



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, SEPTEMBER 23, 2020

5:00 p.m. Closed Session

5:30 p.m. Regular Session

TO BE HELD VIA ZOOM VIDEOCONFERENCE

To participate via Zoom Videoconferencing
use the link below:

<https://zoom.us/j/98792080549?pwd=VjIzS3lYM01rTGwVwNm1EeVQ2MWhTUT09>

and enter the **Meeting ID: 987 9208 0549**

Password: 932037

To participate via telephone only (no video), dial:

1-669-900-9128 or 1-669-219-2599

and enter the **Meeting ID: 987 9208 0549**

Password: 932037

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the District Clerk, Vivian Woodall, at vwoodall@sonomavalleyhospital.org or 707.935.5005 at least 48 hours prior to the meeting.		
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
2. PUBLIC COMMENT ON CLOSED SESSION		
3. CLOSED SESSION:		
a. <u>Calif. Government Code §54956.9(d)(2)</u> : Discussion Regarding Significant Exposure to Litigation (One Case)	<i>Hirsch/Jones</i>	Inform
b. <u>Calif. Health & Safety Code §32155</u> : Medical Staff Credentialing & Peer Review Report	<i>Hirsch</i>	Action
4. REPORT OF CLOSED SESSION	<i>Hirsch</i>	Inform/Action
5. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	<i>Hirsch</i>	
6. CONSENT CALENDAR • Minutes 08.26.20	<i>Hirsch</i>	Action
7. SVH QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Jones</i>	Inform
8. POLICIES AND PROCEDURES	<i>Jones</i>	Action
9. COVID-19 UPDATE	<i>Kidd</i>	Inform
10. ADJOURN	<i>Hirsch</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

August 26, 2020 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present	Members Present cont.	Excused	Public/Staff
Jane Hirsch via Zoom Susan Idell via Zoom Ingrid Sheets via Zoom Cathy Webber via Zoom	Howard Eisenstark, MD via Zoom Michael Mainardi, MD via Zoom Carol Snyder via Zoom Andrew Solomon, MD via Zoom		Sabrina Kidd, MD, CMO, via Zoom Danielle Jones, RN, Chief Quality Officer via Zoom Mark Kobe, Chief Nursing Officer via Zoom Dr. Judith Bjorndahl via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Hirsch</i>	
	Called to order at 5:01 p.m.	
2. PUBLIC COMMENT	<i>Hirsch</i>	
	None	
3. CONSENT CALENDAR	<i>Hirsch</i>	Action
<ul style="list-style-type: none"> QC Minutes, 06.24.20 		MOTION: by Webber to approve, 2 nd by Idell. All in favor.
4. INPATIENT FALLS	<i>Winkler</i>	
	Ms. Winkler, Director of Patient Care Services at SVH, reported that two patient falls resulted in significant injury in 2019 and both were knee replacements. Interventions have been added since that time, such as use of a two-person assist, and routine use of a bedside commode. There were two additional falls in July 2020, one with minor injury. SVH plans to initiate a post-fall huddle (involving the patient) to review what happened and what could be done better. Since these falls the Hospital has instituted the use of the Morse Fall Scale risk checklist, which is more comprehensive and which will be used for all patients.	

AGENDA ITEM	DISCUSSION	ACTION
4. SVH QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Jones</i>	Inform
	Ms. Jones reviewed quality indicator performance and utilization management metrics for the month of July. She also gave an overview on the subject of Human Experience – creating respectful, empathetic interactions that promote joy and ease suffering for all involved in healthcare (patients, families, and care team members).	
5. POLICIES AND PROCEDURES	<i>Jones</i>	Inform
	The Committee requested that the word “leave” be added to the Organ Donor policy summary, i.e., “30-days of unpaid leave for organ donation...”	MOTION: to approve by Idell with correction, 2 nd by Webber. All in favor.
7. COVID-19 UPDATE	<i>Kidd</i>	Inform
	Dr. Kidd reported that the State has been steady at a very high level as far as cases; hospitalizations are also unchanged for the last three weeks. SVH has had issues with N95 masks and testing supplies. There is price gouging and very low quality products. The Hospital has a testing machine, but supplies for it have not yet been delivered. An important new message from the CDC is that if you’ve been exposed, you must quarantine for 14 days, regardless of testing. SVH continues to have Remdesivir, Dexamethasone, and convalescent plasma available as treatments.	
7. CLOSED SESSION	<i>Hirsch</i>	
a. <u>Calif. Health & Safety Code § 32155</u> Medical Staff Credentialing & Peer Review Report	Called to order at 6:19 pm.	
8. REPORT OF CLOSED SESSION	<i>Hirsch</i>	
	Medical Staff credentialing was reviewed.	MOTION: by Eisenstark to approve credentialing, 2 nd by Sheets, all in favor.
9. ADJOURN	<i>Hirsch</i>	
	6:21 pm	

