



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, June 28, 2017

5:00 p.m. Regular Session

(Closed Session will be held upon adjournment of the Regular Session)

Location: Schantz Conference Room

Sonoma Valley Hospital – 347 Andrieux Street, Sonoma CA 95476

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a Quality Committee meeting, please contact the District Clerk, Stacey Finn, at sfynn@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 • Minutes 05.24.17	<i>Hirsch</i>	Action
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
5. HOSPITALIST SERVICES REPORT	<i>Streeter</i>	
6. QUALITY REPORT 2017	<i>Lovejoy</i>	Inform/Action
7. ANNUAL RISK MANANGMENT REPORT	<i>Lovejoy</i>	
8. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Hirsch</i>	
9. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	<i>Lovejoy</i>	Action
10. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
11. ADJOURN	<i>Hirsch</i>	

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**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
May 24, 2017, 5:00 PM
MINUTES
Schantz Conference Room**

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Michael Mainardi, MD Kelsey Woodward Howard Eisenstark, MD Joshua Rymer Carol Snyder	Susan Idell via telephone Brian Sebastian, MD Cathy Webber	Ingrid Sheets	Leslie Lovejoy Dr. Cohen Barbara Lee Emma Snyder

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Meeting called to order at 5:04 p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	No public comment.	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 04.26.17 		MOTION: by Rymer to approve, 2 nd by Eisenstark. All in favor
4. POLICY & PROCEDURES	<i>Lovejoy</i>	Action
		MOTION: by Rymer to approve, 2 nd by Eisenstark. All in favor.
5. HEALING AT HOME DEPARTMENT ANNUAL REPORT	<i>Lee</i>	Inform
	<p>Ms. Lee presented the overview of Healing at Home program, a Medicare certified, state licensed Home Health Agency.</p> <p>Annual patient visits over the past 5 years have ranged from 11,046 to 13,460. The margins have dropped in the last two years due to decreases in reimbursements and increases to labor. Ms. Lee said there are various opportunities being explored to improve these margins.</p> <p>Ms. Lee said the PI project for 2017 is improving</p>	

AGENDA ITEM	DISCUSSION	ACTION
	OASIS outcomes.	
6. QUALITY REPORT MAY 2017	<i>Lovejoy</i>	Inform
	Ms. Lovejoy reported that our primary May priorities were the PRIME grant activities, hiring of a new Director of Quality & Risk management, as well as Medical Staff activities.	
7. ANNUAL PERFORMANCE IMPROVEMENT PROGRAM REVIEW	<i>Lovejoy</i>	Inform
	<p>Ms. Lovejoy reported that over the past year there was a great deal of improvement in the development of a performance improvement infrastructure and department specific performance improvement. She said the senior team performed a formal organization-wide PI project prioritization process that identified four projects: CALHEN projects on Sepsis, Preventing Iatrogenic Delirium, reducing C. difficile infections; Inpatient Optimization team and Paragon 13 Implementation.</p> <p>Ms. Lovejoy said that this was also a year of refining and building more effective databases for reporting.</p> <p>Ms. Lovejoy reported that data requirements increased in 2016 with the implementation of the CMS values based performance model being applied to Medi-Cal patients. She said that in a combined effort, IS and Quality were able to successfully send electronic quality measures to CMS.</p> <p>Ms. Lovejoy reported the prioritized organizational PI projects as well as the PI infrastructure goals.</p>	
9. UPON ADJOURNMENT OF REGULAR SESSION	<i>Hirsch</i>	
	Regular session adjourned at 6:07 p.m.	
10. CLOSED SESSION <ul style="list-style-type: none"> • <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report 	<i>Hirsch/Lovejoy</i>	Action

AGENDA ITEM	DISCUSSION	ACTION
11. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
	The Medical Staff Credentialing was unanimously approved.	MOTION: by Mainardi to approve 2 nd by Hirsch. All in favor
12. ADJOURN	<i>Hirsch</i>	
	Meeting adjourned at 6:09 p.m.	

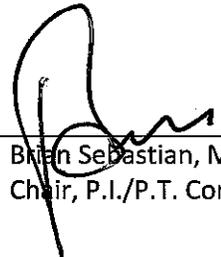


Review and Approval Requirements

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.


