SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE REGULAR MEETING
AGENDA
WEDNESDAY, September 23, 2015
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	
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	*Hirsch*	
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.	*Hirsch*	
3. CONSENT CALENDAR • QC Minutes, 8.26.15	*Hirsch*	Action
4. POLICES, ORDER SET & REVISION • Access to Public Records Policy • Emergency Department Staffing Policy • Revised Alcohol Withdrawal Order Set • Revision to Medical Staff R&Rs: Medical Screening Exams	*Lovejoy/Kobe*	Action
5. QUALITY REPORT SEPTEMBER 2015	*Lovejoy*	Inform/Action
6. CLOSING COMMENTS/ANNOUNCEMENTS	*Hirsch*	
7. ADJOURN	*Hirsch*	
8. UPON ADJOURNMENT OF REGULAR OPEN SESSION	*Hirsch*	
9. CLOSED SESSION: Calif. Health & Safety Code § 32155 • Medical Staff Credentialing & Peer Review Report	*Sebastian*	Action
10. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
11. ADJOURN	*Hirsch*	

3.

CONSENT CALENDAR

+

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
REGULAR MEETING MINUTES
Wednesday, August 26, 2015
Schantz Conference Room

Committee Members Present	Committee Members Present cont.	Committee Members Excused	Admin Staff /Other
Brian Sebastian, M.D. Jane Hirsch Carol Snyder H. Eisenstark Susan Idell Joshua Rymer M. Mainardi Kelsey Woodward Cathy Webber		Ingrid Sheets Keith Chamberlin, MD, MBA	Robert Cohen MD Leslie Lovejoy Mark Kobe Allan Sendaydiego Gigi Betta

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*		
	The meeting was called to order 5:00pm		
2. PUBLIC COMMENT	*Hirsch*		
	None		
3. CONSENT CALENDAR	*Hirsch*	Action	
• QC Minutes, 7.22.15		**MOTION** by Eisenstark to approve and 2nd by Mainardi. All in favor.	
4. SURGICAL SERVICES TRANSFORMATION PROJECT	*Sendaydiego/Lovejoy*	Inform/Action	
	Mr. Sendaydiego and Ms. Lovejoy gave an update on the Surgical Services Transformation Project which began with the completion of the Hospital's new surgical wing in January 2014 and continues on today under a strong and accountable leadership team.	**MOTION**	

AGENDA ITEM	DISCUSSION	ACTION	FOLLOW-UP
5. POLICY, PROCEDURE & ORDER SET	*Lovejoy*	Action	
▪ Medical Management MM8610-154 and 155 (approved *as is*) ▪ Critical Values and Critical Tests (approved as *amended*) ▪ Order Set Alcohol Withdrawal (not approved)	The Quality Committee approved Medical Management MM8610 154-155 *as is*, approved Critical Values and Critical Tests as *amended* and did not approve the Alcohol Withdrawal Order Set. Alcohol Withdrawal Order Set will be revised and returned to the QC on 9.23.15.	**MOTION** by Eisenstark to approve and 2nd by Mainardi. All in favor.	
6. QUALITY REPORT AUGUST 2015	*Lovejoy*	Inform/Action	
	Priorities for the August 2015 Quality Report included CIHQ Mid Cycle Action Plan, Surgical Services Action Plan and National Quality Data Update.	**MOTION** by Mainardi to approve and 2nd by Idell. All in favor.	
7. CLOSING COMMENTS	*Hirsch*		
			.
9. ADJOURN	*Hirsch*		
10. UPON ADJOURNMENT OF REGULAR OPEN SESSION	*Hirsch*		
11. CLOSED SESSION	*Sebastian*	Action	
Calif. Health & Safety Code § 32155 • Medical Staff Credentialing & Peer Review Report • Board Quality Dashboard			
12. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action	
13. ADJOURN	*Hirsch* Closed Session adjourned at 6:20pm		

4.

POLICES, ORDER SET & REVISION

*Signed Policies to follow under separate cover

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

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: GL8610-169 Access to Public Records	
APPROVED BY:	DATE: **9-0-15**
Director's/Manager's Signature	Printed Name **Vivian Woodall**

Keith J. Chamberlin, MD MBA
President of Medical Staff

Date

Kelly Mather
Chief Executive Officer

Date

Sharon Nevins
Chair, Board of Directors

Date

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Policy Submission Summary Sheet

Title of Document: **Organizational Policy**

New Document or Revision written by: **Vivian Woodall**

Date of Document: **9-08-15**

Type:	**Regulatory:**
X **Revision** ❑ **New Policy**	X **CIHQ** ❑ **CDPH** X **CMS** ❑ **Other:**
Organizational:	❑ **Departmental** ❑ **Interdepartmental** (list departments effected)
❑ **Clinical** X **Non-Clinical**	

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

GL8610-169 Access to Public Records-Revised; Old policy 169 (Public Records Review) had not been update since 2005, was very brief, and had no reference to the Public Records Act (Calif. Government code Section 625 et. seq.). The District Board Governance Committee rewrote the entire policy, had it reviewed by legal counsel, and passed it on to the District Board for approval, which they did in May 2015. This revised policy did not underg the normal committee process and was considered a Board policy – which it is not; it is an organizational policy.

I retrieved the revised policy, reviewed it, and discussed it in the P&P meeting of August 19, 2015. The policy did not contain language on how to request records, did not contain a request form, and no request logging system had been created (as called for in the policy). I have added a paragraph to the policy on requesting public records have created a request form containing log information (to be maintained by SVH Administration), and made minc word and formatting changes.

