SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, MAY 26, 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**
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 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 04.28.21	*Mainardi*	Action
4. **QUALITY INDICATOR PERFORMANCE AND PLAN FOR APRIL 2021**	*Jones*	Inform
5. **QUALITY COMMITTEE MEETING SCHEDULE**	*Mainardi/Kidd*	Action
6. **POLICIES AND PROCEDURES DISCUSSION**	*Mainardi/Kidd*	Inform
7. **REVIEW OF POLICIES AND PROCEDURES**	*Jones*	Inform
8. **CLOSED SESSION:** a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
9. **REPORT OF CLOSED SESSION**	*Mainardi*	Action
10. **ADJOURN**	*Mainardi*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
April 28, 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 Carol Snyder via Zoom	Ingrid Sheets via Zoom Cathy Webber	Andrew Solomon, MD	Sabrina Kidd, MD, CMO and COO, via Zoom Danielle Jones, RN, Chief Quality Officer, via Zoom Mark Kobe, CNO, via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Mainardi*	
	5:02 pm	
2. PUBLIC COMMENT	*Mainardi*	
	None	
3. CONSENT CALENDAR	*Mainardi*	Action
• QC Minutes, 03.24.21S		**MOTION:** by Eisenstark to approve, 2nd by Kornblatt Idell. All in favor.
4. QUALITY INDICATOR PERFORMANCE AND PLAN FOR MARCH 2021	*Jones*	
	Ms. Jones reviewed the quality indicator performance for the month of March 2021.	
5. PATIENT CARE SERVICES DASHBOARD FOR FIRST QUARTER 2021	*Kobe*	
	Mr. Kobe reviewed patient care service metrics for the first quarter of 2021.	
DISCUSSION REGARDING NURSING LEADERS ATTENDING QUALITY COMMITTEE MEETINGS	*Jones*	
	Ms. Jones reported there was a desire to have the clinical nursing leaders involved in the quality data. A discussion	

AGENDA ITEM	DISCUSSION	ACTION
	was held prior to this meeting and a solution found at the medical staff level. It is hoped this will improve the quality of data.	
6. POLICIES AND PROCEDURES	*Jones*	
	The HIPAA policies will return at the May QC meeting. A discussion was held regarding the general or specific nature of new policies created. A scope of service policy is general in order to follow the minimum standard of State law. There are other documents containing more specific information that a surveyor may have questions about, such as staffing and licensure, which Human Resources monitors. There are also more detailed department policies (vs. organization policies) that supplement an overview or general scope policy. Dr. Eisenstark asked about having a future discussion on the Quality Committee role in reviewing policies. Dr. Mainardi suggested making this an inform item vs. an approve item. Ms. Jones had looked at the accrediting organization's rules and regulations, which are somewhat vague and defer to Title 22. She will bring these back to a future meeting for discussion.	**MOTION:** by Kornblatt to approve policies, 2nd by Webber. All in favor.
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
8. REPORT OF CLOSED SESSION	*Mainardi*	
	The Medical Staff credentialing report was approved.	**MOTION:** by Eisenstark, 2nd by Sheets. All in favor.
9. ADJOURN	*Mainardi*	
	6:05 pm	

