



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING AGENDA**

Wednesday, August 28, 2013

5:00 p.m. Open Session

**(Closed Session will be held upon
adjournment of the Open Session)**

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

AGENDA ITEM	RECOMMENDATION	
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER	Hirsch for Nevins	
2. PUBLIC COMMENT SECTION <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>	Hirsch for Nevins	
3. CONSENT CALENDAR: A. Quality Committee Minutes, 7.24.13	Hirsch for Nevins	Action
4. QUALITY REPORT	Lovejoy	Inform
5. POLICIES AND PROCEDURES A. Provision of Care B. Medical Imaging	Lovejoy/Kobe	Inform/Action
6. CLOSING COMMENTS/ANNOUNCEMENTS	Hirsch for Nevins	Inform
7. ADJOURN	Hirsch for Nevins	
8. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION	Hirsch for Nevins	
9. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> – Medical Staff Credentialing & Peer Review Report	Smith/Amara	Action
10. REPORT OF CLOSED SESSION	Hirsch for Nevins	Inform

3.

CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, July 24, 2013
Schantz Conference Room**

Committee Members Present	Committee Members Absent	Guests	Administrative Staff Present
Sharon Nevins John Perez Leslie Lovejoy Howard Eisenstark Susan Idell Robert Cohen Jane Hirsch Joel Hoffman Paul Amara	Brenda Epperly Jerome Smith	Renee Duncan	Mark Kobe Gigi Betta

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<i>The mission of the SVHCD is to maintain, improve and restore the health of everyone in our community. The vision of the SVHCD is that SVH will be a nationally recognized, compassionate place of healing known for excellence in clinical quality. We serve as the guide and indispensable link in our community members' health care journey.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Nevins</i>		
	5:03 PM		
2. PUBLIC COMMENT	<i>Nevins</i>		
<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</i>	No public comment.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
<i>appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>			
3. CONSENT CALENDAR	<i>Nevins</i>	Inform/action	
A. QC Meeting Minutes, 6.26.13		MOTION: by Hirsch to approve (3.A.) <i>as amended</i> and 2 nd by Eisenstark. All in favor.	
4. EDUCATION SESSION ON SERVICE RECOVERY	Renee Duncan, Beta Healthcare	Inform/Discussion	
	<p>Ms Duncan gave an overview of Beta Healthcare’s program and philosophy, the sorry works program and the issues of disclosure and apology. In addition to practicing sorry works, Beta Healthcare recommends that SVH remain committed to developing a culture of safety combined with practices and policies that prevent crisis.</p> <p>Ms. Duncan distributed a white paper entitled <i>Respectful Management of Serious Clinical Adverse Events</i> and a booklet entitled, <i>Sorry Works! Little Book of Empathy</i> both of which will be on file.</p>		
5. QUALITY REPORT	Lovejoy	Inform	
	<p>Ms Lovejoy presented the priorities for July 2013 including utilization management, the lab survey, nursing services, staffing ratios, patient satisfaction and quality data.</p> <p>Mr Kobe reviewed the Press Ganey/HCAHPS Survey Results for March-May 2013 and Studer Group results for the first 6-months of the year. Mr Kobe also talked about the challenges the hospital faces transitioning from Press Ganey to HCAHPS surveys.</p> <p>Ms Lovejoy reviewed the (1) <i>Hospital Compare Review Report: Improving Care Through Information-Inpatient 2012</i> and the (2) <i>Hospital Compare Review Report: Hospital Performance-Outpatient 2012</i>.</p> <p>Both of the above Hospital Compare Reports will be available to the public and posted on the www this fall.</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
6. ORGANIZATIONAL-LEADERSHIP POLICY AND PROCEDURES	Lovejoy	Inform/Action	
	Item 6, Ms Lovejoy asked that six (6) policies and procedures previously approved by both the medical staff and senior SVP leadership be approved.	MOTION: by Hirsch and 2 nd by Idell. All in favor.	Bill Boerum to sign both Item #6 and P& Ps from 6.26.13 QC meeting. Both P&Ps will then go on the next Board Consent Calendar.
7. REPORT/DASHBOARD: QUALITY INDICATORS SUBCOMMITTEE	Hirsch	Inform/Action	
	The last three items on the report will be removed and Mr Perez will submit the amended report to Ms Betta to be included as a separate item on the Board Agenda for August 1, 2013. Ms Hirsch will do the presentation at the Board meeting and it is an action item	MOTION: by Idell to approve <i>as amended</i> and 2 nd by Hirsch. All in favor.	
8. CLOSING COMMENTS	<i>Nevins</i>		
9. ADJOURN	<i>Nevins</i>		
10. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Nevins</i>		
11. CLOSED SESSION	<i>Amara</i>	Inform/action	
		MOTION: by Hoffman and 2 nd by Hirsch. All in favor.	
12. REPORT OF CLOSED SESSION/ADJOURN	<i>Nevins</i>		
	Adjourn 6:45PM		

4.