Quality Indicator Performance & Plan



















September 2020

Data for August 2020

MORTALITY

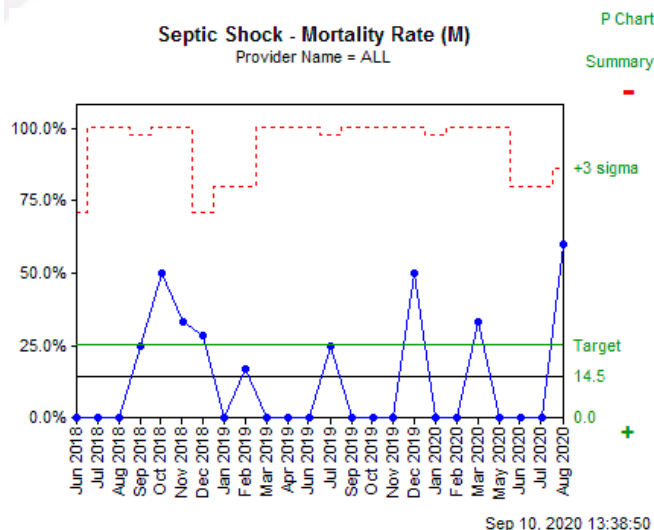
Scorecard Summary

Mortality

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Autopsies Mortalities					
	 Acute Care Mortality Rate (M) 	5.9%	15.3%		Aug 2020
	 Congestive Heart Failure Mortality Rate M	0.0%	11.5%		Aug 2020
	 COPD Mortality Rate M	0.0%	8.5%		Aug 2020
	 Ischemic Stroke Mortality Rate M	0.0%	13.8%		Aug 2020
	 Pneumonia Mortality Rate M	0.0%	15.6%		Aug 2020
	 Sepsis, Severe - Mortality Rate (M) 	0.0%	25.0%		Aug 2020
	 Septic Shock - Mortality Rate (M) 	60.0%	25.0%		Aug 2020

Septic Shock Mortality

Period	Numerator	Denominator	Percent
Aug 2020	3	5	60.0%
Jul 2020	0	6	0.0%
Jun 2020	0	6	0.0%
May 2020	0	2	0.0%
Mar 2020	1	3	33.3%
Feb 2020	0	3	0.0%
Jan 2020	0	4	0.0%
Dec 2019	1	2	50.0%
Nov 2019	0	1	0.0%
Oct 2019	0	2	0.0%
Sep 2019	0	1	0.0%



Case Review

■ August 2020

■ 3 fallouts

- COVID
- Transitioned to comfort care status shortly before the patient expired
- Opportunity for direct Hospice admission from ED



PREVENTABLE HARM EVENTS

Scorecard Summary

AHRQ Patient Safety Indicators











Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Patient Safety > AHRQ Patient Safety Indicators_PSI					
● —	PSI 02 (v2019) Death in Low-mortality DRGs - Per 1000 ACA (M)	0.00	0.21		Aug 2020
● —	PSI 03 (v2019) Pressure Ulcer - Per 1000 ACA (M)	0.00	0.51		Aug 2020
● —	PSI 04 (v2019) Death in Surgical IP w/Ser Comp, Overall - Per 1000 ACA (M)	0.00	146.36		Mar 2020
● —	PSI 05 (v2019) Retained Surgical Item/Device Fragment - Per 1000 ACA (M)	0.00	0.00		Aug 2020
● —	PSI 06 (v2019) Iatrogenic Pneumothorax - Per 1000 ACA (M)	0.00	0.21		Aug 2020
● —	PSI 07 (v2019) Central Venous Catheter-related BSI - Per 1000 ACA (M)	0.00	0.12		Aug 2020
● —	PSI 08 (v2019) In Hospital Fall with Hip Fracture - Per 1000 ACA (M)	0.00	0.08		Aug 2020
● —	PSI 09 (v2019) Perioperative Hemorrhage or Hematoma - Per 1000 ACA (M)	0.00	2.29		Aug 2020
● —	PSI 10 (v2019) Postop Acute Kidney Injury Requiring Dialysis - Per 1000 ACA (M)	0.00	0.73		Aug 2020
● —	PSI 11 (v2019) Postoperative Respiratory Failure - Per 1000 ACA (M)	0.00	5.53		Aug 2020
● —	PSI 12 (v2019) Perioperative Pulmonary Embolism or DVT - Per 1000 ACA (M)	0.00	3.45		Aug 2020
● —	PSI 13 (v2019) Postoperative Sepsis - Per 1000 ACA (M)	0.00	4.05		Aug 2020
● —	PSI 14 (v2019) Postoperative Wound Dehiscence - Per 1000 ACA (M)	0.00	0.69		Jul 2020
● —	PSI 15 (v2019) Accidental Puncture or Laceration - Per 1000 ACA (M)	0.00	1.06		Aug 2020
● —	PSI 90 (v2019) Midas Patient Safety Indicators Composite, ACA (M)	0.00	1.00		Aug 2020

The Patient Safety Indicators (PSIs) provide information on potentially avoidable safety events that represent opportunities for improvement in the delivery of care.

