SVHCD QUALITY COMMITTEE
AGENDA
WEDNESDAY, June 27, 2018
5:00 p.m. Regular Session
(Closed Session will be held upon adjournment of the Regular Session)

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

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a Quality Committee meeting, please contact the District Clerk, Stacey Finn, at sfinn@svh.com or 707.935.5004 at least 48 hours prior to the meeting.		
MISSION STATEMENT The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.		
1. **CALL TO ORDER/ANNOUNCEMENTS**	*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** • Minutes 05.23.18	*Hirsch*	Action
4. **PRIME GRANT UPDATE**	*Lovejoy*	Inform
5. **SURGERY DEPT ANNUAL REVIEW 2017**	*Clark/Sawyer*	Inform
6. **Q1 2018 BOARD QC DASHBOARD**	*Jones*	Inform
7. **GOOD CATCHES 2017**	*Jones*	Inform
8. **MAY 2018 QUALITY REPORT**	*Jones*	Inform
9. **POLICIES & PROCEDURES**	*Jones*	Action
10. **UPON ADJOURNMENT OF REGULAR OPEN SESSION**	*Hirsch*	
11. **CLOSED SESSION:** a. Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Jones*	Action
12. **REPORT OF CLOSED SESSION**	*Hirsch*	Inform/Action
13. **ADJOURN**	*Hirsch*	

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SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
MAY 23, 2018, 5:00 PM
MINUTES
Schantz Conference Room

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch Peter Hohorst Carol Snyder Susan Idell Ingrid Sheets	Kelsey Woodward Cathy Webber Michael Brown, MD	Howard Eisenstark, MD Michael Mainardi, MD	Mark Kobe Danielle Jones Deborah Bishop Sally Staples Leslie Lovejoy

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Hirsch*	
	Meeting called to order at 5:00 pm	
2. PUBLIC COMMENT	*Hirsch*	
	None	
3. CONSENT CALENDAR	*Hirsch*	Action
• QC Minutes, 04.25.18		**MOTION:** by Idell to approve, 2nd by Hohorst. All in favor.
4. EMERGENCY DEPARTMENT TRIAGE	*Bishop*	Inform
	In response to a request from the Committee, Deborah Bishop discussed the updated ER triage process in which one RN is now responsible for all breaks and there are three RNs on the ER floor. There is more communication with registration and techs. There are new nursing protocols in place. The triage RN carries a triage phone and registration calls her; if she could not respond, registration pages the ER nurses' desk. Ms. Bishop is monitoring daily triage times. Ms. Idell asked about medical services. MDs have changed their hours so each shift overlaps. Occasionally an extra MD has been called in. Also, with the new nursing protocols RNs can initiate treatment if the MD is busy with other patients.	
5. A WOMAN'S PLACE ANNUAL REPORT	*Staples*	Inform

AGENDA ITEM	DISCUSSION	ACTION
	Sally Staples gave the Woman's Place annual review. New physicians include: Dr. Levy-Gantt and Dr. LaFollette (both OB/GYN), and Dr. Alexandridis is doing breast surgery. The Woman's Place consists of 10 patient beds, with six rooms being remodeled. There is one OR in the suite which is for C-sections only. All other surgery patients go to the main ORs and return. Ms. Staples discussed staffing and nursing competencies. Although SVH has had a low birth rate over the past year, most nurses work at other facilities as well, they receive annual training, and shifts at other hospitals are being explored. Patients are very happy with the new suite.	
6. QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT PROGRAM REVIEW 2017	*Jones*	Action
	Ms. Jones reviewed improvements for 2017 [catheter associated urinary tract infections, with improvement especially in Skilled Nursing; the medication reconciliation project (a three-year project); and the Prime Grant (standardizing the patient care transition) (a five-year project)]. There were 12 clinical and seven non-clinical PI projects at the 2017 fair, which was open to the public. Goals for 2018 include medication reconciliation, patient care transition, healthcare acquired pneumonia, and stroke ready certification (from CIHQ). SVH is also working toward being a "highly reliable organization."	**MOTION:** by Hohorst to approve, 2nd by Idell. All in favor
7. PATIENT CARE SERVICES DASHBOARD	*Kobe*	Inform
	Mr. Kobe reviewed the dashboard for the first quarter.	
8. POLICIES & PROCEDURES	*Jones*	Action
	Ms. Jones reviewed the policies briefly. There were no questions.	**MOTION:** by Woodward to approve, 2nd by Hohorst. All in favor.
9. UPON ADJOURNMENT OF REGULAR SESSION	*Hirsch*	
	Regular session adjourned at 6:20 p.m.	
10. CLOSED SESSION a. Calif. Health & Safety Code § 32155 Medical Staff Credentialing & Peer Review Report	*Jones*	Action

AGENDA ITEM	DISCUSSION	ACTION
11. REPORT OF CLOSED SESSION	*Hirsch*	Inform/Action
		MOTION: by Woodward to approve credentialing, 2nd by Sheets. All in favor.
12. ADJOURN	*Hirsch*	
	Meeting adjourned at 6:24 p.m.	

PRIME DASHBOARD

Indicator	DY12Final	DY13MY	DY13Final	DY14MY	DY14Final	PRIMEOne Benchmarks 25th %tile	90th %tile
2.2.1 – DHCS All-Cause Readmissions (ACR)	18.67%	11.39%				*17.45%*	*12.90%*
Num	14	9					
Den	75	79					
Data is ascertained by running DV Standard readmissions toolpack and computing with final qualified PRIME Population							
2.2.2 - NQF 0166: H-CAHPS – Care Transition Metrics: Understanding Your Care When You Left The Hospital	52.38%	53.80%				*48%*	*61%*
Num	99	92					
Den	189	171					
USE NRC PICKER--Note We do not currently use Mode adjustment since we utilize only 1 mode for the survey instrument (mail)09.21.17 cn							
2.2.4 - NQF 0646: Reconciled Medication List Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) ALL AGES	22.90%	53.05%				*5%*	*99%*
Num	60	148					
Den	262	279					
USE Report Track -PRIME Focus report							
2.2.5 - NQF 0648: Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)	0.87%	15.29%				*5%*	*99%*
Num	2	37					
Den	229	242					
USE Report Track -PRIME Focus report							
Medication Reconciliation-30 post DC	1.40%	29.32%				*5%*	*99%*
Num	2	39					
Den	143	133					
USE Report Track -PRIME Focus report (SVCHC population only due to MOU)							

Introduction and Overview

The Surgery Department consists of two sides: the SCU and the OR.

The Surgical Care Unit, SCU, consists of nine patient bays and functions as a preoperative and postoperative area for surgical patients including post anesthesia recovery, also known as PACU.

The Operative Room, O.R., side consists of three fully functioning, integrated surgical suites that can each serve any of the different surgical service lines that we offer at SVH. Housed as well in the O.R. is a fully functioning Central Sterile Department, CSD (a.k.a. SPD, Sterile Processing Department), where two rooms separate instruments coming in for processing, then passing through a window to the clean area for further inspection and sterilization. Also, 95% of all disposable items needed for surgical cases are housed in floor to ceiling racks within CSD for ease in preparing and selecting supplies for upcoming surgeries.

Since the construction of our new department in 2014, there is an ease of flow as well as a great reduction in waste of time, steps, and resources, as the departments are so closely linked in proximity and the logical, circular pathway that we have created. As patients arrive to the second floor waiting area, they are brought into SCU where they begin their surgery experience, flowing easily from SCU through double doors directly into the O.R., and then back out to SCU for recovery.