The newly revised policy is now ready to go to Med Exec for approval, and then will be sent once again to the District Board for final approval.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	**8/18/2015**	Yes	
Surgery Committee	n/a	—	
Medicine Committee	n/a	—	
P.I. or P. T. Committee	n/a	—	
Medical Executive Committee	**9/17/2015**	✓	
Board Quality 9/23	~~**9/22/2015**~~		
Board of Directors 10/13	~~**10/01//2015**~~		

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

SUBJECT: Access to Public Records	POLICY # GL8610-169
	PAGE 1 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 2/00
APPROVED BY: CEO	REVIEW/REVISED: 3/05 8/15

Policy:
It is the policy of the Sonoma Valley Health Care District to encourage public participation in the governing process and to provide reasonable accessibility to all public records except those documents that are exempt from disclosure by express provisions of law or considered confidential or privileged under the law.

The following guidelines shall govern the accessibility for inspection and copying of public records of the Sonoma Valley Health Care District. These guidelines are to be administered by the President and Chief Executive Officer of the Hospital.

I. Purpose of Guidelines

The purpose of these guidelines is to serve as general rules to be followed by those persons charged with administration of the procedures concerning Inspection and Copying of Public Records of the Sonoma Valley Health Care District ("the District"). Certain requirements of law must be observed relating to disclosure of records and to the protection of the confidentiality of records. These guidelines set forth the general rules contained in such laws.

II. Definitions

- "Person" includes any natural person, corporation, partnership, firm or association.
- "Public Record" includes any writing containing information relating to the conduct of the business of the District prepared, owned, used or retained by the District regardless of physical form or characteristics.
- "Writing" means handwriting, typewriting, printing, emails, copying, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds or symbols or combination thereof, and all papers, maps, magnetic or paper tapes, email, photographic films and prints, and other documents.
- "Request for Public Record" refers to any written request.

III. Questions of Interpretation

In case of any questions as to the accessibility of the records of the District under these guidelines, records should not be made accessible to the public until such question has been determined by the Chief Executive Officer of the Hospital. The decision of such officer is final unless overruled by the Board of Directors.

The District shall justify the withholding of any record by demonstrating that the record requested and withheld is exempt under paragraph X of these guidelines or, that on the

facts of the particular case, the public interest served by not making the record public outweighs the public interest served by the disclosure of such record.

In the case of any denial of an Application for Inspection or Copying of Records, the District shall notify the applicant of the decision to deny the application for records and shall set forth the names and positions of each person responsible for the denial of the request.

IV. Following Procedures for Inspection and Copying

The procedures referred to shall be followed in all of their specifics at all times. Records of inspections shall be accurately maintained.

V. Request for Public Records

A person may make a specific request for public records by mail, email, or by completing a request form in the Administration office of the Hospital Monday through Friday between the hours of 8:00 a.m. and 2:00 p.m.

VI. Responding to Requests for Public Records

Upon a determination as to whether the requested records are public records, a letter or email shall be sent to the individual requesting the public records within 10 days of the receipt of the request or 14 days if it is difficult to determine if the records exist. The letter or email shall include the following information:

- The date the request for public records was made.
- The date that the records will be made available, or in the case the requested records will not be made available for inspection or copying, the reasons therefore.
- If copies of the records are requested, the response to the request shall include an invoice stating the total fee for such copies, and informing the individual that the copies will be made available once the fee has been deposited with the Administration office of the Hospital. If the estimated cost for copying the records requested is less than $5.00 the invoice can be omitted.

VII. Recording Requests for Public Records

A hard copy file or electronic file shall be kept in the Administration office containing all information relating to requests for public records received by the District.

The first page and/or record of each request file shall be a log of all actions relating to the request for public records. The log for each request shall include:

- The name of the individual
- The date the request was received
- The date a response to the request was sent

- The action taken in response to the request

Upon receipt of a request for public records, the request shall be date stamped and filed in the Public Records Act Request file.

When a response to a request for public records is sent, a copy of the response and all attachments shall be copied and filed in the request file. Each response shall be stamped with the date it was sent.

VIII. Records Subject to Inspection Only with Authorization

All public records of the District are subject to inspection pursuant to these guidelines except as follows:

- Records set forth hereinafter as records subject to inspection only with authorization;
- Records NOT SUBJECT TO INSPECTION (unless by Court order); or
- Records which may be withheld by exercise of discretion.

If the District discloses a public record which is otherwise exempt from disclosure under the California Public Records Act, the disclosure shall constitute a waiver of the exemption otherwise applicable to such record.

IX. Records Subject to Inspection Only with Authorization

Any records relating to patients of the Hospital (including but not limited to the patient's records of admission and discharge, medical treatment, diagnosis and other care and services) shall only be made available for inspection and/or copying under the following conditions:

- Upon presentation of a written authorization therefore signed by an adult patient, by the guardian or conservator of his/her person or estate, or, in the case of a minor, by a parent or guardian of such minor, or by the personal representative or an heir of a deceased patient, and then only upon the presentation of the same by such person above named or an attorney at law representing such person.
- Where records relating to a minor patient are sought by a representative, and the minor is authorized by law to consent to medical treatment, or the District determines that access to the information would have a detrimental effect on the patient-provider relationship or the minor's physical or psychological well-being, the District shall not permit inspection of such records, absent a court order.
- Except when requested by a licensed physician, surgeon, or psychologist designated by request of the patient, if the District determines that access to records by the patient poses a substantial risk of significant adverse or detrimental consequences to the patient, the District may decline to permit inspection of mental health records sought by a patient or representative. The District must place a written record of the

reason for refusal within the mental health records requested, including a description of the specific adverse or detrimental consequences, and a statement that refusal was made pursuant to Health and Safety Code Section 1975(b)(2).