Scorecard Summary

Patient Falls

Preventable Harm

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Patient Safety > Falls					
 	 RM ACUTE FALL- NO INJURY (M) per 1000 patient days	0.00	3.75		Aug 2020
 	 RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	0.00	3.75		Aug 2020
 	 Falls with injury % of all Acute falls M 	0.0%	0.0%		Aug 2020

MEDICATION EVENTS

Scorecard Summary

Adverse Drug Events

Quality > Pharmacy > Adverse Drug Events					
🟢 ▼	👤 Rx-ADEs-Administration Errors Per 10,000 Doses	0.84	1.00		Aug 2020
🟢 ▲	👤 Rx-ADEs-High Risk Med Errors Per 10,000 Doses	0.84	1.13		Aug 2020
▼	👤 Rx-Adverse Drug Reactions	2	n/a		Q2-2020
▼	👤 Rx-Adverse Drug Reactions-Antibiotics	0%	n/a		Q2-2020
▲	👤 Rx-Adverse Drug Reactions-Anticoagulants	50%	n/a		Q2-2020
▼	👤 Rx-Adverse Drug Reactions-Cardiovascular	0%	n/a		Apr 2020
🔴 ▲	👤 Rx-Warfarin-Inpatient	16.7%	5.0%		Aug 2020

CORE MEASURES

Scorecard Summary

Core Measures

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Core Measures					
● ▼	Core OP-18b - Median Time ED Arrival to ED Departure - Reporting Measure (M)	104.50	140.00		Aug 2020
	Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	n/a	72.0%		Aug 2020
Quality > Core Measures > HOP Measures > HOP Colonoscopy					
	Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)	n/a	89.0%		Aug 2020
Quality > Core Measures > Sepsis					
● ▲	SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	66.7%	81.0%		Aug 2020

Sepsis Core Measure

■ Case Review

■ August 2020

■ 4 fallouts



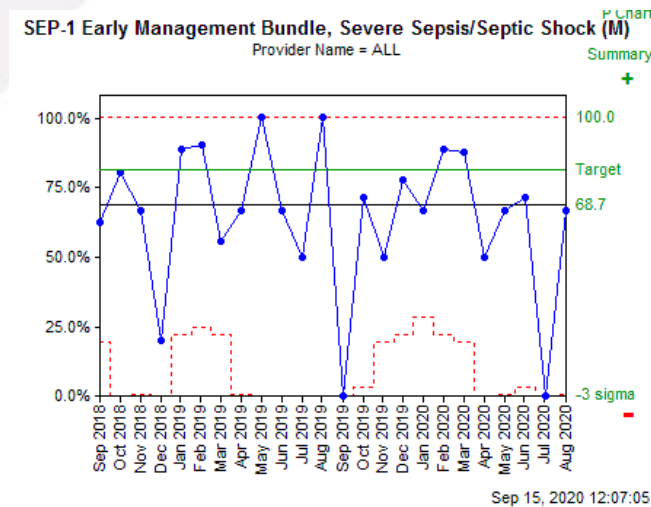
■ Blood culture

■ 2 Weight based IV fluids

■ Physician order

■ RN bolus documentation

■ Reflex lactate

























This measure focuses on patients with a diagnosis of severe sepsis or septic shock. Consistent with Surviving Sepsis campaign guidelines, it assesses measurement of lactate, obtaining blood cultures, administering broad spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement. As reflected in the data elements and their definitions, the first three interventions should occur within 3 hours of presentation of severe sepsis, while the remaining interventions are expected to occur within 6 hours of presentation of septic shock.

