SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, FEBRUARY 24, 2021

5:00 p.m. Regular Session

TO BE HELD VIA ZOOM VIDEOCONFERENCE

To Participate Via Zoom Videoconferencing
use the link below:

https://sonomavalleyhospital-org.zoom.us/j/92697642290?pwd=MXlERGJpTmt2VlluMk10K3lsL1FNdz09

and Enter the **Meeting ID: 926 9764 2290**
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1-669-900-9128 or 1-669-219-2599
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Passcode: 204848

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 *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Mainardi*	
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.*	*Mainardi*	
3. CONSENT CALENDAR • Minutes 01.27.21	*Mainardi*	Action
4. PATIENT CARE SERVICES QUALITY DASHBOARD	*Kobe*	Inform
5. QUALITY INDICATOR PERFORMANCE AND PLAN FOR JANUARY 2021	*Jones*	Inform
6. POLICIES AND PROCEDURES	*Jones*	Action
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
8. REPORT OF CLOSED SESSION	*Mainardi*	Action
9. ADJOURN	*Mainardi*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
January 27, 2021 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present	Members Present cont.	Excused	Public/Staff
Michael Mainardi, MD, via Zoom Howard Eisenstark, MD, via Zoom Susan Kornblatt Idell via Zoom Ingrid Sheets via Zoom	Carol Snyder via Zoom Andrew Solomon, MD, via Zoom Cathy Webber via Zoom		Sabrina Kidd, MD, CMO and COO, via Zoom Danielle Jones, RN, Chief Quality Officer, via Zoom Mark Kobe, CNO, via Zoom Jessica Winkler via Zoom Leslie Lovejoy via Zoom Dr. Judith Bjorndal via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Mainardi*	
	5:01 pm	
2. PUBLIC COMMENT	*Mainardi*	
	None	
3. CONSENT CALENDAR	*Mainardi*	Action
• QC Minutes, 11.18.20	Dr. Eisenstark suggested changes to items 5 and 6 of the November 18, 2020, minutes.	**MOTION:** by Eisenstark to approve with changes, 2nd by Sheets. All in favor.
4. PALLIATIVE CARE PROJECT PRESENTATION	*Winkler*	Inform
	Ms. Jessica Winkler, Director of Patient Care Services, presented her plan for a nurse driven palliative care program. The plan will start with inpatients and then move to an ER program later. She indicated that the hospital's readmission rates are around 15%, with some patients returning every month, some every three months. ER visits during the last six months are also reviewed for returning patients. The program is due to go live in September with a goal of increasing palliative care utilization by 25%.	

AGENDA ITEM	DISCUSSION	ACTION
	Mr. Kobe added that palliative care is suggested during rounds at least once a week or more, but is not utilized. This is an area SVH has scored low on that can be improved to gain 5 star status.	
5. PRIME GRANT REPORT	*Lovejoy*	
	Ms. Lovejoy reviewed the Prime Grant final report. This was a 5-year program with multiple metrics, and SVH's project was improving coordination of care. The required 10% improvement in each area per reporting period was very challenging; however, there was a great deal of improvement in several areas. There was a potential $3.5 million on the table, down to $3.2 million after a takeback for COVID, and SVH earned $2.7 million. Patient care was definitely improved.	
	Opportunities include readmissions for patients with substance abuse or behavioral health issues, as well as palliative care and advance care planning needs. Ms. Lovejoy has written a new grant for placing a substance abuse coordinator in the ER.	
6. QUALITY INDICATOR PERFORMANCE AND PLAN FOR DECEMBER 2020	*Jones*	Inform
	Ms. Jones presented an abbreviated performance summary for December. She is awaiting word from CMS as to whether they will continue the 5 star system.	
	Patient experience projects include: (1) Working with Benchmark hospitalists to prioritize physician communication; (2) Working with pharmacy to implement discharge 1:1 meetings for medication education, as well as post-charge calls from pharmacists; and (3) Partnering with patient care unit and support departments. to focus on communication.	
7. POLICIES AND PROCEDURES	*Kidd*	Inform
	Policies with Changes Made: Antimicrobial Stewardship Notification to CDPH and Sonoma County Board of Supervisors Contract Administration, Patient Care Services Inspection of Nursing Units and Medication Storage Areas Moderate Sedation AN8610-102	**MOTION:** by Kornblatt Idell to approve with changes to new policies, 2nd by Eisenstark. All in favor.

AGENDA ITEM	DISCUSSION	ACTION
	Pharmaceutical Representatives MM8610-159 Rapid Sequence Intubation (RSI) Kit MM8610-161 Receiving Procedures Rotation of Stock Sterile Compounding MM8610-117 Unusual Occurrence Report to Governmental Agencies Policies Reviewed – No Changes: Blood and Body Fluid Spills Cleaning in Materials Management Construction or Renovation Projects, Infection Control Equipment Inspection Handling of Sharps Phone Tree Product Failure Security in Materials Management Policy Recommended to Retire: Hazardous Substances New Policies: COVID-19 Surge Planning - Pharmacy Renal Dosing – Pharmacy Protocol	

8. **CLOSED SESSION:**
   a. Calif. Health & Safety Code §32155: Medical Staff
      Credentialing & Peer Review Report		

9. **REPORT OF CLOSED SESSION**	*Mainardi*	
	The Medical Staff credentialing report was approved.	**MOTION:** by Eisenstark, 2nd by Sheets. All in favor.
10. **ADJOURN**	*Mainardi*	
	6:12 pm	

Patient Care Services Dashboard 2019

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Medication Scanning Rate	2019-2020				
	Q1	Q2	Q3	Q4	Goal
Acute	96.0%	95.0%	SDE	70.4%	>90%
ED	83.0%	83.0%	SDE	21.8%	>90%
Preventable med errors R/T Med Scanning	4 (n=22)	1 (n=9)	SDE	0 (n=0)	<2

