



## SVHCD QUALITY COMMITTEE

### AGENDA

WEDNESDAY, APRIL 28, 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=MXIERGJpTmt2VlluMk10K3lsL1FNdz09>

and Enter the **Meeting ID: 926 9764 2290**

**Passcode: 204848**

To Participate via Telephone only, dial:

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

and Enter the **Meeting ID: 926 9764 2290**

**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 <a href="mailto:vwoodall@sonomavalleyhospital.org">vwoodall@sonomavalleyhospital.org</a> or 707.935.5005 at least 48 hours prior to the meeting.		
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Mainardi</i>	
<b>2. PUBLIC COMMENT SECTION</b> <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>Mainardi</i>	
<b>3. CONSENT CALENDAR</b> • Minutes 03.24.21	<i>Mainardi</i>	Action
<b>4. QUALITY INDICATOR PERFORMANCE AND PLAN FOR MARCH 2021</b>	<i>Jones</i>	Inform
<b>5. PATIENT CARE SERVICES DASHBOARD FOR FIRST QUARTER FY 2021</b>	<i>Kobe</i>	Inform
<b>6. DISCUSSION REGARDING NURSING LEADERS ATTENDING QUALITY COMMITTEE MEETINGS</b>	<i>Jones</i>	Inform
<b>7. POLICIES AND PROCEDURES</b>	<i>Jones</i>	Action
<b>8. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		

<b>9. REPORT OF CLOSED SESSION</b>	<i>Mainardi</i>	Action
<b>10. ADJOURN</b>	<i>Mainardi</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**March 24, 2021 5:00 PM**

**MINUTES**

**Via Zoom Teleconference**

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

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Mainardi</i>	
	5:00 pm	
<b>2. PUBLIC COMMENT</b>	<i>Mainardi</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Mainardi</i>	Action
<ul style="list-style-type: none"> <li>QC Minutes, 02.24.21S</li> </ul>	Dr. Eisenstark requested some changes to the minutes. In the next to last paragraph under Policies and Procedures, “supple” should be “supply.” Then the last paragraph in that section should read: “The Committee requested that the ‘summary of changes’ for all policies reviewed by Departments state, in addition to the changes, the reason for the changes.”	<b>MOTION:</b> by Kornblatt Idell to approve with changes, 2 <sup>nd</sup> by Eisenstark. All in favor.
<b>4. QUALITY INDICATOR PERFORMANCE AND PLAN FOR FEBRUARY 2021</b>	<i>Jones</i>	
	Ms. Jones reviewed the quality indicator performance for the month of February 2021.	
<b>5. 2020 ANNUAL QUALITY DEPARTMENT REVIEW</b>	<i>Jones</i>	
	There was a Quality department restructure in 2020. Now there is a full-time Infection Preventionist, a Quality/Case Management. Assistant, and a Patient Experience Manager & Clinical Quality Analyst. Areas of focus during the past	

AGENDA ITEM	DISCUSSION	ACTION
	year have included: human experience; COVID-19; CIHQ accreditation survey, acute stroke ready annual certification, and COVID-19 infection control survey; clinical quality review; cyberattack breach notification; AHA Get with the Guidelines-Stroke standard; and HQI hospital improvement platform in real time vs. two year old data.	
<b>6. POLICIES AND PROCEDURES</b>	<i>Jones</i>	
	Dr. Eisenstark had changes to suggest to the new HIPAA policies. He will send those changes to Ms. Jones and she will invite the author (Fe Sendaydiego) back next month to speak about those new policies. The remaining policies were approved.	<b>MOTION:</b> by Eisenstark to approve policies <b>EXCEPT FOR NEW ONES</b> , 2 <sup>nd</sup> by Kornblatt Idell. All in favor.
<b>7. CLOSED SESSION:</b> a. Government Code §54956.86: Complaint Involving Information Protected by Federal Law b. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
<b>8. REPORT OF CLOSED SESSION</b>	<i>Mainardi</i>	
	The Medical Staff credentialing report was approved.	<b>MOTION:</b> by Eisenstark, 2 <sup>nd</sup> by Solomon. All in favor.
<b>9. ADJOURN</b>	<i>Mainardi</i>	
	6:26 pm	

# **Quality Indicator Performance & Plan**

**April 2021**

Data for March 2021

# MORTALITY

# Scorecard Summary

## Mortality


















Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Autopsies Mortalities					
	Acute Care Mortality Rate (M)	1.5%	15.3%		Mar 2021
	Congestive Heart Failure Mortality Rate [M]	0.0%	11.5%		Mar 2021
	COPD Mortality Rate [M]	n/a	8.5%		Mar 2021
	Ischemic Stroke Mortality Rate [M]	0.0%	13.8%		Mar 2021
	Pneumonia Mortality Rate [M]	0.0%	15.6%		Mar 2021
Quality > Process of Care > Sepsis Care					
	Sepsis, Severe - Mortality Rate (M)	0.0%	25.0%		Mar 2021
	Septic Shock - Mortality Rate (M)	0.0%	25.0%		Mar 2021