READMISSION

Scorecard Summary

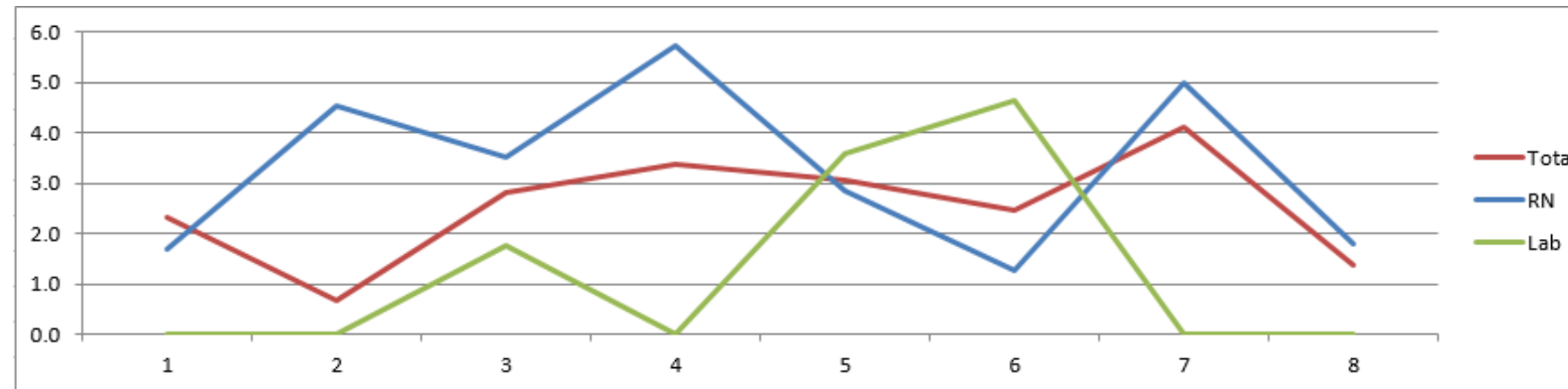
Readmissions

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Readmissions					
	 30-DV Inpatients - % Readmit to Acute Care within 30 Days (M) 	3.1%	15.3%		Aug 2020
	 COPD, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	19.5%		Aug 2020
	 HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	21.6%		Aug 2020
	 Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	4.0%		Jul 2020
	 PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	16.6%		Aug 2020
	 Sepsis, Severe - % Readmit within 30 Days (M) 	0.0%	12.0%		Aug 2020
	 Septic Shock - % Readmit within 30 Days (M) 	0.0%	13.3%		Aug 2020

BLOOD CULTURE CONTAMINATION

Blood Culture Contamination

Blood Culture Report - Monthly for 2020												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Blood Cultures Processed	130	147	142	118	98	122	146	145				
True Positive Cultures	6	11	7	11	8	8	8	8				
True Positive Culture Rate (percent)	4.6	7.5	4.9	9.3	8.2	6.6	5.5	5.5				
Total Contamination Cultures	3	1	4	4	3	3	6	2				
Total Contamination Rate (percent)	2.3	0.7	2.8	3.4	3.1	2.5	4.1	1.4				
Acceptable Contamination Rate $\leq 3.0\%$	Yes	Yes	Yes	No	No	Yes	No	Yes				
Blood Cultures Drawn by RN Staff	59	66	85	70	70	79	120	112				
Contaminated Culture Reported	1	3	3	4	2	1	6	2				
RN Contamination Rate (percent)	1.7	4.5	3.5	5.7	2.9	1.3	5.0	1.8				
Acceptable Contamination Rate $\leq 3.0\%*$	Yes	Yes	Yes	No	Yes	Yes	No	Yes				
Blood Culture Drawn by Lab Staff	88	64	57	48	28	43	26	32				
Contaminated Culture Reported	0	0	1	0	1	2	0	0				
Lab Contamination Rate (percent)	0	0	1.8	0.0	3.6	4.7	0.0	0.0				
Acceptable Contamination Rate $\leq 3.0\%$	Yes	Yes	Yes	Yes	No	No	Yes	Yes				



INFECTION PREVENTION

HAI Dashboard: Days Since/Date: [Date Range]

CDIFF

7 months

3/2/2020

CAUTI

1 year + 5
months

5/2/2019

CLABSI

9 years

2011

SSI

16 days
8/27/2019
KPRO

MRSA

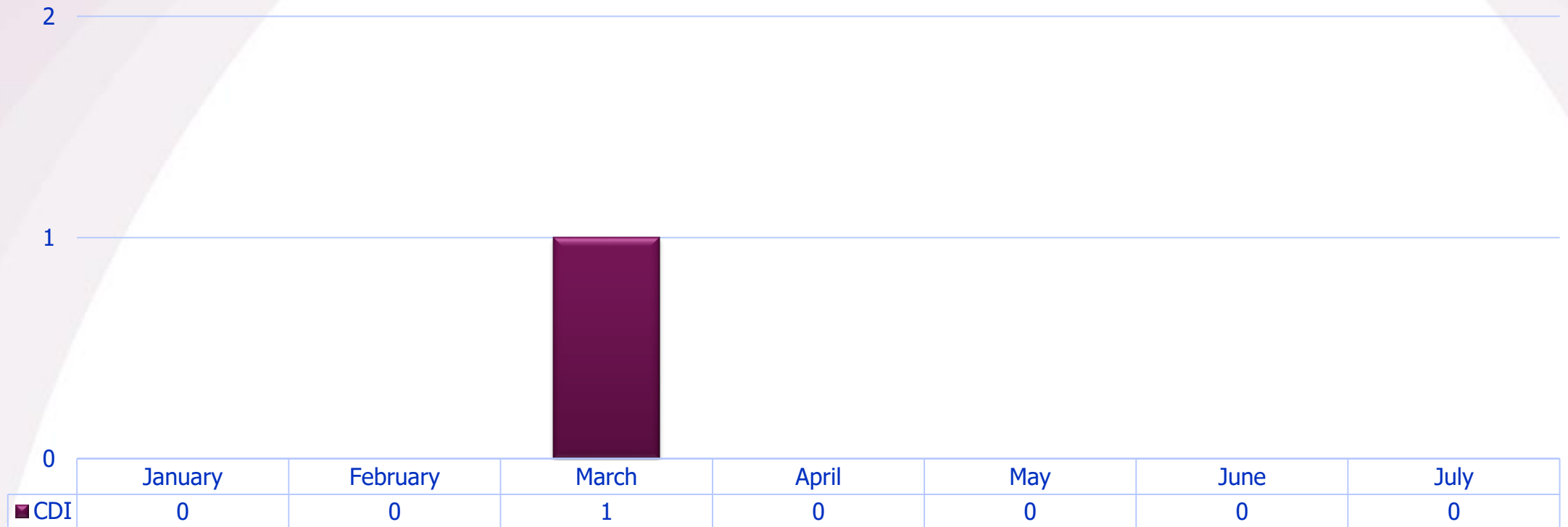
pending

OTHER

n/a

CDIFF - Clostridium difficile

CDI - 2020



■ CDI

CAUTI - Catheter Associated Urinary Tract Infection

Foley utilization rate: (working with IS to develop report)