- Upon presentation of a written order therefore issued by a Court of the State of California or the United States of America (see reference to Subpoena Duces Tecum hereinafter), which specifically commands the District disclose specified records.
- Upon subpoena, when permitted under Section XII below:

X. Records Not Subject to Inspection (Unless by Court Order)

The following records of the District are not subject to inspection by any person without a written order issued by a Court of the State of California or of the United States of America (see reference to Subpoena Duces Tecum hereinafter):

- Records of the proceedings or other records of an organized committee of medical or medical-dental staffs in the Hospital having the responsibility of evaluation and improvement of the quality of care rendered in the Hospital.
- Records pertaining to pending litigation to which the District is a party, or to claims made pursuant to Division 3.6 commencing with Section 810 of Title 1 of the Government Code of California, until such litigation or claim has been finally adjudicated or otherwise settled.
- Personnel, medical or similar files of non-patients, the disclosure of which would constitute an unwarranted invasion of personal privacy of the individual or individuals concerned.
- Records of complaints to or investigation conducted by, or investigatory or security files compiled by, the District for correctional, law enforcement or licensing purposes.
- Test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment or academic examination.
- The contents of real estate appraisals, engineering or feasibility estimate and evaluation made for or by the District relative to the acquisition of property, or to prospective public supply and construction contract, until such time as all the property has been acquired or all of the contract agreement obtained.
- Records the disclosure of which is exempted or prohibited pursuant to provisions of federal or state law, including, but not limited to, provisions of the Evidence Code of California relating to privilege. (Privileges conditionally provide for all communications between lawyer and client, physician and patient, and psychotherapist and patient).
- Records relating to any contract, or amendment thereof, for inpatient services governed by Articles 2.6, 2.8 and 2.91 of Chapter 7 of Division 9 of the Welfare and Institutions Code, pertaining to Medi-Cal provider contracting.
- Records relating to any contract with insurers or nonprofit hospital services plans for inpatient or outpatient services for alternative rates pursuant to Sections 10133 or

11512 of the Insurance Code. However, the record shall be open to inspection within one year after the contract is fully executed.

- Confidential documents relating to trade secrets of the District. Trade secrets are of unique value to the District, are important to the functioning of present or future District plans and are considered to be confidential documents.
- Records in the custody of or maintained by legal counsel to the District.
- A final accreditation report of the Joint Commission or other accrediting agency which has been transmitted to the State Department of Health Services pursuant to Subdivision (b) of Section 1282 of the Health and Safety Code.
- Computer software developed by the District is entitled to copyright protection and need not be disclosed as a public record.
- Any other records of the District that are not required to be disclosed pursuant to the California Public Records Act or other applicable statute as such statutes may be amended from time to time.

XI. Records Submitted to Agencies Which are Exempted From Disclosure by the Health Care District

In addition to the limitations upon disclosure of public records otherwise set forth in these guidelines, the District is not required to disclose public records, or permit the inspection of public records pertaining to financial or utilization data other than such financial and utilization data as is filed with the California Health Facilities Commission and/or the Office of Statewide Health Planning and Development. It is sufficient compliance with the law to permit inspection of financial and utilization information reported to the Office of Statewide Health Planning and Development pursuant to Division 1, Part 1.8 of the California Health and Safety Code. In case of doubt, the District will consult with the District legal counsel before acting.

XII. Discretionary Withholding of Records

In addition to the limitation upon disclosure of records set forth in these guidelines, the District may, in its discretion, withhold inspection of any record or writing when the District determines, after reviewing the facts of the particular case, that the public interest served by not making the record public clearly outweighs the public interest served by disclosure of the record. Such discretion shall be exercised by the District by and through the Chief Executive Officer whose decision shall be final unless overruled by the Board of Directors.

XIII. Compliance with Subpoena Duces Tecum

While a Subpoena Duces Tecum (a notice to appear and to bring records, or to produce records without appearance) is issued by a court, it is not an order of the court declaring that the particular records are subject to disclosure. Such records may still be subject to protection against disclosure by reason of the existence of a privilege or other legal

reason. Therefore, receipt of such a subpoena does not permit disclosure of records in and of itself and the following rules shall be followed:

- Subpoena in Action where District is a party:
  Immediately consult with legal counsel representing the District as to the proper response.
- Subpoena in other actions:
  If the records sought to be discovered (which are ordered to be produced) fall within one of the categories in Paragraphs VII, VIII or IX above, consult with the District's counsel prior to responding to the subpoena.
- If only a portion of the records may be disclosed or inspected:
  If only a portion of any requested records may be disclosed or inspected, the disclosable portions shall be segregated from the non-disclosable portions, and the segregated non-disclosable portions shall be withheld unless, and until, a court orders their productions.

Reference: State of California, Government Code, Chapter 3.5 of Division 7, Section 6250, et. seq. (The Public Records Act).

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

PUBLIC RECORDS ACT REQUEST

	TO BE COMPLETED BY REQUESTER
Date of Request:	
Requester's Name (Please Print):	
Requester's Signature:	
Title:	
Firm/Organization:	
Address:	
Telephone Number:	
E-Mail Address:	
	TO BE COMPLETED BY SVH
Date Request Received:	
Date of Response:	
Type of Response:	
Actions Taken:	

[This request form, when complete, must be filed in the Administration office of Sonoma Valley Health Care District/Sonoma Valley Hospital.]

Requester hereby request a copy(ies) of the following public record(s) as deemed open to public inspection pursuant to the terms of the California Public Records Act (Government Code §6250 et. seq.):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

for the purpose of _____

_____

_____

_____

Requester understands that the District must be afforded sufficient time to assemble and review/determine whether the records are subject to public inspection. Fees for copies of public records must be rendered prior to copies being provided.

Copying costs will be charged to the requester at the rate of twenty-five cents ($0.25) per page for standard reproduction of documents.