Falls (Per 1000 days) 2019-2020					
	Q1-Q4	Q2-Q1	Q3-Q2	Q4-Q1	50th %tile
Acute	1.50	2.30	1.60	1.30	3.75
ED	0.0	0.0	0.0	0.0	

Hospital Acquired Pressure Ulcer Incidents (Per 1000 admissions)	2019-2020				
	Q1	Q2	Q3	Q4	National
Acute (stage III & IV)	4.5*	0.0	0.0	0.0	3.68
* 1 pt out of 222					

Nursing Turnover	2019-2020 RNs/Quarter				
# of RNs	Q1	Q2	Q3	Q4	Goal
Acute (n=52)	0	0	2	3	<6

Patient Experience (CAHPS)	2019-2020				
	Q1	Q2	Q3	Q4	Goal
HCAHPS (rolling 12 month)					
Would Recommend	71	71.4	66.3	68	70.0
Quietness of Hosp Environment	59	62.3	53.9	54.6	51.0
OASCAHPS (rolling 12 month)					
Care of Patients (MD/RN respect)	97.9	97.9	99.2	96.1	97.1
Would Recommend	83.7	87.5	88.9	78.5	88.6
RATE MY HOSPITAL - ED	Q1	Q2	Q3	Q4	
Overall score	4.7	4.7	4.8	4.7	>4.5
RATE MY HOSPTIAL-INPATIENT	Q1	Q2	Q3	Q4	
How Do You Feel About Your Stay?	4.6	4.9	DC	DC	>4.5

Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
2019-2020	Q1	Q2	Q3	Q4	Goal
	0	0	0	0	<0

Green = Goal Met   **Yellow** = Below goal   **Red** = Continues below goal or significantly below goal
2013 Hospital falls std from J Amer Med, AHRQ & PubMed

1. Proparacaine ordered by tetracaine overrode from Pyxis and given 2. Seroquel XR overrode from Pyxis when order already active for Seroquel plain, dose given 3. Senna removed on override from Pyxis when order already active for Senna w/ docusate. Dose given 4. Xopenex neb removed on override from Pyxis by RT and given when albuterol neb ordered

Quality Indicator Performance & Plan

February 2021

Data for January 2021

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MORTALITY

Scorecard Summary
Mortality

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Autopsies Mortalities					
	Acute Care Mortality Rate (M)	3.3%	15.3%		Jan 2021
	Congestive Heart Failure Mortality Rate |M|	0.0%	11.5%		Jan 2021
	COPD Mortality Rate |M|	0.0%	8.5%		Jan 2021
	Ischemic Stroke Mortality Rate |M|	0.0%	13.8%		Jan 2021
	Pneumonia Mortality Rate |M|	0.0%	15.6%		Jan 2021
Quality > Process of Care > Sepsis Care					
	Sepsis, Severe - Mortality Rate (M)	0.0%	25.0%		Dec 2020
	Septic Shock - Mortality Rate (M)	25.0%	25.0%		Jan 2021

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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		Jan 2021
	PSI 03 (v2019) Pressure Ulcer - Per 1000 ACA (M)	0.00	0.51		Jan 2021
	PSI 04 (v2019) Death in Surgical IP w/Ser Comp, Overall - Per 1000 ACA (M)	1000.00	146.36		Jan 2021
	PSI 05 (v2019) Retained Surgical Item/Device Fragment - Per 1000 ACA (M)	0.00	0.00		Jan 2021
	PSI 06 (v2019) Iatrogenic Pneumothorax - Per 1000 ACA (M)	0.00	0.21		Jan 2021
	PSI 07 (v2019) Central Venous Catheter-related BSI - Per 1000 ACA (M)	0.00	0.12		Jan 2021
	PSI 08 (v2019) In Hospital Fall with Hip Fracture - Per 1000 ACA (M)	0.00	0.08		Jan 2021
	PSI 09 (v2019) Perioperative Hemorrhage or Hematoma - Per 1000 ACA (M)	0.00	2.29		Jan 2021
	PSI 10 (v2019) Postop Acute Kidney Injury Requiring Dialysis - Per 1000 ACA (M)	0.00	0.73		Jan 2021
	PSI 11 (v2019) Postoperative Respiratory Failure - Per 1000 ACA (M)	0.00	5.53		Jan 2021
	PSI 12 (v2019) Perioperative Pulmonary Embolism or DVT - Per 1000 ACA (M)	0.00	3.45		Jan 2021
	PSI 13 (v2019) Postoperative Sepsis - Per 1000 ACA (M)	0.00	4.05		Jan 2021
	PSI 14 (v2019) Postoperative Wound Dehiscence - Per 1000 ACA (M)	0.00	0.69		Jan 2021
	PSI 15 (v2019) Accidental Puncture or Laceration - Per 1000 ACA (M)	0.00	1.06		Jan 2021
	PSI 90 (v2019) Midas Patient Safety Indicators Composite, ACA (M)	0.00	1.00		Jan 2021

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

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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		Jan 2021
◠ —	👥 RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	0.00	3.75		Jan 2021
◠ —	👥 Falls with injury % of all Acute falls |M| 🔍	0.0%	0.0%		Jan 2021

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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)	1.8%	15.3%		Jan 2021
	COPD, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	0.0%	19.5%		Jan 2021
	HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	0.0%	21.6%		Jan 2021
	Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	0.0%	4.0%		Jan 2021
	PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	0.0%	16.6%		Jan 2021
	Sepsis, Severe - % Readmit within 30 Days (M)	0.2%	12.0%		Dec 2020
	Septic Shock - % Readmit within 30 Days (M)	0.0%	13.3%		Jan 2021