Currently, we provide surgeries in the following categories:

SURGICAL SERVICE LINE	EXAMPLES OF PROCEDURES
Bariatrics	Partial sleeve gastrectomy for weight loss; Orbera balloon
Orthopedics	Fractures, muscle and ligament tears and injuries
General	Hernia repairs, bowel resections, cyst removals, gallbladder removals
Total Joint Replacement	Knee, Hip-both posterior and anterior approach, shoulder, ankle, elbow
OB/GYN	Hysterectomy, C-Sections, endometrial ablations, incontinence procedures
Ophthalmology	Cataract removal, glaucoma shunts, glaucoma relief using laser
Pain management	Epidural steroid injections spine, joints; implantable spinal cord stim; rhizotomies
Breast Cancer	Mastectomies, lumpectomies, sentinel lymph node detections
Podiatry	Bunionectomies, Metatarsal fracture repairs, hammer toes
Spine	Fusions, laminectomies, minimally invasive procedures, kyphoplasties
Endoscopies	Colonoscopies, upper endoscopies, ERCP, banding for varices

Our nurses also provide moderate sedation, not only for surgical patients undergoing minor procedures, but also for procedures done in Radiology as needed. All surgery department nurses are ACLS certified and all team members are BLS certified. Our department holds monthly staff meetings, focusing on current issues and updates as well as discussions surrounding how we can improve our current practices. We hold monthly in-services to provide surgical staff with continuing education with the aim delivering current best practice guidelines.

THE TEAM

Staff Category	Function	Total FTE's
Manager of Perioperative Services	As a Nurse Leader, provides ongoing development, direction and strategic leadership for all areas included in Perioperative Services. Ensures seamless cross-continuum care while building a more cost effective team. Provides direction to the care team; drives accountability for continuous performance improvement to reduce waste and improve the quality and safety of patient care; and ensures that staff has the tools, competencies and resources needed to effectively perform their roles. Responsible for physician relations and serves on surgery staff committee. Responsible for budget planning with direct report to C.N.O. and meeting productivity standards. Runs day to day operations of the surgical area as well as the postoperative environment.	1FTE RN RN Manager over both sides
Perioperative Clinical Coordinators	Responsible for the daily patient flow from the preoperative staging area, to surgery, through PACU and into discharge from the department. Works with scheduler and pre-op nurse navigator to ensure all necessary documentation is present prior to the day of surgery and coordinates room turnover. Ensures that staff receive breaks and steps in to assist when needed in all areas when there are sick calls or emergencies. Identifies process barriers and problem solves concerns as they arise; and, ensures a safe, hygienic and productive work environment. Assists the Manager in providing training and in collecting performance improvement data. Provides leadership when the Manager is unavailable. Assists in making hiring decisions.	2.0 FTEs RN 1 for OR 1 for SCU
<u>Registered Nurses</u> SCU O.R.	The SCU RN functions as a Surgical Services team member as the patient's advocate and assumes responsibility and accountability for nursing care of all patients as defined by the hospital/department scope of practice and established Policies and Procedures. He/She is responsible for the delivery of high quality individualized patient care through the nursing process of assessment, diagnosing, planning, implementation, and evaluation through the preoperative through post anesthesia to discharge process. Quality patient care is defined as care that is safe, effective, efficient, timely, equitable, patient-centered, and evidence based. The O.R. RN provides professional, high quality nursing care to patients in surgery according to established policies and procedures. The nurse will provide assistance to the surgeon and anesthesiologist during surgical procedures to ensure optimal patient outcomes. He/She acts as patient advocate and demonstrates awareness of surgical safety issues, while performing circulating duties in accordance with regulatory requirements and AORN standards of practice. (Same for scrubbing duties if competent in scrubbing) He/She promotes	2.9 FTEs 3 Per Diems 2.8 FTE's 5 Per Diems

	a culture of safety as well as demonstrates knowledge of principles of asepsis and applies appropriately in surgical setting.	
Unit Clerk/CNA SCU	Under the supervision of the Clinical Coordinator, the Unit Assistant/CNA performs a variety of duties for the department of Surgical Services including secretarial duties, utilizing knowledge of medical terminology and hospital procedures. Coordinates flow of patients through admitting to SCU, tracks admit and discharge times as well as chart preparation among other duties.	1.0 FTE
Surgery Scheduler O.R.	Performs the scheduling and secretarial duties of the surgery department functions as the focal communication source between department and physicians and physicians' offices. Key coordinator between patient finance, physician office, vendors and services required for each case, and surgery department	1.0 FTE
Surgical Technician O.R.	Provides a safe, effective environment for the surgical patient. Applies and enforces principles of aseptic techniques Assists surgeon by passing surgical instruments, supplies and sponges. Assists with adequate preparation of the operating room for surgery. Assists with proper preparation and disposition of specimens. Aids nurses with duties related to the care of the patient while in the operating room. One surg tech cross trained to surgery scheduling. One surg tech cross trained to central sterile technician.	3.4 FTE 2 Per Diems
Anesthesia technician O.R.	Prepares equipment for use, including but not limited to CVP, Arterial lines, Humidifier, Anesthesia Machines, Monitoring equipment, Ventilators. Meets anesthesiologist's and patient needs within parameters of department and hospital policies and procedures. Also trained as G.I. tech and assists with endoscopy procedures as well as cross trained and able to function in all EVS duties	1.0 FTE
Central Sterile Technician O.R.	Supports the hospital's Central Sterile Service Program. Responsible for the organization and quality control processes including decontamination, tray assembly, sterilization, all phases of endoscope processing and inventory control. Maintain accurate records of the various processes. Stock and maintain instrument/supplies on nursing and ancillary units.	1.0 FTE
EVS technician O.R.	Performs specialty cleaning including isolation cleaning, terminal cleaning of exam rooms and patient rooms, and cleaning of bio-hazardous spills safely and effectively as trained; following all facility and department policies, as well as regulatory rules and requirements. Able to assist with patient transfers, assists with EVS needs in SCU as needed.	1.6 FTE 1 Per Diem

Quality Metrics

Indicator	Data Outcome	Percentage	Frequency of Monitoring	Plan/Analysis
1. History and Physicals completed and updated within 24 hours prior to surgery	100% of all surgery cases will have updated H&P present in chart prior to surgery start	100% present prior to surgery start	Daily x 1 quarter, then random	Daily M-F chart audits x 1 quarter completed. This practice has been hardwired and, Medical records now sends an e-notification if there is a missing or outdated H&P.
2. Tissue log up to date with current licensure, all implantable tissues on site accounted for and not expired.	Log represents current licensure per company for the state as well as usable/un-expired surgical tissue products for implant	100% current and up to date	Monthly checks for both expiring licenses and outdates for tissue, continuous	Calendar each tissue license expiration date. Do monthly checks to reconcile tissue log with implantable tissues on site.
3. Temperature and Humidity logs: that all operating rooms and sterile supply rooms fall within regulations for temperature and humidity	Daily log showing 100% within range for all areas or report to engineering for correction	100%	Daily	Monthly logs copied and sent to engineering for tracking and review.