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

POLICY AND PROCEDURE
Approvals Signature Page

Review and Approval Requirements

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

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

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

Department: 7010-19 Emergency Department Staffing Plan-New Policy	
APPROVED BY:	DATE: **8-06-2015**
Director's/Manager's Signature	Printed Name **David Dunn, RN BSN**

Douglas S Campbell, MD
Chair Medicine Committee — Date

Michael Brown, MD
Chair Surgery Committee — Date

Keith J. Chamberlin, MD MBA
President of Medical Staff — Date

Kelly Mather
Chief Executive Officer — Date

Sharon Nevins
Chair, Board of Directors — Date

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Policy Submission Summary Sheet

Title of Document: **Emergency Department Policy**

New Document or Revision written by: **Mark Kobe, RN MPA**

Date of Document: **8-06-15**

Type:	**Regulatory:**
❑ **Revision** X **New Policy**	X **CIHQ** X **CDPH** X **CMS** ❑ **Other:**
Organizational:	X **Departmental**
X **Clinical** **Non-Clinical**	❑ **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)

7010-19 Emergency Department Staffing Plan- This policy defines the staffing patterns in the Emergency Department over a 24 hour, 7 days a week period. If further defines the expectations and role of the Relief/Triage nurse and their responsibilities for triaging, patient flow and oversight of the ED waiting room.

Reviewed by:	Date	Approved (Y/N)	Comment
Policy & Procedure Team	n/a		
Surgery Committee	**9/02/2015**	yes	Mark Kobe-presenter
Medicine Committee	**9/10/2015**	yes	
P.I. or P. T. Committee	n/a		
Medical Executive Committee	**9/17/2015**	yes	Mark Kobe-presenter
Board Quality 9/23	~~**9/22/2015**~~		
Board of Directors 10/13	~~**10/01/2015**~~		

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

SUBJECT: Emergency Department Staffing Plan-NEW POLICY	POLICY #7010-19
	PAGE 1 OF 2
DEPARTMENT: Emergency Department	EFFECTIVE: 6/15
APPROVED BY: CNO	REVIEW/REVISED:

Purpose:

This policy will ensure adequate staffing for the Emergency Department to maximize patient safety and patient flow.

Policy:

The goal of the Emergency Department is to have staffing available to see presenting patients immediately or no later than 30 minutes throughout the day

Procedure:

A. Two qualified Emergency Department Registered Nurses (EDRN) will be present in the Department at all times. The staffing plan is as follows:

7am-7pm : Two Clinical EDRNs
11am-11pm: One Relief/Triage RN
12pm-8 pm: One additional Clinical EDRN
7pm-7am: Two Clinical EDRNs

B. At 11am, the Relief/Triage RN will be responsible for the following:

1. Break relief for the ICU RNs
2. Break relief for the ED RNs
3. Break relief will include documentation of care by Relief/Triage RN rendered during break.
4. Upon completion of the break coverage for ICU and ED, the Relief/Triage RN will then assume primary Triage duties in the ED
5. Primary Triage duties will consist of the following in no particular order, but based on department need/priorities and/or acuity:
   a. Triage of patients in waiting room to include electronic documentation in EDM of chief complaint, vital signs and patient profile as time and acuity permits, according to ED Policy and Procedure 7010-18
   b. Management of waiting room, collaborating with ED physician on flow of patients to accommodate high acuity patients in the waiting room.
   c. Repeating vital signs on patients in the waiting room at least every two hours.
   d. Updating patients in waiting room at least hourly on progress to be seen.
   e. Use of standardized protocol order sets to facilitate patient flow, pain management
   f. Full management of ESI level 4-5 patients as indicated and /or appropriate (includes full documentation and disposition) to facilitate patient flow
   g. Disposition/Discharge of patients within the department as appropriate

h. Assisting EDRNs with IV starts, procedures as indicated.
i. Other duties as assigned by the Administrative Nursing Supervisor based on housewide priority and/or need.

References:
CDPH Title 22

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

SUBJECT: Emergency Department Staffing Plan-NEW POLICY	POLICY #7010-19
	PAGE 1 OF 2
DEPARTMENT: Emergency Department	EFFECTIVE: 6/15
APPROVED BY: CNO	REVIEW/REVISED:

Purpose:

This policy will ensure adequate staffing for the Emergency Department to maximize patient safety and patient flow.

Policy:

The goal of the Emergency Department is to have staffing available to see presenting patients immediately or no later than 30 minutes throughout the day

Procedure:

A. Two qualified Emergency Department Registered Nurses (EDRN) will be present in the Department at all times. The staffing plan is as follows:

7am-7pm : Two Clinical EDRNs
11am-11pm: One Relief/Triage RN
12pm-8 pm: One additional Clinical EDRN
7pm-7am: Two Clinical EDRNs

B. At 11am, the Relief/Triage RN will be responsible for the following:

1. Break relief for the ICU RNs
2. Break relief for the ED RNs
3. Break relief will include documentation of care by Relief/Triage RN rendered during break.
4. Upon completion of the break coverage for ICU and ED, the Relief/Triage RN will then assume primary Triage duties in the ED
5. Primary Triage duties will consist of the following in no particular order, but based on department need/priorities and/or acuity:
   a. Triage of patients in waiting room to include electronic documentation in EDM of chief complaint, vital signs and patient profile as time and acuity permits, according to ED Policy and Procedure 7010-18
   b. Management of waiting room, collaborating with ED physician on flow of patients to accommodate high acuity patients in the waiting room.
   c. Repeating vital signs on patients in the waiting room at least every two hours.
   d. Updating patients in waiting room at least hourly on progress to be seen.
   e. Use of standardized protocol order sets to facilitate patient flow, pain management
   f. Full management of ESI level 4-5 patients as indicated and /or appropriate (includes full documentation and disposition) to facilitate patient flow
   g. Disposition/Discharge of patients within the department as appropriate

h. Assisting EDRNs with IV starts, procedures as indicated.
i. Other duties as assigned by the Administrative Nursing Supervisor based on housewide priority and/or need.

