



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

**Wednesday, October 23, 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	
<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</b>	Nevins	
<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>	Nevins	
<b>3. CONSENT CALENDAR:</b> A. Quality Committee Minutes, 9.25.13	Nevins	Action
<b>4. QUALITY REPORT OCTOBER 2013</b>	Lovejoy	Inform
<b>5. POLICIES AND PROCEDURES</b> a) Nutritional Services Diet Manual and Clinical Nutrition Policies b) Perioperative Services: Surgery, Anesthesia and Central Sterile Policies Manual	Lovejoy	Action
<b>6. ELECTRONIC HEALTH RECORD UPDATE AND MEANINGFUL USE 2</b>	Sendaydiego	Inform
<b>7. CLOSING COMMENTS/ANNOUNCEMENTS</b>	Nevins	
<b>8. ADJOURN</b>	Nevins	
<b>9. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION</b>	Nevins	
<b>10. CLOSED SESSION:</b> <u>Calif. Health &amp; Safety Code § 32155</u> – Medical Staff Credentialing & Peer Review Report	Amara	Action
<b>11. REPORT OF CLOSED SESSION</b>	Nevins	Inform

3.

## CONSENT CALENDAR



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE  
REGULAR MEETING MINUTES  
Wednesday, September 25, 2013  
Schantz Conference Room**

<b>Committee Members Present</b>	<b>Committee Members Absent/Excused</b>	<b>Guests</b>	<b>Administrative Staff</b>
Sharon Nevins John Perez Leslie Lovejoy Howard Eisenstark Susan Idell Robert Cohen Jane Hirsch Paul Amara	Brenda Epperly Joel Hoffman		Gigi Betta

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>CONCLUSIONS/ ACTION</b>	<b>FOLLOW-UP/ RESPONSIBLE PARTY</b>
<b>MISSION AND VISION STATEMENTS</b>	<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>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Nevins</i>		
	5:05 PM		
<b>2. PUBLIC COMMENT</b>	<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 appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	No public comment.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
<b>3. CONSENT CALENDAR</b>	<i>Nevins</i>	Inform/action	
A. QC Meeting Minutes, 7.24.13		<b>MOTION:</b> by Hirsch to approve and 2 <sup>nd</sup> by Eisenstark. All in favor.	
<b>4. DISCUSSION TOPIC: PROPOSED CHANGE OF VENDORS FOR SVH ACCREDITATION</b>	<i>Lovejoy</i>	Inform/Action	
	<p>Ms Lovejoy made the case for changing the Hospital's accreditation vendor from The Joint Commission Center to the Center for Improvement in Healthcare Quality effective January 1, 2014. Ms Lovejoy handed out a written proposal which included background, pros and cons and a case statement.</p> <p>After the presentation, the QC recommends that the Board approve changing the Hospital's accreditation vendor from TJC to CIHQ effective 1.1.14.</p>	<b>MOTION:</b> by Hirsch to approve and 2 <sup>nd</sup> by Amara. All in favor.	Separate <b>ACTION ITEM</b> on the October 3, 2013 Board meeting Agenda.
<b>5. QUALITY REPORT FOR SEPTEMBER 2013</b>	<i>Lovejoy</i>	Inform	
	<p>Ms Lovejoy presented the Quality Report for September 2013 which included the new building construction and activation plan, Q2 Quality measures, Hospital compare data through Q1 2013 and the Policies and Procedures Process.</p> <p>Ms Nevins requested that Ms Lovejoy give a portion of this presentation to the Board on 10/3/13 including the last three pages of the article entitled, <i>Is Your Hospital Ready for Value-Based Purchasing?</i></p>		Separate <b>INFORM ITEM</b> on the October 3, 2013 Board meeting Agenda.
<b>6. BOARD QUALITY DASHBOARD REPORT FOR 2<sup>nd</sup> QUARTER 2013</b>	<i>Lovejoy</i>		
	Ms Lovejoy presented the Quality Dashboard Report for Q2 2013. This report is made up of quality and patient safety indicators selected by the Board Quality Committee for quarterly reporting as part of the oversight mandate for ensuring the organization has an effective quality		Put on the <b>CONSENT CALENDAR</b> on the October 3, 2013 Board meeting