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BLOOD CULTURE CONTAMINATION

Blood Culture Contamination

Blood Culture Report - Monthly for 2021	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Blood Cultures Processed	137											
True Postive Cultures	3											
True Postive Culture Rate (percent)	2.2											
Total Contamination Cultures	3											
Total Contamination Rate (percent)	**2.2**											
Acceptable Contamination Rate ≤3.0%	Yes											
Blood Cultures Drawn by RN Staff	89											
Contaminated Culture Reported	2											
RN Contamination Rate (percent)	*2.2*											
Acceptable Contamination Rate ≤3.0%	Yes											
Blood Culture Drawn by Lab Staff	48											
Contaminated Culture Reported	1											
Lab Contamination Rate (percent)	*2.1*											
Acceptable Contamination Rate ≤3.0%	Yes											

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
RN	2.2											
Total	2.2											
Lab	2.1											

Month

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Blood Culture Contamination

- Case Review
  - Emergency Department
  - January 2021
  - Two contaminations
    - 1:1 conversation and return demonstration
    - Leadership will have conversation with all team members on duty for shift of occurrence
      - Unidentifiable

- Case Review
  - Lab
  - January 2021
  - One contamination
    - 1:1 education was provided to the collector
    - Partnership with nursing supervisor for individual instruction on proper technique

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INFECTION PREVENTION

Hospital Acquired Infections: Days Since

- Clostridium difficile
  - 11 months
- Catheter Associated Urinary Track Infection
  - 1 year, nine months
- Central Line Associated Blood Stream Infection
  - 10 years
- Surgical Site Infection
  - 1 year, six months
- Methicillin-resistant staphylococcus aureus
  - 10 years+
- Ventilator Associated Episode
  - 10 years +

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UTILIZATION MANAGEMENT

Utilization Management

Finance > Utillization Management

🔴 ▲	👥 1 Day Stay Rate-Medicare |M|	🔍	15.22%	8.10%		Jan 2021
🟢 ▽	👥 1 Day Stay Rate Medi-Cal |M|	🔍	0.00%	2.61%		Jan 2021
🔴 ▽	👥 Acute Care Risk-adjusted Average Length of Stay O/E Ratio |M|	🔍	0.88	0.79		Jan 2021
🟢 —	👥 InterQual Criteria Status Not Met: Admission |M|vol	🔍	0	2		Jan 2021
🟢 —	👥 InterQual Criteria Status Not Met: Continued Stay |M| vol	🔍	0	0	📉	Jan 2021

One Day Stay MediCal

Period	R-ENC-1 Day Stay Medicare rate (numerator)	R-ENC-1 Day Stay Medicare rate (denominator)	Percent
Jan 2021	7	46	15.22%
Dec 2020	3	40	7.50%
Nov 2020	1	33	3.03%
Oct 2020	0	39	0.00%
Sep 2020	4	34	11.76%
Aug 2020	2	41	4.88%
Jul 2020	4	42	9.52%
Jun 2020	5	43	11.63%
May 2020	1	31	3.23%
Apr 2020	0	34	0.00%
Mar 2020	7	36	19.44%
Feb 2020	6	53	11.32%

1 Day Stay Rate-Medicare |M|
Provider Name = ALL

P Chart 2-Sigma
Summary
+2 sigma
Target 7.82
-2 sigma

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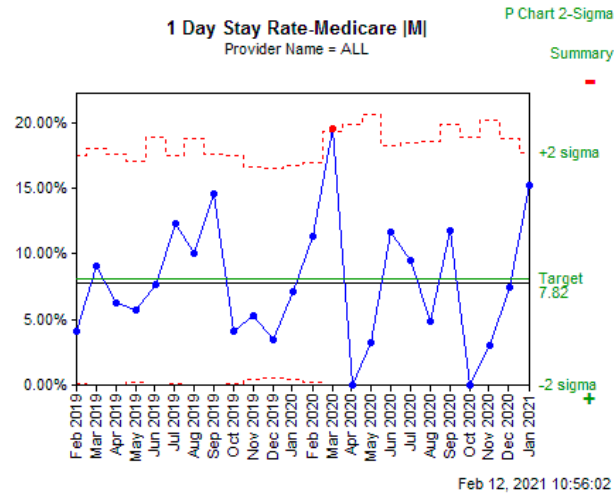
Case Review

- January 2021
- 7 encounters
  - 2 patients were transferred to a higher level of care
  - 2 patients were admitted for cholecystectomy and discharged home post-op day one
  - 1 patient was admitted for a mechanical fall with non surgical intervention
  - 1 patient was admitted for Code Stroke and discharged home as symptoms resolved
  - 1 patient was admitted for syncopal episodes and discharged home with a negative cardiac work up

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QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI)

Quality & Risk Management Oversight 2020

QAPI Monitoring Reporting:

Due Dates		4/15/2020	7/15/2020	10/15/20	1/15/21
Data Collection Period		Q1 2019	Q2 2019	Q3 2019	Q4 2019
1	Admitting			Cyberattack	Yes
2	Cardiology			Cyberattack	Yes
3	Case Management			Cyberattack	Yes
4	Emergency			Cyberattack	Yes
5	EVS			Cyberattack	Yes
6	Facilities			Cyberattack	Yes
7	HIM			Cyberattack	Yes
8	HR			Cyberattack	Yes
9	ICU			Cyberattack	Yes
10	Infection Prevention			Cyberattack	Yes
11	IT		Data for Q1 & Q2 lost secondary to Cyber attack. See individual department indicator reports	Cyberattack	No
12	Lab			Cyberattack	Yes
13	Materials Management			Cyberattack	Yes
14	Med Staff			Cyberattack	Yes
15	Med-Surg			Cyberattack	Yes
16	Med Imaging			Cyberattack	Yes
17	Nutritional Services			Cyberattack	Yes
18	Occupational Health			Cyberattack	Yes
19	Pharmacy			Cyberattack	Yes
20	Quality			Cyberattack	Yes
21	Rehab Ser IP			Cyberattack	Yes
22	Rehab Ser OP			Cyberattack	Yes
23	Skilled Nursing			Cyberattack	No
24	Surgery			Cyberattack	Yes
25	Wound Care			Cyberattack	Yes
26	Patient Financial Services			Cyberattack	No
27	Respiratory Therapy			Cyberattack	Yes
28	Risk			Cyberattack	Yes
	Completion Rate				89%