QUALITY REPORT

To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 8/28/2013
Subject: Quality and Resource Management Report

August Priorities:

1. Nurse Forums
2. Midas Upgrade to Data Vision
3. Completion of EHR Implementation
4. Building Activation Team
5. Nursing Education

1. Nurse Forums

Five Nurse Forums were offered this month to all Nursing Staff regarding healthcare reform and its impact on the hospital and the nursing department. The nursing team is expressing concerns regarding call offs and the need to find work elsewhere. The following strategies were discussed and attendees were asked for their thoughts and ideas regarding innovative changes.

- Patient placement plan that involves keeping the ICU full at all times with Med/Surg and ICU patients; combining outpatient, observation, and acute inpatient on Med/Surg; and placing clean post-op overnight patients in OB.
- Investigating a state waiver program that would allow us to house ICU and Med/Surg patients outside the walls of the ICU.
- Changing the point of entry for Family Birth Center patients to the ED 24/7 so that OB nurses can be used to break Med/Surg nurses and help in other departments when the unit is closed.
- Cross training staff to other departments, becoming super users for EHR, Home Care and Case Management.
- Marketing our Skilled Nursing Unit to outside area hospitals & expanding Home Care.

The response from the nursing team has been positive and the Nurse Leaders have seen some nurses begin to proactively seek out opportunities.

2. Midas Upgrade to Data Vision

The Quality Department has completed the upgrade to Midas Data Vision. This module will integrate quality, risk, infection control, case management, and core measure with the Paragon and electronic health record so that data may be more easily reported. In addition, the next step will be to integrate the new cost accounting system so that reports will provide actual costs and not the traditional cost to charge ratio data. The module also provides statistical control charts so that we can begin to look at process variations and make decisions regarding improvement. Our contract with Midas included Palm Drive Hospital and we are working with them to build their system. In January we will begin implementation of the Physician Periodic Review and STATIT module which will allow department leaders to custom build quality projects and allow the medical staff office to build physician focused quality reviews. I will bring the core measure data next month in the new format.

3. Completion of EHR/Physician Advisor Implementation

The implementation was completed this month with the physician education session help on the 27th. We are receiving weekly reports of activity however, it is too soon to see any denial reversal activity. The physician advisors are responsive to the case managers when review is requested. The next phase of this project is to train the Nursing supervisors to be able to both a first level review of

documentation for appropriate status and to be able to refer to EHR when the case managers are not present. Case Management is developing the training session and competencies and will begin training in September.

4. Building Activation Team Update

We are getting closer to moving into the new building. I have set weekly meetings beginning next month. Departments have completed updating their policies and procedures. We will have our move plans completed and sent off to CDPH the second week in September. The second floor remodel has been completed and the buildings are connected. The new Nurse Call System failed and had to be removed. We are pending replacement and have installed an interim system that requires a plan of action to ensure patient safety. CDPH has been notified. It is expected that the new system will be re-installed soon.

5. Nursing Education

We have identified the need for the following competencies that will be addressed this fall.

- Procedural Sedation
- Restraints
- Age Specific and Pediatric
- Telemetry(Rhythm Recognition)

We will be scheduling a clinical skills fair in January which will include Mock Codes. Pharmacy, Surgery and Nursing are working on scheduling Malignant Hyperthermia drills for both Surgery and OB this fall. This is in response to a survey citing in 2012.

Topic for discussion: Deferred to September, October and December meetings

5.

POLICES AND PROCEDURES

- A. Provision of Care
- B. Medical Imaging



POLICIES/PROCEDURES MANUAL
Organizational: PROVISION OF CARE

TABLE OF CONTENTS

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	
K.	
L.	
M.	
N.	
O.	
P.	Provision of Care
PC-104	Pain Management
PC-108	Procedural Sedation
PC-121	Rapid Response Team
PC-125	Universal Protocol
PC-156	Color- coded wrist bands
PC-159	Death Procedures
PC-168	Falls Management
PC8610-203	Pediatric Family Issues Policy
PC8610-204	Pediatric Informed Consent
Q.	
R.	
S.	
T.	
U.	