Other Quality Measures:

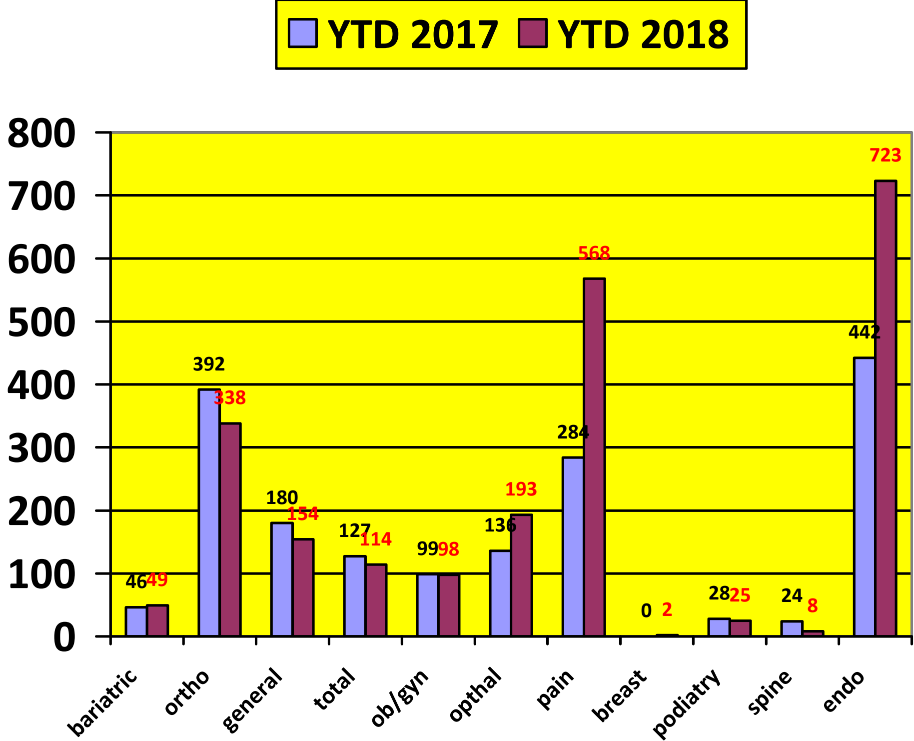
- All RN staff ACLS certified
- ALL staff BLS certified
- Use of the One Tray system for Immediate Use Steam Sterilization
- Quarterly retraining on care and cleaning of endoscopes
- Universal Protocol: project to implement paper documentation into the EMR by end of year
- Sympler automated system for vendor tracking when on site
- Annual drills on Malignant Hyperthermia and Mock Code Blue
- Annual re-certifying of all RNs on Moderate Sedation delivery
- Use of radio-frequency detection device for body cavity surgeries for accuracy of surgical sponge count
- Antimicrobial Recommendations for Preoperative Surgical Prophylaxis posters created for each OR for ease of determining dosing and correct regimen for each case.
- State of the art integrated Stryker visualization platform in all 3 O.R.'s: for minimally invasive surgeries including laparoscopic and arthroscopic procedures; H.D. imaging
- Staff Inservices this year have included: refresher on invasive monitoring lines; reprocessing with One Tray; reprocessing endoscopes; BETA risk group; RFSurgical sponge detection update; Cyclo G6 laser; IV acetaminophen updates; Exparel approved usages; Trimano; others.

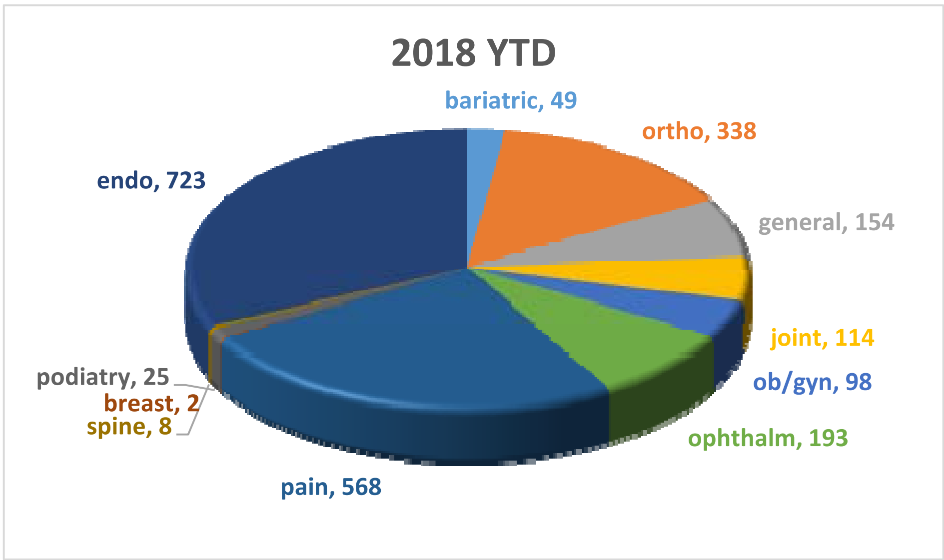
Present and Future plans

The Surgery Department has been working on the following projects:

1. Pain service line: currently servicing 4 surgeons doing spinal steroid injections with a 5th also ready to schedule procedures. This service line has increased 50% YTD vs 2017. PDSA done on all points of flow for pain service line with reduction in waste across the process, end result in 40% increase in amount of patients able to be seen in 8 hour block of time.
2. Breast surgery line: Dr. Alexandridis has begun bringing breast cancer patients for surgical treatment to SVH. Talks have begun with a plastic surgeon who would do reconstruction phase of more complex breast procedures
3. Endoscopy service line: This service line continues to grow and currently is up 38% YTD vs 2017. Hospital purchased new endoscopes in 2018, current market model with much improvement in visualization and diagnostics due to the HD plus NBI imaging.
4. OASCAHPS: With the CMS mandated pay for performance requirement of Outpatient and Ambulatory Surgery surveys projected for next year, we have contracted with Press Ganey to begin surveying our patients and learning how to use this tool to better serve them and to be ready as this requirement comes online. We presently use a service called Q-Review, formerly known as Rate My Hospital, which sends a text survey to our patients one day post-surgery. It consists of 10 questions with an additional space for free text/comment. With a perfect score being 5.0, since initiation, our averaged score for surgical services outpatient procedures is 4.81.
5. EMR: all remaining documentation for pre and post-surgery still being done in paper form will be moved into the EMR (Electronic Medical Record) by the end of this year.
6. Women surgery cases, i.e. gyn, breast cancer: working in conjunction with A Woman's Place with development of new service flow for these patients.
7. 23 hour Total Joint replacement program: on committee for rapid implementation of a 23 hour admit to discharge program for Total Knee Replacements. Once going, will begin work on Total Hip program

Growth Trends



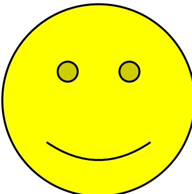


Infection Prevention Report

2017 Year Total SSI's

	Total Joints	Class I	Class II
# SSI	2	3	3
# total cases	145	1506	367

2018 1st Quarter: 0 SSI's/442 reported cases



Staff Satisfaction Survey/Employee Engagement Action Plan

Top three strengths as identified by employees:
1. Physicians and staff work well together: 95% 4.4
2. This organization supports me in balancing my work life and personal life: 90% 4.25
3. I am involved in decisions that affect my work: 90% 4.1

In addition, top three areas identified by employees through the 'dot exercise' as areas they would most like to see improved. Please see one of those three below and the action plan created:

"This organization provides career development opportunities" 65% 3.45 of 5.0

Issue/Survey Item	Objective	This is what we will do...	Timeframe	This is what success looks like	This is how we'll measure success...
This organization provides career opportunities	**Increase employee satisfaction by encouraging career development and providing opportunities to increase competencies on both side os surgery**	1. Monthly staff inservices for improving skills and knowledge	Monthly	*Competencies for nurses similar across the board*	1. All RNS current with Moderate Sedation competency
		2. Annual MH and Mock Code drills	November/ January	*Cross trained RNS as desired and able*	2. All RNS and techs current with roles and flow for MH and Code Blue
		3. Explore UCSF connection for possible WebEx grand rounds attendance, lecturers on surgical patient types, and explore peer observation shift in higher acuity PACU	Ongoing as CMO comes aboard. Will begin searching for connections/ networking	*Annual MH drill and Mock Codes*	3. Two staff meetings over next fiscal year with guest lecutre or video regarding care of certain patient populations/higher acuity
		4. Teach staff how to apply for funds for education through foundation	August staff meeting	*August*	4. increased certifications for all staff by end of year and ongoing

Summary

We are a dynamic, fully operational surgery department that very adeptly deals with the daily fluctuations of staffing needs, urgent additions to the surgery schedule, changes in equipment and technical needs for differing surgical services as well as compassionately and skillfully caring for a wide range of patients in a manner that assures best outcomes, best quality, and safety for all. We provide the reprocessing and sterilization of all of our surgical instrumentation that meets with all standards and regulations set forth by our regulating agencies. We are working to develop and cultivate a cohesive team spirit that wraps all sides of the department together, to be one another's 'watchdogs' throughout each patient's surgical experience. We are very proud of what we have accomplished thus far and look forward to more growth and increase across all service lines as we continue forward.