Completed working meetings on 2/17/2021 with the following departments:

1. **Admitting**
2. **Cardiology**
3. **Emergency**
4. **Lab**
5. **Med/Surg**
6. **Medical Imaging**
7. **Occupational Health**
8. **Pharmacy**
9. **Inpatient Rehab**
10. **Out patient Rehab**
11. **Respiratory**
12. **ICU**
13. **Wound Care**

46% completion rate for 2021 QAPI plans

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RISK EVENT REPORTS

Risk Event Reports

Event Class/Parameters	Count of Event No.
MEDICATION	**3**
Order Entry- Physician	1
Medication Admin	2
DX,DIAGNOSTIC TEST	**1**
COVID-19 Screen Results not on chart	1
IV RELATED	**1**
Extravasation	1
Grand Total	**5**

- **January 2021**
  - 5 events reported
  - Downtime procedures secondary to Cyberattack
    - 3 Medication
    - 1 Diagnostic
    - 1 IV related

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HUMAN EXPERIENCE

Patient Relations

#	Location	Type(s)
21-3	Med Surg- 3rd floor	COMPLAINT-Patient Care
20-97	Emergency Dept.	Complaint-Communication Complaint-Other Complaint-Confidentiality
21-2	Quality	Grievance-HIPAA Breach
20-93	Emergency Dept.	Grievance-Physician Care Grievance-Nursing Care
21-1	COVID-19, Screening	Kudos/Compliment-Patient care

Grievance elapsed time	
Avg days to Acknowledgement:	4.5
Avg days to Resolution:	4.5
Avg days to Close:	6.5

- January 2021
  - 2 complaints
  - 2 grievances
  - 1 Kudos

Inpatient Patient Satisfaction

Service Line Performance ⓘ

CAHPS Rate 0-10

- ● Top Box Score
- | Score Goal
- ▪ < 50th Percentile
- ▪ 50th - 74th Percentile
- ▪ 75th - 89th Percentile
- ▪ >= 90th Percentile

● High Point   ● Low Point

AS   100%
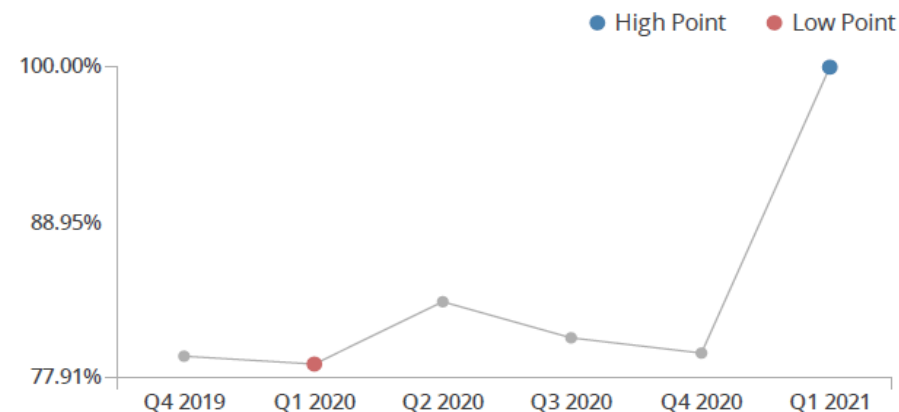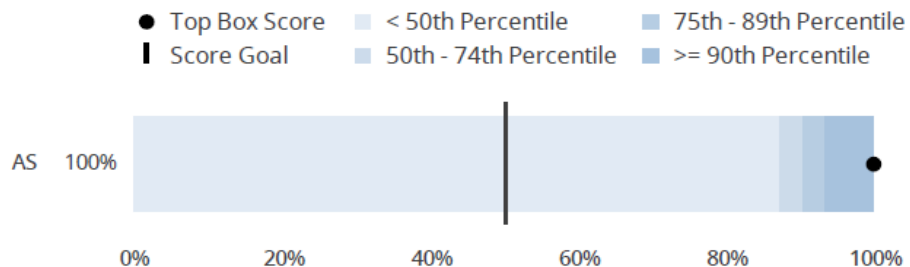
n	33
Top Box Score	100.00%
Score Goal	50.00%
Percentile Rank	99

Time Period	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
n	112	128	54	52	64	33
Top Box Score	79.46%	78.91%	83.33%	80.77%	79.69%	100.00%
Percentile Rank	14	11	25	15	12	99

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: 11/01/2020 - 01/31/2021| Fiscal Start Month: 01| Download Date & Time: Feb 14, 2021 10:34 pm EST

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Surgery Patient Satisfaction

Service Line Performance ⓘ
CAHPS Rate 0-10

- ● Top Box Score
- ▮ Score Goal
- ▭ < 50th Percentile
- ▭ 50th - 74th Percentile
- ▭ 75th - 89th Percentile
- ▭ >= 90th Percentile