Quality Indicator Performance & Plan

May 2021

Data for April 2021

MORTALITY

Scorecard Summary
Mortality

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Autopsies Mortalities					
	Acute Care Mortality Rate (M)	0.0%	15.3%		Apr 2021
	Congestive Heart Failure Mortality Rate |M|	0.0%	11.5%		Apr 2021
	COPD Mortality Rate |M|	0.0%	8.5%		Apr 2021
	Ischemic Stroke Mortality Rate |M|	0.0%	13.8%		Apr 2021
	Pneumonia Mortality Rate |M|	0.0%	15.6%		Apr 2021
Quality > Process of Care > Sepsis Care					
	Sepsis, Severe - Mortality Rate (M)	0.0%	25.0%		Apr 2021
	Septic Shock - Mortality Rate (M)	0.0%	25.0%		Apr 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		Apr 2021
◠ —	PSI 03 (v2019) Pressure Ulcer - Per 1000 ACA (M)	0.00	0.51	⬇	Apr 2021
	PSI 04 (v2019) Death in Surgical IP w/Ser Comp, Overall - Per 1000 ACA (M)	n/a	146.36		Apr 2021
◠ —	PSI 05 (v2019) Retained Surgical Item/Device Fragment - Per 1000 ACA (M)	0.00	0.00		Apr 2021
◠ —	PSI 06 (v2019) Iatrogenic Pneumothorax - Per 1000 ACA (M)	0.00	0.21		Apr 2021
◠ —	PSI 07 (v2019) Central Venous Catheter-related BSI - Per 1000 ACA (M)	0.00	0.12		Apr 2021
◠ —	PSI 08 (v2019) In Hospital Fall with Hip Fracture - Per 1000 ACA (M)	0.00	0.08		Apr 2021
◠ —	PSI 09 (v2019) Perioperative Hemorrhage or Hematoma - Per 1000 ACA (M)	0.00	2.29		Apr 2021
◠ —	PSI 10 (v2019) Postop Acute Kidney Injury Requiring Dialysis - Per 1000 ACA (M)	0.00	0.73		Apr 2021
◠ —	PSI 11 (v2019) Postoperative Respiratory Failure - Per 1000 ACA (M)	0.00	5.53		Apr 2021
◠ —	PSI 12 (v2019) Perioperative Pulmonary Embolism or DVT - Per 1000 ACA (M)	0.00	3.45		Apr 2021
◠ —	PSI 13 (v2019) Postoperative Sepsis - Per 1000 ACA (M)	0.00	4.05		Apr 2021
◠ —	PSI 14 (v2019) Postoperative Wound Dehiscence - Per 1000 ACA (M)	0.00	0.69		Apr 2021
◠ —	PSI 15 (v2019) Accidental Puncture or Laceration - Per 1000 ACA (M)	0.00	1.06		Apr 2021
◠ —	PSI 90 (v2019) Midas Patient Safety Indicators Composite, ACA (M)	0.00	1.00	⬇	Apr 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	3.56	3.75		Apr 2021
	RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	0.00	3.75		Apr 2021
	Falls with injury % of all Acute falls [M]	0.0%	0.0%		Apr 2021

Patient Falls

Period	C-RM Event: Fall-NO Injury: Acute only (numerator)	S-FS-SVH ADJUSTED PATIENT DAYS: Acute	Rate
Apr 2021	1	281	3.56
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

RM ACUTE FALL- NO INJURY (M) per 1000 patient days

U Chart 2-Sigma
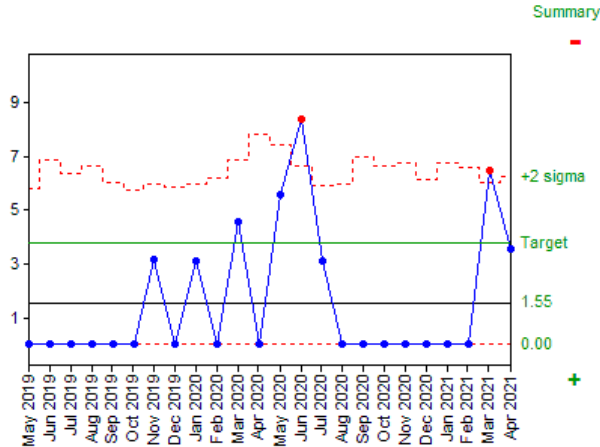
- April 2021
- ICU/Med/Surg
  - 1 Inpatient fall

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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)	9.59%	15.30%		Apr 2021
	COPD, CMS Readm - % Readmit within 30 Days, ACA (M)	0.0%	19.5%		Apr 2021
	HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	25.0%	21.6%		Apr 2021
	Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	0.0%	4.0%		Apr 2021
	PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	14.3%	16.6%		Apr 2021
	Sepsis, Severe - % Readmit within 30 Days (M)	0.4%	12.0%		Apr 2021
	Septic Shock - % Readmit within 30 Days (M)	0.0%	13.3%		Apr 2021

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Readmissions

Period	numerator	denominator	Percent
Apr 2021	1	4	25.0%
Mar 2021	0	7	0.0%
Feb 2021	0	3	0.0%
Jan 2021	0	4	0.0%
Dec 2020	1	5	20.0%
Nov 2020	0	2	0.0%
Oct 2020	0	2	0.0%
Sep 2020	0	1	0.0%
Aug 2020	0	3	0.0%
Jul 2020	1	2	50.0%
Jun 2020	0	1	0.0%

HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)
Provider Name = ALL
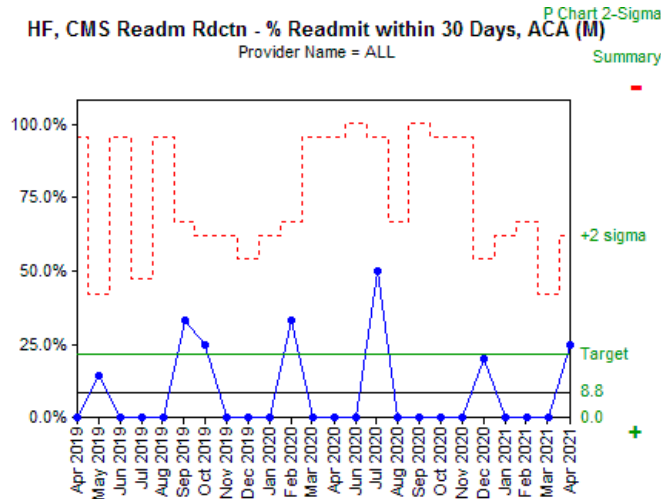
- April 2021
  - 1 Inpatient readmission
    - Complication Post-procedure
    - Transfer to Higher level of care

Percentage of encounters with an unplanned readmission to the same facility within 30 days among encounters for acute care inpatients with a principal discharge diagnosis of heart failure.

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BLOOD CULTURE CONTAMINATION

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Blood Culture Contamination

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Blood Utilization					
	Blood Cultures -Total Contamination Rate (M)	3.1%	3.0%		Apr 2021
	Blood Cultures -Contamination Rate |LAB| (M)	0.0%	3.0%		Apr 2021
	Blood Cultures -Contamination Rate|RN| (M)	6.7%	3.0%		Apr 2021

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Blood Culture Contamination

- Case Review
  - Emergency Department
  - April 2021
  - Four contaminations
    - 1:1 conversation and return demonstration
    - All new RNs for contaminations this month
      - Per diem

- Case Review
  - Lab
  - April 2021
  - Zero contamination

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INFECTION PREVENTION

CAUTI: Catheter Associated Urinary Tract Infections

Sonoma Valley Health District
All Urinary Tract Infections Regardless of Device

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
UTI	0	0	0	0	0	0	0	0	0	0	0	0	0
% of admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

4/1/2020 - 4/30/2021

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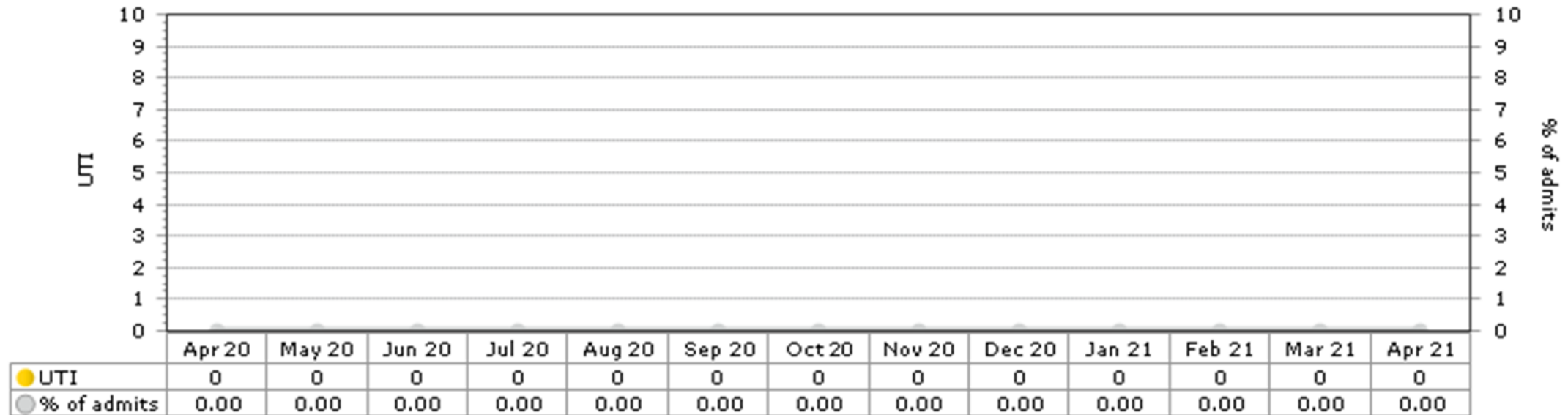
CLABSI: Central Line Associated Bloodstream Infections