Sonoma Valley Hospital
Quality Dashboard

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

*Emergency Department E&M*code volumes.* *(Evaluation & Management)

(Complexity of Medical Decision Making) Rolling 12 months

Indicator	Q1.18 visit count	% of total	Q2.17 visit count	% of total	Q3.17 visit count	% of total	Q4.17 visit count	% of total	Benchmark
"No EM level Charge"	69	2.54%	82	2.73%	73	2.63%	55	2.12%	No National Benchmark
ED Level 1	17	0.63%	13	0.43%	10	0.36%	13	0.50%	
ED Level 2	356	13.10%	370	12.32%	319	11.51%	267	10.29%	
ED Level 3	1008	37.10%	1,145	38.13%	1019	36.77%	972	37.47%	
ED Level 4	837	30.81%	941	31.34%	922	33.27%	874	33.69%	
ED Level 5	420	15.46%	437	14.55%	406	14.65%	402	15.50%	
Critical Care	10	0.37%	15	0.50%	22	0.79%	11	0.42%	
Total Visits	2717	100%	3003	100%	2771	100%	2594	100%	

Readmissions

Acute Readmissions ***Medicare FFS only:*** ***30 Day*** *(based on latest CMS rolling 12 Month Report)*

Indicator	Rate Q1.17	N/D	Rate Q2.2017	N/D	Rate Q3.2017	N/D	Rate Q4.2017	N/D	Agg TL (rolling 12)	National Rate
All Cause Readmission Rates	11.2%	16/143	10.1%	11/109	6.9%	8/116	8.7%	11/126	9.3% (46/494)	18.4%

Process of Care (HACs) Hospital Acquired Conditions (Per 1000 Acute Care Admissions)

Reported by exception (only issues will appear here)

Indicator	Q1.18	N/D	Q2.2017	N/D	Q3.2017	N/D	Q4.2017	N/D	Qs since last	Goal
Poor Glycemic Control - Per 1000 ACA (Q1) Iatrogenic Pneumothorax with Venous Catheter – Per 1000 ACA (Q2) Hospital Acquired Injuries - Per 1000 ACA (Q4)	0.00		4.065	1/246	0.00		3.97	*1/252*	1 Quarter	0.00

Process of Care (PSIs) AHRQ Patient Safety Indicators

Reported by exception (only issues will appear here)

Indicator	Q1.18 per 1000 ACA	N/D	Q2.2017 per 1000 ACA	N/D	Q3.2017 per 1000 ACA	N/D	Q4.2017 per 1000 ACA	N/D	Qs since last	AHRQ obs rate/1000
	0.00		4.26	1/235	0.00		0.00		3 Quarters	118.62

Green-meets or is above National Benchmark; Red-below National Benchmark

Sonoma Valley Hospital
Quality Dashboard

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

Clinical Process of Care

Core Measures

Finalized Core Measure data is one quarter behind real-time.

Indicator	Q1.18	N/D	Q2.2017	N/D	Q3.2017	N/D	Q4.2017	N/D	Target Direction	CMS Nat'l
Emergency Department :HOP AMI/CP Hospital Outpatient Acute Miocardial Infarction/Chest Pain										
OP 3b Mean Time to Transfer to Another Facility for Acute Coronary Intervention	55.667	167/3	161 mins	483/3	200.5	802/4	124.4	622/5	Down	58 Mins
OP-4a Aspirin at Arrival	100.00%	6-Jun	100.00%	8-Aug	60.00%	6/10	100.00%	17/17	Up	96.00%
OP 5 Mean Time to ECG	8.455	93/11	85.091 mins	936/11	13.667 mins	164/12	21.85 mins	437/20	Down	8 mins
Emergency Department: HOP ED Throughput										
OP-18: Mean Time from ED Arrival to ED Departure for Discharged ED Patients	177 mins	15399/87	216.6 mins	22571/101	214.43 mins	21443/100	206.196 mins	21032/102	Down	132
OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional	34.117 mins	3207/94	50.416 mins	5092/101	30.42 mins	3042/100	21.485 mins	2170/101	Down	21
Emergency Department: HOP Pain Management										
OP-21: ED-Median Time to Pain Management for Long Bone Fracture	95.765 mins	1628/17	75.545 mins	1662/22	111.667 mins	2345/21	64.955 mins	1429/22	Down	49 mins
Emergency Department: HOP Stroke										
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival	0.00%	0/1	0.00%	0/3	66.67%	2/3	33.33%	1/3	Up	71.60%
HOP Colon Cancer Screening										
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts	72.97%	27/37	88.00%	22/25	73.08%	19/26	84.62%	11/13	Up	no data
Core OP30/ASC10 - Colonoscopy:Interval for Pts w/Hx of Adenomatous Polyps	62.50%	5/8	55.56%	5/9	80.95%	17/21	83.33%	10/12	Up	no data

Green-meets or is above National Benchmark; Red-below National Benchmark

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

Patient Experience of Care

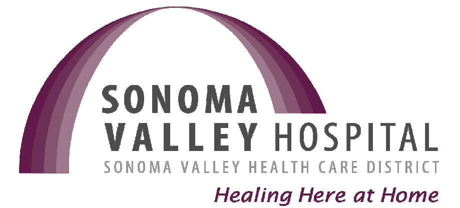
Patient Satisfaction Surveys (Acute, ED, SNF, Homecare)

Indicator	Rate Q2.2016-Q1.2017	n Size	Rate Q3.2016-Q2.2017	n Size	Rate Q4.2016-Q3.2017	n Size	Rate Q1.2017-Q4.2017	n Size	National Avg	State Avg
Acute Care (based on latest CMS rolling 12 Month Report) TOP BOX SCORES (percentage scoring Always or Highest ratings per composite domain)										
Communication with Nurses	78.0%	200	80.0%	249	78.0%				80.0%	76.0%
Communication with Doctors	78.0%	199	83.0%	249	74.0%				82.0%	78.0%
Responsiveness of Staff	69.0%	183	67.0%	224	66.0%				69.0%	61.0%
Pain Management	68.0%	148	78.0%	161	No longer reported				71.0%	68.0%
Communication About Medicines	59.0%	113	62.0%	134	64.0%				65.0%	61.0%
Cleanliness of the Hospital Environment	74.0%	201	73.0%	244	77.0%				74.0%	71.0%
Quietness of the Hospital Environment	58.0%	201	52.0%	245	50.0%				63.0%	52.0%
Discharge Information	89.0%	189	89.0%	231	90.0%				87.0%	85.0%
Care Transition	47.0%	191	54.0%	247	50.0%				52.0%	49.0%
Overall Rating of the Hospital	71.0%	194	52.0%	247	68.0%				72.0%	68.0%
Willingness to Recommend this Hospital	72.0%	193	79.0%	246	73.0%				72.0%	69.0%
Emergency Department CAHPS (Quarterly-not yet reported by CMS)										