● High Point ● Low Point

IN 60.00%
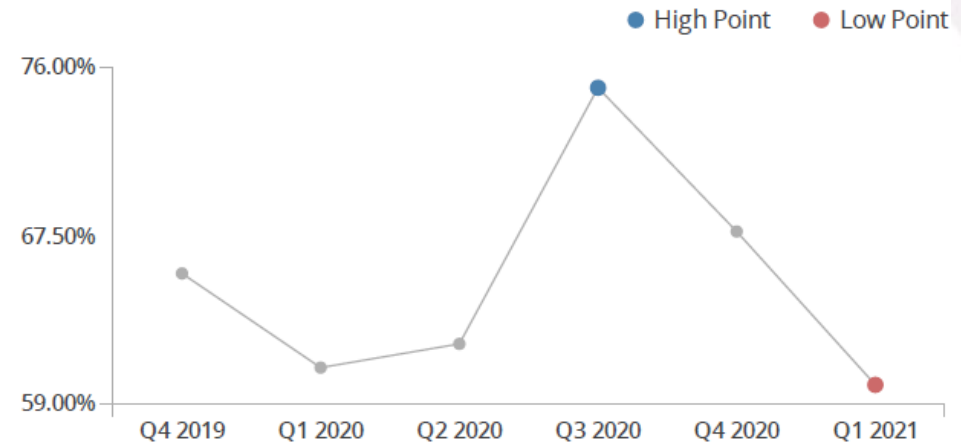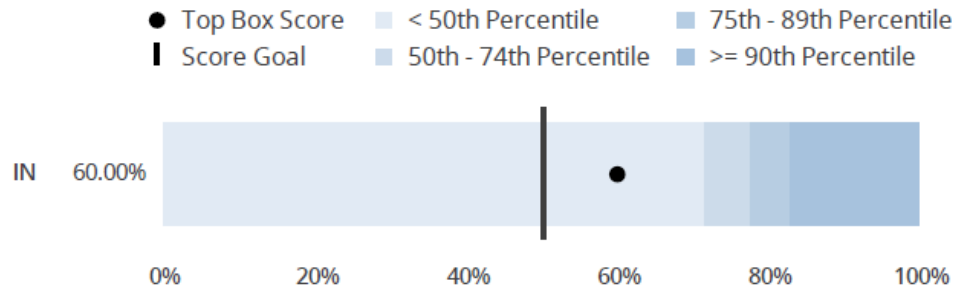
n	10
Top Box Score	60.00%
Score Goal	50.00%
Percentile Rank	10

Time Period	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
n	32	46	29	28	31	10
Top Box Score	65.63%	60.87%	62.07%	75.00%	67.74%	60.00%
Percentile Rank	21	11	14	65	32	10

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CMS STAR RATING

CMS Star Rating

Table 1: Overall Hospital Quality Star Rating Results for Your Hospital and the Nation

SONOMA VALLEY HOSPITAL

Results corresponding with data publicly reported for October 2020 on Care Compare on Medicare.gov.

Overall Star Rating Results	Your Hospital's Results	National Average
Overall Star Rating [a]	*** (3 out of 5 stars)	*** (3 out of 5 stars)
Hospital Summary Score [b]	-0.11	-0.05
Peer Grouping [c]	5 Measure Groups	--

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: 02/19/2021 10:56 AM

Report Parameters	
Filtered by:	Document Set: all applicable
	Committee: 07 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:	37	

Committee:	07 BOD-Quality Committee of the Board

Committee Members:	**Woodall, Vivian (vwoodall)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Aerosol Transmissible Disease Exposure Control Policy *Infection Prevention & Control Policies (IC)*	**Pending Approval**	2/19/2021	0

Summary Of Changes:	**None. Will review Aerosol Transmissible Disease Plan.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Airborne Infection Ioslation Precautions *Infection Prevention & Control Policies (IC)*	**Pending Approval**	2/19/2021	0

Summary Of Changes:	**Appendix A, airborne isolation sign, location of PAPRs.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Authority Statement *Infection Prevention & Control Policies (IC)*	**Pending Approval**	2/19/2021	0

Summary Of Changes:	**Removed Kathy's name.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
Bloodborne Pathogen Exposure Control Policy *Infection Prevention & Control Policies (IC)*	**Pending Approval**	2/19/2021	0

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: 02/19/2021 10:56 AM

Summary Of Changes:	**Reviewed, no changes. Will review Bloodborne Pathogen Exposure Control Plan (in HR). This policy can be retired or kept to direct people to the Control Plan.**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Heinrich, Leah (lheinrich)**		
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**		

Cleaning Schedules and Procedures	**Pending Approval**	2/11/2021	8
Food & Nutrition Services Dept Policies			

Summary Of Changes:	**New Policy to address CIHQ regulations**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**		
Approvers:	**Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**		

Communicable Disease Reporting to Public Health	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Added "CalREDIE". Uploaded edited draft.**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Heinrich, Leah (lheinrich)**		
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**		

Contact Isolation Precautions	**Pending Approval**	2/9/2021	10
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed by IP on 12/28/20. Added "CDC Appendix A".**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Heinrich, Leah (lheinrich)**		
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**		

Contact Plus Enteric Isolation Precautions	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Added "CDC appendix A" and "DO NOT use hand gel when leaving the room. Go directly to the sink and scrub hands..."**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Heinrich, Leah (lheinrich)**		
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**		

Diet Orders and Diet Changes	**Pending Approval**	2/11/2021	8
Food & Nutrition Services Dept Policies			

Summary Of Changes:	**Updated department name. Removed references to policies that no longer exist or have been reviewed. Added more information as to how to specifically order accurate orders.**

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: 02/19/2021 10:56 AM

Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**	
Lead Authors:	**Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**	
Approvers:	**Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**	