Sonoma Valley Health District
Permanent Central Line-Associated BSI

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
● PCLABSI	0	0	0	0	0	0	0	0	0	0	0	0	0
○ % of admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
● PCLABSI Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
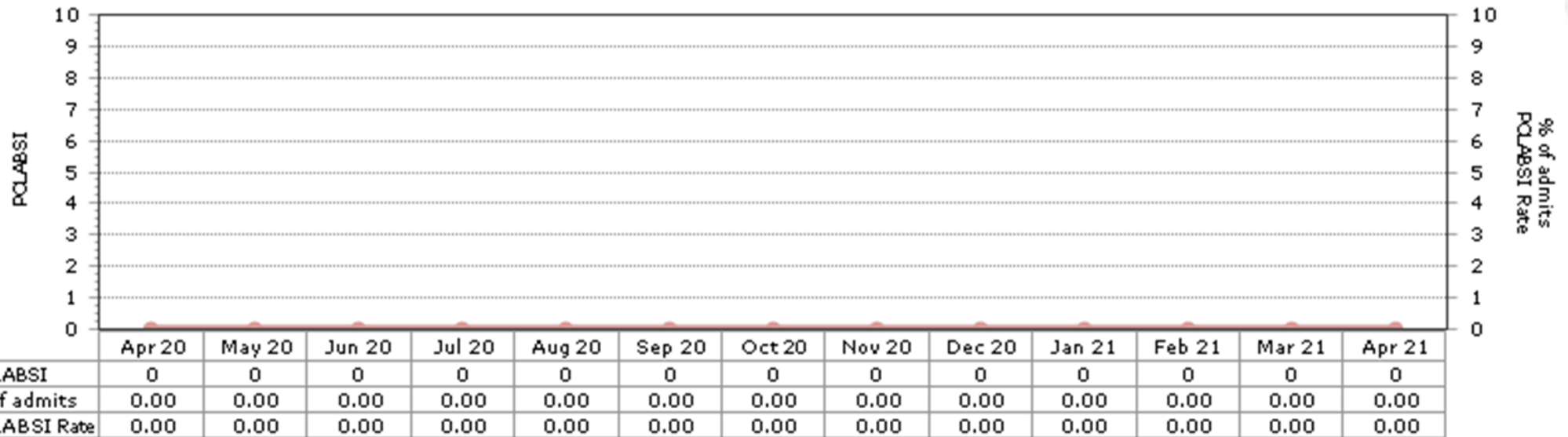
4/1/2020 - 4/30/2021

C-diff: Clostridium difficile Infections

Sonoma Valley Health District
Clostridium difficile Infections
(Infection Surveillance)
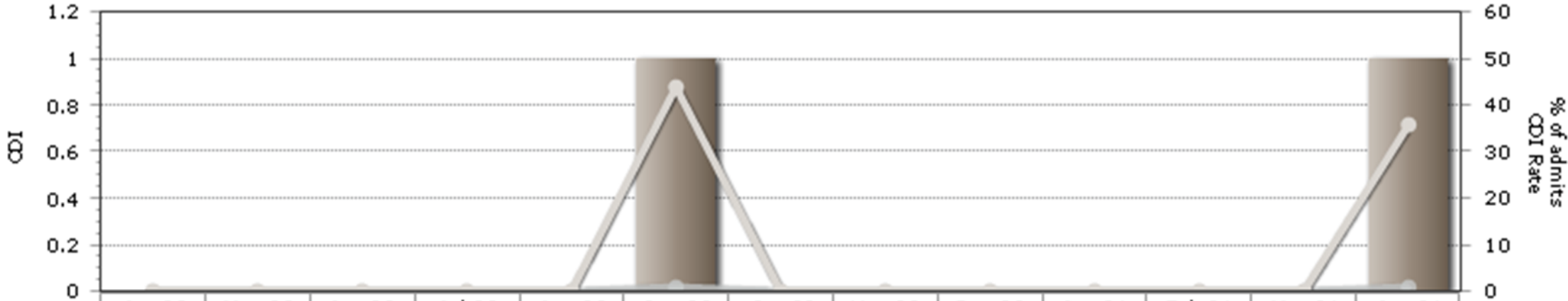
	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
CDI	0	0	0	0	0	1	0	0	0	0	0	0	1
% of admits	0.00	0.00	0.00	0.00	0.00	1.03	0.00	0.00	0.00	0.00	0.00	0.00	1.04
CDI Rate	0.00	0.00	0.00	0.00	0.00	43.67	0.00	0.00	0.00	0.00	0.00	0.00	35.59