Indicator	Percentile Rank Q1.2018	n Size	Percentile Rank Q2.2017	n Size	Percentile Rank Q3.2017	n Size	Percentile Rank Q4.2017	n Size	Percentile Rank Goal
Cleanliness/Quietness of the Hospital Environment	94	80	77	89	68	81	94	81	70th
Communication with Nurses	53	81	73	93	80	82	56	82	70th
Communication with Providers	62	74	71	86	80	77	62	74	70th
Discharge Information	66	77	47	84	67	74	68	78	70th
Overall Rating of the Hospital	41	80	68	89	74	77	75	81	70th
Pain Management	91	28	98	36	20	32	94	29	70th
Would Recommend this Facility	78	80	75	88	89	75	78	81	70th

Green-meets or is above National Benchmark; Red-below National Benchmark

Sonoma Valley Hospital
Quality Dashboard



Home Health CAHPS (Quarterly)									
Indicator	**Percentile Rank Q1.2018**	**n Size**							**Percentile Rank Goal**
Communication Procedure	40	85							70TH
Care of Patients	45	85							70TH
Prep for Discharg Recovery	64	85							70TH
How do patients rate the overall care from the home health agency	38	85							70TH
Would patients recommend the home health agency to friends and family	24	85							70TH

Skilled Nursing CAHPS									
Indicator	**Rate Q1.2018**	**n Size**	**Rate Q2.2017**	**n Size**	**Rate Q3.2017**	**n Size**	**Rate Q4.2017**	**n Size**	**Internal Goal**
Discharge Information	94%	29	94%	24	90%	32	94%	28	90.0%
Responsiveness of Staff	92%	29	91%	24	91%	32	90%	28	90.0%
Clean/Quiet	90%	29	93%	24	93%	32	90%	28	90.0%

Green-meets or is above National Benchmark; Red-below National Benchmark

Table 1: Hospital's Performance on DRA HAC Measures

Table 1: Hospital's Performance on DRA HAC Measures
SONOMA VALLEY HOSPITAL
Hospital Discharge Period: October 1, 2015 through June 30, 2017

Measure	Number of Eligible Discharges at Your Hospital (Denominator)*	Number of HAC Occurrences at Your Hospital (Numerator)**	Your Hospital's HAC Rate (per 1,000 discharges)***	Number of Eligible Discharges Nationally (Denominator)*	Number of HAC Occurrences Nationally (Numerator)**	National HAC Rate (per 1,000 discharges)***
Foreign Object Retained After Surgery	1,030	0	0.000	16,639,297	443	0.027
Air Embolism	1,030	0	0.000	16,639,297	28	0.002
Blood Incompatibility	1,030	0	0.000	16,639,297	11	0.001
Falls and Trauma (Includes fracture, dislocation, intracranial injury, crushing injury, burns, other injuries)	1,030	0	0.000	16,639,297	7,614	0.458

*The number of eligible discharges represents the count of all hospital discharges during the discharge period.
**Occurrences of a qualifying diagnosis code with a POA flag of "N" or "U".
***Rates are (Numerator/Denominator) * 1,000. This is the rate that will be reported on https://data.cms.gov

GOOD CATCH AWARDS

The following employees were recognized for identifying and reporting potential safety issues affecting patient care or employee/visitor safety.

Employee	Safety Issue Identified	Actions Taken to Prevent Harm
Karen Rara (Med/Surg) RM 17-518	This nurse was accessing pyxis to get Leviteracetam (keppra) for a patient. The needed medication was actually chosen from patient's profile med list in pyxis. When cubie opened, medication was checked for name and dosage and found out that medication in that cubie was Levofloxacin. All pills in that cubie were checked- and all 3 of them were Levofloxacin.	***Caught before reaching the patient, medication replaced.*** **Error corrected. These items will be added to the list of meds that are barcoded on restock to prevent this error in the future.**
Sue Rolling (ICU) RM 17-523	Patient had ordered Escitalopram 20mg po in am. What was sent in med drawer was Duloxetine delayed-release capsule 20mg. Pharmacy notified & correct medication brought up.	***Caught before reaching the patient, medication replaced.*** ***Error corrected. These items will be added to the list of meds that are barcoded on restock to prevent this error in the future.***
Anonymous (Pharmacy) RM 17-580	RPh noticed a missing stop date for an antibiotic. Upon investigation, she discovered the off site pharmacist failed to acknowledge the note to pharmacist from MD specifying the stop date. The antibiotic order was rectified thereafter	***Caught before reaching the patient*** ***The antibiotic order was rectified.***
Jenner Imboden (SCU) RM 17-622	Patient arrived to SCU post procedure and Jenner Imboden noted in short order that the patient was in acute distress. Addressed situation quickly, contacted Gastroenterologist and orchestrated coordination of surgeon Primary care and Gastroenterologist, to obtain quick interventions.	***Unexpected Clinical Deterioration noted and acted upon in a timely manner.***

GOOD CATCH AWARDS

The following employees were recognized for identifying and reporting potential safety issues affecting patient care or employee/visitor safety.

Employee	Safety Issue Identified	Actions Taken to Prevent Harm
Sue Rolling (ICU) RM 17-617	Personal Belonging List completed on admission to Med/Surg however the patient's purse was not documented. The patient kept her purse at bedside during her hospital stay. The patient's family member altered staff that the patient self-medicates with prescription medication kept in her purse. With the patient's permission, the contents of her purse were documented and secured.	***Medication event averted, Good Catch.*** ***Staff educated***
Joe Barrera (Plant Operations) 17-746	Leaking sink in decontam area of central sterile. Joe from engineering notified. He came twice to repair plumbing connection underneath. On second visit he noted that we have only a small 2x3 rubber mat by that sink (the kind that allows water to pass through but keeps shoes above water line, we have them at our surgical scrub sinks). We have a need for a much larger size mat to prevent employees from falling in this area of constant water use, water sprayer, and instrument washing. HE IS RIGHT!!! Thanks, Joe!!!	**Hazard Identified** ***Potential employee safety situation mitigated.***
Robin Labitzke (Pharmacy) 17-312	It was discovered 3/17 0800 by Rph that the weight on the profile at admission was incorrect. There was a weight based medication protocol that was incorrectly dosed due to this error. Weight was initially entered as 80 pounds. Correct weight = 63.5kg. Incorrect dose was NOT given, due to it being scheduled for 0900 3/17.	**No harm to patient, corrected Ht/Wt.** **Education to staff**
Pamala Schneider (Med/Surg) 17-933	Incorrect medication dosage. The Pyxis and MAR were not in sync The after-hours pharmacist processed an 81mg aspirin order using a 325mg tablet.	**Outcomes: Medication error averted,** **Feedback given**

GOOD CATCH AWARDS

The following employees were recognized for identifying and reporting potential safety issues affecting patient care or employee/visitor safety.

Employee	*Safety Issue Identified*	*Actions Taken to Prevent Harm*
Linda Burris (SCU) 17-1024	Patient was started on Bactrim D. she stated the medication bottle directions indicated "1 tablet three times per day" Had taken 5 doses since obtaining medication from an outside pharmacy at 1600 on 8/28. I checked the label and she was correct. I called the outside pharmacy that stated"yes that seemed excessive, but the nurse who called it in from surgeon's office had insisted that was because "the goal was to treat the UTI ASAP" I then spoke to the surgeon who stated he told his nurse BID and she may have heard TID.	***We instructed the patient to reduce doses to 2 times per day. Emptied and wasted extra pills.*** ***Order corrected, Good Catch*** *(An example of unapproved abbreviation use leading to misunderstanding)*
Mark McCarty & Robert Megerle (SCU/Materials) 17-1406	Robert was about to throw away a printer ribbon from one of our Surgery printers and noticed that you can clearly read patient information on the film. We are now looking into the proper way in which to dispose of them because of this.	**EVS and IT were contacted for confidential disposal.**
Jay Olivares (SCU) 17-1204	A block timeout HAD been done to verify that 'right' was the correct side. While preparing the patient it appeared the opposite side was being prepped. Jay spoke up and questioned why we were blocking the left side if the patient's surgery was to be on the right. The surgical team proceeded to block the RIGHT side. I believe that if Jay had not been attentive or had not been willing to speak up, the wrong side would have received the regional block.	**Wrong side prep aborted and proceeded to correct side.** **No patient harm**

GOOD CATCH AWARDS

The following employees were recognized for identifying and reporting potential safety issues affecting patient care or employee/visitor safety.