 Brian Sebastian, MD
 Chair, P.I./P.T. Committee

4/27/17
 Date


 Kelly Mather
 Chief Executive Officer

5/18/17
 Date

Jane Hirsch
 Chair, Board of Directors

 Date

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	1/17/2017	Y	
P.I. Committee	2/23/2017		
Quality Committee	3/22/2017 6/23/17		
Board of Directors	4/06/2017 7/6/17		



Policy Submission Summary Sheet

Robert Harrison, Manager of Nutritional Services		Mark Kobe, Chief Nursing Officer	
Signature: <i>Robert Harrison</i>	DATE: 2/22/17	Signature: <i>Mark Kobe</i>	DATE: 2/22/17

ORGANIZATIONAL

NEW

PC8610-101 Alcoholic Beverages

DEPARTMENTAL – FOOD AND NUTRITION SERVICES

NEW

8340-176 Carbohydrate Consistent Diet

Kimberly Drummond, Facilities Director		Mark Kobe, Chief Nursing Officer	
Signature: <i>Kimberly Drummond</i>	DATE: 2/22/17	Signature: <i>Mark Kobe</i>	DATE: 2/22/17

ORGANIZATIONAL

NEW

CE8610-139 Fire Watch Policy



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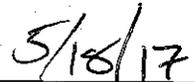
 Douglas S. Campbell, MD
 Chair Medicine Committee



 Date



 Cynthia Lauer, MD
 Medical Director, Emergency Department



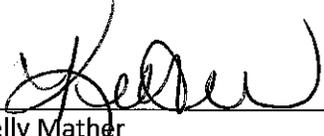
 Date



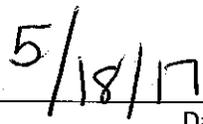
 Keith J. Chamberlin, MD MBA
 President of Medical Staff



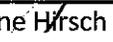
 Date



 Kelly Mather
 Chief Executive Officer



 Date



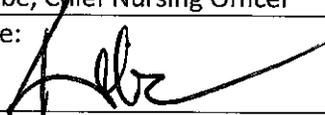
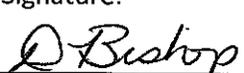
 Jane Hirsch
 Chair, Board of Directors

 Date

Reviewed by:	Date	Approved (Y/N)	Comment
Medicine Committee	5/11/2017		
Medical Exec. Committee	5/18/2017		
Quality Committee	5/24/2017 6/28/17		
Board of Directors	6/01/2017 7/06/17		



Policy Submission Summary Sheet

Mark Kobe, Chief Nursing Officer		Deborah Bishop, Director of ED and ICU	
Signature: 	DATE: 5-9-17	Signature: 	DATE: 5/11/17

DEPARTMENTAL

NEW

PC7010-20 Nursing Orders

refers to new EDNUR Protocols by Dr. Lawder

REVIEWED/NO CHANGES

PC7010-06 Intraosseous Infusion

PC7010-10 ED Log

PC7010-13 Criteria for PES Admission

PC7010-18 Critical Care Transport

QA7010-09 E-notification in the ED

REVISED

PC7010-01 Emergency Initial Assessment Triage

Added statement that EMTALA, COBRA, and HIPAA laws will be followed

PC7010-02 Patient Valuables in ED

Added verbiage regarding proper documentation

PC7010-03 Admission to the Hospital from the ED

Separated the admission of telemetry and ICU patients, adding that telemetry patients can be transported to floor without monitor if an MD order states that this can be safely accomplished

DC7010-04 Discharge from ED

Included ESI 4 or 5 with length of stay less than an hour

PC7010-05 Telephone Advice

Added verbiage to signs/symptoms, when to call 911, when in doubt, come to ED

PC7010-07 COBRA Transfers

Added verbiage in regards to belongings

PC7010-08 Legal Blood Draws

Added urine

PC7010-11 Laboratory Studies Follow-up

Changed to ED Tech or RN. RN to Check EHR.

PC7010-12 Capnography – EtCO2 Monitoring



Procedural to Moderate, added verbiage regarding narcotic naïve patients

PC7010-14 Chest Pain Non-Traumatic

Clarified guidelines/role

PC7010-19 ED Staffing Plan

Added ED Techs, New Daily Responsibilities. Added that no drinks without lids are allowed at nursing work stations.



To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 06/21/17
Subject: Quality and Resource Management Report

May Priorities:

1. PRIME Grant Activities
2. Fiscal Year 2018 Budget
3. Quality Monitoring

1. Prime Grant Activities

We began our training sessions for the Community Health Coach role this month; two sessions this month and two sessions next month. Attached please find the core curriculum and I will bring the text to our session. There are four solid coaches and each one is beginning to work individually with Jenny to start their role. As the program evolves we determined that there needs to be some clear boundaries about what this role is, does and for how long.

I have mentioned in the past that one of our metrics includes verifying that the patient sees their primary care provider within 30 days of discharge and that there is a medication reconciliation that occurs at that time. I am still working away at finding a method to obtain that data from Partnership Health Plan and the Community Health Clinic. This has been problematic. I participated in a conference call with another District Hospital who is having the same issue. They shared a document that they mail directly to the physician and receive back. I proposed this to Medicine Committee this month and they have agreed to pilot it and see how it goes. We will start using the form with June discharges.

Cindi Newman has completed the focused study database to capture metric data and I have begun to input 2016 and YTD 2017 data. We are working on creating raw data reports to see what the data looks like. I hope to have something for next month. In the process of collecting discharge instruction information, we found a electronic record system issues preventing discharge information from moving between Web Station for Physicians and Horizon Patient Folder which houses the complete record after discharge. Dr. Cohen has notified McKesson of the issue and they are working on a solution.

