



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING AGENDA
Thursday, December 20, 2012
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	Carruth	
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>	Carruth	
3. CONSENT CALENDAR: A. Prior Meeting Minutes – November 28, 2012 B. Tracking Report for Uncorrected Items	Carruth/Nevins	Inform/Action
4. BIDDING REGULATIONS	Gallmeyer	Inform/Action
5. CREDENTIALING / PRIVILEGES PROCESS AND QUALITY COMMITTEE CHARTER PROCESS & WORDING (Suggested from 11/28 Quality Committee meeting)	Smith/Nevins	Inform
6. QUALITY TRAINING FOR THE BOARD AND BOARD COMMITTEES (Suggested from 11/28 Quality Committee meeting)	Nevins	Action
7. QUALITY COMMITTEE REPORT TO THE BOARD FOR 2013 (Suggested from 11/28 Quality Committee meeting)	Nevins	Action
8. QUALITY COMMITTEE WORK PLAN FOR 2013 (Suggested from 11/28 Quality Committee meeting)	Nevins	Action
9. QUALITY REPORT	Kobe	Inform
10. POLICIES & PROCEDURES: A. Adult Hypoglycemia	Kobe	Action
11. CLOSING COMMENTS	Carruth	Inform
12. ADJOURN		

AGENDA ITEM	RECOMMENDATION	
13. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION	Carruth	Inform
14. CLOSED SESSION: <u>Calif. Health & Safety Code § 32155</u> – Medical Staff Credentialing & Peer Review Report	Smith/Amara	Inform/Action
15. REPORT OF CLOSED SESSION	Carruth	Inform

3.A.

MINUTES

11.28.12



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, November 28, 2012
Schantz Conference Room**

Committee Members Present	Committee Members Absent	Community Members Present	Administrative Staff Present
Sharon Nevins, Vice Chair Dr. Jerome Smith Dr. Paul Amara Joel Hoffman Jane Hirsch Brenda Epperly Dr. Howard Eisenstark John Perez Maida Herbst	Kevin Carruth, Chair Bob Burkhart	None	Dr. Robert Cohen, Chief Medical Officer Leslie Lovejoy, Chief Quality & Nursing Officer Mark Kobe, Director of Nursing Laura Gallmeyer, Contracts Analyst

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
MISSION AND VISION STATEMENTS	<p><i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p> <p><i>The vision of the SVHCD is that: SVH will be a nationally recognized, compassionate place of healing and known for excellence in clinical quality. We serve as the guide and indispensable link for our community's health care journey.</i></p>		
1. CALL TO ORDER	<p>5:04 p.m.</p> <p>Mr. Carruth, the Quality Committee Chair was absent, therefore, Ms. Nevins, the Vice Chair, presided at the meeting.</p>		
<p>2. PUBLIC COMMENT</p> <p><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></p>	<p>There was no public comment.</p>		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
3. CONSENT CALENDAR: A. Prior Meeting Minutes 10.24.12 B. Tracking Report for Uncorrected Items		MOTION: by Hirsch; second by Hoffman, to approve the Consent Calendar and carried. All in favor; none opposed.	
4. INTRODUCE THE NEW QUALILTY COMMITTEE MEMBERS	<i>Sharon Nevins, Vice Chair</i>		
	Ms. Nevins introduced the new Quality Committee members and gave a brief summary of their backgrounds.		
5. CONTRACT ADMINISTRATION	<i>Laura Gallmeyer (on behalf of Ellen Shannahan)</i>	MOTION: by Amara; second by Hirsch to approve the contract administration policy and brought to the Board. All in favor; none opposed.	
	Ms. Lovejoy briefly explained the purpose of the contract administration policy and procedure was that the Joint Commission and the State of California required on an annual basis for the SVHCD Board of Directors to be apprised of the contract process, how SVH reviews the contracts, the quality improvement efforts around them, and what contracts the Hospital have (clinical and non-clinical). Ms. Gallmeyer then presented the contract process.		
6. ACKNOWLEDGEMENT CONCERNING CONFIDENTIAL INFORMATION	<i>Sharon Nevins, Vice Chair</i>		
	Ms. Nevins explained the policy concerning the acknowledgement of confidential information for each Board Committee member to fill out, sign, and submit to the Board Clerk.		
7. QUALITY TRAINING FOR THE BOARD AND COMMITTEES	<i>Sharon Nevins, Vice Chair</i>		
	Ms. Nevins discussed the quality training for the Board and Board Committees for next year in order to understand the responsibilities as a Board Committee for the concept of quality. Dr. Eisenstark suggested having a physician from UCSF, who has the expertise on quality and safety, provide the training. Ms. Nevins recommended bringing this back at next month's meeting.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
8. QUALITY COMMITTEE CHARTER REVIEW FEEDBACK FROM MEMBERS	<i>Sharon Nevins, Vice Chair</i>	MOTION: by	
	<p>Ms. Nevins discussed the current Quality Committee Charter, especially granting initial approvals for credentialing and reappointments from two Quality Committee members approving and temporarily grants credentials and privileges pending Board approval at the next Board meeting when the Quality Committee Chair and Vice Chair are not available. Dr. Smith added that this was already in the Medical Staff Bylaws.</p> <p>Dr. Eisenstark asked about the process and wording of the credentialing and reappointments.</p> <p>Ms. Nevins recommended adding to next month's agenda and deleting the word "policy" in the document, which the Charter is not.</p>		
9. QUALITY COMMITTEE REPORT TO THE BOARD FOR 2012	<i>Sharon Nevins, Vice Chair</i>		
	Ms. Nevins recommended bringing this back at next month's meeting.		
10. QUALITY COMMITTEE WORK PLAN FOR 2013	<i>Sharon Nevins, Vice Chair</i>		
	Ms. Nevins recommended bringing this back at next month's meeting.		
11. QUALITY REPORT	<i>Leslie Lovejoy</i>		
	<p>Ms. Lovejoy reported surveyors recently visited the Hospital. A federal survey was conducted by CMS who visited the SNF department. There were very few deficiencies and SVH worked on action plans. The deficiencies from the State pharmacy survey, which the Hospital had opportunities for improvement, particularly from crash carts. SVH was in the process of redefining the entire crash cart and standardizing to one type. All crash carts and contents at the Hospital are now up-to-date.</p> <p>IV fluid bags were also one of the deficiencies. The Environmental Services staff now has access to cleaning the medication areas under supervision by using a crash cart check list. The Hospital received a complaint from The Joint Commission and accepted the investigation and response provided by the Chief Quality and Nursing Officer and Director of Nursing.</p>		
12. DASHBOARD	<i>Leslie Lovejoy</i>		
	Ms. Lovejoy said the 2013 dashboard indicators had been identified and was presented to the Board for approval. The Board recommended the dashboard should be done on a quarterly basis than on a monthly basis.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
13. POLICIES & PROCEDURES:	<i>Leslie Lovejoy</i>		
A. Adult Hypoglycemia	It was suggested by the Committee that the policy needed to be a protocol rather than a policy. Therefore, it was recommended to amend and brought back at January's meeting.		
14. CLOSING COMMENTS	<i>Sharon Nevins, Vice Chair</i>		
	There was no closing comment		
15. ADJOURN	6:15 p.m.		
16. UPON ADJOURNMENT OF THE REGULAR OPEN SESSION	<i>Sharon Nevins, Vice Chair</i>		
	There was no comment.		
17. REPORT OF CLOSED SESSION	<i>Sharon Nevins, Vice Chair</i>	MOTION: by Hirsch; second by Epperly to forward the Credentialing Report to the Board and carried. All in favor; none opposed.	