Number of Foley days that did not meet appropriate indication: (TBD)

CAUTI - 2020

1

0

	January	February	March	April	May	June	July	August
■ CAUTI	0	0	0	0	0	0	0	0

CLABSI - Central Line Associated Bloodstream Infection

Central line utilization rate: (working with IS to develop report)

Number of central line days that did not meet appropriate indication: (TBD)

CLABSI- 2020

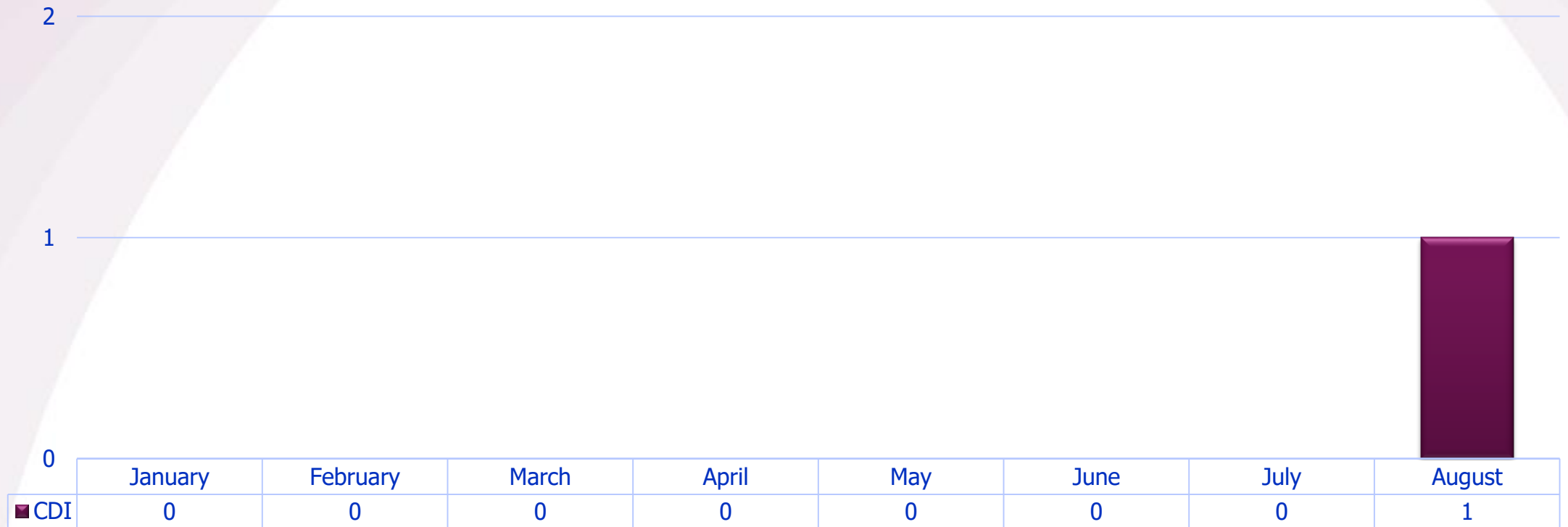
1

0

	January	February	March	April	May	June	July	August
■ CLABSI	0	0	0	0	0	0	0	0

SSI - Surgical Site Infection

SSI - 2020



■ CDI

MRSA / MSSA

MRSA - 2020

1

0

	January	February	March	April	May	June	July	August
■ MRSA	0	0	0	0	0	0	0	0

■ MRSA

Other Hospital Acquired Infection

- Currently investigating two cases of staph aureus infection
 - Negative cultures upon admission
 - COVID+
 - Intubated in the ICU
 - Positive cultures came after several days of intubation. They do not meet the NHSN definition of a hospital-acquired infection, but clinical picture may be different.