References:
CDPH Title 22

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

ORDER SET Summary Sheet

Title of Document: **Alcohol Withdrawal**

New Document or Revision written by: **Mark Kobe, CNO**

Date of Document: **July 23, 2015**

X Revision to Order Set	**Regulatory:** **x CIHQ** **x CDPH** **x CMS**
X Organizational: ICU/Med Surg **Director/Manager Signature:_____***	**x Departmental**

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

The following Organizational Order Set has been revised:

ALCOHOL WITHDRAWAL ORDER SET:

1. Addition of optional order to service 4-8 ounces wine or beer with lunch and dinner
2. Lowered threshold on Severity Assessment Score to admit patient to ICU from Med/Surg
3. Lowered threshold on Severity Assessment Score to administer PO Benzodiazepines in Med/Surg
4. Lowered threshold on Severity Assessment Score to administer IV Benzodiazepines in ICU
5. Increased reassessment times to assure safe monitoring with lower Severity Assessment thresholds

The revision reflects a philosophical shift to addressing the withdrawal patients need for intervention early on in the plan of care. Allowing beer and wine with meals is common practice in the region and may help ward off early DTs especially in the elderly. Allowing earlier intervention with IV Benzodiazepines in the ICU may help control the patient sooner and avoid over sedation and potential intubation.

*This is not a Policy but an Order Set using Policy format. No signature page is required.

Reviewed by:	Date	Approved (Y/N)	Comment
P.I. or P. T. Committee	**7/23/15**	yes	
Surgery Committee	**8/5**	yes	
Medicine Committee	**8/13**	yes	
Medical Executive Committee	**8/20**	yes	
Board Quality	**9/23**		
Board of Directors	**10/13**		

Alcohol Withdrawal Order Set

Allergies_____

1. **Discontinue any other sedatives/hypnotics, CNS depressants, and narcotics upon initiation of this order set unless rewritten on this form.**
2. **Admit to:** □ Med/Surg □ Telemetry □ ICU
3. **Initial laboratory tests (if not previously ordered):**
   - □ Serum alcohol □ Phosphorus □ B-12
   - □ CBC □ Magnesium □ ALT
   - □ PT/INR □ GGT
   - □ AST □ CMP
   - □ ABG (for patient with history of obstructive airway disease
   - □ _____
4. **Diet:** □ NPO; □ Clear Liquids; □ Full Liquid; □ Regular, no caffeine
   - □ Wine or beer with lunch and dinner, 1-2 servings (4-8 ounces) if no medical contraindication (alcoholic hepatitis)
5. **Monitoring parameters:**
   - Score patient using Severity Assessment Score Q4hrs if the score is ≤5
   - Obtain vital signs and oximetry Q4hrs if Severity Assessment Score is ≤5
   - If the Severity Assessment Score is 6-7, repeat scoring in 2 hours
6. **Initiate fall protocol**
7. **Medications:**
   - □ PO Benzodiazepines:
     - □ Chlordiazepoxide (Librium) 50mg PO Q6hr x 4 doses, then 25mg PO Q6hr x8 doses, then 25mg PO daily (hold for excessive sedation) PLUS Chlordiazepoxide (Librium) 50mg PO Q1hr PRN Severity Assessment Score ≥ **7**
     - □ Diazepam 10mg PO Q6hr x4 doses, then 5mg PO Q6hr x8 doses, then 5mg PO BID (hold for excessive sedation) PLUS Diazepam 10mg PO Q1hr PRN Severity Assessment Score ≥ 7
   - □ IV Benzodiazepines:
     - □ Lorazepam 2mg IV Q6hr x4 doses, then 1mg IV Q6hr PLUS Lorazepam 2mg IV Q1hr PRN Severity Assessment Score ≥**7**
   - □ IV Fluids
     - □ Saline lock every shift and PRN
     - □ IV _____ at _____ml/hr
   - □ Vitamins
     - □ Thiamine 100mg PO Daily + Multivitamin 1 tab PO Daily + Folic acid 1mg PO Daily + Magnesium SO_4 1gm IVPB Daily
     - □ Add multivitamin 10ml, thiamine 100mg, folic acid 1mg, magnesium SO_4 1gm to first liter of IV fluid Daily
   - □ Metoprolol tartrate (hold for SBP ≤90, HR ≤60)
     - □ 12.5mg PO BID
     - □ 25mg PO BID
     - □ 50mg PO BID
     - □ 5mg IV q6hr PRN SBP ≥180; HR≥120
   - □ Clonidine (hold for SBP ≤90)
     - □ 0.1mg PO Q8hr
     - □ 0.2mg PO Q8hr

_____ _____ _____

Attending Physician Signature **Date** **Time**

- ☐ Promethazine
  - ☐ 25mg PO Q4hr PRN nausea/vomiting
  - ☐ 25mg IM Q4hr PRN nausea/vomiting
  - ☐ 25mg IV Q4hr PRN nausea/vomiting
- ☐ Ondansetron 4mg IV Q6hr PRN nausea/vomiting

8. **Notify physician:**
   - SBP >180mmHg, <90mmHg, DBP >110mmHg, HR >120, HR <60, Temp >102.1, RR <8, Oxygen saturation <90%
   - Severe agitation not relieved after 3 doses of benzodiazepine
   - Patient unresponsive or significant change in mental status
   - Seizures
9. **Transfer to ICU if Severity Assessment Score is > 7 x 2 assessments 4 hours apart**
   - ☐ Initiate ICU Alcohol Withdrawal Benzodiazepine Algorithm (follow algorithm on next page)
10. **Other orders:**
    - ☐ _____
    - ☐ _____