DRAFT

3.B.

TRACKING
REPORT

Quality Committee					
Outstanding Items Log					
<u>Item # & Topic</u>	<u>Discussion</u>	<u>Follow-up</u>	<u>Date Due</u>	<u>Date Completed</u>	<u>Update/Comments</u>
072512-1 Occupational Health & HR	CDPH returned a directed plan of action.	Monthly report on progress in Quality Report until completed.	8/22/12		Work in progress; pending completion certificate.

4.

BIDDING REGULATIONS



SUBJECT: Bidding Regulations Governing Purchases of Materials, Supplies, and Equipment and Procurement of Professional Services	POLICY #LD8610-408
	PAGE 1 OF 13
DEPARTMENT: All	EFFECTIVE:
APPROVED BY:	REVISED:

PURPOSE:

It is the intent of the Board of Directors (“Board”) of the Sonoma Valley Health Care District (“District”) to provide an equal opportunity to all qualified and responsible parties wishing to participate in the bidding process with respect to the Sonoma Valley Hospital (“Hospital”). Consistent with the District’s obligations, the Board desires to obtain the best value for all expenditures.

POLICY:

Government Code § 54202 requires that local agencies, including healthcare districts, adopt policies and procedures governing purchases of supplies and equipment. In addition, with certain exceptions, *Health and Safety Code § 32132* requires healthcare districts to award to the lowest responsible bidder any contract up to statutorily-established expenditure limits involving (i) materials and supplies furnished to the district and (ii) work to be done for the district.

This Policy and Procedures for Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services (“Policy”) contains general bidding policy guidelines relating to (a) the procurement of materials and supplies, (b) the purchase of equipment, (c) the procurement of professional services, and (d) contracts for work to be done other than public projects.¹ For guidelines relating to projects involving the construction or improvement of a hospital or health facility, please refer to the Hospital’s Policy for Bidding for Public Works Contracts.

Section 1. Statement of Board Policy.

1.1 Policy of the Board. As a general statement of policy, the Board declares that it shall endeavor to obtain the maximum value for all monies expended, consistent with the District’s responsibility to provide the best health care to its patients.

Section 2. Scope and Application of the Policy. For purposes of this Policy, “responsible bidder” means a bidder who has demonstrated the attribute of trustworthiness as well as quality, fitness, capacity and experience to perform the contract satisfactorily. (*Public Contract Code § 1103.*)

¹ “Public project” means any construction, erection, alteration, repair or improvement of any public structure, building, road or other public improvement. (*Public Contracts § 1101; see also, Public Contracts § 22002.*)



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2.1 Materials and Supplies.

a. The Board shall award any contract exceeding twenty-five thousand dollars (\$25,000) for materials and supplies to be furnished, sold, or leased to the District to the lowest responsible bidder using the “formal” bidding procedures provided in Section 3 [Formal Bidding Procedures]. Alternately, the Board shall reject all bids. (See *Health and Safety Code* § 32132.)

b. Unless otherwise provided by law or this Policy, any contract for materials and supplies involving an expenditure of \$25,000 or less may be made without soliciting or securing bids.

2.2 Work to be Done.

a. The Board shall award any contract exceeding twenty-five thousand dollars (\$25,000) for work to be done for the District, excluding public projects,² to the lowest responsible bidder using the formal bidding procedures provided in Section 3 [Formal Bidding Procedures].

b. Upon a determination that more than \$25,000 of work to be done in connection with a project involving construction or improvement of a hospital or health facility is required by the necessity or for the convenience of the District, the Board shall follow the procedures set forth in its Policy for Bidding for Public Works Contracts.

c. Unless otherwise provided by law or this Policy, any contract for work to be done involving an expenditure of \$25,000 or less may be made without soliciting or securing bids.

2.3 Equipment. The Board shall award any contract for medical or surgical equipment or supplies in accordance with the procedures set forth in Paragraph 5.2 [Medical Equipment and Supplies].

2.4 Professional Services. The Board shall award any contract for professional services in accordance with Section 6 [Professional Services].

² Please refer to footnote 1.



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2.5 Authority to Enter into Contract. Upon awarding a contract pursuant to the provisions of this Policy, the Board shall thereafter authorize the Hospital’s Chief Executive Officer (“CEO”) to enter into such contract.

2.6 Formal and Informal Bidding. The statutes requiring formal bidding and other competitive procurement requirements are summarized in the table attached hereto and incorporated herein as Exhibit A.