Current IP Activities, Foci, Campaigns

- Data collection
- Working on getting sign holders and signs for M/S and ICU. Then rollout signage education
- Covid-19
- Flu season
- Hand hygiene, Foley, and central line audits

UTILIZATION MANAGEMENT

Utilization Management

Finance > Utilization Management						
🟢 ▼	👤 1 Day Stay Rate-Medicare M	🔍	4.65%	8.10%		Aug 2020
🔴 ▲	👤 1 Day Stay Rate Medi-Cal M	🔍	14.29%	2.61%		Aug 2020
🔴 ▲	👤 Acute Care Risk-adjusted Average Length of Stay O/E Ratio M		1.01	0.79	📈	Aug 2020
🟡 ▼	👤 InterQual Criteria Status Not Met: Admission M vol	🔍	3	2		Aug 2020
🟢 —	👤 InterQual Criteria Status Not Met: Continued Stay M vol	🔍	0	0		Aug 2020

Length of Stay (LOS)

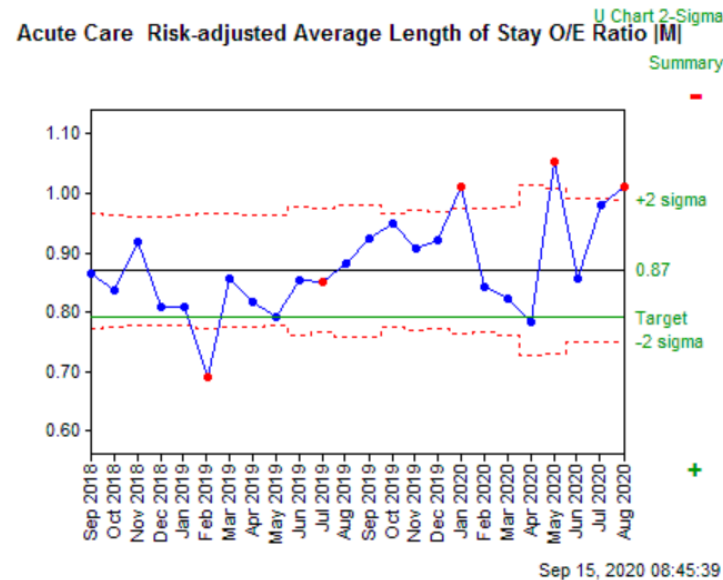
■ Case Review

■ August 2020

■ 16 cases

- 5 COVID
- 3 Substance abuse
- 4 Placement challenges
- 3 Failure to improve clinically
- 1 No documentation to support extended LOS

Period	Observed Days (num)	Expected Days (den)	Rate
Aug 2020	247	245	1.01
Jul 2020	235	240	0.98
Jun 2020	204	239	0.86
May 2020	189	179	1.05
Apr 2020	132	168	0.78
Mar 2020	244	297	0.82
Feb 2020	270	321	0.84
Jan 2020	320	317	1.01
Dec 2019	328	356	0.92
Nov 2019	310	342	0.91
Oct 2019	364	383	0.95
Sep 2019	258	279	0.92



One day stay MediCal

Period	R-ENC-1 Day Stay Medi-Cal rate (numerator)	R-ENC-1 Day Stay Medi-Cal rate (denominator)	Percent
Aug 2020	2	14	14.29%
Jul 2020	1	17	5.88%
Jun 2020	0	14	0.00%
May 2020	0	5	0.00%
Apr 2020	0	6	0.00%
Mar 2020	1	13	7.69%
Feb 2020	1	16	6.25%
Jan 2020	0	9	0.00%
Dec 2019	1	14	7.14%
Nov 2019	0	11	0.00%
Oct 2019	1	16	6.25%
Sep 2019	1	16	6.25%