4/1/2020 - 4/30/2021

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SSI: Surgical Site Infections

Sonoma Valley Health District
All Surgical Site Infections

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
SSI	0	0	0	1	0	0	0	0	0	0	0	0	0
SSI Rate	0.00	0.00	0.00	3.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

4/1/2020 - 4/30/2021

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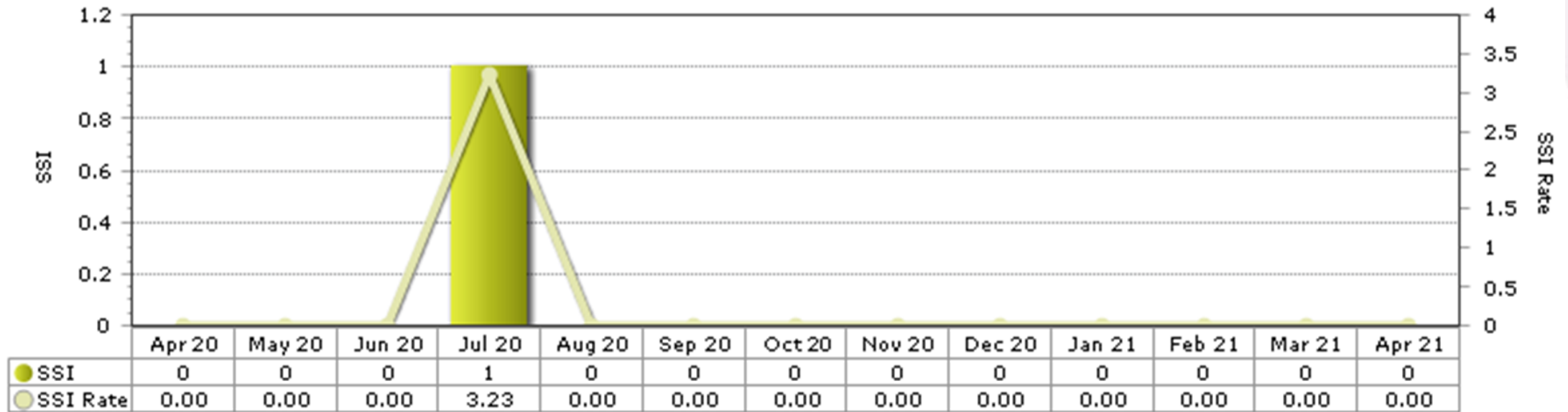
MRSA: Methicillin Resistant Staphylococcus aureus Infections

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

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0
% of admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MRSA Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

4/1/2020 - 4/30/2021

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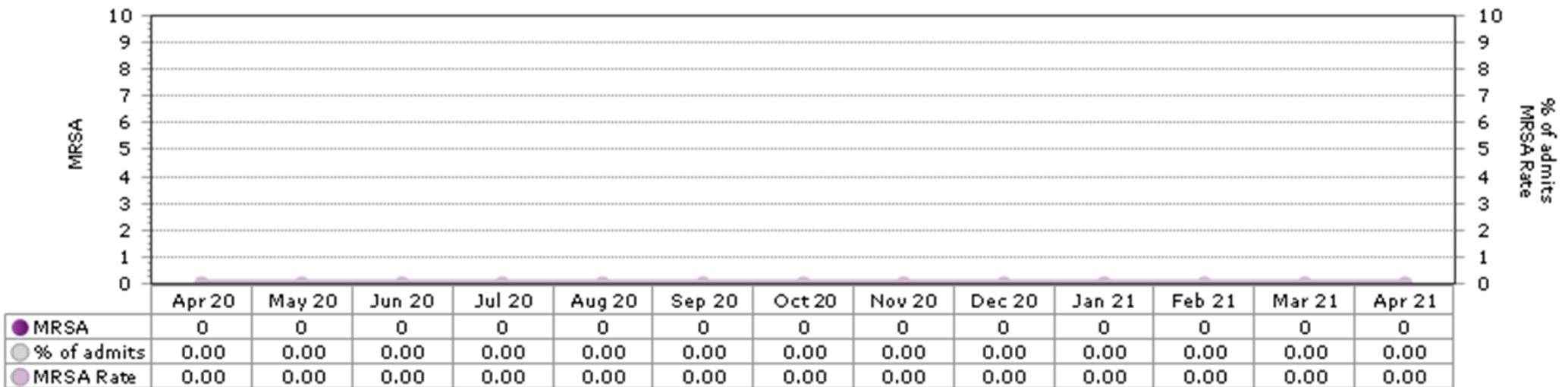
MSSA: Methicillin Susceptible Staphylococcus Infections

