



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, JULY 27, 2016

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 District meeting, please contact the District Clerk, Gigi Betta at ebetta@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	<i>Hirsch</i>	
2. PUBLIC COMMENT SECTION At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.	<i>Hirsch</i>	
3. CONSENT CALENDAR QC Minutes, 6.22.16	<i>Hirsch</i>	Action
4. ANNUAL RISK MANAGEMENT REPORT	<i>Lovejoy</i>	Inform
5. POLICY & PROCEDURES <ul style="list-style-type: none"> • IS Department #IM8480-07 • HR Department #HR8610-143 • Multiple Organizational #CE8610-147 	<i>Lovejoy</i>	Action
6. QUALITY REPORT JULY 2016	<i>Lovejoy</i>	Inform/Action
7. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Hirsch</i>	
8. ADJOURN	<i>Hirsch</i>	
9. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	
10. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	<i>Sebastian</i>	Action
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
12. ADJOURN	<i>Hirsch</i>	

3.

CONSENT

+



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

MINUTES

Wednesday, June 22, 2016

Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Kelsey Woodward Susan Idell Carol Snyder	Brian Sebastian, MD Howard Eisenstark, MD	Ingrid Sheets Joshua Rymer Cathy Webber Keith Chamberlin, MD	Leslie Lovejoy Mark Kobe Gigi Betta Dennis Verducci, MD Shelly Oberlin Robbie Cohen, MD

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	The meeting was called to order at 5:00pm	
2. PUBLIC COMMENT	<i>Hirsch</i>	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
QC Minutes, 5.25.16		MOTION by Eisenstark to approve Minutes and 2 nd by Idell. All in favor.
4. SOUND PHYSICIANS JOINT OPERATING COMMITTEE	<i>Verducci</i>	Inform
	Dr. Verducci reviewed the Sound Physicians Joint Operating Committee presentation from May 2016 covering dashboards, volume census, quality objectives and CPOE orders.	
5. PATIENT CARE SERVICES REPORT	<i>Kobe</i>	Inform
	Mr. Kobe presented the Annual Patient Care Services Report 2016 including education and certification, competency, experience of care, and challenges.	
6. POLICY & PROCEDURES		
<ul style="list-style-type: none"> ✓ Lab Multiple Policies April 2016 ✓ Patient Safety and Grievance Policies May 2016 	<i>Lovejoy</i>	Action MOTION by Eisenstark to approve

AGENDA ITEM	DISCUSSION	ACTION
		policies and 2 nd by Mainardi. All in favor.
7. QUALITY REPORT JUNE 2016	<i>Lovejoy</i>	Inform/Action
	Ms. Lovejoy announced that SVH is the recipient of the Prime Grant funded by the Centers for Medicare and Medicaid Services over a five-year period totaling over \$6,900,000. The grant's primary goal is to improve the patient experience during transitions of care. Ms. Lovejoy will track the performance and compliance metrics and share results at future Quality Committee meetings.	Inform/Action MOTION by Mainardi to approve the Quality Report and 2 nd by Idell. All in favor.

8. CLOSING COMMENTS	<i>Hirsch</i>	
9. ADJOURN	<i>Hirsch</i>	
10. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
11. CLOSED SESSION: <ul style="list-style-type: none"> ✓ <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report ✓ CIHQ Patient Grievance Discussion 	<i>Sebastian</i>	Action
12. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
13. ADJOURN	<i>Hirsch</i>	
	Meeting adjourned at 6:35pm	

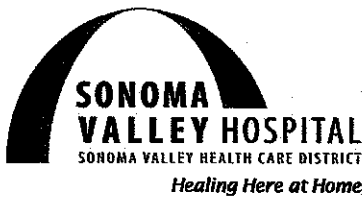
4.

ANNUAL RISK MANAGEMENT REPORT

REPORT WILL BE DISTRIBUTED AT THE MEETING

5.

POLICY AND
PROCEDURES




POLICY AND PROCEDURE
Approvals Signature Page

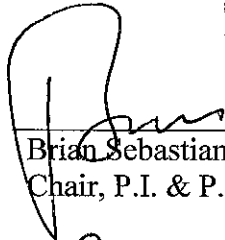
Review and Approval Requirements

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:

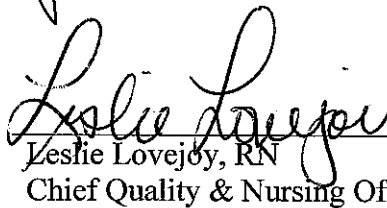
- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent 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.