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

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

# Scorecard Summary

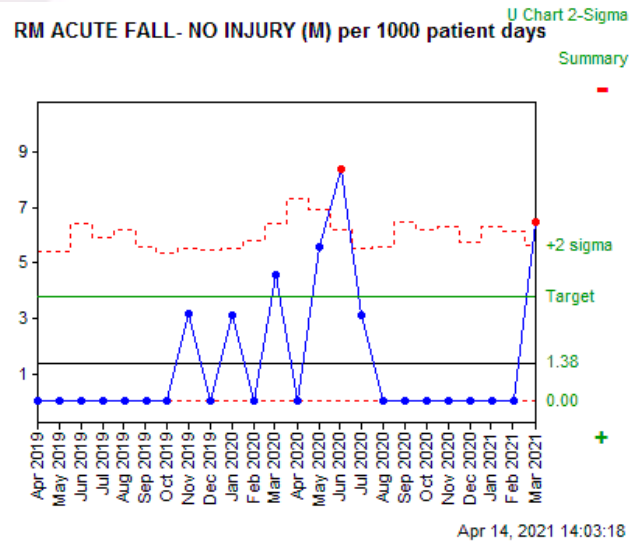
## Patient Falls

### Preventable Harm

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Patient Safety > Falls					
	 RM ACUTE FALL- NO INJURY (M) per 1000 patient days	6.47	3.75		Mar 2021
	 RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	0.00	3.75		Mar 2021
	 Falls with injury % of all Acute falls [M]	0.0%	0.0%		Mar 2021

# Patient Falls

Period	C-RM Event: Fall-NO Injury: Acute only (numerator)	S-FS-SVH ADJUSTED PATIENT DAYS: Acute	Rate
Mar 2021	2	309	6.47
Feb 2021	0	243	0.00
Jan 2021	0	230	0.00
Dec 2020	0	294	0.00
Nov 2020	0	230	0.00
Oct 2020	0	239	0.00
Sep 2020	0	212	0.00
Aug 2020	0	314	0.00
Jul 2020	1	324	3.09
Jun 2020	2	238	8.40
May 2020	1	179	5.59
Apr 2020	0	156	0.00























- March 2021
- ICU/Med/Surg
  - 2 Inpatient falls
    - Active alcohol withdrawal
    - Multiple patients with this diagnosis

# 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) 	6.1%	15.3%		Mar 2021
	 COPD, CMS Readm - % Readmit within 30 Days, ACA (M) 	n/a	19.5%		Mar 2021
	 HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	21.6%		Mar 2021
	 Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	4.0%		Mar 2021
	 PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	0.0%	16.6%		Mar 2021
	 Sepsis, Severe - % Readmit within 30 Days (M) 	0.2%	12.0%		Mar 2021
	 Septic Shock - % Readmit within 30 Days (M) 	0.0%	13.3%		Mar 2021


# **BLOOD CULTURE CONTAMINATION**

# Blood Culture Contamination

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Blood Utilization					
	 Blood Cultures -Total Contamination Rate (M)	2.9%	3.0%		Mar 2021
	 Blood Cultures -Contamination Rate  LAB  (M)	0.0%	3.0%		Mar 2021
	 Blood Cultures -Contamination Rate RN  (M)	4.7%	3.0%		Mar 2021

# Blood Culture Contamination

## ■ Case Review

- Emergency Department
- March 2021
- Four contaminations 
  - 1:1 conversation and return demonstration
  - 1:1 conversation and to follow up with educator for remediation
  - 1:1 conversation and return demonstration when he returns to organization
  - Leadership will have conversation with all team members on duty for shift of occurrence