Discharge Medication Charity Program	**Pending Approval**	1/22/2021	28
Discharge Planning (DP)			

Summary Of Changes:	**Updated process steps to include role responsibilities and reporting; changed parts of the form for better clarity**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Lovejoy, Leslie (llovejoy)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Discharge Planning	**Pending Approval**	1/22/2021	28
Discharge Planning (DP)			

Summary Of Changes:	**No changes needed. Meets the entire language of the standard.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Lovejoy, Leslie (llovejoy)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Droplet Precautions	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**added "CDC appendix A"**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Ebola Viral Disease Policy and Procedurere	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**reviewed. no changes.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Enteral and Oral Supplementation, Role of Dietitian	**Pending Approval**	2/11/2021	8
Food & Nutrition Services Dept Policies			

Summary Of Changes:	**Changed title of policy and updated department name. Added purpose. Removed references to formulary as it is not finalized.**

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: 02/19/2021 10:56 AM

Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**
Approvers:	**Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Hand Hygiene	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed. No changes.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

HumidityTemperature Surgical Areas OI8610-102	**Pending Approval**	1/22/2021	28
Operative & Invasive Services Policies (OI)			

Summary Of Changes:	**removed all verbiage referring to 'The Birthplace'.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Clark, Janine (jclark)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Infection Control Committee	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed. No changes**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Infection Control Mandatory Reporting	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed. No changes.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Infection Control Water Management	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed. No changes.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**

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: 02/19/2021 10:56 AM

Approvers:	Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Infection Prevention and Control Training for Healthcare Workers	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed. No changes.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Late Trays	**Pending Approval**	2/11/2021	8
Food & Nutrition Services Dept Policies			

Summary Of Changes:	**Updated department name. Removed language that a diet order may be called into the kitchen as diet clerks cannot take verbal orders. Added early tray procedures as well.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**
Approvers:	**Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Lice, Management of Infestation	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**added "notify infection prevention"**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Management of Multi-Drug Resistant Organisms Policy	**Pending Approval**	2/19/2021	0
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Added: notification and ongoing surveillance.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Heinrich, Leah (lheinrich)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Menu Distribution	**Pending Approval**	2/11/2021	8
Food & Nutrition Services Dept Policies			

Summary Of Changes:	**Added Purpose, changed department name**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**
Approvers:	**Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

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

Paging Codes Overhead	**Pending Approval**	1/22/2021	28
Emergency Preparedness Policies (EP)			

Summary Of Changes:	**took out Code Silver. Took out Hostage/Active Shooter and changed to Active Shooter/Location**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Kobe, Mark (mkobe)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Parenteral Nutrition, Role of the Dietitian	**Pending Approval**	2/11/2021	8
Food & Nutrition Services Dept Policies			

Summary Of Changes:	**New policy outlining specific role of the Dietician with regard to parenteral feeding**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**
Approvers:	**Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Personal Hygiene and Food Safety	**Pending Approval**	2/11/2021	8
Food & Nutrition Services Dept Policies			

Summary Of Changes:	**Added an entire section on employee health and addressing communicable diseases that are transmissible through food. Changed title from Dress Code and Personal Hygiene to Hygiene and Safe Food Handling**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Harleman, Anna (aharleman), Guevara, Aaron (aguevara)**
Approvers:	**Harleman, Anna (aharleman) -> 01 P&P Committee - (Committee) -> MS-Chair of PI/P&T Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

PPE 90-day Supply Policy (EP)	**Pending Approval**	1/20/2021	30
Emergency Preparedness Policies (EP)			

Summary Of Changes:	**New Policy** **COVID 19 Planning, Per:** **California Assembly Bill 2537** **California Hospital Association – Assembly Bill 2547: FAQs for Hospitals**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Dugger, James (jdugger)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Purchase Order Returns	**Pending Approval**	2/3/2021	16
Materials Management Dept			

Summary Of Changes:	**1/5/21 - Under Procedure - Added line 2. that establishes a means to retrieve returns from departments. Revised line 3. to state no item under $50. Updated line 4. to reflect current work flow within Paragon Materials Management.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Dugger, James (jdugger)**
Approvers:	**01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Quality Improvement Plan	**Pending Approval**	2/3/2021	16
Materials Management Dept			

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: 02/19/2021 10:56 AM

Summary Of Changes:	1/20/21 - Page 2 - deleted Patient Chargeable Revenue. No longer a function of Materials. Page 3 - replaced TJC with CIHQ. No other changes.
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)
Lead Authors:	Dugger, James (jdugger)
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Rehabilitation Services with Patients in Contact Isolation Management   *Infection Prevention & Control Policies (IC)*

Pending Approval   2/19/2021   0

Summary Of Changes:	Reviewed. No changes.
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)
Lead Authors:	Heinrich, Leah (lheinrich)
Approvers:	Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Safety in Materials Management   *Materials Management Dept*

Pending Approval   2/3/2021   16

Summary Of Changes:	1/13/21 - Reviewed. Updated MSDS to SDS to match current standards/classification. Not other changes.
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)
Lead Authors:	Dugger, James (jdugger)
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Sales Representative Policy   *Materials Management Dept*

Pending Approval   2/3/2021   16

Summary Of Changes:	changed no longer thru mm lobby Kiosk if people are wandering, can be reported and denied entry badge maintenence is out sourced
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)
Lead Authors:	Dugger, James (jdugger)
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Statement of Service   *Materials Management Dept*

Pending Approval   2/3/2021   16

Summary Of Changes:	1/13/21 - Reviewed. No changes at this time.
Moderators:	Newman, Cindi (cnewman), Tierney, Pat (ptierney)
Lead Authors:	Dugger, James (jdugger)
Approvers:	01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