ICU Alcohol Withdrawal Benzodiazepine Algorithm

Step 1

- For Severity Assessment Score of ≤5, no benzodiazepine needed; reassess in 30 minutes
- If Severity Assessment Score remains ≤5 x3 consecutive assessments, continue assessments Q2hr
  For Severity Assessment Score of 5-7; give Lorazepam 2mg IV; reassess in minutes
- For Severity Assessment Score of 8-10 give Lorazepam 4mg IV; reassess in 15 minutes
- For Severity Assessment Score of ≥ 10, give Midazolam 10mg IV; reassess in 15 minutes
- If Severity Assessment Score remains ≥ 10 for 3 consecutive assessments, proceed to step 2

Step 2:

Give lorazepam 4mg IV AND initiate lorazepam infusion at 4mg/hr; reassess in 30 minutes

- Severity Assessment Score of ≤6; decrease rate by 2mg/hr and reassess in 1 hr
- After reassessment may titrate in 2mg/hr increments to off if score remains ≤6
- Resume treatment at step 1 once infusion is stopped
- Severity Assessment Score of 7-9; no change in infusion rate and reassess in 30 minutes
- Severity Assessment Score of ≥ 10; give lorazepam 4mg IV AND increase lorazepam rate by 2 mg/hr; reassess in 30 minutes
- If rate exceeds 20mg/hr, call physician to reassess

_____ _____ _____

Attending Physician Signature **Date** **Time**

PROPOSAL TO REVISE MEDICAL STAFF RULES & REGULATIONS

Medical Screening Examinations

1. Are performed in the Emergency Department by a licensed physician

2. Are performed in the Labor and Delivery Unit by a registered nurse who has been determined by the Labor and Delivery Managing Director and the Medical Director of the Labor and Delivery Department to be qualified and experienced in obstetrical nursing and who is required to follow protocols approved by the Medical Staff. Refer to Organizational Policy # PC8610-209 – Standardized Procedure for Medical Screening Examination for the Obstetrical Patient Performed by RN

3. In all circumstances in the event the RN performing the screening examination is uncertain about the nature of the patient's condition or the existence of an emergency or active labor, a physician shall be required to examine the patient and make the determination of the existence of an emergency or active labor.

Reviewed by:	Date	Approved
Medicine Committee	9/10	yes
Medical Executive Committee	9/17	yes
Board Quality	9/23	
Board of Directors	10/13	

5.

QUALITY REPORT SEPTEMBER 2015

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

To: Sonoma Valley Healthcare District Board Quality Committee
From: Leslie Lovejoy
Date: 09/23/15
Subject: Quality and Resource Management Report

September Priorities:
1. Performance Improvement Fair
2. CMS Complaint Validation Survey
3. E-Notification Feedback to Departments Process
4. Good Catch Update
5. Policy and Procedure Update Feedback

1. Performance Improvement Fair

The annual Performance Improvement Fair will be held on September 30th from 0730-1500 in the Basement Conference Room. Ingrid and Kelsey will be judging. There are 12 Clinical Projects and 10 Support Services projects that will be presented. I have attached the Judging criteria and the topics that will be presented. I encourage members of this committee to stop by if their schedules permit.

2. CMS Complaint Validation:

We had an unscheduled visit from the state for a federal complaint validation survey. The focus was on the stage 3 pressure ulcer on the acute side and the retained sponge in surgery. They spent 3.5 days with the nursing team looking at policies, care plans, QAPI, personnel files, credentialing files and talking with staff. While we don't have the final request for plans of correction, it looks like we may have met the requirements to clear the pressure ulcer outstanding complaint and possibly the retained sponge. They did find other issues which I will discuss in our meeting.

3. E-Notification Feedback to Departments Process:

The Quality Department has been working to find a way to communicate summary and risk data, including PHI, by department and event type to leaders on a monthly basis. We have created a secure folder on the S Drive called Risk Reports. Only leaders who are on the Midas E-Notification management system have access to the data. To keep it secure, it is a "read only" file and we have provided leaders with training on how to drill down on their department data. Quality has a standing training session every Thursday in the IT training room for leaders to manage their work lists and to learn how to make use of pivot tables to display your department specific information. We have developed this process as a response to the AHRQ Culture of Safety results that indicate an opportunity to improve the feedback loop to staff about the outcomes of the e-notification reports they submit.

4. Good Catch Update:

I have attached the Good Catch Summary YTD for your information. Our Good Catch Program is an IHI Best Practice Program that is endorsed nationally and has demonstrated reduction in unsafe events in patient care. It has been in effect since January 2013 and we have seen steady reporting since its inception. A Good Catch is an event or circumstance that was recognized to have the potential to cause an adverse or "never" event which did not occur, due to corrective action or timely intervention. We use Good Catch instead of "Near Miss" because the latter connotes a negative, reactive or passive situation and Good Catch reflects a positive, proactive, comprehensive approach to promote a safe and healthy culture. Good Catchers are publicly recognized and given a small pewter baseball glove pin to wear so they are recognized as such. All staff who identify a potential good catch receive a letter thanking them for their reporting and they are given feedback for why or why not their report is a Good Catch.

5. Policy and Procedure Update Feedback:

In 2014 the Policy and Procedure Team, facilitated by the Quality Department and organized by Karen Clark, took on the 680 organizational policies and procedures to update, revise, archive, combine and improve the policies and our processes for how we manage them in our organization. We looked at what defines an organizational policy from a departmental policy, developed a routing process and signature pages, began to remove Joint Commission language and set the expectation that departments have policies and procedure manuals for their departments. By the first quarter of 2015, 680 policies were reduced to 340. Many of the archived policies reflect Joint Commission standards that we no longer need to follow since our move to CIHQ and a CMS standards focus. Because of the leader's hard work, we are now 100% up to date with all policies and 80% of departments have current department-specific manuals. I also want to recognize both the Medical Staff and this Committee for their patience as we moved through reams of policies in committees. The pain is over!

Our focus, this year, will address how we know our staff have been educated and are competent to address the changes in those policies that directly affect them and patient care. Karen Clark developed a feedback template, see attached, and it was approved in the Leadership Team Meeting this month.