## ■ Case Review

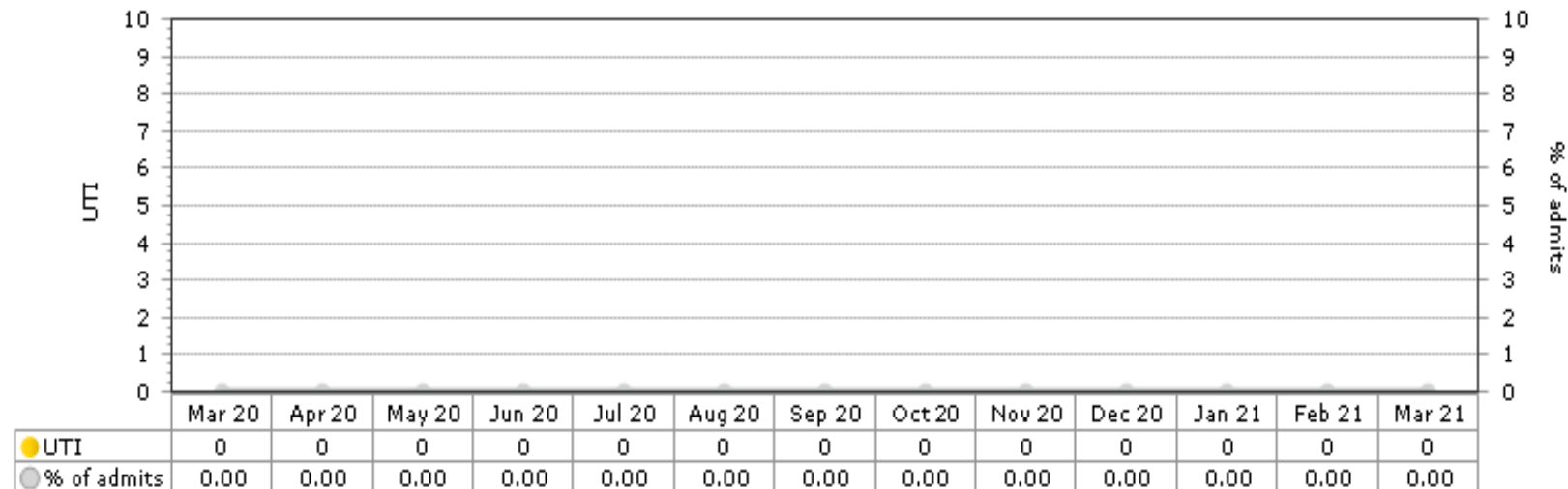
- Lab
- March 2021
- Zero contamination



# INFECTION PREVENTION

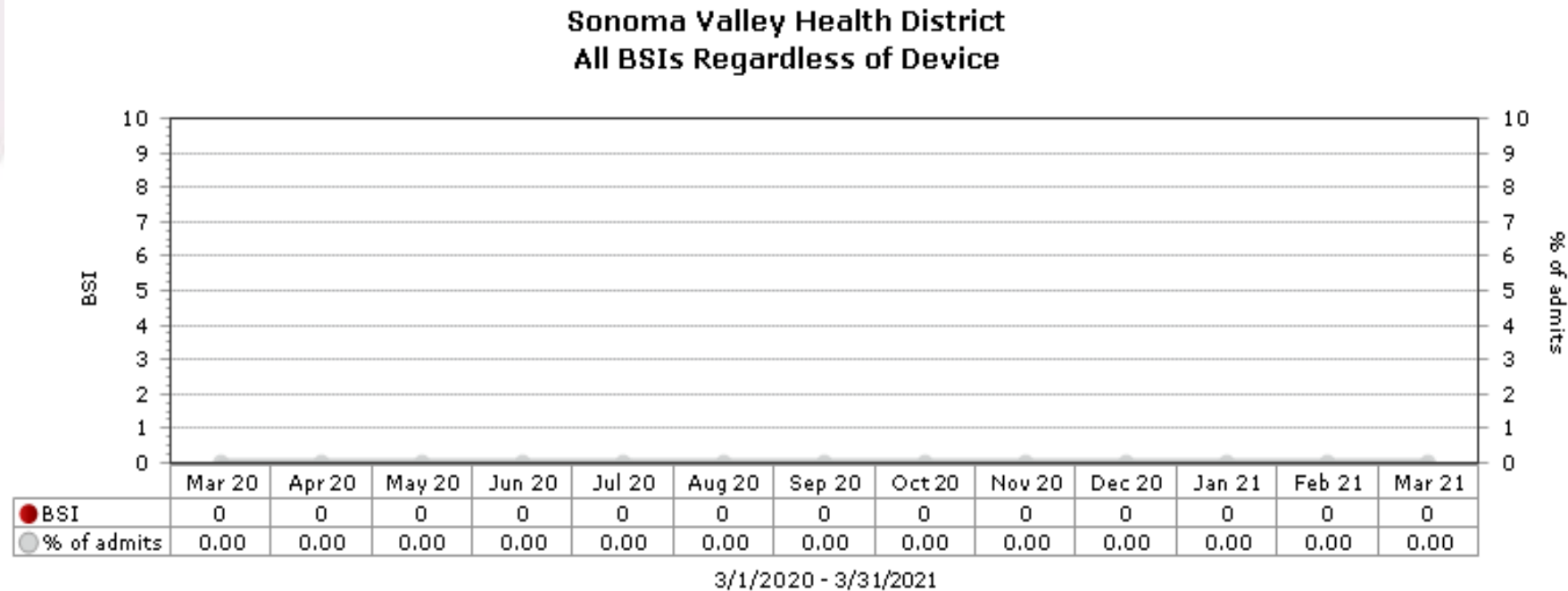
# CAUTI: Catheter Associated Urinary Tract Infections

Sonoma Valley Health District  
All Urinary Tract Infections Regardless of Device