Storage of Food for Patients Brought in from Non-Facility Source   *Food (Nutrition) Services Policies (NU)*

Pending Approval   2/11/2021   8

Summary Of Changes:	NEW POLICY Policy currently does not exist. WHY: Regulatory requirement to have procedure in place

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: 02/19/2021 10:56 AM

Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

System Downtime Procedures	**Pending Approval**	2/3/2021	16
Materials Management Dept			

Summary Of Changes:	**changed location for manual purchase order forms** **Changed reference to a manual reconciliation to instruct entering into Paragon after the system is back online:** **"3. Once the computer system is back in operation all manually processed purchase orders must be entered in the Paragon system with a line note referencing the manual purchase order number."**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Dugger, James (jdugger)**
Approvers:	**01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Utilization Review Plan	**Pending Approval**	1/22/2021	28
Utilization Review Policies (UR)			

Summary Of Changes:	**Clarified roles and responsibilities for PI Committee and the Physician Advisor; pulled out redundant statements, fixed grammar and brought some of the processes up to date. Deleted SNF referrals and the Optum EHR group. Took out TJC reference.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Lovejoy, Leslie (llovejoy)**
Approvers:	**Jones, Danielle (djones) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

SUBJECT: Cleaning Schedules and Procedures	POLICY: 8340-174
	PAGE 1
DEPARTMENT: Food and Nutrition Services	EFFECTIVE:
REVISED:	

PURPOSE:
To maintain standards of cleanliness and define responsibilities for cleaning patient food and storage areas.

POLICY:
Food and Storage areas shall be clean at all times to prevent food borne illness and pest infestation.

PROCEDURE:
The food and storage areas shall be cleaned daily unless stated as follows:

Area To clean	Instructions	Position
Dish Room	Walls-behind and below dish machine (weekends)	DISH 1
	Silver Hood (weekends)	
	All Stainless Surfaces	
	All Garbage Cans, Lids, Wheels (weekends)	
	Floor Under Dish Machine (weekends)	
	White Cabinet Tops, Shelving and Top	
	All Patient carts and soiled tray carts	
Chef Frig (#022159)	Inside/Outside/Shelves and Top (weekends)	COOK1
	Walls and Floor Around	
"Dairy" Frig (#022151)	Inside/Outside/Shelves and Top (weekends)	COOK 2
	Walls and Floor Around	
Cold Prep Frig (#022100)	Inside/Outside/Shelves and Top	SALAD
	Walls and Floor Around	
Clerk Offices	All Surfaces	CL1/CL2
	Phones/Desktops/Keyboards	
Cook Station	Shelves Above and Below	COOK 1
	Walls and Floor Around	
Hot Box	Inside/Outside/Shelves and Top (weekends)	COOK 1

SUBJECT: Cleaning Schedules and Procedures		POLICY: 8340-174
		PAGE 1
DEPARTMENT: Food and Nutrition Services		EFFECTIVE:
REVISED:		

	Walls and Floor Around	COOK 2
Hood Vents/Vent Filters	Wipe Down and Clean Vent Filters/Completed-Wed only.	CL2/FSW2
3 Compartment Sink	Walls-behind and below the sink (weekends)	FSW2
	All Shelving (weekends)	
	Floor under the sink	
Stoves, Ovens, Grill, Trayline Steam tables	Clean all surfaces	COOK1
	Clean the ovens (weekends)	
	Clean stove/grill tops (weekends)	
	Walls and floor around	
Cook Table	Clean all surfaces	COOK 2
	Mixer	
	Steamer	
	Convection Oven (weekends)	
	RoboCoupe	
	Walls (weekends)	
Tray Line Area	All Shelving	FSW 2
	All Stainless Surfaces	
	All Counter Top Equipment	
	Remove Excess Clutter	
Cold Food Prep Area	Sinks, Walls	SALAD
	Floor under the sink	
	All Surfaces	
Walk-in (refrigerator)	Clean all shelving	SALAD
	Change all pans	
	Clean floors	

SUBJECT: Cleaning Schedules and Procedures	POLICY: 8340-174
	PAGE 1
DEPARTMENT: Food and Nutrition Services	EFFECTIVE:
REVISED:	

Walk-in (Freezer)	Clean all shelving (weekends)	FSW 2
	Clean floors (weekends)	
Chef Freezer (02214/022199)	Walls and Ceilings (weekends)	COOK 1
	All Surfaces (weekends)	
Tray line Hallway Area	Clean All Shelving	FSW 2
	Move carts and clean walls and floors (weekends)	
Dry Storage	Clean and Organize (Tuesdays/Fridays)	FSW 2
	Floors swept and mopped	
Kitchen Floors	Swept and Mopped	FSW 2
	Hose off Kitchen Mats (weekends)	
Tray Line Coffee Machine	Wipe Outside & Clean per Manufacturers instruction	CL2
Nourishment Rooms	Clean all food storage areas (Dry/Refrigerated)	CL1/ DISH1
Café	Clean all areas and equipment	CAFÉ A
	Floors: Cafe	EVS

REFERENCES:
CIHQ Standard 482.28 NU-1

AUTHORS/REVIEWERS:
Anna Harleman, MS, RD

APPROVALS:
Policy & Procedure Team: 3/4/20
PI Committee:3/26/2020
Medical Executive Committee: 3/19/2020
Board Quality Committee: 02/24/2021
The Board of Directors: 03/02/2021

SUBJECT: Parenteral Nutrition, Role of the Dietitian	POLICY: 8340-180
	PAGE 1
DEPARTMENT: Food and Nutrition Services	EFFECTIVE:
REVISED:	

PURPOSE:
1. To meet the nutritional needs of patients whose GI tract is not functioning or cannot be accessed and whose nutritional needs cannot be met with oral diets or enteral tube feeding.
2. Parenteral nutrition will be used for patients who meet criteria as specified by the American Society for Enteral and Parenteral Nutrition (ASPEN).