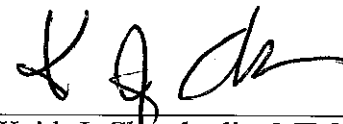
Department: Information Systems Department IM8480-07 Information Systems Cyber Attack Response – New Policy	
APPROVED BY: Director of Information Systems	DATE: 4-19-16
Director's/Manager's Signature 	Printed Name Beverly Seyfert


 Brian Sebastian, MD
 Chair, P.I. & P.T. Committees

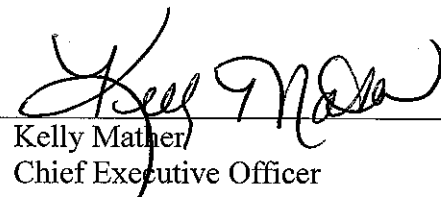
6/23/16
 Date


 Leslie Lovejoy, RN
 Chief Quality & Nursing Officer

6/23/16
 Date


 Keith J. Chamberlin, MD MBA
 President of Medical Staff

7/21/16
 Date


 Kelly Mather
 Chief Executive Officer

7/21/16
 Date

Jane Hirsch
 Chair, Board of Directors

 Date



Policy Submission Summary Sheet

Title of Document: **Information System Department Policy**

New Document or Revision written by: **Beverly Seyfert**

Date of Document: **4-19-16**

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

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

IM8480-07 Information Systems Cyber Attack Response - New Policy to ensure a swift and effective response to an actual or perceived cyber attack. To safeguard the hospital's key clinical and business systems and data.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	4/19/2016	Yes	
Surgery Committee	n/a		
Medicine Committee	n/a		
P.I. Committee	4/28/2016	No	No quorum
P.I. Committee	6/23/2016	yes	Beverly to present
Medical Executive Committee	7/20/16	yes	
Board Quality	7/20/2016	yes	
Board of Directors	8/04/2016		



SUBJECT: Information Systems CyberAttack Response

POLICY # IM8480-07

DEPARTMENT: Information Systems

PAGE: 1 OF 2

EFFECTIVE: 04/16

APPROVED BY: CIO

REVIEW/REVISED:

Purpose:

To ensure a swift and effective response to an actual or perceived cyber attack. To safeguard the hospital's key clinical and business systems and data.

Policy:

This policy describes the steps to be taken if a cyber attack appears to be taking place. This may occur at any time in or outside of business hours. If the attack begins outside of business hours, the IS On-call tech will probably be the first to be notified. If the attack begins during business hours, the Help Desk will probably receive the call. Regardless, a rapid response will be critical to managing and mitigating the attack.

Key thoughts:

Since time will be critical, the IS tech notified (either at the Help Desk or on-call after hours) will need to move quickly to determine the threat and respond. There may not be time to involve senior IS management in decision-making. The IS tech will have **full authority** to have the Nursing Supervisor call a Code Triage, move the clinical departments to downtime, and deal with the threat.

Procedure:

1. IS is notified (through a call to the Help Desk or a page to the IS On-call tech).

During Business Hours:

1. The tech receiving the report notifies everyone currently in the IS department
2. The tech receiving the call may turn over primary response to another tech who is more qualified, if applicable
3. The people in the department will divide up and perform the following tasks **in sync**:

Investigation / Remediation team

1. Confirm (through remote access / other methods) that an attack appears to be occurring.
2. Remove the affected workstation from the network (have it shut off, remotely shut it off, etc)
3. Disconnect the following devices in order from the network:
 - a. SVH-FP01



SUBJECT: Information Systems CyberAttack Response

POLICY # IM8480-07

DEPARTMENT: Information Systems

PAGE: 2 OF 2

EFFECTIVE: 04/16

APPROVED BY: CIO

REVIEW/REVISED:

- b. SVH-FP02
- c. Unitrends backup system
- d. SVH-HISDB-LIVE
- e. Others?

Communication Team:

1. Notify the Nursing Supervisor to call a Code Triage and move all clinical departments to downtime.
2. Notify the CIO and Director of Information Services.
 - a. CIO will alert Senior Administrative Leadership. If she/he isn't available, the Director of Information Services will notify Senior Administrative Leadership.
3. Notify the Help Desk (internal – may need to brief afternoon support staff)
4. Install a laptop in the Schantz conference room for use by Incident Command staff.