Type: Policy Submission Summary Sheet		Regulatory	
<input checked="" type="checkbox"/> Revision	<input type="checkbox"/> New	<input type="checkbox"/> Policy	<input checked="" type="checkbox"/> CMS <input checked="" type="checkbox"/> CDPH (formerly DHS) <input checked="" type="checkbox"/> TJC (formerly JCHAO) <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Organizational: Clinical/Non-clinical <i>(circle which type)</i>			<input type="checkbox"/> Departmental <input checked="" type="checkbox"/> Interdepartmental <i>(List departments effected)</i>
<p>The two pediatric policies listed below are newly revised for the organization. They are policies encouraged by the Valley Emergency Physician's (VEP) group to support their VE Peds initiative and revised to demonstrate the most current thought and practice on these sensitive issues. Pediatric issues around Do Not Resuscitate, family presence at the bedside during resuscitation and pediatric death/poor outcome are sensitive issues and these policies outline our position and directives for staff according to the current standards of care.</p> <ol style="list-style-type: none"> 1. PC8610-203 Pediatric Family Issues Policy 2. PC8610-204 Pediatric Informed Consent <p>The following policies have been revised, reviewed or retired:</p> <ol style="list-style-type: none"> 3. PC-121 Rapid Response Team; minor revision includes empowerment to patient, family, visitor, staff to call an RRT 4. PC-159 Death Procedures: no changes reviewed only 5. PC LB-204 Critical Value Reporting; no changes reviewed only 6. PC-104 Pain Management; no changes, reviewed only 7. PC-108 Procedural Sedation; NPO standards updated, made annual competency for RNs, defined privileges for moderate and deep sedation 8. PC-162 Education , Patient and Family: no changes, reviewed only 9. PC-168 Falls Management: no changes, reviewed only 10. Specialty Physician Emergency Care: retired from organizational policy, is med staff policy 11. Transporting of Monitoring Patients: No changes, reviewed only 12. PC-125 Universal Protocol: No changes, reviewed only 13. PC-156 Color- coded wrist bands: No changes, reviewed only 14. Attire and Traffic in the Operating Room: Retired 15. PCLB 206 Acute Blood Transfusion Reaction: Retired, replaced by Post Transfusion Policy 16. PCLB 202 Blood Administration: Retired, replaced by Nursing Blood Admin policy 17. PCLB 203Blood Usage in Massive and Trauma Transfusion: Retired, replaced by Massive Transfusion Protocol 18. PCLB 210 Release of Blood Products; Retired replaced by Nursing policy 19. PC 170 Conservative Sharp Debridement; Retired SVH does not have wound care certified RN 20. PC LB 113 Recording Thermometer Documentation; Retired, Pharmacy Policy 21. PC LB 200 Arterial Puncture for ABG; Retired, Lab policy 22. Autopsy Policy; Retired, Pathology Policy 			
Reviewed By	Date	Approved (Y/N)	Comment



Policy Submission Summary Sheet

Title of Document: Procedural Sedation Policy PC- 108

New document or revision written by: Pamela Reed

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

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

Quality Assurance for procedural sedation assigned to Anesthesia Department (as stated by the Medical Staff Office Credentialing packet for Procedural Sedation). Regulations require this be assigned to a medical staff committee or designee.

NPO for clear liquids changed to 2 hours (consistent with current ASA guidelines). Previously 4 hours.

Made nursing procedural sedation competency an annual requirement for nurses who perform procedural competency

Clarified that ACLS training is a recommendation and not a requirement for physicians credentialed to administer procedural sedation.

Defined privileges for moderate and deep sedation. Only physicians certified in Critical Care Medicine and Emergency Medicine to have privileges for deep sedation (this clarification is a regulatory requirement).

Included the drugs used at SVH for procedural sedation (made this consistent with the Medical Staff Office Credentialing packet for Procedural Sedation, which includes *dilaudid*).

Made the policy easier to read.

Reviewed By	Date	Approved (Y/N)	Comment
Surgery Committee	8/6/13	Y	
Medical Executive Committee	8/15/13	Y	



**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 (indicate which Dept or TJC Chapter)	
APPROVED BY: Leslie Lovejoy, RN CNO	DATE: August 2013
Director's/Manager's Signature	Printed Name Mark Kobe

Leslie Lovejoy, RN Ph.D., CNO

Date

D. Paul Amara, M.D., President of Medical Staff

Date

Bill Boerum, Chair, Board of Directors

Date



**POLICIES/PROCEDURES MANUAL
PROVISION OF CARE
TABLE OF CONTENTS**

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	
K.	
L.	
M.	Radiation Safety
MI 7630-1	Weekly Fluoroscapy Monitoring/Safety
MI 7630-2	C-Arms – Equipment Operation and Maintenance
MI 7630-2a	C-Arm Spacer Cone Policy
N.	
O.	
P.	
Q.	
R.	
S.	
T.	
U.	
V.	
W.	
X.	
Y.	
Z.	



Policy Submission Summary Sheet

Title of Document: Imaging Policies

New document or revision written by: Rudolph Neura

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

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

MI 7630-1 Weekly Flourscopy Monitoring Policy.
 MI 7630-2/2a C-Arms/Equipment Operation and Maintenance.

MI 7630-1 Policy outline how to accomplish the Weekly Flouroscopy QA
 MI 7630-2/2a New policy for C-arm to include preventative Maintenance, Testing, Location documentation and spacer cone removal.

Reviewed By	Date	Approved (Y/N)	Comment