Topics for discussion: The Hospitalist Program has been postponed. Dr. Verducci notified me that he could not attend. I have given him dates in October and November and have yet to hear from him.

ANNUAL PERFORMANCE IMPROVEMENT FAIR: 2015 JUDGING CRITERIA

Using the following scale, please rate the Performance Improvement Projects on each of the following criteria.

1 = Poor or low impact 2= Fair or some impact 3 = Good or mild impact

4 = Very Good or moderate impact 5 = Excellent or high impact

Criteria Questions

For each project:

A. How clear was the project statement, reason for the project and the project goals?

B. How effective was the use of flowcharts, graphics and other visuals in helping tell the story?

C. What was the impact of the project on improving the quality of patient care or on contributing to improved fiscal or resource stewardship?

D. What is your overall impression of the effectiveness of this project?

CLINICAL PROJECTS

Project	A.	B.	C.	D.
1. Alcohol Withdrawal Project (Patient Care Services)				
2. Improving Patient's Management of Dyspnea (Home Care)				
3. Rapid Response for EBOLA (IC)				
4. Beckman 480 Chemistry Analyzer (Lab)				
5. Conscious Sedation for At-Risk Populations (MI)				
6. Weight Documentation for Improved Care (NS)				
7. OB Medical Screening Exam Project (OB)				
8. Observation Status Documentation (MS)				
9. Improving Pharmacy Utilization in the SNF (Pharmacy)				
10. Fall Reduction in the Elderly (Rehab)				
11. Reducing Patient Falls in the SNF (SNF)				
12. Pre-Admission Improvement Project (Surgery)				

SUPPORT SERVICES PROJECTS

Project	1.	2.	3.	4.
13. Claims Processing/Patient Intake (Admitting/Acctg)				
14. Doing More with Less: The Courier Process (Materials)				
15. About those Drills: Org-wide Drill Process (Facilities)				

16. Presenteeism (Wellness)				
17. Development of a Cost Accounting System (Revenue/IT)				
18. Document Server for Business Continuity (IS)				
19. New Clinical Hire Process (HR)				
20. Outpatient MD Primary Source Verification (Quality)				
21. Document Scanning Accuracy (HIM)				
22. Making Advance Health Care Planning a Priority in Sonoma Valley (PR/CMO)				

General Comments regarding the program and the value of continuing this event.

To: Leadership
RE: New or major revisions to existing Organizational Policies & Procedures
Why: Documentation of on-going competencies

Below is a list of Policies & Procedures that are new or recently reviewed and/or revised. Please take a moment to review the list so that you will be aware of any policy and procedure changes that may pertain to your department. Please review Polices & Procedure changes in your Staff Meeting, document in your minutes and keep with your sign in sheet. Full versions of these policies are available for review on the SVH intranet under Organizational Policies.

Thank you for taking the time to help us deliver safe, high-quality service at Sonoma Valley Hospital.

Quality Department

Policy Number	Policy Title	Brief Summary

Please remind your Staff that Organizational and Department Policies and Procedures are available on the SVH intranet. The Organizational Policies have Master Table of Contents available in both Chapter order and Alphabetical order. If you have any problems locating a policy, please email Karen Clark at kclark@svh.com or call 935-5365. Thank you.

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Accountability: We are reliable, self-responsible owners of the outcomes of our organization.

Good Catch Awards

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Employee	Safety Issue Identified	Treatment	Actions Taken to Prevent Harm
Anonymous ED Staff	It was noticed that the Pyxis description of epinephrine injection did not include the dilution strength (i.e. 1:1000 or 1:10000). This is helpful to see in order to make sure to pull the correct item in an emergency.	Correction in Pyxis	Corrected by adding more detail to Pyxis description.
Anonymous Lab Staff	I came across an error with the laboratory drop off specimens. Admitting had placed a registration sticker on another patients lab sheet, resulting in a name discrepancy	Updated information and ordered the correct lab work	Lab test labeled correctly
Arnulfo Alvarez	While inspecting the eyewash station in SCU found that the water is starting out hot and needs to be run for about 30 seconds before it is cold.	Check Valve installed on rt side (so water isn't too hot)	Good Catch!! SCU Eyewash Station Running too hot initally
Asia Barnett	Pharmacy tech Asia Barnett notified Rph of unusual bulk item medication request on daily medication cartfill. Investigation by Rph uncovered overcharge of $3,000 due to "med admin" by RN capturing a charge during every twice daily cream application. The bulk item did not have the correct code of bulk"Y" (yes) in the Paragon system which triggers a one time dispense charge instead of med-admin charge.	Paragon formulary maintenance for this item has been updated/corrected. Staff training ongoing.	Pharmacy to watch for outliers
Christine Medeiros	Pharmacy tech Christine discovered an opthalmic medication in stock had a different concentration than the Paragon Free Form label for dispensing and in the prescription log book. Rph notified.	Free Form label in Paragon and dispense log binder updated	

Good Catch Awards

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Dean Wilkendorf	A sprinkler head in the old ER canopy was knocked off the roof. The sprinkler was gushing water. After hours, Dean Wilkendorf, Janitor, noticed the gushing water and reported it to his supervisor and the Nursing Supervisor. The on-call Engineer was called so that the water could be shut-off and the sprinkler head replaced.	Repairs to the sprinkler head and fire alarm completed	Flood Prevention, good catch It was a lucky good catch that Dean noticed the water in an unoccupied area of the building and reported the problem. There was an additional problem with the tamper switch being broken which was why the fire alarm did not activate when the sprinkler head was damaged. This catch resulted in Facilities being able to repair the head and fix the fire alarm tamper switch.
Frances Shirley	Frances Shirley RN notified Rph at 21:00 that new admission for cellulitis had no current antibiotics on the e-MAR. Rph discovered that one gram of vanco had been given in ED at 0800. Rph called the hospitalist , who gave a telephone order to start vancomycin per protocol dosing. Dose was calculated, prepared and delivered by Rph at 21:30 to be given ASAP.	Phone order for protocol initiated	Hospitalist Service advised by CMO
Ian Johnson	The Emergency Evacuation signs around the old ER dept all show the old ER dept as the evacuation route. This route is not accessible to the public.	Engineering to do a temporary fix to the maps in the interim.	New Signs made to reflect the evacuation route
Karen Clark	Volunteers put together surgery form packets; they had put Anesthesia Forms from 2012 into the packets to be used for surgery.	Replaced outdated, incorrect surgical order forms	Volunteers educated, packet contents reviewed