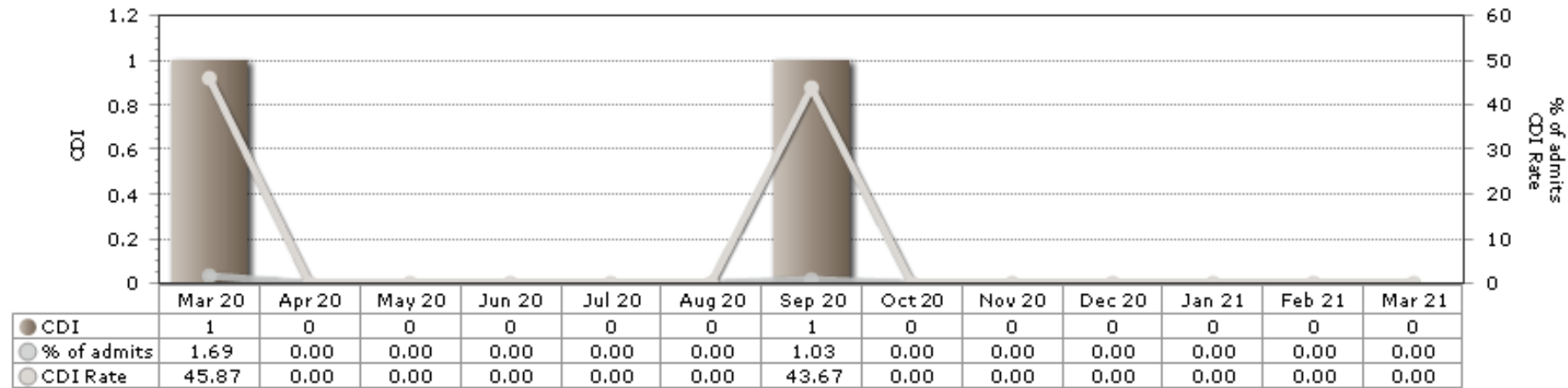
3/1/2020 - 3/31/2021

# CLABSI: Central Line Associated Bloodstream Infections



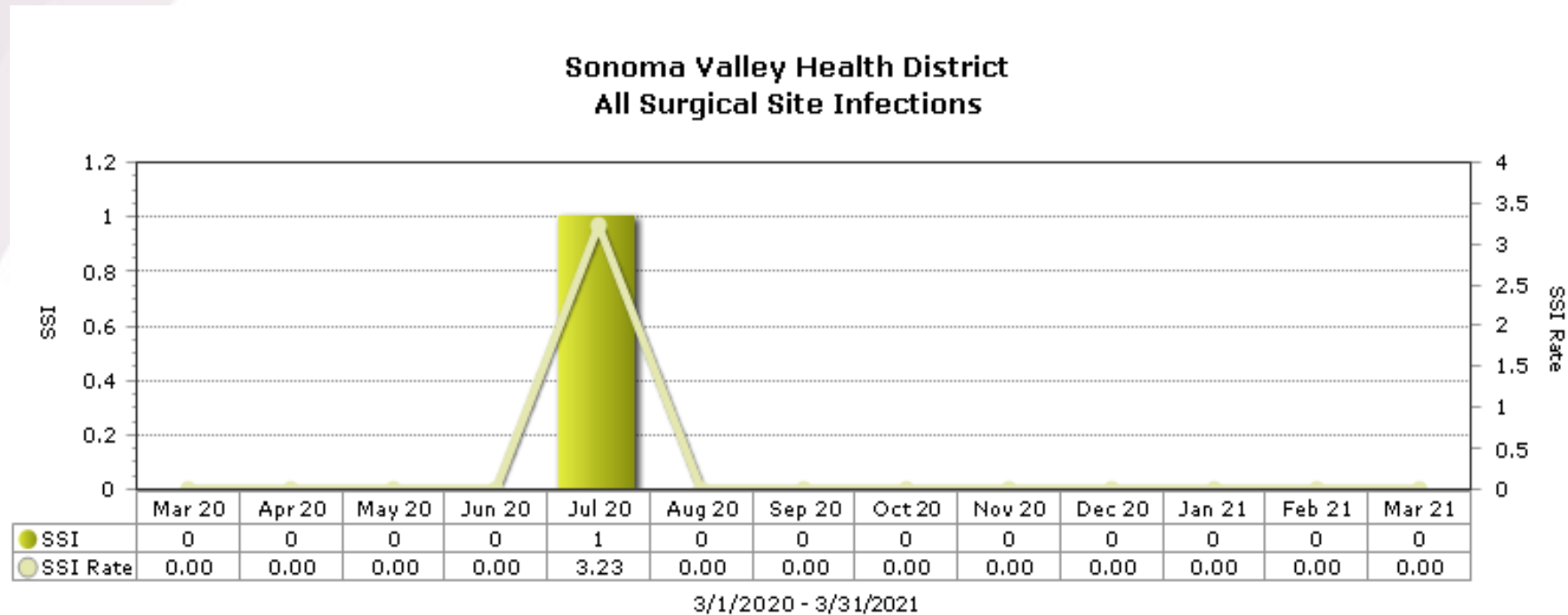
# C-diff: Clostridium difficile Infections

Sonoma Valley Health District  
Clostridium difficile Infections  
(Infection Surveillance)