Section 3. Formal Bidding Procedures (Lowest Bid Policy).

Before entering into any contract which requires formal bidding, the District shall prepare or cause to be prepared a bid packet.

3.1 Bid Packet. Where formal bidding is required (or otherwise deemed desirable by the Board), the District shall prepare a bid packet, including a notice inviting formal bids (“Notice Inviting Bids”). The packet shall include a description of the materials or supplies or work in such detail and written with such specificity as may be required (“Description”).

3.2 Notice Inviting Bids.

The District shall publish the Notice Inviting Bid, as follows:

a. The first publication or posting of the Notice Inviting Bids shall be at least ten (10) days before the date of opening the bids. Notice shall be published at least twice, not less than five (5) days apart, in a newspaper of general circulation, printed and published in the jurisdiction of the District (or, if there is no such newspaper, then in a newspaper of general circulation which is circulated in the jurisdiction of the District. (*Public Contract Code § 20150.8.*)

b. In addition, the District may also publish Notice Inviting Bids in a trade publication, as specified in *Public Contract Code § 22036.* (*Public Contract Code § 20150.8.*)

c. The District may also give such other notice as it deems proper.

3.3 Requirements of Notice Inviting Bids. The Notice Inviting Bids shall:

a. Describe the item(s) to be bid upon;

b. State the final date, time and place where bids are to be received (including designation of the appropriate District person or office and address) (*Government Code § 53068; Public Contract Code §§ 4104.5, 22037*);



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c. State the date, time and place for opening of bids;

d. Set forth such other matters, if any, as would reasonably enhance the number and quality of bids.

3.4 Presentation of Bids. Each prospective bidder shall submit a written bid under sealed cover. Upon receipt, the bid shall be date and time stamped. All bids shall remain sealed until the date and time set forth in the Notice Inviting Bids. Any bid received by the District after the time specified in the Notice Inviting Bids shall be returned unopened. (*Government Code § 53068.*)

3.5 Examination and Evaluation of Bids.

a. On the date provided in the Notice Inviting Bids, the District shall publicly open the sealed bids. A member of the Board, or a person designated by the Board, will attend and officiate over the opening of bids (“Opening”). The bids will be made public for bidders and other properly interested parties who may be present at the Opening.

b. The Board reserves the right not to determine the low bidder at the Opening, to obtain the opinion of counsel on the legality and sufficiency of all bids, and to determine at a later date which bid to accept. Such determination shall be made within sixty (60) days of the Opening or unless a different period of time is specified in the Notice Inviting Bids.

c. In the event there are two or more identical lowest bids pursuant to any provision requiring competitive bidding, the District may determine by lot which bid shall be accepted. (*Government Code § 53064.*)

3.6. Award of Contract.

a. The Board shall award the contract to the lowest bidder, provided such bid is responsive and reasonable and meets the requirements and criteria set forth in the Notice Inviting Bids, as determined by the Board. Factors which the District may take into account to determine whether a bidder is “responsible” include prior performance, financial capacity, technical expertise, reputation for reliability and satisfactory service, and other factors that may be set forth in the Description. Notwithstanding anything to the contrary, the Board is under no obligation to accept the lowest responsive and responsible bidder and reserves the right to reject all bids.



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b. If the Board determines that the lowest bidder is not responsible, the Board may award the contract (i) to the next lowest responsible bidder, or (ii) to the lowest bidder on the condition that the lowest bidder furnish security other than or in addition to that set forth in the Description.

c. If the Board decides to award the contract to a bidder other than the lowest bidder pursuant to subparagraph (b), the Board shall first notify the low bidder of any evidence, either obtained from third parties or concluded as a result of the Board’s investigation, which reflects on such bidder’s responsibility. The Board shall afford the low bidder an opportunity to rebut such adverse evidence and shall permit such bidder to present evidence that it is qualified. Such opportunity to rebut adverse evidence and to present evidence of qualification may be submitted in writing or at an informal hearing before the awarding body, committee and/or individual, as determined by the Board.

d. Any contract awarded by the Board shall be subject to all applicable provisions of federal, California and local laws. In the event of a conflict between any contract documents and any applicable law, the law shall prevail.

e. Notwithstanding anything to the contrary, the Board is under no obligation to accept the lowest responsive and responsible bidder and reserves the right to reject all bids.

Section 4. Bid Conditions.

All formal bids shall be subject to the following general conditions.

4.1 Three Bids. The Board shall consider a minimum of three (3) bids whenever possible; however, where the Board cannot obtain three bids or when it decides that time will not permit obtaining three bids, it may consider a minimum of two (2) bids.

4.2 Reference Check. Contracts shall be awarded to the lowest responsible bidder meeting the applicable criteria established by the District, subject to a check of references and review of legal counsel, as applicable.

4.3 Multiple Bids. When bids for multiple items are solicited at the same time, the Board may accept parts of one or more bids (provided the Notice Inviting Bids so indicates) unless the bidder has specified to the contrary, in which event the District reserves the right to disregard the bid in its entirety.

4.4 Minor Deviations. The Board reserves the right to waive inconsequential deviations from the specifications in the substance or form of bids received.



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4.5 No Advantage. No illegal, unfair, unethical or otherwise improper advantage shall be accorded to any bidder by the District.

Section 5. Exemptions to Formal Bidding Procedures (Lowest Bid Policy).

The Board shall not be required to apply the lowest bid policy to (a) emergency contracts, (b) contracts for medical or surgical equipment or supplies, (c) electronic data processing and telecommunications goods and services, (d) professional services, (e) energy services contracts, or (f) purchases made through a group purchasing organization, under certain circumstances.

5.1 Emergency Contracts. The Board shall not be required to secure bids for emergency contracts. Notwithstanding anything to the contrary, the Board may award contracts without following the lowest bid policy, if it first determines (i) an emergency exists that warrants such expenditure due to fire, flood, storm, epidemic or other disaster and (ii) it is necessary to protect public health, safety, welfare or property. (See *Health and Safety Code* § 32136.)