2. Budget Process for Fiscal Year 2018:

The final budget for Quality has been completed with the following additions. I have hired the new Director of Quality and Resource Management who started on June 19th. Case Management will absorb all of pre-op navigation effective January 1st or earlier. This will be budget neutral as the hours will shift from the Surgical Services budget. The Clinical Informaticist position is still open but I am in negotiations and may have some good news at the time of the meeting. It was decided to not fill the Medical Staff Coordinator role but to blend the role with myself, the Board Clerk and the Facilities Coordinator. This is a pilot to determine feasibility and to grow the Board Clerk towards taking more of the coordinator role on over time. Fiscal year 2018 will be a heavy training year for my team. We will be losing one very long term case manager, adding more pre-op navigation which will include the retirement of one Nurse Navigator in June 2018, innovating medical staff services, and transitioning risk and quality management to the new Director.

That being said, the budget clearly supports the organization's ongoing performance improvement program and will provide for all the needed resources to maintain and support safe, high quality, patient centered care.

3. Quality Monitoring:

One of the quality control functions of the Quality Department is to make sure that quality monitoring is meaningful, effective and reported as required on a quarterly basis. I have attached the QC on QC report that provides the results of my audit of each department's performance in meeting this expectation. This was an issue during our recent CIHQ survey and still is an opportunity for learning for some of the leaders.

Topic: Hospitalist Service Review with Dr. David Streeter & Annual Risk Management Program Review.



Community Health Coach

Core Training and Competencies

Dates	Topic	Reading Assignments	Activity/Competency
Session 1	<i>A Global Perspective:</i> Understanding the healthcare system, the role and purpose of the community health worker within the Care Transitions Program; and understanding the risks inherent in transitions of care.	None	Care Transitions Café Discussion.
Session 1	<i>Forming Relationships/Communication Techniques:</i> Establishing trust, building rapport, learning to listen, reflect back and clarify. Healthy boundaries and confidentiality.	Chapter 9	Role Play demonstration of concepts.
Session 2	<i>What Matters Most I:</i> Intro to goal setting from a patient/family centered perspective	Chapters 1-3	Interview and document a discussion using session two concepts.
Session 2	<i>What Matters Most II:</i> Action planning and problem solving. Motivating behavioral change.	Handouts	Submit a goal statement and action steps based on what matters most.
Session 3	<i>Personal Challenges:</i> Understanding the common barriers that arise in supporting self management: social issues, cultural, behavioral, nutritional, end of life, & financial.	Chapters 4 & 5	Test of concepts.
Session 3	<i>Medical Literacy:</i> Medication lists, advance directives & POLST forms, disease specific compliance, and frequent medical terminology. Provider agencies and their roles.	Chapter 19	Summary of key terminology and medical literacy.
Session 4	<i>Preparing for a Home Visit and documentation:</i> Review of paperwork, phone call scripting, who to contact and for what concerns. Team meetings.	Orientation binder	Role play phone calls. Self evaluation of skill level and further needs for education

***Prerequisite:** Wellness University and/or a college course in coaching or health related field e.g. nursing, medical student, nutritional service, pharmacy or community member who completes all training and has a successful supervised visit or phone calls.

Quality and Risk Management Oversight 2017							
1. Quality Monitoring Reporting:							
Due Dates	15-Apr	15-Jul	15-Oct	15-Jan	QAPI rev	Annual Reports (those required)	Comments
Departments							
Acc/PtAcct	N				N		
Admitting	N				Y		
Cardiopulm	Y*				Y		* does not reflect indicators in plan
Emergency	N				Y*		* not posted in folder on S Drive
Facilities	Y				Y		
HIM	N				Y		
Home Care	Y				Y	Annual review BQC	
HR	Y				Y		
ICU	N				Y*		* not posted in folder on S Drive
Infection Con.	Y				N/A*	Annual review	* part of Quality Dept
IT	N				N	Annual Department Review BQC	
Lab	Y				Y	Annual review BQC w Dr. K	
MM	Y*				Y		* Does not reflect all indicators, will add for second quarter
Med-Surg	Y				Y	Annual Dept review BQC	
Med Imaging	Y*				Y	Dr. DeMartini BQC presentation	* not complete
Nutritional S	Y*				Y		* does not reflect all indicators; wrong tool
OB	N				Y*		*not posted on S Drive
OH	Y				Y		
Pharmacy	Y				Y	Annual department review BQC	
Rehab Ser IP	Y				Y		
SNF	Y*				Y	Annual department review BQC	*does not reflect indicators in plan; will add for second quarter

Surgery	Y				N	Anesthesia review BQC w Dr. S.	
Other						Ancillary Ser. Dept review BQC	
Wound Care	Y				Y		