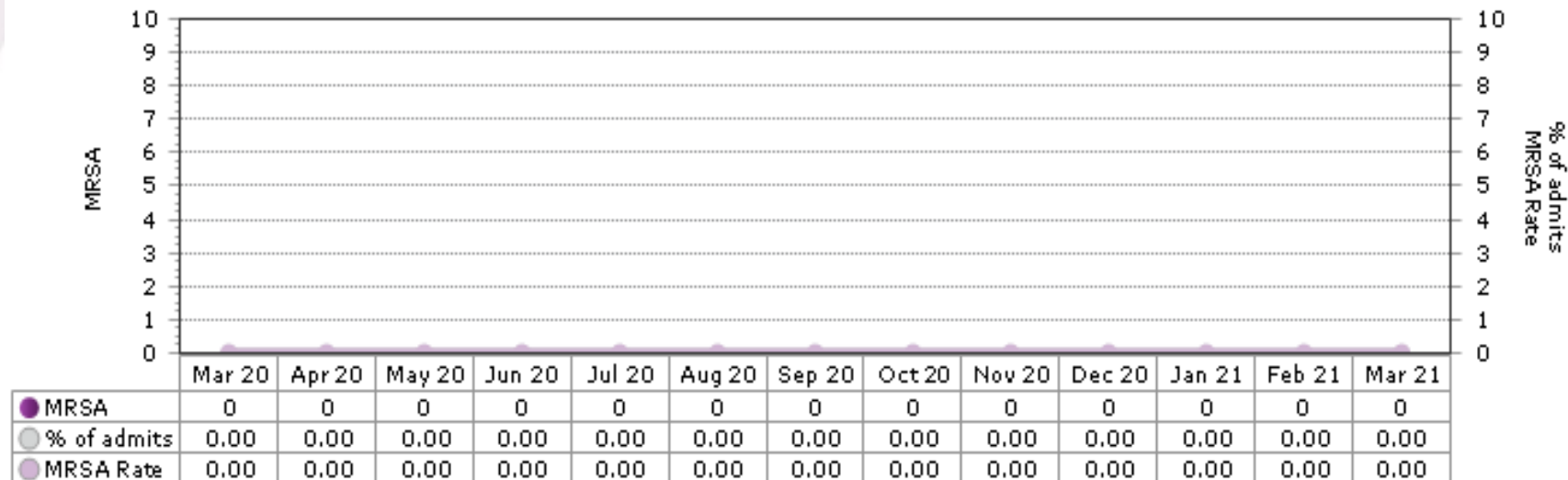
3/1/2020 - 3/31/2021

# SSI: Surgical Site Infections



# MRSA: Methicillin Resistant Staphylococcus aureus Infections

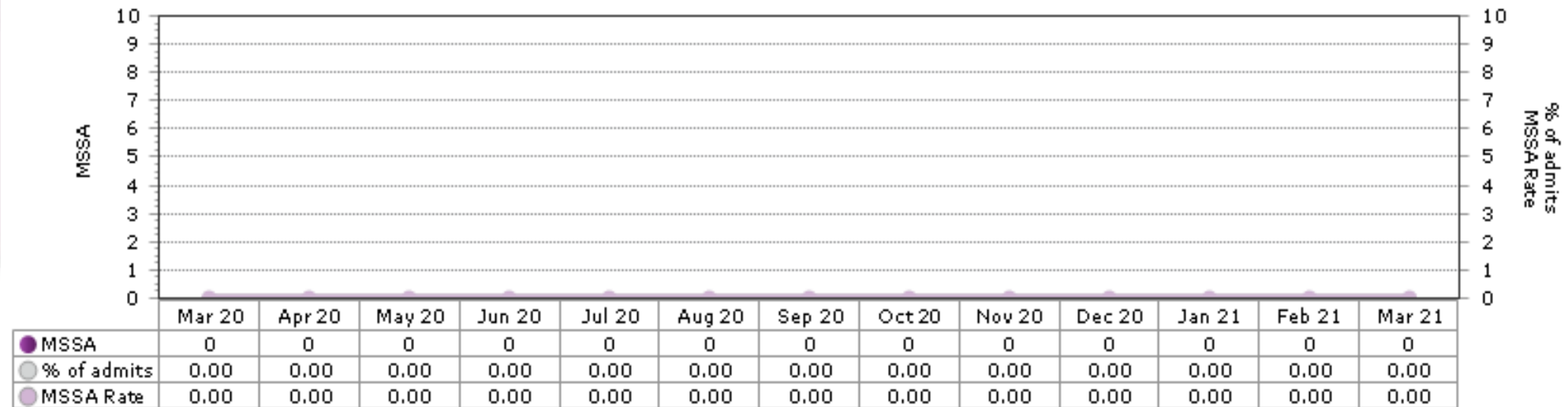
Sonoma Valley Health District  
Methicillin-Resistant Staphylococcus aureus (MRSA) Infections  
(Infection Surveillance)



3/1/2020 - 3/31/2021

# MSSA: Methicillin Susceptible Staphylococcus Infections

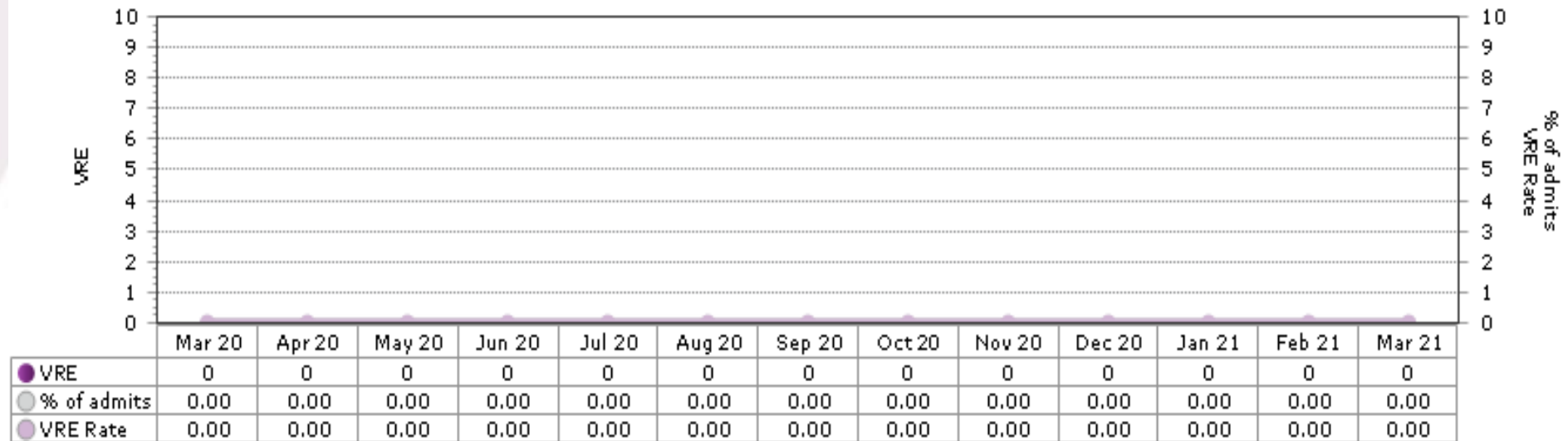
Sonoma Valley Health District  
Methicillin-Susceptible Staphylococcus aureus (MSSA) Infections  
(Infection Surveillance)