POLICY:
Parenteral Nutrition will be provided for appropriate patients.

PROCEDURE:

Parenteral nutrition orders will be entered into the medical record by the physician.

The Dietitian is responsible for the following:

- Assessing patient's nutritional risk

- Documenting a Nutrition Assessment, Patient Plan of Care, Follow-up, Reassessment, Nutrition discharge plan, and recommendations for referrals for out-patient Dietitian follow-up as needed for patients on parenteral nutrition.

- Verifying appropriateness of parenteral nutrition according to criteria specified by the American Society for Enteral and Parenteral Nutrition (ASPEN).

- Calculating nutritional requirements

- Recommending macronutrient composition of parenteral solution

- Providing on-going nutritional monitoring and assessment of tolerance and response to parenteral nutrition in collaboration with the physician, pharmacist, and nursing staff.

- Reassessing nutritional requirements based on changes in clinical status.

- Recommending weaning process of parenteral nutrition or transitional feedings when appropriate

- Recommending cycling parenteral nutrition for home as needed

- Recommending nutrition discharge plan

- Providing patient/family education pertaining to nutrition regimen

References:

A.S.P.E.N., The A.S.P.E.N. Nutrition Support Practice Manual, 2nd edition, 2005

A.S.P.E.N., The ASPEN Adult Nutrition Support Core Curriculum, 3rd edition, 2017

SUBJECT: Parenteral Nutrition, Role of the Dietitian	POLICY: 8340-180
	PAGE 1
DEPARTMENT: Food and Nutrition Services	EFFECTIVE:
REVISED:	

OWNER:
Food and Nutrition Services Manager

AUTHORS/REVIEWERS:
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APPROVALS:

Policy & Procedure Team: 3/4/20
PI Committee:3/26/2020
Medical Executive Committee: 3/19/2020
Board Quality Committee:02/24/2021
The Board of Directors: 03/02/2021

SUBJECT: PPE 90-Day Stockpile	POLICY #8400-
	PAGE 1 OF 1
DEPARTMENT: Materials Management	EFFECTIVE: 1/1/2021
APPROVED BY: Director of Materials Management	REVISED:

PURPOSE:

To establish a system whereby the determination of quantity and types of equipment that will be used in normal consumption, specifically Personal Protective Equipment (PPE).

POLICY:

PPE items will be maintained at a 90-day supply per California Assembly Bill 2537. The 90-day supply will be based on the highest 7-day usage rate from the previous 12-months. PPE inventory will be counted daily (Monday – Friday) and recorded in a spreadsheet.

PROCEDURE:

1) Materials Management will review usage of PPE on a quarterly basis. The 90-day supply of PPE will be determined based on this review and the highest 7-day usage in the previous 12-month period.

2) Materials Management stores the 90-day supply in the Store Room and in the disaster closet. Materials Management staff will maintain these supplies to ensure proper stock rotation to prevent product expiration. During Covid-19, Materials Management staff will count the PPE supplies on a daily basis (Monday – Friday).

3) Materials Management will track PPE on hand supply in an Excel spreadsheet. The spread sheet is used to determine the on hand supply of PPE.

4) California Assembly Bill 2537 specifies 7 PPE items to be tracked. Materials management will track these and additional PPE to ensure Sonoma Valley hospital maintains adequate PPE for staff protection.

5) PPE required to be tracked is: N95s, Powered Air-purifying Respirators (Disposables), Elastomeric Respirator (Not approved for use at Sonoma Valley Hospital), Surgical Masks, Isolation Gowns, Eye Protection, and Shoe Coverings.

REFERENCE:

California Assembly Bill 2537
California Hospital Association – Assembly Bill 2547: FAQs for Hospitals

SUBJECT: Storage of Food for Patients Brought in from Non-Facility Source	Policy: NU8610-103
	PAGE 1 OF 2
DEPARTMENT: Organizational	EFFECTIVE:
REVISED:	

PURPOSE:

To provide guidelines for proper storage of food from a non-facility source to minimize the potential for food-borne illness and ensure compliance to the diet order in the electronic medical record.

POLICY:

Food brought in for patients from a non-facility source will be monitored and safely stored.

PROCEDURE:

1. The physician must write an order, in the comments field of the diet order window in the electronic medical record, indicating that the patient may have the non-facility source food unless the patient is on a Regular Diet.

2. All foods are brought to the nurse's station prior to delivery to the patient to ensure compliance to the diet order in the electronic medical record and to allow more accurate documentation of meal consumption. The Dietitian will be consulted by nursing if any questions arise regarding compatibility to the diet order in the electronic medical record.

3. The containers, before being placed in the refrigerator, will be labeled with the patient's name, medical record number, and that day's date.

4. Once a food has been brought into a patient room, any uneaten portion must be discarded.

5. The food must be stored in a microwave safe container with properly fitted lid or wrapped neatly if stored in the refrigerator.

6. Food will be kept only ~~2~~two days before being discarded
   a. The patient, friend, or family will be notified by nursing that the food will only be kept for ~~2~~two days before it will be discarded.

7. Food will be stored separately from medications, specimens, and chemicals.

8. The Food and Nutrition Services worker or Nursing will discard any food from the refrigerator after ~~2~~two days and any food that is not properly labeled with the patient's

name, medical record number, and date the food item was initially placed in the refrigerator.

REFERENCES:
CIHQ Standard 482.28 NU-03

OWNER: Food and Nutrition Services

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PI Committee:3/26/2020
Medical Executive Committee: 3/19/2020
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The Board of Directors: 03/02/2021