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

	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
MSSA	0	0	0	0	0	0	0	0	0	0	0	0	0
% of admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MSSA Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

4/1/2020 - 4/30/2021

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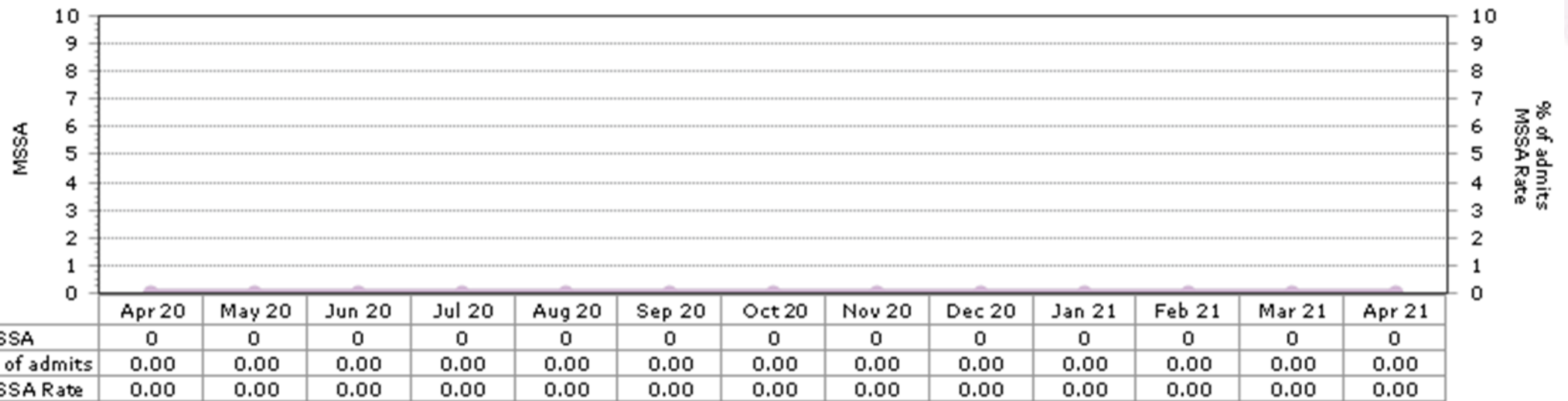
VRE: Vancomycin Resistant Enterococci Infections

Sonoma Valley Health District
Vancomycin-Resistant Enterococci (VRE) Infections
(Infection Surveillance)
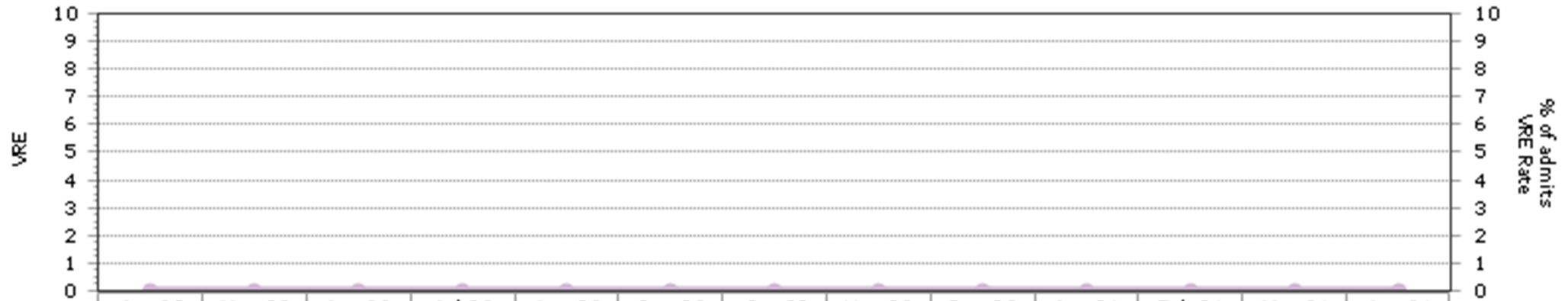
	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21
● VRE	0	0	0	0	0	0	0	0	0	0	0	0	0
○ % of admits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
○ VRE Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