3/1/2020 - 3/31/2021

# VRE: Vancomycin Resistant Enterococci Infections

Sonoma Valley Health District  
Vancomycin-Resistant Enterococci (VRE) Infections  
(Infection Surveillance)



3/1/2020 - 3/31/2021



# Infection Prevention April Initiatives

- Bundle compliance review for CAUTI, CLABSI and C diff
- Bundle audit for CAUTI, CLABSI and C diff
- Surveillance and education for hand hygiene, personal protective equipment use and isolation precautions


















# Central Sterile Performance Improvement Project

- The objective of this project is to conduct a review of the central processing department to ensure optimal quality in sterilization services
  - Current state observations and staff interviews
  - Review of policy & procedure, and guidelines
  - Partner with Facilities, EVS, Materials Management, Surgical Services, Human Resources
  - Work flow and current process review

# UTILIZATION MANAGEMENT










# Utilization Management

Status	Indicator	Current Value	Target	SPC Alert	Updated
<b>Finance &gt; Utilization Management</b>					
	 1 Day Stay Rate-Medicare [M]	 6.67%	8.10%		Mar 2021
	 1 Day Stay Rate Medi-Cal [M]	 0.00%	2.61%		Mar 2021
	 Acute Care Risk-adjusted Average Length of Stay O/E Ratio [M]	0.90	0.79		Mar 2021
	 InterQual Criteria Status Not Met: Admission [M] vol	 0	2		Mar 2021
	 InterQual Criteria Status Not Met: Continued Stay [M] vol	 0	0		Mar 2021

Acute Care – Risk-adjusted Average Length of Stay, O/E Ratio Comparison of observed to expected length of stay among acute care inpatient encounters as calculated by the Midas Risk Adjustment Model for all Clinical Clusters.

# CORE MEASURES

# 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) 	131.00	140.00		Mar 2021
	 Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	100.0%	72.0%		Mar 2021
Quality > Core Measures > Sepsis					
	 SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M) 	53.8%	81.0%		Mar 2021

# Sepsis

- 13 encounter qualified for abstraction
- 4 Opportunities for Improvement
- 2 excluded
  - Comfort measures prior to six hours
  - Viral influenza
- 7 met all sepsis bundle indicators
- Opportunity for Improvement
  - (2) No blood cultures ordered
  - Hospice/Comfort care not within 6 hours of septic shock presentation
  - Persistent/new hypotension, no vasopressor ordered

# Sepsis Performance Improvement Project

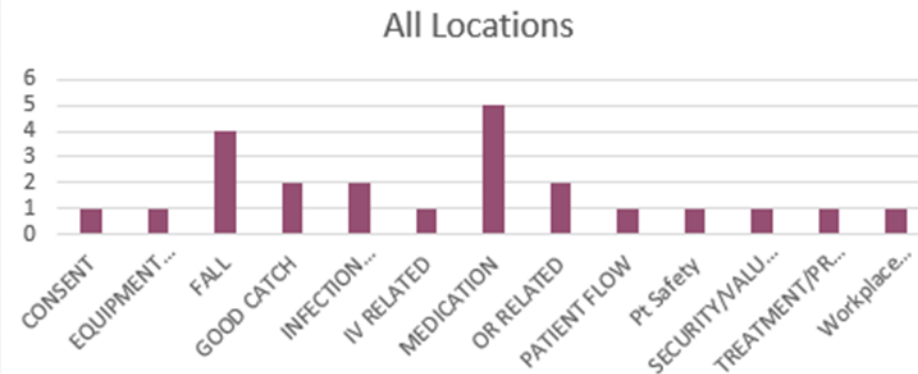
- The objective of this project is to create updated best practice bundles based on current Surviving Sepsis Campaign and CMS guidelines
  - Early detection, improve patient outcomes, reduce mortality
    - Weekly Sepsis meetings with Emergency Department Director, Chair of Emergency Department and Quality
      - Case Review & Education
      - ED All staff meeting
      - Develop Emergency Department sepsis handoff tool
      - Partner with IS to update sepsis preferred physician order set
      - Partner with lab to ensure lactate reflex orders are completed



# **RISK EVENT REPORTS**

# Risk Event Reports

LOCATION	(All)
Row Labels	Count of Event No.
CONSENT	1
EQUIPMENT ISSUES	1
FALL	4
GOOD CATCH	2
INFECTION ISSUES	2
IV RELATED	1
MEDICATION	5
OR RELATED	2
PATIENT FLOW	1
Pt Safety	1
SECURITY/VALUABLES	1
TREATMENT/PROCEDURE ISSUE	1
Workplace Violence	1
<b>Grand Total</b>	<b>23</b>