After Business Hours:

1. The tech receiving the call confirms (through remote access / other methods) that an attack appears to be occurring.
2. Remove the affected workstation from the network (have it shut off, remotely shut it off, etc)
3. Notify the Nursing Supervisor to call a Code Triage and move all clinical departments to downtime.
4. Disconnect the following devices in order from the network:
 - a. SVH-FP01
 - b. SVH-FP02
 - c. Unitrends backup system
 - d. SVH-HISDB-LIVE
 - e. Others?
5. Notify the CIO and Director of Information Services.



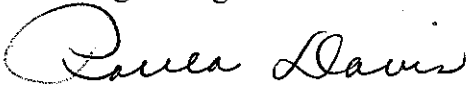
POLICY AND PROCEDURE
Approvals Signature Page

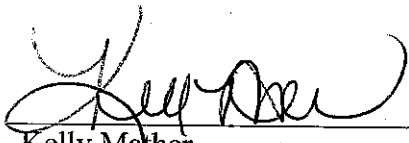
Review and Approval Requirements

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
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- Consistent with evidence-based practice

We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Departmental of Human Resources	
APPROVED BY: Director of Human Resources	DATE: 6-21-16
Director's/Manager's Signature 	Printed Name Paula Davis



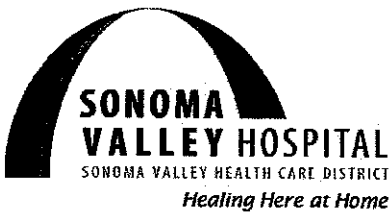
Kelly Mather
Chief Executive Officer



Date

Jane Hirsch
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational Policies**

New Document or Revision written by: **Paula Davis**

Date of Document: **6-21-16**

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

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

HR8610-143 Receiving of Gifts and Gratuities- New policy.

HR8610-122 Time and Attendance Records (Kronos)- Revised; exempt employees required to record PTO hours as an electronic entry

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	6/21/2016	Yes	
Surgery Committee	n/a		
Medicine Committee	n/a		
P.I. or P. T. Committee	n/a		
Medical Executive Committee	7/21/2016	<i>vfs</i>	
Board Quality	<i>7/27/16</i>	<i>g</i>	
Board of Directors	8/04/2016		



SUBJECT: Receiving of Gifts & Gratuities

POLICY #HR8610-143

DEPARTMENT: Organization

PAGE 1 OF 1

EFFECTIVE: 7/16

APPROVED BY: Director of Human Resources

REVISED:

Purpose:

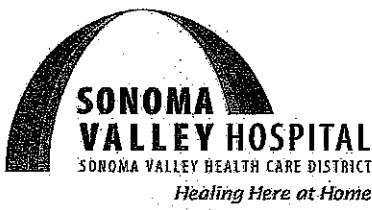
To define how employees of Sonoma Valley Hospital respond to patients and/or family members who wish to thank staff with gifts for their service.

Policy:

- The solicitation of gifts, money and/or gratuity is prohibited.
- Staff shall discourage personal gifts by families or patients to employees but rather encourage grateful patient donations to the Hospital through the Hospital Foundation.
- Careful consideration by management should be given by reviewing the frequency and manner of employees receiving gifts from patients.

Procedure:

1. Families and friends of patients shall be encouraged to make contributions to Sonoma Valley Hospital through the Sonoma Valley Hospital Foundation. They should be provided with information on how to make a donation as a grateful patient.
2. If a family member insists on giving a personal gift to an employee, a token gift with a dollar value of less than \$15.00 may be accepted. Examples of appropriate personal gifts would be a book, a small plant or a box of chocolates. The acceptance of a small gift would, in these instances, respect the person's wish to express his or her appreciation.
3. Acceptance of personal gratuities larger than stated above shall be a supervisory issue to be discussed. The gift, if monetary, could be used as a lunch for the department with mention of an individual's high performance as a role model as an incentive to strive for a higher standard. Otherwise, the monetary gift should be given as a donation to the Hospital through the Hospital Foundation.