Case Review

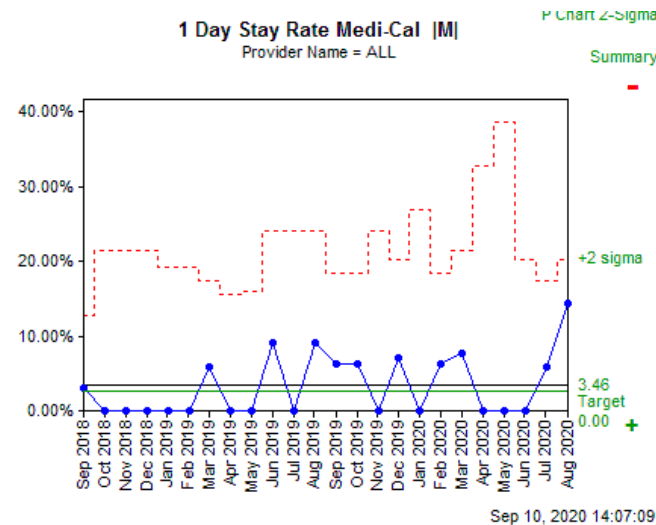
■ August 2020

■ 2 encounters

■ Cholecystectomy-stable, controlled pain and improved labs

■ Status appropriate

■ Against Medical Advice

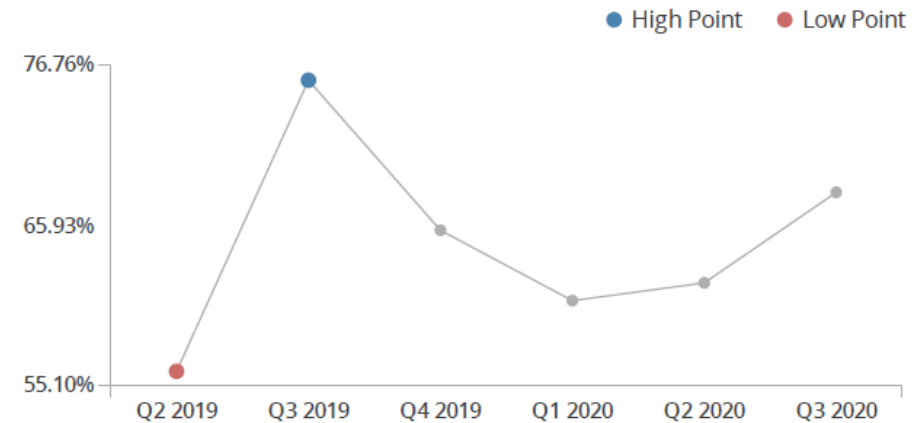
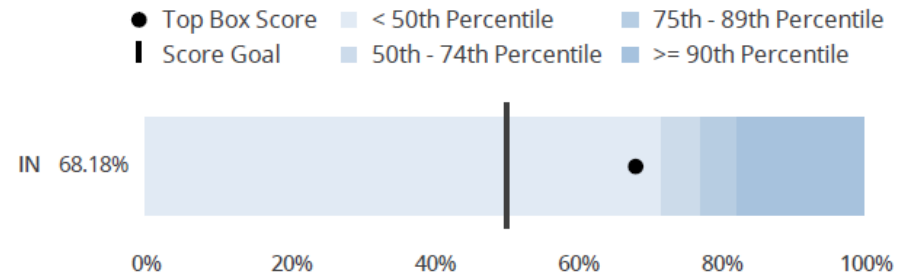


HUMAN EXPERIENCE

Inpatient Patient Satisfaction

Service Line Performance ⓘ

CAHPS Rate 0-10



n	22
Top Box Score	68.18%
Score Goal	50.00%
Percentile Rank	34

Time Period	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
n	41	33	32	46	29	22
Top Box Score	56.10%	75.76%	65.63%	60.87%	62.07%	68.18%
Percentile Rank	5	64	21	11	14	34

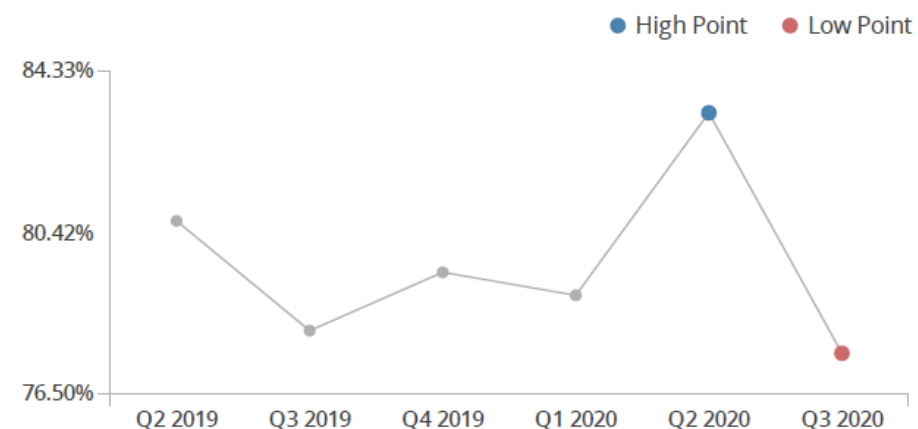
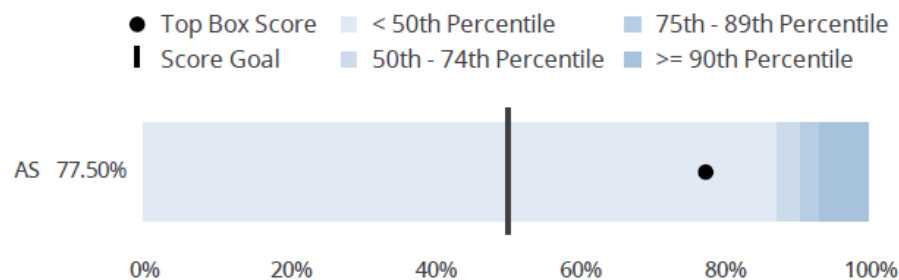
Dashboard Name: Performance Overview | System Name: Sonoma Valley Hospital - System | System ID: 15704 | Service Line: Inpatient | Measure: CAHPS Rate 0-10 | Metric: Top Box Score | Date Type: Received Date | Time Frame: Quarter To Date | Peer Group: All PG Database | Priority Index - Survey Type: CAHPS | Priority Index View: External | Phone Calibration: Applied | CMS Reportable Responses: Applied | Skip Logic: Applied | Current Benchmarking Period: 06/01/2020 - 08/31/2020 | Fiscal Start Month: 01 | Download Date & Time: Sep 10, 2020 5:32 pm EDT



Surgery Patient Satisfaction

Service Line Performance ⓘ

CAHPS Rate 0-10



n	40
Top Box Score	77.50%
Score Goal	50.00%
Percentile Rank	7

Time Period	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020
n	197	164	112	128	54	40
Top Box Score	80.71%	78.05%	79.46%	78.91%	83.33%	77.50%
Percentile Rank	18	9	14	11	25	7