4/1/2020 - 4/30/2021

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Infection Prevention May Initiatives

- Data collecting and investigating
- Specimen collection education
- Hand hygiene, Foley catheter and central line audits

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UTILIZATION MANAGEMENT

Utilization Management

Finance > Utilization Management				
1 Day Stay Rate-Medicare |M|	11.90%	8.10%		Apr 2021
1 Day Stay Rate Medi-Cal |M|	16.67%	2.61%		Apr 2021
Acute Care Risk-adjusted Average Length of Stay O/E Ratio |M|	0.99	0.79		Apr 2021
InterQual Criteria Status Not Met: Admission |M|vol	0	2		Apr 2021
InterQual Criteria Status Not Met: Continued Stay |M| vol	0	0		Apr 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.

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CORE MEASURES

Core Measures

Status	Indicator	Current Value	Target	SPC Alert	Updated
Quality > Core Measures > HOP Measures > HOP Colonoscpy					
—	Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)	100.0%	89.0%		Apr 2021
Quality > Core Measures > HOP Measures > HOP ED Throughput					
⬇	Core OP-18b - Median Time ED Arrival to ED Departure - Reporting Measure (M)	103.00	140.00		Apr 2021
Quality > Core Measures > Sepsis					
⬆	SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	75.0%	81.0%		Apr 2021

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Sepsis

- 16 encounter qualified for abstraction
- 2 Opportunities for Improvement
- 2 excluded
  - Palliative care orders
- 6 met all sepsis bundle indicators
- 6 do not meet severe sepsis criteria

- Opportunity for Improvement
  - Blood culture
  - fluids

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QUALITY ASSURANCE PERFORMANCE IMPROVEMENT

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Quality & Risk Management Oversight 2021

QAPI Monitoring Reporting:

	Due Dates	4/15/2021	7/15/2021	10/15/21	1/15/22
	Data Collection Period	Q1 2021	Q2 2021	Q3 2021	Q4 2021
1	Patient Access	Yes			
2	Cardiology	Yes			
3	Case Management	Yes			
4	Emergency	Yes			
5	EVS	Yes			
6	Facilities	Yes			
7	HIM	Yes			
8	HR	Yes			
9	ICU	Yes			
10	Infection Prevention	Yes			
11	IT	No			
12	Lab	Yes			
13	Materials Management	Yes			
14	Med Staff	Yes			
15	Med-Surg	Yes			
16	Med Imaging	Yes			
17	Nutritional Services	Yes			
18	Occupational Health	No			
19	Pharmacy	Yes			
20	Quality	Yes			
21	Rehab Ser IP	No			
22	Rehab Ser OP	No			
23	Skilled Nursing	No			
24	Surgery	No			
25	Wound Care	Yes			
26	Patient Financial Services	No			
27	Respiratory Therapy	Yes			
28	Risk	Yes			
	Completion Rate	75%			

HUMAN EXPERIENCE

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 ▼	75.0 ▲	85.7 ▲
Recommend the hospital	80.6 ▲	57.6 ▼	82.1 ▲	66.7 ▼
Cleanliness of hospital environment	72.7 ▼	65.6 ▼	75.0 ▲	57.1 ▼
Quietness of hospital environment	51.6 ▼	54.5 ▲	55.6 ▲	14.3 ▼
Comm w/ Nurses	85.6 ▲	73.4 ▼	81.0 ▲	95.2 ▲
Response of Hosp Staff	70.2 ▼	67.3 ▼	75.1 ▲	90.0 ▲
Comm w/ Doctors	77.1 ▼	71.9 ▼	81.7 ▲	85.7 ▲
Hospital Environment	62.2 ▼	60.1 ▼	65.3 ▲	35.7 ▼
Communication About Pain	-	-	-	-
Comm About Medicines	52.0 ▲	48.7 ▼	76.9 ▲	60.0 ▼
Discharge Information	82.5 ▼	73.3 ▼	88.0 ▲	80.0 ▼
Care Transitions	40.1 ▼	44.6 ▲	58.9 ▲	44.3 ▼