5.2 Medical Equipment and Supplies.

a. For the purposes of this Policy, “Medical Equipment and Supplies” means equipment and/or supplies commonly, necessarily and directly used by or under the direction of a physician or surgeon in caring for or treating a patient in a hospital. (*Health and Safety Code* § 32132(d).)

b. The Board shall not be required to secure bids for the purchase of Medical Equipment and Supplies. The Board may establish policies with respect to the procurement of Medical Equipment and Supplies without following the lowest bid policy. (*Health and Safety Code* §§ 32132(b).)

5.3 Electronic Data Processing and Telecommunications Goods and Services

a. Consistent with *Health & Safety Code* § 32138, the Board shall employ competitive means to acquire electronic data processing and telecommunications goods and services, where such goods and services exceed a cost of twenty-five thousand dollars (\$25,000). (See *Health and Safety Code* §§ 32132(b) and 32138.)

b. For the purposes of this Paragraph 5.3, “competitive means” includes any appropriate means specified by the Board. “Competitive means” may include (i) the preparation and circulation of a request for proposal to a sufficient number of qualified sources to permit



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reasonable competition consistent with the nature and requirements of the proposed acquisition, as determined by the Board in its reasonable discretion; (ii) the lowest bid policy; (c) any other appropriate means determined by the Board in its reasonable discretion. (*Health & Safety Code § 32138(b).*)

c. The Board shall award a contract pursuant to this Paragraph 5.3 based on the cost-effectiveness of the proposal as determined by the evaluation criteria specified by the Board. Evaluation criteria shall not be limited to cost but may include other objective bases for selection of a vendor or service provider. (*Health & Safety Code § 32138(c).*)

d. Notwithstanding any provision to the contrary, this Paragraph 5.3 shall not apply when the Board determines that (i) the goods and services being considered are the only goods and services that can meet the District's needs, or (ii) the goods and services are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare or safety. (*Health & Safety Code § 32138(a).*)

5.4 Energy Services Contract.

a. For purposes of this Paragraph 5.4, "energy service contract" means a contract for providing electrical or thermal energy or conservation services to the District from an energy conservation facility. (*Government Code § 4217.11(f).*)

b. The Board shall not be required to secure bids in connection with an energy service contract or any necessarily related facility ground lease provided (i) the Board determines such contract is in the best interest of the District, and (ii) the determination is made at a regularly scheduled public hearing of the Board in compliance with the provisions of *Government Code § 4217.12.*

5.5 Group Purchasing Organizations (GPOs). The District may participate as a member of any cooperative hospital service organization described in *Revenue and Taxation Code § 23704* ("GPO"). Any purchases made or services rendered by the GPO on behalf of the District that is a member of the GPO shall not subject to formal bidding procedures or any other competitive requirements contained herein. (*Health & Safety Code § 32132(e).*)

Section 6. Professional Services

6.1 No Competitive Bidding Required for Professional Services. *Health and Safety Code § 32121(b)* makes clear that the lowest bidder policy does not apply to any



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professional services. Upon determination that the District requires either Special Services of Design Services (as those terms are defined, below), the District shall comply with the statutory scheme relating to such services, as set forth in this Section 6.

6.2 Special Services and Advice.

a. Consistent with *Government Code § 53060*, the District may contract with and employ any person(s) to furnish to the District special services and advice in financial, economic, accounting, engineering, legal, architectural or administrative matters (“Special Services”), provided such persons are specially trained and experienced and competent to perform the special services required. (*See Gov. Code § 53060.*)

b. No competitive bidding shall be required in selecting professionals or firms to provide Special Services. (*Health and Safety Code § 32132(b).*) The District may compensate such persons as it deems proper for the services rendered. (*Government Code § 53060.*) The District may establish procedures to assure the persons engaged to provide such services are specially trained and experienced and competent to perform the special services required. (*Government Code § 53060.*)

6.3 Design Services. Upon a determination that the Board needs or desires to enter into a contract for professional services of private architectural, landscape architectural, engineering, environmental, land surveying or construction management firms (“Design Services”), the Board may award contracts for Design Services consistent with *Government Code § 4526* and in accordance with the guidelines and procedures set forth in its Policy for Bidding for Public Works Contracts.

6.4 Auditor. At least once each year, the Board shall engage the services of a qualified accountant of accepted reputation to conduct an audit of the books of the Hospital and prepare a report. (*Health and Safety Code § 32133.*)

Section 7. Miscellaneous Provisions.

7.1 Authority to Make Purchases. The District’s CEO or the CEO’s designee are hereby given authority to make all purchases and to execute all purchase orders or contracts for the District duly authorized pursuant to this Policy or other applicable policies referenced herein. All purchases and contracts shall be upon written order, whenever reasonably possible, and the District shall keep and maintain written records of the same.



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7.2 Right to Direct Competitive Bidding. The Board reserves the right to direct competitive bidding (including but not limited to lowest bid) for any contract, regardless of whether or not competitive bidding is required by law or required by the terms of this Policy. Internet. (*Public Contract Code § 1601.*)

7.3 Flexibility and Waiver of Policy Requirements. Employ In recognition of the fact that the contracting and procurement needs of the District may, from time to time, render certain procedures or requirements set forth in this Policy impractical, the CEO or his/her designee is authorized to permit or waive deviations from this Policy, to the extent permitted by law, in consultation with the District’s legal counsel and upon making a written finding that such deviations are in the best interest of the District.