Employee	*Safety Issue Identified*	*Actions Taken to Prevent Harm*
Sue Rolling (ICU) 17-1175	Order on MAR for sinemet 25/100 qid and also sinemet CR 25/100 q 6hr. Patient Profile showed both medications, most recently added was sinemet CR. I checked with wife, and pt has only been on sinemet 25/200 qid (not the CR form). Pharmacist notified, who also checked into this. MD notified.	**Upon investigation, ED RN entered the CR formulation of Sinemet instead of the Immediate release formulation. Error caught and corrected after home medication entry used to place admission orders.** **No Patient Harm**
Debbie Smith (SCU) 18-35	While case planning yesterday we saw that there was an ACL scheduled for the following week. John, Marc, and I all read the case and called the rep and ordered an allograft for the ACL reconstruction. Debbie pointed out it was an autograft not an allograft and that requesting instrumentation not the graft itself. This was a great catch by Debbie. I'm so glad we talked about it or we would have had the wrong equipment for this case.	**Order corrected in time for case.** ***No harm, no delay.***

To: Sonoma Valley Healthcare District Board Quality Committee
From: Danielle Jones
Date: 6/27/18
Subject: Quality and Resource Management Report

May Priorities:

1. High Level Disinfection Rounding
2. Medication Reconciliation

High Level Disinfection Rounding

Leadership attended a Sterilization and Disinfection webinar presented by CIHQ in March to identify areas of regulatory focus surrounding the disinfection and sterilization of equipment and instrumentation, discuss the most common deficiencies cited by CMS and accrediting organizations and determine strategies necessary to bring SVH into full compliance with standards and regulations. Based on the CIHQ suggestions our high level disinfection rounding has focused on Cardiopulmonary, Central Sterile Processing, Surgery and Pharmacy centered on OR cleanliness (documentation/use of fluorescent markers/Xenex robot report), surgical garb (masks outside of the OR), check on any surgeries performed in non-operative environments, procedures in Pharmacy for sterile compounding, competency of staff-documentation, cleaning of IV room, any structural and environmental issues.

Medication Reconciliation

Goal of the home medication list based on Medicine Committee's request; completed within 30 minutes of decision to admit, document what the patient is actually taking, NOT what they are prescribed to take and Over the Counter and supplements included. Three workflows identified; patient admitted to Med/Surg from another facility, patient responsible for daily medication management and interview-able patient or caregiver and patient is not interview-able. Partnered with the Emergency Department to direct fax medication administration records from outside facilities to pharmacist queue, this process will allow the pharmacists to quickly input the medications into Paragon and expedite the home medication list process. ED RN standard work has been completed for medication list input into Paragon. Plan for ED pilot in July.

Policy and Procedures – Summary of Changes
Board Quality Committee, June 27th, 2018

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

NEW (Full Policies are attached)**:**

Job Shadow Healthcare Observer Requirements HR8610-366
To establish a standardized process and required procedures for having non-employees in the hospital shadowing or observing practitioners (nursing or physicians) for educational or other business-related purposes.

Oral Care PC8610-180
This New Organizational Policy will replace the ICU Departmental policy entitled, Oral Care for the Mechanically Ventilated Patient 6010-10 (to be retired). The new policy addresses oral care for both ventilated and non-ventilated patients using the Beck Modified Oral Assessment Scale.

REVISIONS:

Autopsy MS8610-102
Updated to address changes in terminology. Changed “Death Procedures to “Post Mortem Procedures”. Changed “rape or crime against nature” to “sexual crime”. Changed “consent” to “authorization”. Changed “Body Release form” to “Record of Death”.

Classification of Employees HR8610-104
Updated definitions of FT and PT employee status to reflect new consolidated status categories. Consolidated the previous six (6) various employment status categories into two (2), identified as full-time and part-time, to improve efficiencies and simplify administration.

Disability Hours HR8610-123
Updating policy to reflect the new employment status structure and the corresponding accrual tables. Employee’s currently accrue Disability Hours based on our 6 various employment statuses. We have condensed our employment status categories to two (2). Organizational change to employment status structure to improve administrative efficiencies.

Paid Time Off HR8610-156
Updated PTO Accrual schedule to reflect changes in employment status (full-time and part-time) as it pertains to PTO accruals and maximums. Updated other language as appropriate. PTO hours accrue based on years of service and employment status. Updated to reflect recent organizational changes in regards to

definition of employment status (full-time and part-time) in conjunction with a redesign of the PTO accrual schedule to lower financial liability to the hospital.

Parking Guidelines HR8610-204

Revisions to reflect stronger expectations in regards to where employees should be parking when at work, and where they should not be parking. Changed language from "guidelines" to "policy;" removed language regarding employee registration of their vehicle with HR; identified parking lot where employees are expected to park; identified areas employees are not to be parking; clarified consequences for parking where prohibited; added language about using bicycle racks and not parking bicycle inside the hospital. Number of complaints from surrounding neighbors about employees leaving their cars parked in front of their homes all day/night long, preventing their own family and friends from parking at their home. Also complaints from patients about the parking lots in front of the Emergency Room entrance being full and only finding parking far down the street, which is difficult for someone not feeling well or with physical restrictions.

Required Certifications HR8610-365

Policy was revised to include reimbursement for Per Diem employees that meet identified criteria. Also, condensed the policy in an effort to eliminate redundancy. Per Diem employees were not previously granted reimbursement for required certifications as it was presumed that Per Diem employees at SVH are working FT or PT somewhere else and that organization should pay for their certifications. The reality is that some Per Diem employees do only work for us and are regularly scheduled. Therefore, the decision was made that if these employees work a minimum number of hours per year, they should also qualify for course fee reimbursement for their required certifications.

Shift Differential HR8610-134

Policy was reorganized to provide for easier understanding and clarity. Added examples of when shift differential is earned and added definitions of weekend differential. Policy defining SVH shift differentials, defining shift hours that qualify for differentials, and defining which hours worked by an employee qualify for a differential. Changes were made to provide additional pay for the "less desirable" work hours to ensure staffing 24/7; to ensure consistent pay practices throughout the organization; and to provide clear communication to employees and management alike.

SUBJECT: Job Shadow/Healthcare Observer Requirements	POLICY # HR8610-366
	PAGE 1 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
REVIEW/REVISED:	

PURPOSE:

Healthcare Observations are intended as a time limited arrangement to allow persons to observe clinical or non-clinical staff for education or other business-related purposes.

POLICY:

The following must be completed before the observation event can be scheduled:

- Review/sign/return the fact sheet entitled HIPAA Training Observers/Vendors – see Attachment A.
- Review/sign/return the Confidentiality and Non-Disclosure Agreement – see Attachment B.
- Obtain a signature and return the Mentor Agreement ("Mentor" is the individual that will be shadowed/observed) – see Attachment C.
- Signed Parental Consent form if you are less than 18 years old – see Attachment D.
- Produce evidence of the following Immunizations:
  - Negative TB test within the last 12 months, or a negative chest x-ray within the last year if TB test was previously positive
  - Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers
  - Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and siphtheria toxiods) vaccine has been received within the past 2 years or less
  - Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
  - Documentation of seasonal flu vaccine
  - Hepatis B Vaccine or signed SVH declination.

