healthcare District Board Quality Committee  
From: Leslie Lovejoy  
Date: 10/29/14  
Subject: Quality and Resource Management Report

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#### October Priorities:

1. Performance Improvement Fair Winners
2. AHRQ Culture of Safety Survey
3. Infection Control Measures for Ebola

#### 1. Performance Improvement Fair: ***Examining Our Practice, Improving Our Care***

The winners were as follows:

Clinical: First Place for the Lab for their Management of Blood Products Project  
Second Place for the Surgery Department for their Surgery Case Planning Project  
Support Services: First Place for Materials Management for their Time is Money Project  
Second Place for the Admitting Department for their Saturday Lab Registrations Project

The People's Choice Award went to Kathy Mathews and her C. Difficile project.

Jane and Ingrid did a great job with the judging. We had 74 staff walk through during the event; 2 community members and 2 physicians. Based on the feedback from the participants and leadership, we will be holding the event in 2015.

#### 2. AHRQ Culture of Safety Survey

This survey is a national survey measuring the strength of our culture. The hospital has done one every year with the exception of 2011. WE will be providing the survey to the staff during the Wellness Fair the week of October 27. It is hoped that more employees will participate through this venue than did last year.

#### 3. Infection Control Measures for Ebola

Kathy Mathews, Mark Kobe, Dr. Hubbell and our ID consultant, Dr. Siddiqui have been working together; participating in weekly national phone calls and strategizing the hospital's response to this new infection control challenge. We have provided staff with education, identified new protective equipment that needs to be stocked and training needs for the nurses and physicians. A measured response based on the probability of a case presenting to our Emergency Department is in place and will change with additional information from the CDC. We will begin nursing training in the use of personal protective equipment using return demonstration and the buddy system

during the Wellness Fair and then on the units. Signs have been placed in the Emergency Department waiting room asking patients to alert the staff if they have recently traveled in the African countries where the outbreaks have occurred.

Topics for discussion: Meaningful Use Stage 2 (Fe Sendaydiego) & the Skilled Nursing Performance Improvement Project ( Michelle Donaldson).