7.4 Conflict of Interest. With respect to all contracts covered by this Policy, any practices or procedures which might result in unlawful activity shall be prohibited, including practices which might result in rebates, kickbacks or other unlawful consideration. No employee of the District may participate in any selection process when such employee has a relationship with a person or business entity seeking a contract under this Section which would subject those employees to the prohibition of *Government Code § 87100.*³ (See *Government Code § 4526.*)

EXHIBIT A

REFERENCE:

Health and Safety Code:
 §32121(b), §32132, §32132.5, §32132(a), §32132(b), §32132(c), §32132(d), §32132(e)
 §32133, §32136, §32138, §32138(a), §32138(c)

Public Contract Code:
 §1103, §1601, §4104.5, §10167, §20150.8, §2230, §22036, §22037

Government Code:
 §4526, §4529.5, §53060, §53064, §53068, §4525, §4217.10, §4217.11(f), §4217.12

Revenue and Taxation Code §23704 (“GPO”)

³ Section 87100 provides, “No public official at any level of state or local government shall make, participate in making or in any way attempt to use his official position to influence a governmental decision in which he knows or has reason to know he has a financial interest.”



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DEPARTMENT: All

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REVISED:

Sonoma Valley Hospital Organizational Policies:

Contract Administration LD8610-182

Capital Acquisition LD8610-300

Service Contracts LD8610-405

Terms and Conditions of Selling to Sonoma Valley Hospital LD8610-406

Policy for Bidding for Public Works Contracts LD8610-407

Exhibit A

BIDDING AND COMPETITIVE PROCUREMENT REQUIREMENTS

Category	Bidding or Competitive Procurement Requirement
Materials and supplies involving an expenditure of more than \$25,000.	<p>Formal bidding required. <i>(See H & S Code §32132(a).)</i></p> <p>Exception: Emergency Contracts. Bidding not required if Board first determines (1) that an emergency exists warranting such expenditure due to fire, flood, storm, epidemic, or other disaster, and (2) it is necessary to protect the public health, safety, welfare, or property. <i>(See H & S Code § 32136.)</i></p>
Materials and supplies involving an expenditure less than or equal to \$25,000.	No need to solicit or secure bids.
Work involving an expenditure of more than \$25,000 (including public works and other work such as general maintenance).	<p>Formal bidding required. <i>(See H&S §32132(a).)</i></p> <p>Exception: The exception for Emergency Contracts, noted above, is applicable. <i>(See H & S Code § 32136.)</i></p> <p>For work involving public works projects, please refer to the District's Policy for Bidding for Public Works Contracts.</p> <p>For contracts involving work other than public works projects, please refer to the District's Policy and Procedures for Bidding Regulations Governing Purchases of Materials, Supplies and Equipment and Procurement of Professional Services .</p> <p>The Board shall not be required to secure bids for change orders that do not materially change the scope of work set forth in a contract previously made, provided (i) the contract was made in compliance with bidding requirements, and (ii) no individual change amounts to more than five percent (5%) of the contract. <i>(See Health and Safety Code § 32132 (c)).</i></p>

<p>Work involving an expenditure less than or equal to \$25,000.</p>	<p>No need to solicit or secure bids.</p>
<p>Purchase of medical and surgical equipment and supplies.</p>	<p>No formal bidding is required. (See H&S §32132(b).)</p> <p>Medical Equipment and Supplies means equipment and/or supplies commonly, necessarily, and directly used by, or under the direction of, a physician and surgeon in caring for or treating a patient in a hospital. (See H & S Code § 32132(d).)</p>
<p>Electronic data processing and telecommunications goods and services.</p>	<p>If expenditure is \$25,000 or less, no formal bidding is required. (See H & S Code § 32132(b).)</p> <p>If expenditure is greater than \$25,000, contract must be awarded through competitive means described in H & S Code § 32138.</p> <p>Exceptions: The statutory provision requiring “competitive means” is not applicable if the Board determines that the goods and services proposed for acquisition (1) are the only goods and services that can meet the District's need; or, (2) are needed in cases of emergency where immediate acquisition is necessary for the protection of the public health, welfare, or safety. (See Health & Safety Code § 32138(a).)</p>
<p>Professional services</p>	<p>Competitive (formal) bidding is not required for the procurement of any professional services. (See H & S Code § 32132(b).)</p> <p>For special services and advice in financial, economic, accounting, engineering, legal, architectural or administrative matters, the District may engage professional who are specially trained and experienced and competent to perform the services required. (See Gov. Code § 53060.)</p> <p>For services involving architectural, landscape architectural, environmental, land surveying, and construction management firms, the Board shall award contracts based on demonstrated competence and on the professional</p>

	<p>qualifications necessary for satisfactory performance of the services required. Other requirements are applicable. (See § Gov. Code 4525.)</p> <p>Exception: In the event the District determines that the professional services required are more of a technical nature and involve little professional judgment and that requiring bids would be in the public interest, the District may bidding requirements shall apply. (See Gov. Code § 4529.)</p> <p>At least once each year, the Board shall engage the services of a qualified accountant of accepted reputation to conduct an audit. (<i>Health and Safety Code § 32133.</i>)</p>
Energy services contract or related facility lease	<p>No formal bidding required in connection with an energy service contract or any necessarily related facility ground lease provided (a) the Board determines such contract is in the best interest of the District, and (b) the determination is made at a regularly scheduled public hearing of the Board in compliance with the provisions of <i>Government Code § 4217.10.</i></p>

5.

QUALITY
COMMITTEE
CHARTER PROCESS &
WORDING



SUBJECT: Quality Committee Charter

PAGE 1 OF 7

DEPARTMENT: Board of Directors

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED:

Purpose:

Consistent with the Mission of the District the Board, with the assistance of its Quality Committee (QC), serves as the steward for overall quality improvement for the District. The QC shall constitute a committee of the District Board of Directors. The Board shall refer all matters brought to it by any party regarding the quality of patient care, patient safety, and patient satisfaction to the QC for review, assessment, and recommended Board action. The QC makes recommendations and reports to the Board. It has no authority to make decisions or take actions on behalf of the District unless the Board specifically delegates such authority. The QC shall assist the Board in its responsibility to ensure that the Hospital provides high-quality patient care, patient safety, and patient satisfaction. To this end the QC shall:

1. Formulate policy to convey Board expectations and directives for Board action;
2. Make recommendations to the Board among alternative courses of action, including but not limited to physician credentialing, and oversight activities;
3. Provide oversight, monitoring and assessment of key organizational processes, outcomes, and external reports.