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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	86.2 ▲	83	94.7 ▲	5
Nurses	84.1 ▼	89	85.5 ▲	44	86.7 ▲	83	100 ▲	5
Care Provider	80.2 ▲	87	82.4 ▲	43	84.8 ▲	81	89.5 ▲	5
Overall Assessment	90.0 ▲	90	90.9 ▲	44	90.4 ▼	83	100 ▲	5

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: 05/20/2021 3:14 PM

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:	20

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
Admission Criteria to the ICU *ICU Dept*	**Pending Approval**	5/20/2021	0

Summary Of Changes:	**This policy was outdated, and did not reflect current acuity or ICU bed utilization.** **Changes were made to clarify some specific criteria, and process. Also, the old policy included too many nursing tasks that are completed on admission, such as performing an assessment.** **This is standard of care, and the same for a Med Surge admission. this doesn't need to be in an ICU specific policy. Some formatting changes were also made.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
Approvers:	**Medical Director-Patient Care Services -> 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)**

Document	Task/Status	Pending Since	Days Pending
Arterial Line Setup *ICU Dept*	**Pending Approval**	5/20/2021	0

Summary Of Changes:	**Reviewed. Recommend retire in favor of EBSCO Dynamic Health.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
Approvers:	**Medical Director-Patient Care Services -> 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)**

Document	Task/Status	Pending Since	Days Pending
Autopsy *Medical Staff Policies (MS)*	**Pending Approval**	5/20/2021	0

Summary Of Changes:	**Formatting corrections "only" made to the policy.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Kidd, Sabrina (skidd)**
Approvers:	**Kidd, Sabrina (skidd) -> 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)**

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: 05/20/2021 3:14 PM

Charging for Surgical Services	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Electrosurgical Units Safety	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Added the following -Active electrode in the presence of abdominal gasses 'should be used with caution.' Corrected spelling and punctuation errors.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Fasting Guidelines Prior to Surgery	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Fluid Warmer Use	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Reviewed and retired.** **Using EBSCO instead**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Gowning and Gloving	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Corrected punctuation and spelling errors.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Implant Reimbursements, Protocol for Surgical	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Retired. Outdated process.**

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: 05/20/2021 3:14 PM

Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Fry, Dana (dfry)**		
Approvers:	**01 P&P 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)**		

Implantation of a Medical Device	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Minor formatting changes made.**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Fry, Dana (dfry)**		
Approvers:	**01 P&P 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)**		

Latex Allergy Precautions	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Corrected spelling and grammar errors.**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Fry, Dana (dfry)**		
Approvers:	**01 P&P 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)**		

Loaner Instrument Trays from Outside the Facility, Care and Handling of	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Reviewed, no changes**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Fry, Dana (dfry)**		
Approvers:	**01 P&P 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)**		

Observers-visitors-vendors in OR	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Retired.**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Fry, Dana (dfry)**		
Approvers:	**01 P&P 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)**		

On Call, Surgery	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Changed 30 minute response time to 40 minute response time. The department has been operating under the 40 minute rule for the past few years as traffic patterns and volume has increased.**		
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**		
Lead Authors:	**Fry, Dana (dfry)**		
Approvers:	**01 P&P 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)**		

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: 05/20/2021 3:14 PM

Pacemaker ICD - Care of Patients Undergoing Surgery	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Deleted "8.For pacemakers and ICDs the device should be reprogrammed to an asynchronous mode and adaptive-rate features should be programmed off (usually done with a deprogrammer unit or magnet)." Too specific, care of device and any reprogramming should be determined case by case.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Pathology Handling Cultures and Specimens	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Made format and spelling corrections.** **Updated to current protocols for specimen handling and culture handling for surgery**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Patient Safety in the Operating Room	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Grammatical corrections made.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Radiological Safety	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Reviewed, no changes.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Sales Representative in the Operating Room 7420-151	**Pending Approval**	5/20/2021	0
Surgical Services/OR Dept			

Summary Of Changes:	**Corrected spelling errors.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**01 P&P 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)**

Staffing Ratio Criteria for 1to1 Staffing Ratio in the ICU	**Pending Approval**	5/20/2021	0
ICU 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: 05/20/2021 3:14 PM

Summary Of Changes:	**Incorporated American Association of Critical Care Nurses (AACN) guidance on 1:1 criteria.** **Changed verbiage to ensure collaborative decision making process.**
Moderators:	**Newman, Cindi (cnewman), Tierney, Pat (ptierney)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
Approvers:	**Medical Director-Patient Care Services -> 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)**