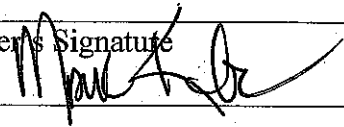
Policy and Procedure - Approvals Signature Page

Review and Approval Requirements

The SVH departmental/organizational policies and/or procedures on the attached list have been reviewed and approved by the following organizational leaders for meeting all of the following criteria. All of these policies and procedures are:

- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent with evidence-based practice

We recommend their acceptance by the Quality Committee and that the Quality Committee forward them to the Sonoma Valley Health Care District Board with a recommendation to approve.

Organizational: Multiple Policies July List 2016	
APPROVED BY:	DATE: 6-24-16
Director's/Manager's Signature 	Printed Name Mark Kobe, RN MPA

WILL BE SIGNED 7/27/16

Michael Brown, MD
Chair Surgery Committee

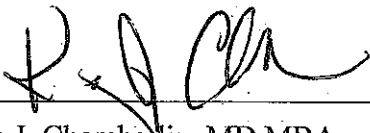
Date



Douglas S Campbell, MD
Chair Medicine Committee

7/20/16

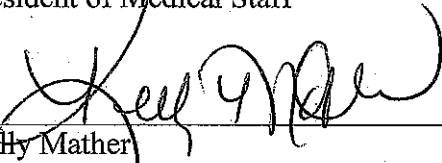
Date



Keith J. Chamberlin, MD MBA
President of Medical Staff

7/21/16

Date



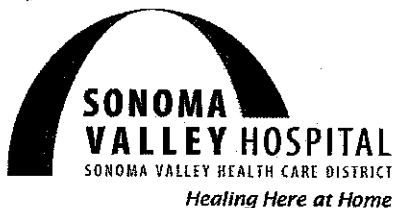
Kelly Mather
Chief Executive Officer

7/21/16

Date

Jane Hirsch
Chair, Board of Directors

Date



Policy Submission Summary Sheet

Title of Document: **Organizational/Department Policies**

New Document or Revision written by: **Multiple Policies**

Date of Document: **6-21-16**

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

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

ORGANIZATIONAL POLICIES:

CE8610-147. Hostage/Active Shooter, Code Silver -New policy

GL8610-107 Adverse Events and Unanticipated Outcomes Reporting -Revised; minor changes in wording to include 'Unanticipated Outcomes'

GL8610-124 Clinical Practice Guidelines-Reviewed; remove JCAHO reference, replaced with CIHQ

GL8610-137 Conflict of Interest-Revised; moved to Leadership chapter of CIHQ; removed TJC language

GL8610-129 Code of Ethics -Revised; moved to Leadership chapter of CIHQ; removed TJC language

IC8610-117 Construction or Renovation Projects, Infection Control for-Revised; Clause added with the requirement that upon issuance of Infection Control Permit, the Director of Facilities will send the Chief Quality Officer OSHPD approved plans, maps, scope, duration and patient care mitigations. The CQO will send a notification letter to CDPH with the project plans and details at least 10 days prior to the start of construction

NS8610-102 Acuity Ratio and Staffing Plan-Nursing-Revised; acuity categories are assigned 4 interval times daily; ED can be placed on call; replaced TJC reference with CMS

NS8610-108 Nursing Staffing: Floating and Call-off-Revised; minor changes, replaced TJC reference with CIHQ reference

NS8610-110 Orientation and Evaluation of Registry Personnel-Revised; replaced TJC reference with CIHQ reference

NS8610-112 Plan for the Provision of Nursing Care-Revised; minor changes, replaced TJC reference with CIHQ reference

NS8610-114 Scheduling of Staff, Nursing Department-Revised; minor changes, replaced TJC reference with CIHQ reference

NS8610-116 Use of Registry Personnel-Revised; minor changes, replaced TJC reference with CIHQ reference

NS8610-118 Weekend Coverage-Nursing Department-Revised; minor changes, replaced TJC reference with CIHQ reference

PC8610-156 PICC (Peripherally Inserted Central Catheter) Line Insertion-Reviewed; minor changes, added CIHQ and CMS reference

QS8610-124 Rapid Response Team - Unexpected Clinical Deterioration-Revised; added operator announcement response, updated response Team criteria for call, replaced TJC reference with CMS and CIHQ reference.