Policy:

SCOPE AND APPLICABILITY

This is a SVHCD Board Policy and it specifically applies to the Board, the Quality Committee, the Audit Committee, the Medical Staff, and the CEO of SVH.

RESPONSIBILITY

Physician Credentialing

1. The QC shall ensure that recommendations from the Medical Executive Committee and Medical Staff are in accordance with the standards and requirements of the Medical Staff Bylaws, Rules, and Regulations with regard to: completed applications for initial medical staff and allied health staff appointment; initial staff category assignment, initial department/divisional affiliation; membership prerogatives and initial clinical privileges; completed applications for reappointment of medical staff, staff category; clinical privileges; establishment of categories of allied health professionals permitted to practice at the hospital; the appointment and reappointment of allied health professionals; and privileges granted to allied health professionals.



SUBJECT: Quality Committee Charter

PAGE 2 OF 7

DEPARTMENT: Board of Directors

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED:

2. The QC shall, in closed session, on a case by case basis, fully, rigorously, and carefully review the recommendations of the Medical Staff regarding the appointment, reappointment, and privilege delineation of physicians and submit recommendations to the Board for review and action.

Develop Policies

1. The QC shall submit recommendations for action to the Board on draft policies developed by the QC and those developed by the Hospital regarding quality patient care, patient safety, and patient satisfaction.

Oversight

Annual Quality Improvement Plan

1. The QC shall review and analyze findings and recommendations from the CEO resulting from the Hospital's prior year Annual Quality Improvement Plan, including but not limited to a comparison of the plan to actual accomplishments, administrative review, and evaluation activities conducted, findings and actions taken, system or process failures and actions taken to improve safety, both proactively and in response to actual occurrences.
2. The QC shall review the Hospital's Annual Quality Improvement Plan for continuously improving quality, patient safety, and patient satisfaction and submit the analysis with recommendations establishing priorities to the Board for discussion and action. The Hospital's plans should include, but not be limited to, assessing the effectiveness and results of the quality review using metrics and benchmarks, utilization review, performance improvement, implementing and improving electronic medical/health records, professional education, risk management programs, and patient care related activities and policies of the Hospital and/or Medical Staff, as applicable.



SUBJECT: Quality Committee Charter

PAGE 3 OF 7

DEPARTMENT: Board of Directors

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED:

Medical Staff Bylaws

1. The QC shall assure that the Medical Staff's Bylaws are reviewed and approved by the Board and are consistent with the District and Hospital Mission, Vision and Values, Board policy, and accreditation standard, prevailing standards of care, and evidence-based practices.
2. The QC shall review the Medical Staff's fulfillment of its responsibilities in accordance with the Medical Staff Bylaws, applicable law and regulation, and accreditation standards and make recommendations to the Board.

Quantitative Quality Measures

1. The QC shall assess and recommend quantitative measures to be used by our Board in assessing the quality of the Medical Staff's and Hospital's services and submit them to the Board for deliberation and action. The recommendations shall include descriptions that show how the organization measures and reports the improvement of patient care, as well as management accountability.
2. The QC shall review all reports by and Hospital responses to accreditation organizations, e.g., Fire Marshals, Environmental Health, State Department of Health Services (DHS), and other external organizations conducting management, programmatic, physical plant audits/assessments/reviews that are directly or indirectly related to the quality of health care delivery in the Hospital (quality patient care, patient safety, and patient satisfaction). Track all uncompleted/open items until remedied/closed by the Hospital, and make recommendations and report to the Board for its action as appropriate. This includes the final OSHPD report on a construction project prior to licensing by DHS, but it does not include on-going OSHPD reviews/inspections/reports while a project is in design or construction. This does not include routine financial audits, unless the audit identifies quality patient care, patient safety, and/or patient satisfaction issues, in which case the Audit Committee shall refer the audit to the QC for its review and recommendations to the Board.
3. The QC shall ensure there is an effective, supportive, and confidential process for anyone (the Medical Staff, other health care professionals; Hospital administration; leaders and staff; patients, and their families and friends; and the public) to bring issues to the QC directly or via the Hospital—as a group, personally or anonymously—in order to promote the reporting of quality and patient safety problems and medical errors, and to protect those who ask questions and report problems.
4. The QC shall review and assess the process for identifying, reporting, and analyzing



SUBJECT: Quality Committee Charter

PAGE 4 OF 7

DEPARTMENT: Board of Directors

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED:

“adverse patient events” and medical errors. The QC shall develop a process for the QC to address these quality deficiencies, in the most transparent manner possible, without unnecessarily increasing the District’s liability exposure.

5. The QC shall review the assessment of patient needs/satisfaction, and submit this assessment with recommendations to the Board for review and possible action. This may include, but is not limited to CMS Value Based Purchasing information; Press Ganey surveys; reports and comparisons to other hospitals, state and national standards; and patient and/or family complements and complaints.
6. The QC shall review and assess the system for resolving interpersonal conflicts among individuals working within the Hospital environment that could adversely affect quality of care, patient safety or patient satisfaction, and make recommendations to the Board.

Hospital Policies

1. The QC shall assure that the Hospital’s administrative policies and procedures are reviewed and approved by the appropriate Hospital leaders and that the policies and procedures are submitted to the Board for its action are consistent with the District and Hospital Mission, Vision and Values; Board policy; and accreditation standards.
2. The AC shall assure that the Hospital’s policies and procedures relative to quality, patient safety, and patient satisfaction are reviewed and approved by the appropriate Hospital leaders and the policies and procedures submitted to the Board for its action are consistent with the District and Hospital Mission, Vision and Values, Board policy, and accreditation standards, prevailing standards of care, and evidence-based practices.

Other

1. Perform other duties related to high-quality patient care, patient safety, and patient satisfaction as assigned by the Board.

Annual QC Work Plan

The QC shall develop an Annual QC Work Plan comprised of the required annual activities and additional activities selected by the QC. The Annual QC Work Plan shall be reviewed and acted on by the Board after considering the CEO’s work plan to support the QC.