PROCEDURE/RESPONSIBILITIES:

- Once all requirements are met the observation experience will be scheduled.
- Observers are expected to be respectful of patients, staff, and others they encounter and follow appropriate Code of Conduct.

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- Observation experiences are not allowed or will be suspended in the event of type of incident such as a disaster, or if the observer has evidence of any illness such as cough, fever, etc.

- Patients have the right to refuse having an observer in their room; respect this right and remain flexible if a patient is uncomfortable having you observe.

- Observers do not participate in patient care in any manner.

- Dress should be appropriate to the setting and/or as specified when scheduled.

- Observers should not carry cell phones or other electronic personal devices during the experience.

- Observers are not allowed to enter isolation rooms.

REFERENCES:
CIHQ Standard of Care HR-4: Management of Contract / Volunteer Staff; CMS 482.23
CIHQ Standard of Care PR-7: Personal Privacy; CMS 482.13
Sonoma County Public Health Order October 2014
CDC, NHSN Healthcare Personnel Vaccination Module

OWNER:
Director of Human Resources

AUTHORS/REVIEWERS:
Lynn McKissock, Director of Human Resources

APPROVALS:
Policy & Procedure Team: 6/19/18
Board Quality Committee:
The Board of Directors:

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Attachment A

HIPAA Training Observers/Vendors

HIPAA is a Federal law 3 Key Areas:

- Privacy of Protected Health Information (PHI)
- Security of electronically stored health care data
- Electronic transaction standards (financial billing standards)

PHI – Protected Health Information

- PHI includes demographic information such as: Name, address, phone, date of birth, Social Security Number and any other information that could identify the individual.
- PHI can be used for treatment, payment and operations only without authorization from the patient.

Mum's The Word

- Keep conversations out of elevators, cafeteria, and individuals not involved in the treatment of the patient.
- Do not view, share, discuss PHI without a need to know, or unless it is for the following: treatment, payment and operations.

Key Patient Rights:

- Notice of Privacy Practice – document outlining ways patient information can be used, shared and disclosed by law.
- Request Restriction – Patient may request a restriction such as "confidential status" no information given out to visitors.
- Access to PHI – Patient may request a copy of their medical record, refer patient to Health Information Management (HIM).
- Amendment to PHI – A patient requests a change in their medical record due to incorrect/inaccurate data. Refer to Privacy Officer.
- Accounting of the uses/disclosures of PHI – A patient may request a listing of disclosures of PHI made by the organization. Exceptions: treatment, payment and operations and applicable laws.
- Right to file a complaint - Privacy complaints are investigated by the Privacy Officer.

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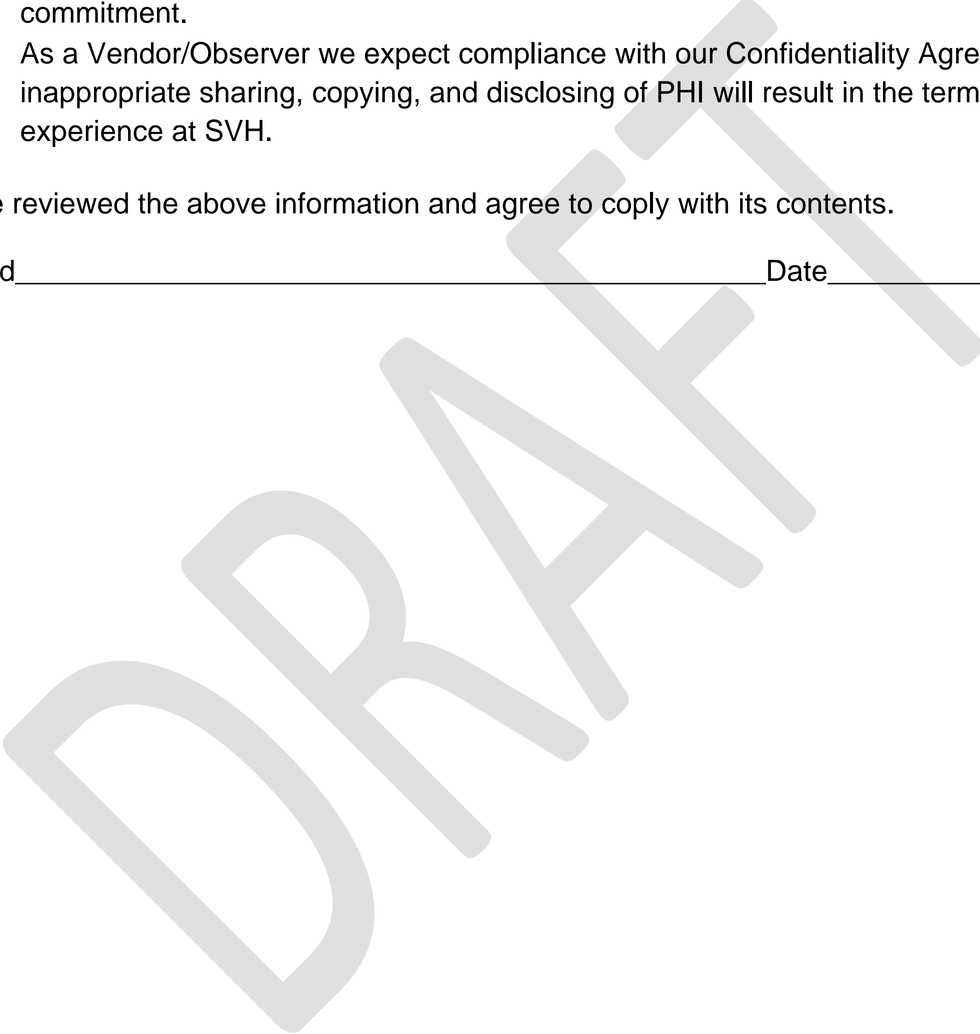
All Patient Rights have corresponding policies; you may request a copy of any policy, or contact the Privacy Officer, Rosemary Pryzmant, x5254 for any questions/concerns.

SVH Expectations:

- We take privacy seriously and our patients expect our Hospital to demonstrate this commitment.
- As a Vendor/Observer we expect compliance with our Confidentiality Agreement. Any inappropriate sharing, copying, and disclosing of PHI will result in the termination of your experience at SVH.

I have reviewed the above information and agree to coply with its contents.

Signed____Date____________________



Attachment B

Sonoma Valley Hospital
Confidentiality and Non-Disclosure Agreement

Organizational information that may include, but is not liited to, financial, patient identifiable and, employee identifiable, from any source or in any form may be considered confidential. Information's confidentiality and integrity are to be preserved and its availability maintained. The value and sensitivity of information is protected by law and by the strict policies of SVH.

The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish SVH's organizational mission.

1. I will not access or request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing, financial, health or other private information I do not need to perform the duties assigned me by SVH.
2. I will not disclose or communicate any Confidential Information to any person whatsoever, except in connection with the performance of my assigned duties.
3. I will not copy or reproduce, in whole or in part, or permit any other person to copy or reproduce, in whole orin part, any Confidential Information other than in the regular course of SVH business.
4. I will comply with all policies and procedures about the confidentiality of information.
5. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis or unless I am otherwise required by law to do so.
6. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of business relationship, unless specifically waived in writing by the authorized party.

I further understand and agree that my failure to fulfill any of the obligations set forth in this Confidentiality Agreement or my violation of any terms of this Agreement may result in my being subjected to: 1) Volunteer opportunities would be terminated for the individual, in accordance with SVH policies and procedures, 2) termination of the individual and/or contract, 3) appropriate legal action and/or 4) other action as deemed appropriate by Hospital Administration.

Name: ____ Date: ____________
(*Please Print*)

Signature:___________________________________ Department: ________________________

I understand that if I have questions about SVH's HIPAA Compliance Program or other Privacy/Security concerns I should call the Health Information Manager at x5254.