PR8610-121 Bioethical Issues-Reviewed; no changes, added CIHQ reference

PR8610-177 Disclosure of Adverse Events or Unanticipated Outcomes-Revised; removed TJC language (sentinel events) and added CIHQ section reference

DEPARTMENT POLICIES:

8340-174 Guest Trays- New policy

MS8710-103 Physician Suspension (Medical Records)- Revised; Deleted: Notification to the Medical Board of California: Physician suspension(s) that remain in effect for a period in excess of 14 days and/or 30 days accumulative in a 12 month period is reported to the Medical Board.
Replaced with: Notification to the Medical Executive Committee: HIM provides, on a monthly basis, a rolling 12 month summary report of suspensions days. Physician suspension(s) that remain in effect for a period in excess of 14 days and/or 30 days accumulative in a 12 month period is acted upon by the Medical Executive Committee."

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	6/21/2016	Yes	
Surgery Committee	7/06/2016	Yes	
Medicine Committee	7/14/2016	Yes	
P.I. or P. T. Committee	n/a		
Medical Executive Committee	7/21/2016	Yes	
Board Quality	7/27/2016		
Board of Directors	8/04/2016		



SUBJECT: Code Silver – Hostage / Active Shooter

POLICY # CE8610-147

DEPARTMENT: Organizational

PAGE 1 OF 3

EFFECTIVE:

APPROVED BY: Safety Officer

REVIEW/REVISED:

Purpose:

To ensure a safe and secure environment for patients, visitors, and staff. To define actions and responsibilities during a Hostage / Active Shooter event (Code Silver).

Policy:

It is the policy of SVH to maintain the safety of all patients, visitors, and staff. To provide staff training on the proper response and recovery procedures for Hostage / Active Shooter events. An active shooter is defined as an individual who is actively engaged in killing or attempting to kill people in the hospital or on the hospital campus. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases active shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders.

Procedure:

In any Hostage / Active Shooter incident staff, visitors, and patients should Remember "Run, Hide, Fight".

1. At the outset of an incident, staff should call 5555 and report "Code Silver" and the area the perpetrator is currently. All staff will avoid the area indicated. After calling a "Code Silver" the Operator will call 911 and notify law enforcement of the incident. Operator will then contact the Administrator on Duty or Nursing Supervisor who will be ready to open the Incident Command Center when the code is cleared by Law Enforcement and command is transferred back to the Hospital. Follow the HICS command structure as appropriate. Incident Commander will direct staff to update Image Trend Coastal Valley EMS system to show EOC is open, and to place the hospital on diversion.
2. Take stock of the surroundings in your work area and plan an escape route. Encourage all people in the area to evacuate too. Staff in patient care areas will evacuate any patient able to ambulate on their own. Patients unable to be evacuated should be in an area that can be closed off i.e.; patient room, bathroom or closet. Find a place to hide that provides cover and limits visual detection. Search the area for objects that can be used as weapons i.e.; fire extinguisher, IV pole, sharp objects, etc.
3. Only if the perpetrator enters your area, subdue the assailant if possible. Defend yourself with the weapons at hand by any means necessary.
4. Stay concealed and quiet until you hear the code cleared or you are instructed by law enforcement to evacuate.

Run

1. If it is safe to do so, the first course of action is to run. Run out of the facility or away from the area under attack and move as far away as possible until you are in a safe location.
2. Leave personal belongings behind.



SUBJECT: Code Silver – Hostage / Active Shooter

POLICY # CE8610-147

DEPARTMENT: Organizational

PAGE 2 OF 3

EFFECTIVE:

APPROVED BY: Safety Officer

REVIEW/REVISED:

3. Visualize possible escape routes, including physically accessible routes for patients, visitor, or staff with disabilities and others with access and functional needs.
4. Avoid elevators
5. Take others with you but do not stay behind because others will not go.
6. Follow instructions given from Law Enforcement when they are on the scene.

Hide

1. Hide in as safe a place as possible where the walls might be thicker and have fewer windows.
2. Lock the doors if door locks are available
3. Barricade the doors with heavy furniture or wedge items under the door.
4. Close and lock windows and close blinds or cover windows
5. Turn off lights
6. Silence all electronic devices
7. Remain silent
8. Look for other avenues of escape
9. Identify any weapons in the area
10. When safe to do so, use signals to silently communicate with first responders i.e.; thumbs up, thumbs down, pointing etc.
11. Hide along the wall closest to the exit but out of view from the hallway.

Fight

1. If neither running nor hiding is a safe option, as a last resort and when confronted by the shooter, adults in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force with items in their environment, such as fire extinguishers, chairs, etc.