SUBJECT: Quality Committee Charter

PAGE 5 OF 7

DEPARTMENT: Board of Directors

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED:

Required Annual Calendar Activities:

For Calendar Year 2012

1. The QC shall submit the CY 2012 Work Plan to the CEO no later than the first week in January.
2. The QC shall submit its Work Plan and the CEO's Work Plan to the QC Board for its review and action no later than the February Board meeting.
3. The QC shall review the adequacy of financial and human resources currently allocated for maintaining high-quality care, patient safety, and patient satisfaction in April, in advance of the annual budget process and provide an assessment to the Board and CEO with recommendations for action.
4. The QC shall review and assess all Board policies regarding quality, including the QC Charter, and makes recommendations to the Board for action in December.

For Subsequent Calendar Years

1. The QC shall review the adequacy of financial and human resources currently allocated for maintaining high-quality care, patient safety, and patient satisfaction in April, in advance of the annual budget process and provide an assessment to the Board and CEO with recommendations for action.
2. The QC and CEO Work Plans shall be submitted to the Board for its review and action no later than December.
3. The QC shall report on the status of its prior year's work plan accomplishments by December.
4. The QC reviews and assesses all Board policies regarding quality specifically including the QC Charter, and makes recommendations to the Board for action in December.

QC Membership and Staff

The QC shall have seven voting members and three non-voting public member alternates appointed pursuant to Board policy. Pursuant to Health and Safety Code Section 32155, based on the need for Medical Staff quality assessments, Physician Credentialing and Privileges are discussed and action is taken in Closed Session without the QC public members and alternates. Hospital employees who staff the QC are not voting members of the QC. QC membership is:



SUBJECT: Quality Committee Charter

PAGE 6 OF 7

DEPARTMENT: Board of Directors

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED:

- Two Board members one of whom shall be the QC chair, the other the vice-chair. Substitutions may be made by the Board chair for Board QC members at any QC meeting--for one or both Board members.
- Two designated positions from the Medical Staff leadership, i.e., the President and the President-Elect. Substitutions may be made by the President for one Medical Staff member at any QC meeting.
- Three members of the public. In addition, substitutions may be made at all QC meetings from three prioritized non-voting members of the public as alternate public members. Alternates shall attend closed session QC meetings and vote as QC members when substituting for a voting public member. Alternates may attend QC meetings as non-voting alternates and fully participate in the open meeting discussions.

Staff to the QC include the Hospital's Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and the Director of Quality and Resource Management who shall be the lead staff in support of the QC Chair for meetings, documents, and activities. Staff is expected to attend the QC meetings. The CEO may attend all QC and subcommittee meetings and shall be a resource at the QC meetings upon request of the QC Chair.

Frequency of QC Meetings

The QC shall meet monthly, unless there is a need for additional meetings.

Public Participation

All QC meetings shall be announced and conducted pursuant to the Brown Act. Physician Credentialing and Privileges are discussed and action is taken in QC Closed Session without the QC public members and alternates, or the general public.

The general public, patients and their families and friends, Medical Staff, and Hospital staff are always welcome to attend and provide input. Other Board members may attend but may not comment as it may be a Brown Act violation.

Narrowly focused and short term ad hoc subcommittees may meet to address specific issues that will be brought to the QC for review and referral to the Board for its deliberation and action. Subcommittee meetings are not subject to the Brown Act.

Reference:

POLICY HISTORY

December 1, 2011--Board Policy regarding the QC was first adopted.



SUBJECT: Quality Committee Charter

PAGE 7 OF 7

DEPARTMENT: Board of Directors

EFFECTIVE: 12/1/11

APPROVED BY: Board of Directors (12/1/11)

REVISED:

FREQUENCY OF REVIEW/REVISION

This shall occur annually or more often if required. If revisions are needed they will be taken to the Board for action.

8.

QUALITY
COMMITTEE
WORK PLAN
FOR 2013

2013 Quality Committee Work Plan

(PROPOSED)

January	February	March	April
<ul style="list-style-type: none"> ▪ Review of Quality Performance Indicators ▪ Quarterly Dashboard 	<ul style="list-style-type: none"> ▪ Quality Education Seminar 	<ul style="list-style-type: none"> ▪ Annual Environment of Care Report* ▪ AHRQ Culture of Safety Initiative and Survey 	<ul style="list-style-type: none"> ▪ Annual Performance Improvement Evaluation and Goals Report ▪ Quarterly Dashboard
May	June	July	August
<ul style="list-style-type: none"> ▪ Annual Infection Control Report* 	<ul style="list-style-type: none"> ▪ Annual Risk Management Report* ▪ Performance Improvement Team Presentations 	<ul style="list-style-type: none"> ▪ Annual Human Resources Report* ▪ Quarterly Dashboard 	<ul style="list-style-type: none"> ▪ Meaningful Use Stage 2 ▪ Utilization Management Efforts and Outcomes
September	October	November	December
<ul style="list-style-type: none"> ▪ Performance Improvement Reports – Outpatient 	<ul style="list-style-type: none"> ▪ Service Line Patient Care Outcomes ▪ Quarterly Dashboard 	<ul style="list-style-type: none"> ▪ Annual Contract Evaluation Report* ▪ Trends and Best Practices in Quality and Safety 	<ul style="list-style-type: none"> ▪ Evaluation of the Quality Committee Work Plan

*Required

9.

QUALITY REPORT



T0: Sonoma Valley Hospital Care District Board Quality Committee
 FROM: Leslie Lovejoy, Director, Quality and Resource Management
 DATE: 12/07/2012
 SUBJECT: Quality Report

November Priorities:

1) Plans of Correction for CMS Survey of SNF

1. We received the written statement of deficiencies and have submitted our plans of correction for the Skilled Nursing Facility and at Dr. Christensen’s request, submitted an amended Plan of Correction for the Pharmacy survey. What follows below are the Skilled Nursing and Interim Life Safety cited deficiencies with the plans for correction. I mentioned that we were not cited for the size of our Stars at the last meeting. Apparently, CDPH changed their mind, and we received a citation and a fine for \$2,000.00.