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Attachment C

SONOMA VALLEY HOSPITAL MENTOR AGREEMENT

Participant Name: ____
(Please Print)

Name of Mentoring Physician: ____
(Please Print)

I have been in communication with the above person who would like to do an observation experience with me on this date: _________________

I agree to act as their mentor while they are in SVH. As such, I assume responsibility for directing this individual in their interactions with patients and staff.

I will be responsible for:

- Obtaining observation consent from patients for this person
- Facilitating this individual's learning objectives
- Encouraging his/her adherence to SVH behavior standards
- Helping him/her maintain patient confidentiality

I realize that SVH has a process for allowing observers, which includes necessary vaccinations, appropriate dress, and prior notification of units where observational activities will take place (among other requirements). I understand that permission for this observation experience will not be granted until these requirements have been satisfied by the individual to be mentored.

Signature of Mentor: ____

Signature of Participant: ____

Date: ________________________

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Attachment D

SONOMA VALLEY HOSPITAL PARENTAL CONSENT FORM

If observer is under 18 years of age, parent/guardian must complete

Permission is granted for my son/daughter:

- To participate in a job shadowing experience with Sonoma Valley Hospital
- To be provided emergency medical care if injured while participating in the Job Shadow/Observer experience.

Observer's Name: ____

Parent/Guardian Name (please print):________________________________

Parent/Guardian Signature: ____

Date: _______________________

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SUBJECT: Oral Care	POLICY #PC8610-180
	PAGE 1 OF 7
DEPARTMENT: Organizational	EFFECTIVE:
REVIEW/REVISED:	

PURPOSE:

Oral care removes soft plaque deposits and calculus from the teeth, cleans and massages the gums, reduces mouth odor, provides comfort, and reduces the risk of infection. Patients who are intubated and receiving mechanical ventilation require frequent oral care because mechanical ventilation dries the oral mucosa and affects salivary flow, increasing the risk of infection. Colonization of microorganisms in the oropharynx is a factor in the development of ventilator-associated pneumonia (VAP) and non-ventilator associated pneumonia. The microorganisms that develop on the tooth surface because of dental plaque can translocate from the mouth to the lung, which can result in pneumonia. Non-ventilated patients who are dependent and at risk for aspiration should receive similar care to patients requiring mechanical ventilation. In addition to routine oral care, the Institute for Healthcare Improvement has added daily oral care with chlorhexidine to its VAP-prevention bundle because evidence shows that oral care helps prevent VAP[4] when combined with the other bundle elements: elevating the patient's head 30 to 45 degrees, interrupting sedation daily and assessing readiness to wean, and providing peptic ulcer disease and deep vein thrombosis prophylaxis, unless contraindicated. Mechanically ventilated patients are at a high risk for developing ventilator-associated pneumonia (VAP). Three of the risk factors for developing VAP include bacterial colonization of the oropharyngeal area, aspiration of sub-glottal secretions and colonization of dental plaque with respiratory pathogens. The implementation of a comprehensive oral care procedure, including oral suctioning and oral and dental cleansing, may contribute to decreasing a patient’s risk of acquiring VAP and non-ventilator associated pneumonia.

POLICY:

Oral care shall be performed in accordance with the guidelines of the oral care table (Table 1) and at the frequency suggested in the modified Beck Oral Assessment Scale (Table 2). Patients with special needs will be referred to Speech Therapy for recommendations e.g., special oral care equipment and/or a special diet to reduce the risk of aspiration.

Table 1: Oral Care Procedure and Frequency

Patient Type	Tools	Procedure	Frequency
Self Care / No dysfunction/ Minimal Assist	Brush, paste, rinse, moisturizer	Provide tools, brush 1-2 minutes, rinse	Per Beck Scale
Dependent / Aspiration Risk / Non-Ventilated	Suction, toothbrush kit	Package instructions	Per Beck Scale
Dependent/ Ventilated	ICU suction, Toothbrush kit, CHG	Package instructions	Q 4 hours/ CHG e.g, Sage Q Care BID
Dentures	Tools, cleanser, adhesive	Remove dentures and soak, clean gums and mouth, rinse	Per Beck Scale

Table 2: Modified Beck Oral Assessment Scale

TABLE 2: MODIFIED BECK ORAL ASSESSMENT SCALE
Score each area separately using the table below, add the scores to obtain a total score, and then use the total score to guide the frequency of care. **Total score interpretation:** 0 to 5: No dysfunction—provide oral care at least every 12 hours. 6 to 10: Mild dysfunction—provide oral care every 8 to 12 hours.

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11 to 15: Moderate dysfunction—provide oral care at least every 8 hours. 16 to 20: Severe dysfunction—provide oral care at least every 4 hours.					
Score	**Area**				
	Lips	*Gingiva and oral mucosa*	*Tongue*	*Teeth*	*Saliva*
1	Smooth, pink, moist, and intact	Smooth, pink, moist, and intact	Smooth, pink, moist, and intact	Clean, with no debris	Thin, watery, and plentiful
2	Slightly dry	Pale, dry, isolated lesions	Dry, prominent papillae	Minimal debris	Increased amount
3	Dry, swollen, isolated blisters	Swollen and red	Dry, swollen tip and red papillae with lesions	Moderate debris	Scanty and somewhat thicker than normal
4	Swollen, inflamed blisters	Very dry, swollen, and inflamed	Very dry, swollen, engorged coating	Covered with debris	Thick and ropy, viscid, or mucid
Total score					

PROCEDURE:

Refer to the appropriate Lippincott procedure:

1. Oral Care-this procedure refers to non-ventilated patients
2. Oral Care for an Intubated Patient

Documentation

- Nursing admission assessment to trigger "**Oral Care per Protocol**" order – configured to display on the Nursing Action List and includes reference to frequency of care as determined by the Modified Beck Oral Assessment Scale

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- Complete the Modified Beck Oral Assessment Scale tool as part of nursing's shift assessment, located on the Daily Assessment ADL tab

- Document oral care when provided on the Daily Assessment ADL tab

- Use Group Notes to document any unusual conditions, such as bleeding, edema, mouth odor, excessive secretions, and plaque on the tongue. Note the patient's tolerance of the procedure.

-

REFERENCES:

1. American Association of Critical-Care Nurses (AACN). (2010). "AACN practice alert: Oral care for patients at risk for ventilator-associated pneumonia" [Online]. Accessed April 2017 via the Web at https://www.aacn.org/clinical-resources/practice-alerts/oral-care- for-patients-at-risk-for-ventilator-associated-pneumonia (Level VII)

2. Kiyoshi-Teo, H., & Blegen, M. (2015). Influences of institutional guidelines on oral hygiene practices in intensive care units. *American Journal of Critical Care, 24,* 309–318. (Level IV)

3. Hillier, B., et al. (2013). Preventing Ventilator-Associated Pneumonia Through Oral Care, Product Selection, and Application Method: A Literature Review. *AACN Advanced Critical Care 24,* 39–59(Level V)

4. Hua, F., et al. (2016). Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia. *Cochrane Database of Systematic Reviews, 2016.* Accessed April 2017 via the Web at http://www.cochrane.org/CD008367/ORAL oral -hygiene-care-critically-ill-patients-prevent-ventilator-associated-pneumonia. (Level VII)

5. Institute for Healthcare Improvement. (2012). *How-to-guide: Prevent ventilator-associated pneumonia.* Cambridge, MA: Institute for Healthcare Improvement. (Level VII)

6. Ames, N. J., et al. (2011). Effects of systematic oral care in critically ill patients: A multicenter study. *American Journal of Critical Care, 20,* e103–e114. Accessed April 2017 via the Web at http://ajcc.aacnjournals.org/content/20/5/e103.full.pdf+html (Level IV)

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