# HUMAN EXPERIENCE

# Patient Relations

## March 2021

Grievance

- Medical Imaging
- Confidentiality
- Resolved

Grievance

- Emergency Department
- Physician Care
- Sorry Works

Grievance

- Med/Surg
- Nursing & Physician Care
- Resolved

# Inpatient Patient Satisfaction

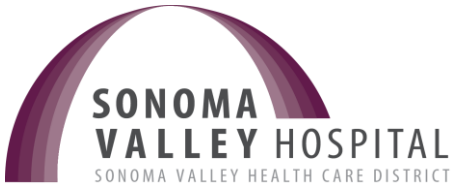
CAHPS	Jul '20 - Sep '20	Oct '20 - Dec '20	Jan '21 - Mar '21	Apr '21 - Jun '21
	Top Box	Top Box	Top Box	Top Box
Rate hospital 0-10	78.8 ▲	63.6 ▼	80.0 ▲	-
Recommend the hospital	80.6 ▲	57.6 ▼	85.0 ▲	-
Cleanliness of hospital environment	72.7 ▼	65.6 ▼	76.5 ▲	-
Quietness of hospital environment	51.6 ▼	54.5 ▲	60.0 ▲	-
Comm w/ Nurses	85.6 ▲	73.4 ▼	85.0 ▲	-
Response of Hosp Staff	70.2 ▼	67.3 ▼	78.7 ▲	-
Comm w/ Doctors	77.1 ▼	71.9 ▼	88.2 ▲	-
Hospital Environment	62.2 ▼	60.1 ▼	68.2 ▲	-
Communication About Pain	-	-	-	-
Comm About Medicines	52.0 ▲	48.7 ▼	87.5 ▲	-
Discharge Information	82.5 ▼	73.3 ▼	91.3 ▲	-
Care Transitions	40.1 ▼	44.6 ▲	70.6 ▲	-

# Surgery Patient Satisfaction

Standard Scores	Jul '20 - Sep '20		Oct '20 - Dec '20		Jan '21 - Mar '21		Apr '21 - Jun '21	
	Score	n	Score	n	Score	n	Score	n
Overall	82.9 ▲	90	84.7 ▲	44	85.8 ▲	51	-	-
Nurses	84.1 ▼	89	85.5 ▲	44	88.7 ▲	51	-	-
Care Provider	80.2 ▲	87	82.4 ▲	43	82.3 ▼	49	-	-
Overall Assessment	90.0 ▲	90	90.9 ▲	44	90.2 ▼	51	-	-

# Communication about Medication Performance Improvement Projects

- The objective of this project is to create a hospital-wide best practice standard related to communication about medications.
  - Weekly meetings with the Director of Pharmacy, Patient Care Services Director and Quality
    - Identified Med/Surg RN champions and Pharmacist
    - Observation and discovery phase to be familiar with current state practices
    - Create medication side effect teaching sheet
    - Establish pharmacy consult process for real time discussion with pharmacist



## Patient Care Services Dashboard 2020-21

Medication Scanning Rate	2020-21				
	Q2	Q3	Q4	Q1	Goal
Acute	95.0%	SDE	70.4%	91.0%	≥90%
ED	83.0%	SDE	21.8%	69.0%	≥90%
Preventable med errors R/T Med Scanning	1 (n=9)	SDE	0 (n=0)	0 (n=5)	≤2

Falls (Per 1000 days) 2020-21					
	Q2-Q1	Q3-Q2	Q4-Q3	Q1-Q4	50th %tile
Acute	1.60	1.30	1.30	0.53	3.75
ED	0.0	0.0	0.0	0.0	
Hospital Acquired Pressure Ulcer Incidents (Per 1000 admissions)	2020-21				
	Q2	Q3	Q4	Q1	National
Acute (stage III & IV)	0.0	0.0	0.0	0.0	3.68

Green = Goal Met Yellow = Below goal Red = Continues below goal or significantly below goal

2013 Hospital falls std from J Amer Med, AHRQ & PubMed

Nursing Turnover	2020-21 RNs/Quarter				
# of RNs	Q1	Q2	Q3	Q4	Goal
Acute (n=52)	0	2	3	6	≤6
Patient Experience (CAHPS)	2020-21				
	Q2	Q3	Q4	Q1	Goal
HCAHPS (rolling 12 month)					
Would Recommend	71.4	66.3	68	N/A	70.0
Quietness of Hosp Environment	62.3	53.9	54.6	N/A	51.0
OASCAHPS (rolling 12 month)					
Care of Patients (MD/RN respect)	97.9	99.2	96.1	N/A	97.1
Would Recommend	87.5	88.9	78.5	N/A	88.6
RATE MY HOSPITAL - ED	Q2	Q3	Q4	Q1	
Overall score	4.7	4.8	4.7	4.7	≥4.5
RATE MY HOSPITAL - MEDICAL IMAGING	Q2	Q3	Q4	Q1	
Overall score	N/A	N/A	N/A	4.8	≥4.5

Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
2020-21	Q2	Q3	Q4	Q1	Goal
	0	0	0	0	≤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: 04/21/2021 11:40 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: 3

**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
<b>MMR, Varicella, Td, TDaP, and Influenza Vaccinations HR8610-164.02</b> <i>Human Resources Policies (HR)\Employee Health</i>	Pending Approval	4/7/2021	14

**Summary Of Changes:** Changing the Title of this policy to "Required Immunizations & Proof of Immunity"

Added COVID-19 as a desired vaccination, as well as the required weekly testing, if the vaccination is declined.