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
	assurance and performance improvement (QAPI) program.		Agenda.
7. CLOSING COMMENTS/ANNOUNCEMENTS	<i>Nevins</i>		
8. ADJOURN	<i>Nevins</i>		
8. UPON ADJOURNMENT OF REGULAR OPEN SESSION	<i>Nevins</i>		
9. CLOSED SESSION	<i>Amara/Lovejoy</i>		
10. REPORT OF CLOSED SESSION/ADJOURN	<i>Nevins</i>		
	The next QC meeting is October 23, 2013. Meeting adjourned at 6:25 PM.		

4.

QUALITY REPORT  
OCTOBER 2013



To: Sonoma Valley Healthcare District Board Quality Committee  
From: Leslie Lovejoy  
Date: 10/23/2013  
Subject: Quality and Resource Management Report

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#### October Priorities:

1. New Building Construction and Activation Plan
2. OR Consultation
3. Website

#### 1. New Building Construction and Activation Plan

CDPH has responded to the building activation plan with numerous questions. I have sent responses and offered a face to face meeting to improve understanding of the plans. I expect to meet with them later this month. Both OSHPD and CDPH have expressed the need to see a functioning OR, Central Sterile and an ED room plus active computers, telephones and medication administration dispensers during their certification visits. The challenging requirement is to have the PBX up and operational for both certification visits. It may require that the PBX operator occupy the building for the two weeks between visits. The team is working on the logistics of this and the need to ensure staff safety if this is how we will need to meet their requirements.

#### 2. OR Consultation

The hospital requested a consultation from a leading consultation group, Kurt Salmon, in order to assess both culture and the need for process efficiencies. We have asked the consultants to interview surgeons, staff and primary care physicians/hospitalists to identify barriers and opportunities to improve the core services, build a strong culture and identify leadership strengths and weaknesses. We have shared Directorship with Palm Drive of the Surgical Services Department and have come to the realization that this model may not be effective. The group looked at our current data prior to coming on-site October 9<sup>th</sup> and 10<sup>th</sup>. A full report with recommendations is expected by the end of this month.

#### 3. Website

Sharon, Jane and I met with Bob Kenney in Marketing to look at how to build the quality page of the hospital's website. He will be using a combination of the Quality Report Card and the Core Measures report that we used last year before we moved to the Board Quality Dashboard.

Topic for discussion: Electronic Health Record and Meaningful Use 2.

5.a.

**POLICIES AND PROCEDURES**

Nutritional Services Diet  
Manual and Clinical Nutrition  
Policies






**POLICY AND PROCEDURE  
Approvals Signature Page**

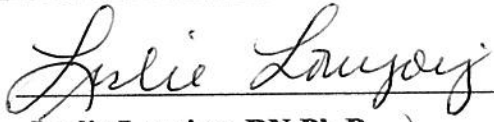
**Review and Approval Requirements**

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:

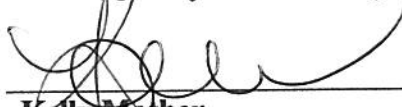
- Consistent with the Mission, Vision and Values of the Sonoma Valley Health Care District
- Consistent with all Board Policy, Hospital Policy and Hospital Procedures
- Meet all applicable law, regulation, and related accreditation standards
- Consistent with prevailing standards of care
- Consistent 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: Performance Improvement</b>	
APPROVED BY: Allison Evanson	DATE:
Director's/Manager's Signature 	Printed Name <span style="float: right;">9-4-13</span> Kevin D. Cass

  
 Leslie Lovejoy, RN Ph.D.  
 Chief Quality and Nursing Officer


9-4-13  
Date

  
 Kelly Mather,  
 Chief Executive Officer

10/1/13  
Date

  
 S. Douglas Campbell, MD  
 Chair Medicine Committee

10/10/13  
Date

  
 Michael Brown, MD  
 Chair, Surgery Committee

10/1/13  
Date



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**D. Paul Amara, MD**  
**Chief of Medical Staff**

10/1/13

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**Date**

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**Bill Boerum**  
**Chair, Board of Directors**