Deficiency	Action (s) Initiated	Expected Completion Date
SKILLED NURSING:		
1. Oxygen Tank Storage	Updated P/P and educated staff.	11/13/12
2. Nutritional Services Issues: Testing of Sanitizing Solution Dirty Dish Rack on Floor	Initiated bilingual solution testing instructions and educated staff. Changed the policy for placement of dirty dish racks between use.	11/19/12
3. Leaving Medication Cart Unlocked	Same nurse in two instances; was counseled and all staff reminded. DON to do random observations to ensure compliance.	11/28/12
4. Medical Directors Not Ensuring Informed Consent for Psychoactive Medications	Medical Directors educated. DON took Policy to medical staff committees. Nursing staff will find an alert as part of medication admin to not give unless informed consent is documented. Nurses educated to new process. Hospital-wide informed consent policy amended to include this issue. DON to monitor compliance and report to PI Committee.	12/13/12
5. Failure to Notify CDPH of TV Mounting Project	Letter sent with OSHPD permit.	11/30/12
6. Stars Too Small	Brought into compliance for size	11/19/12

	and front of stairs.	
Deficiency	Action (s) Initiated	Expected Completion Date
<i>INTERIM LIFE SAFETY:</i>		
1. Ceiling Tiles and Ceiling Penetration Identified	Ceiling tiles seated and sealed.	12/14/12
2. Ineffective Door Closing Latches in Two Room	Fix latches and monitor during unit safety rounds.	12/14/12
3. Sprinkler Heads were Dusty and No Documentation of Quarterly of Inspection Cleaning and Testing of Fire Sprinkler System	EVS cleaned sprinkler heads and Facilities requested documentation from vendor of 12/07/12 inspection cleaning and testing of fire alarm sprinkler system.	12/14/12
4. Extension Cords with Surge Protectors were Found	Removed and plugged equipment to electrical outlet directly.	12/14/12

Topic for Discussion: Review of Work Plan Report

10.

ADULT
HYPOGLYCEMIA
POLICY



SUBJECT: Adult Hypoglycemia Protocol	POLICY #
DEPARTMENT: Organizational	PAGE 1 OF 2
APPROVED BY: Medical Director	EFFECTIVE: 5/17/2012
	REVISED:

Purpose:

To provide guidelines for the appropriate evaluation and treatment for the patient who presents with blood glucose level below 50mg/dl or is symptomatic with a blood glucose level of 70mg/dl or below. Signs and symptoms of hypoglycemia include:

- a) Cold sweats, clammy skin, lightheadedness, irritability
- b) Pounding heart rate, shaking, blurred vision
- c) Verbalization of need for food or sugar
- d) Alteration of mental status

Protocol:

This protocol will be initiated in the absence of the MD, when assessment by the RN shows the patient with blood glucose level below 50mg/dl or is symptomatic with a blood glucose level of 70mg/dl or below. Treatment for hypoglycemia (blood glucose level below 50mg/dl or is symptomatic with a blood glucose of 70mg/dl or below) must be initiated even if the patient is not symptomatic.

Procedure:

- 1. Perform a finger stick blood glucose test
- 2. If blood glucose level is below 50mg/dl, or if patient is symptomatic with a blood glucose less than or equal to 70mg/dl, notify attending physician, or hospitalist immediately and if patient condition allows.
 - (a) If unable to obtain physician's orders immediately, implement the most appropriate intervention based upon an assessment of the patient's clinical status.

If the patient is conscious and able to swallow, give one of the following fast acting carbohydrate:

- (a) Oral glucose gel (1 tube= 15gm glucose)
- (b) 4 ounces of fruit juice or cola
- (c) 1 packet honey
- 3. Repeat finger stick 15 minutes after giving fast acting carbohydrate. (Repeat steps 1&3 until the blood glucose rises above 70mg/dl.).
- 4. Follow with nourishment based on the following
 - (a) If next meal is within 1 hour, request an early tray, have the patient eat as soon as possible

If next meal is more than 1 hour away, give patient one of the following snacks:



SUBJECT: Adult Hypoglycemia Protocol	POLICY #
	PAGE 2 OF 2
DEPARTMENT: Organizational	EFFECTIVE: 5/17/2012
APPROVED BY: Medical Director	REVISED:

- 1-2 package (s) graham crackers and 8 oz low fat or nonfat milk.
- 2 packages cheese and crackers.
- 2 packages peanut butter and crackers.
- ½ sandwich on whole wheat bread and 8 oz low fat or nonfat milk.
- 1 whole sandwich on whole wheat bread

If patient is unconscious or unable to swallow:

- If IV access is available, administer 50% Dextrose, 25 gm slow IV push.
- If IV access is not available or cannot be quickly obtained, administer Glucagon 1 mg IM. Position patient side lying.
- Notify the physician on duty or, the ED physician and obtain orders for further medical management.
- Repeat finger stick 10 minutes after injection of Glucagon or Dextrose.
 - Follow Physician orders

If patient regains ability to swallow, is not NPO, and blood sugar is below 80 mg/L, offer one of the following fast-acting carbohydrates (Each one contains 10-24gms of Carbohydrate):

- Oral glucose gel (1 tube)
- 4oz fruit juice or cola
- 1 packet of honey

- Repeat blood glucose test 15 minutes after giving fast-acting carbohydrate. Repeat steps 1 & 3 and until blood glucose rises above 80mg/dL.

If patient is NPO or unable to swallow, start D5W at 100ml/hr.

5. Hold all insulin and all oral diabetic medications until ordered by MD to restart medications.
6. Check blood glucose Q4 hrs x 24 hrs.

Reference:

1. Workgroup on Hypoglycemia, American Diabetes Association. Defining and reporting hypoglycemia in diabetes: a report from the American Diabetes Association Workgroup on Hypoglycemia. Diabetes Care 2005; 28:1245.