Revised the language regarding seasonal influenza to reflect the Sonoma County Public Health mandate for healthcare workers.

Reorganized and revised formatting of policy for clarity

Added references for CDC, and Sonoma County Public Health Department

**Moderators:** Newman, Cindi (cnewman), Tierney, Pat (ptierney)

**Lead Authors:** McKissock, Lynn (lmckissock)

**Approvers:** 01 P&P Committee -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Pharmacy Scope of Practice</b> <i>Medication Management Policies (MM)</i>	Pending Approval	4/19/2021	2
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**Summary Of Changes:** New Policy.

This policy is required by the California Business and Professions code and was created to address findings during the CPS Mock Survey in the pharmacy.

**Moderators:** Newman, Cindi (cnewman), Tierney, Pat (ptierney)

**Lead Authors:** Kutza, Chris (ckutza)

**Approvers:** 01 P&P 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)

<b>Product Recalls</b> <i>Materials Management Dept</i>	Pending Approval	4/7/2021	14
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Document Tasks by Committee

Sonoma Valley Hospital

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

Run by: Woodall, Vivian (vwoodall)  
Run date: 04/21/2021 11:40 AM

Summary Of Changes:	One minor change made in reference to coordinating returns. This does not need to be handled by a Senior Buyer. A Buyer in Materials Management may coordinate returns of any recalled products.
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)

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SUBJECT: Scope of Service – Pharmacy Department

POLICY #MM8610-xxx

DEPARTMENT: Organizational

PAGE 1 OF 2

EFFECTIVE: 3/2021

APPROVED BY: Director of Pharmacy

REVISED:

**Purpose:**

To define the scope of service of the pharmacy department at Sonoma Valley Hospital.

**Policy:**

The hospital provides pharmaceutical services appropriate to the scope of services provided by the facility. Patient mix and acuity drives the scope of service.

**Pharmacy Scope of Service Statements:**

Hour of Operation and Staffing

- The Pharmacy Department hours of operation are as follows:  
Monday – Friday 07:00-20:00  
Saturday and Sunday 08:00-16:00
- During hours of operation, the pharmacy is staffed with at least 1 registered pharmacist and no more than the number of pharmacy technicians allowed by California state regulations.
  - 1 pharmacist to 2 pharmacy technicians performing pharmacy technician duties.
  - Each additional pharmacist allows up to 2 additional pharmacy technicians performing pharmacy technician duties.
  - This ratio does not include pharmacy technicians performing clerical duties
- The hours of operation and the depth and breadth of pharmacy services provided are tailored to meet the needs of patients served by the facility by optimizing the use of allocated resources.
- The Pharmacy Department makes provisions for access to medications when the pharmacy is closed. A licensed registered pharmacist is available on-call.

Patient Populations Served

Patient populations served by the Pharmacy Department are as follows:

- Adult
- Geriatric
- Pediatric (Emergency Department only)

Service Areas

- Pharmaceutical services may be provided for, but are not limited to, the following service areas:
  - Inpatient care
  - Ambulatory outpatient care
  - Emergency care
  - Surgical care



SUBJECT: Scope of Service – Pharmacy Department

POLICY #MM8610-xxx

DEPARTMENT: Organizational

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EFFECTIVE: 3/2021

APPROVED BY: Director of Pharmacy

REVISED:

- Invasive and non-invasive procedures for diagnostic imaging and cardiopulmonary services

#### Drug Distribution Model

Medications are distributed primarily using automated dispensing cabinets (ADC). A central fill 24-hour replacement unit-dose system and pharmacy-based intravenous admixture program are also utilized. Medications are provided in ready-to-use or unit-of-use packages whenever feasible. Floor stock medications are available to meet immediate patient care needs, but are maintained at a minimal level to assure accountability and patient safety.

#### Pharmacy Licenses and Records

- Pharmacy licenses are current and dispensing adheres to both federal and state laws, regulations, licensure, and professional standards of practice including recordkeeping.
- Controlled substances disposition records are maintained as required by federal and state regulations. Transaction records may be paper or electronic via automated dispensing systems and/or a combination of both.
- Pharmacy maintains purchase invoice records and approves pharmacy related invoices for payment.

#### Clinical Services

Clinical support, involvement in team based care and consulting services are provided based on hospital medical staff-approved guidelines, protocols and/or pharmacokinetic dosing programs; and clinical interventions communicated directly to providers. Clinical support services may also include staff and patient education.

#### Medication Safety and Quality Assurance

The Pharmacy Department collaboratively integrates medication safety and quality assurance and improvement measures into the organization's Quality Assurance and Performance Improvement Plan (QAPI).

#### Emergency Preparedness

The Pharmacy maintains a department-specific emergency preparedness plan that is integrated with the organization's Emergency Operations Plan (EOP).

#### **References:**

- Title 16 California Code of Regulations, section 1793.7
- California BPC section 4127.15(c)(2)