Sonoma Valley Hospital  
 Sonoma Valley Healthcare District  
**Document Submission  
 Summary Sheet**

Title of Document: Nutrition Screening and Assessment for Adult/Geriatric Patients

New document or revision written by:  
 Allison Evanson, MS, RD Clinical Dietitian

**Type**

- Revision: Policy/Order set/ Form**
- New: Policy/Order set/ Form**  
*(circle type of document)*

**Regulatory**

- CMS**
- CDPH** (formerly DHS)
- TJC** (formerly JCHAO)
- Other:**

- Organizational: Clinical/Non-clinical**  
*(circle which type)*

- Departmental – Food and Nutrition**
- 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)

- Updated nutrition risk criteria for initial nutrition assessment
- Developed Nutrition Screening Tool
- Updated Levels of Nutrition Care with corresponding risk levels and follow-up date chart
- Separated Screening (Policy #12-16a) from Assessment and Reassessment (Policy #12-16b)

Reviewed By	Date	Approved (Y/N)	Comment

Sonoma Valley Hospital  
 Sonoma Valley Healthcare District  
**Document Submission**  
**Summary Sheet**

Title of Document: Nutrition Assessment and Reassessment for Adult/Geriatric Patients	New document or revision written by: Allison Evanson, MS, RD Clinical Dietitian
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<b>Type</b> <input checked="" type="checkbox"/> <b>Revision: Policy/Order set/ Form</b> <input type="checkbox"/> <b>New: Policy/Order set/ Form</b> <i>(circle type of document)</i>	<b>Regulatory</b> <input type="checkbox"/> <b>CMS</b> <input type="checkbox"/> <b>CDPH (formerly DHS)</b> <input checked="" type="checkbox"/> <b>TJC (formerly JCHAO)</b> <input type="checkbox"/> <b>Other:</b>
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<input type="checkbox"/> <b>Organizational: Clinical/Non-clinical</b> <i>(circle which type)</i>	<input checked="" type="checkbox"/> <b>Departmental – Food and Nutrition</b> <input type="checkbox"/> <b>Interdepartmental</b> <i>(List departments effected)</i>
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**Please briefly state changes to existing document/form or overview of new document/form here:**  
 (include reason for change(s) or new document/form)

-Integrated Nutrition Care Process into Assessment and Reassessment Guidelines (this is now the standard of care)  
 -Developed Sonoma Valley Hospital Clinical Nutrition Practice Guidelines (this is now the standard of care)

Reviewed By	Date	Approved (Y/N)	Comment

Sonoma Valley Hospital  
 Sonoma Valley Healthcare District  
**Document Submission  
 Summary Sheet**

Title of Document: Clinical Diet Manual	New document or revision written by: Allison Evanson, MS, RD Clinical Dietitian
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<b>Type</b> <input checked="" type="checkbox"/> <b>Revision: Policy/Order set/ Form</b> <input type="checkbox"/> <b>New: Policy/Order set/ Form</b> <i>(circle type of document)</i>	<b>Regulatory</b> <input checked="" type="checkbox"/> <b>CMS</b> <input type="checkbox"/> <b>CDPH (formerly DHS)</b> <input checked="" type="checkbox"/> <b>TJC (formerly JCHAO)</b> <input type="checkbox"/> <b>Other:</b>
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<input type="checkbox"/> <b>Organizational: Clinical/Non-clinical</b> <i>(circle which type)</i>	<input type="checkbox"/> <b>Departmental</b> <input checked="" type="checkbox"/> <b>Interdepartmental – Food and Nutrition, Nursing</b> <i>(List departments effected)</i>
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**Please briefly state changes to existing document/form or overview of new document/form here:**  
 (include reason for change(s) or new document/form)

- Most updated Clinical Diet manual – 16<sup>th</sup> Edition
- Modified to correlate with Sonoma Valley Hospital patient population and menu
- Includes updated oral nourishments and enteral nutrition formulary

Reviewed By	Date	Approved (Y/N)	Comment

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5.b.

**POLICIES AND PROCEDURES**

Perioperative Services:  
Surgery, Anesthesia and  
Central Sterile Policies  
Manual

(attachments to be distributed at meeting)