Good Catch Awards

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Katherine Fegan	---10/29/2014 1713 by RISK,RDE--- Katherine from Case Management noticed on a Saturday during her shift that she had not seen any Physical Therapist in into the early afternoon. Katherine contacted Jen Bredeson (traveler) PT to let her know if this concern. Jen notified Joseph, who called the scheduled therapist. It turned out the therapist was unaware he was scheduled. Therapist was able to come in that day and see patients. Another therapist was also able to come in to further catch up on the missed morning staffing. We appreciated this catch by Catherine because it helped us to quickly fix a problem and ensure the patients got the therapy they needed.	PT Staff education regarding scheduling	Good Catch!! Pt's received treatment
Kathleen Kesterke	Kathleen identified this issue while preparing chart for scanning. A patient's critical lab value was found in another patient's chart.	Staff notified, educated.	We have officially turned off all printed labs as of April 9
Kelly Williams	patient admitted day before with symptoms of ETOH withdrawal, but continuously complaining of Headache for days. Kelly Williams discovered no workup for menningitis and contacted hospitalist. Hospitalist performed lumbar puncture and patient is positive for menningitis. Placed immediately in droplet isolation	Pt was placed on droplet precautions-suspected meningitis	
Lisa Reynolds	Noted pt height incorrectly charted as 54 inches. Actual height is 63 inches.	n/a	correct height entered
Mary Sawyer	RN Mary Sawyer notified pharmacist of wrong route of medication entered on to the patient's profile.		patient profile corrected before error occurred

Good Catch Awards

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Maureen Stull	New protocol to give higher dose of Plavix to cardiac chest pain patients. Two patients in the ED requiring higher dose=600 mg. . Dose required going to multiple Pyxis machines, ED, ICU, M/S. There are PROBABLE discrepancies in count for this drug, but both patients received correct dose.	pulled meds from various pyxis	pharmacy updated pyxis par levels
Nicole Bell	SNF RN Nicole Bell notified Rph of med entered by pharmacy on to the wrong patient profile. RN questioned why she could see the med on the Pyxis profile but not on the paper MAR and no order found in the chart.	Error corrected by pharmacist. Implementation of CPOE in the SNF will reduce the likelihood of this happening again. -Chris Kutza	Staff education--CPOE in SNF should reduce instances of this
Peggy Duncan	Thanks to this, we have eliminated risk of the whole encounter being rejected by the payor due to double charging. --Chris Kutza ---------- Outpatient Infusion patient charge accuracy is being monitored by pharmacy and accounting. On 6-2-14, pharmacy audit revealed an over-charge from 5-23-14 (20gm IVIG extra charge via med admin=$1,675.00 SVH cost). Pharmacy Director received alert from Peggy Duncan of the charge error the same morning it was discovered by pharmacy. Good Catch Peggy Duncan!!!!!!!	Staff education led to cost savings and reduced denials.	Good Catch-Medication Related, Pharmacy and Pt Accounting
Peggy Prescott	Peggy Prescott RN in ED notified pharmacy of a wrong strength medication that had just been deliverd for her patient by pharmacy.	Correct Medication provided to patient	

Good Catch Awards

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Pinky Bautista	Pharmacy technician Pinky discovered a discrepancy between the gentamicin injection strength in pharmacy stock and the description on the Pyxis refill report. Rph notified and concurred that the description on the Pyxis server had an incorrect strength equaling twice the available product.	Pyxis description corrected	
Rose Nolasco	Kitchen sent strawberries in the patient's tray and there is a note in the diet order "No strawberries" because patient is allergic and gets a reaction; the diet slip says "no strawberries" and it was even hi-lited but still there's strawberries;	Removed berries from the tray	Staff education for Food Allegies and cross contamination
Ryan Hayes	Ryan Hayes, leaving by the Bettencourt St. emergency exit, was alerted by the smell fire in the air. Looking down, he noticed a thin tendril of smoke coming up from the wood chips in the planter box. Closer examination revealed burning remnants of ember, slowly trying to catch onto the wood chips and shavings. Directly next to this, Ryan saw the evidence of a squished out cigarette butt and the telltale burn mark on the edge of the concrete. Looking back to the still burning ember, Ryan stomped it out before it could go any further and possibly catch fire.	fire extinguished	Fire averted, Staff Educated regarding smoking areas

Good Catch Awards

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Sami Nawwar	Sami was accessing 4 mg Morphine in pyxis in ED and discovered that the bin contained a mix of 4 mg and 2 mg vials/syringes. Pharmacy notified	incorrect dosage vials removed from pyxis	Investigated issue and determined that earlier in that same day pharmacy technician loading medications into the ER Pyxis placed 4 x 2mg morphine syringes into the 4mg cubie. This error was not repeated in other areas and it was determined that none of the lower dose syringes were administered to patients. This error was due to the technician being distracted during the Pyxis fill. The technician was counseled regarding attention to detail and the importance of minimizing distractions. It may be reasonable to consider a house-wide reminder to minimize distractions when using Pyxis and when you see someone using Pyxis. This should be considered a Good Catch and is an excellent example of why we use barcode scanning.