Dashboard Name: Performance Overview| System Name: Sonoma Valley Hospital - System| System ID: 15704| Service Line: Ambulatory Surgery| Measure: CAHPS Rate 0-10| Metric: Top Box Score| Date Type: Received Date| Time Frame: Quarter To Date| Peer Group: All PG Database| Priority Index - Survey Type: CAHPS| Priority Index View: External| Phone Calibration: Applied| CMS Reportable Responses: Not Applied| Skip Logic: Not Applied| Current Benchmarking Period: 06/01/2020 - 08/31/2020| Fiscal Start Month: 01| Download Date & Time: Sep 10, 2020 5:31 pm EDT



Document Tasks by Committee

Listing of currently pending and/or upcoming document tasks grouped by committee.

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 09/17/2020 12:09 PM

Report Parameters

Filtered by: Document Set: all applicable
Committee: BOD-Quality Committee of the Board
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Name, Document Location

Report Statistics

Total Documents: 13

Committee: BOD-Quality Committee of the Board

Committee Members: Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Bulletin Boards <i>Human Resources Policies (HR)</i>	Pending Approval	9/4/2020	13
Summary Of Changes: No substantive changes, just updates to language for clearer communication. updated references. Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock) Lead Authors: McKissock, Lynn (lmckissock) Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)			
Code of Conduct GL8610-128 <i>Governance and Leadership Policies\Chief Human Resources Officer (CHRO)</i>	Pending Approval	9/4/2020	13
Summary Of Changes: Reviewed. No Changes. Moderators: Newman, Cindi (cnewman) Lead Authors: McKissock, Lynn (lmckissock) Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)			
Compensatory Time <i>Human Resources Policies (HR)</i>	Pending Approval	9/4/2020	13
Summary Of Changes: Minor language updates to provide clarity; updated references. Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock) Lead Authors: McKissock, Lynn (lmckissock) Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)			
Dress Code HR8610-230 <i>Human Resources Policies (HR)</i>	Pending Approval	9/4/2020	13
Summary Of Changes: Updated language in reference to hair styles and removed language that was gender specific, to ensure alignment with California law changes.			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 09/17/2020 12:09 PM

Listing of currently pending and/or upcoming document tasks grouped by committee.

Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)
 Lead Authors: McKissock, Lynn (lmckissock)
 Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)

Leaves - Medical & Family Care (FMLA & CFRA) HR8610-172A Pending Approval 9/9/2020 8
Human Resources Policies (HR)

Summary Of Changes: Reviewed to ensure continued compliance with updated California law. Minor edits to language for clarity.

Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)
 Lead Authors: McKissock, Lynn (lmckissock)
 Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)

Orientation Period HR8610-112 Pending Approval 9/9/2020 8
Human Resources Policies (HR)

Summary Of Changes: Updated language throughout from Probationary period to Orientation period.

Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)
 Lead Authors: McKissock, Lynn (lmckissock)
 Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)

Piperacillin-Tazobactam Extended Infusion Dosing Pending Approval 8/26/2020 22
Medication Management Policies (MM)

Summary Of Changes: Updated to match UCSF guidelines

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)

Remote Pharmacist Services Pending Approval 8/26/2020 22
Medication Management Policies (MM)

Summary Of Changes: Updated to include medication history remote service

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza)
 Approvers: Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)

Required Certifications HR8610-365 Pending Approval 9/9/2020 8
Human Resources Policies (HR)

Summary Of Changes: Updated list of certifications required for specific positions; updated department names and alpha sorted; removed SNF

Moderators: Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)
 Lead Authors: McKissock, Lynn (lmckissock)
 Approvers: McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Woodall, Vivian (vwoodall)

Run date: 09/17/2020 12:09 PM

Listing of currently pending and/or upcoming document tasks grouped by committee.

Temperature Monitoring of Medication Storage	Pending Approval	8/26/2020	22
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Temperature policy was updated to match CDC freezer guidelines		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		
Tuberculosis Screening HR8610-164.5	Pending Approval	9/9/2020	8
<i>Human Resources Policies (HR)\Employee Health</i>			
Summary Of Changes:	Updated interpretation of lab results on QG tests to ensure accurate understanding of results and when re-testing is indicated, as reported lab results changed from previous version; updated references.		
Moderators:	Newman, Cindi (cnewman), McKissock, Lynn (lmckissock)		
Lead Authors:	McKissock, Lynn (lmckissock)		
Approvers:	McKissock, Lynn (lmckissock) -> P&P Committee - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		
Vaccine Screening-Pneumococcal and Influenza	Pending Approval	8/26/2020	22
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Removed reference to pneumococcal vaccine and SNF as these are no longer required to be part of policy.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		
Vancomycin Protocol	Pending Approval	8/26/2020	22
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	vancomycin protocol was updated to use area under the curve as monitoring parameter.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	Kutza, Chris (ckutza) -> P&P Committee - (Committee) -> MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> MS-Medical Executive - (Committee) -> BOD-Quality Committee of the Board - (Committee) -> BOD-Board of Directors - (Committee)		