Law Enforcement

1. Law enforcement will assume Incident Commander Role when they are on the scene. The initial responders will only search for the perpetrator, and will not provide help to victims. A second team will begin the process of clearing the hospital of any other perpetrators. As each area is cleared, an office will be left to provide security. Law enforcement will determine when the incident can be cleared.
2. All staff, visitors, and patients will follow instructions from Law Enforcement until command is transferred back to the Hospital Incident Commander.

Incident Command

1. Incident Commander will assign command staff based on injuries, fatalities, and staff trauma. Follow HICS protocols.



SUBJECT: Code Silver – Hostage / Active Shooter

POLICY # CE8610-147

DEPARTMENT: Organizational

PAGE 3 OF 3

EFFECTIVE:

APPROVED BY: Safety Officer

REVIEW/REVISED:

Reference:

Blair, J. Pete, Martaindale, M. Hunter, and terry Nichols. "active Shooter Events 2000-2012. FBI Law Enforcement bulletin, January 2014

California Hospital Association: "Incorporating Active Shooter Incident planning into Healthcare Facilities Emergency Operations Plans".

Blair, J. Pete, et al. *Active Shooter Events and Response*. Boca Raton, FL: CRC Press, Taylor & Francis Group, LLC. 2013



SUBJECT: Guest Trays

POLICY # 8340-174

DEPARTMENT: Food & Nutritional Services

PAGE: 1

EFFECTIVE: 5/16

APPROVED BY: Food & Nutritional Services Manager

REVIEW/REVISED:

Purpose:

To allow patients to share 1 meal, per day, with family or friends during their stay

Policy:

The Food and Nutritional Services Department offers patient's guests 1 meal per day at the meal of their choosing, Breakfast, Lunch, or Dinner.

Procedure:

Guest tray requests must be made 30 minutes before the next schedule meal. Requests can be made by calling the Diet Office at ext 5285. Guests are able to purchase additional trays for \$5.00 ea by coming to the Nutrition Services Department 30 minutes before the meal the tray is being requested for.

Reference:

Employee Information Guide

6.

QUALITY REPORT
JULY 2016



To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 07/27/16
Subject: Quality and Resource Management Report

July Priorities:

1. PRIME Grant Clarification & Update
2. CLIA Licensing Survey
3. Credentialing Verification Organization Selection
4. Departmental Changes

1. Prime Grant Clarification & Update

There was some confusion about whether the hospital was required to provide matching funds and we have received the message multiple times that the hospital does not need to do so. However, the hospital was required to establish an Intergovernmental Transfer Account (IGT) through which funds come to the hospital based on our reporting of grant progress. The IGT needs to be funded by the hospital at intervals but receives the dollars funded back in addition to the amount the hospital is receiving.

I have hired the RN Community Case Manager and she will start in August. The focus this month has been to educate the medical staff and key nursing departments of the program. We formed a metrics team to begin to explore what we will be reporting on beginning in July 2017.

2. Laboratory CLIA Licensing Survey

The laboratory underwent their CLIA Licensing Survey at the end of June in lieu of accreditation. There were a few minor deficiencies identified and action plans were completed by the Department Manager.

3. Credentialing Verification Organization (CVO)

We have bids from two organizations to provide the bulk of the verification process required in order to process requests for medical staff privileges and for re-credentialing. Two years ago, we brought the process back in-house in order to ensure accuracy and quality as our previous organization did not meet these expectations and their contract was terminated. Thanks to the hard work of the Medical Staff Coordinator and the Quality team, we have a hardwired process and an updated database. The decision to move to using a CVO again is the quantity of the workload and the fact that there are more physicians desiring medical staff membership. The Medical Staff coordinator can no longer keep up. I will be making a decision by the end of the month and expect that we can implement by September.

In addition, we have identified an opportunity to improve the orientation process for new physicians as they move through the credentialing process. Key stakeholders have developed a parallel process of orientation with a central contact person as guide and the on-boarding process of privileging.

4. Departmental Changes

Kathy Mathews has decided to follow her bliss and focus on Infection Prevention only and I have absorbed the Risk Management side of her job. Laura Gallmeyer, currently Contracts Coordinator in Materials Management will be taking Karen Clark's position and be responsible for the policy and procedure process and survey accreditation activities including monitoring implementation of survey action plans. These are activities that directly impact the reports that go to this committee.

Topic for discussion this meeting:

- Annual Risk and Patient Safety Report: I will bring it to the committee.