



SVHCD QUALITY COMMITTEE

REVISED AGENDA

WEDNESDAY, SEPTEMBER 22, 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/93573244943?pwd=WEExV04rUzB6bC8yYnBUTm pHUIJOZz09>

and Enter the **Meeting ID: 935 7324 4943**

Passcode: 049428

To Participate via Telephone only, dial:

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

and Enter the **Meeting ID: 935 7324 4943**

Passcode: 049428

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, Jenny Fontes, at jfontes@sonomavalleyhospital.org or 707.935.5005 at least 48 hours prior to the meeting.		
MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	<i>Mainardi</i>	
3. CONSENT CALENDAR • Minutes 8.11.21	<i>Mainardi</i>	Action
4. SURGERY/CENTRAL STERILE PROJECT	<i>Fry</i>	Inform
5. QUALITY INDICATOR PERFORMANCE INDICATORS/SCORECARD AUGUST 2021	<i>Kidd</i>	Inform
6. COMMITTEE ROLE IN POLICIES AND PROCEDURES	<i>Mainardi</i>	Inform
7. POLICIES AND PROCEDURES	<i>Kidd</i>	Review and recommend
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
9. ADJOURN	<i>Mainardi</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

August 11, 2021 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present	Members Present cont.	Excused	Public/Staff
Michael Mainardi, MD, via Zoom Susan Kornblatt Idell via Zoom Carol Snyder via Zoom Ingrid Sheets via Zoom Ako Walther, MD via Zoom		Cathy Webber Howard Eisenstark	Sabrina Kidd, MD, CMO, via Zoom Mark Kobe, CNO, via Zoom John Hennelly, CEO, via Zoom Judy Bjorndal, Board Member via Zoom Jenny Fontes, Board Clerk via Zoom

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Mainardi</i>	
	5: 01pm	
2. PUBLIC COMMENT	<i>Mainardi</i>	
	None	
3. CONSENT CALENDAR	<i>Mainardi</i>	
<ul style="list-style-type: none"> QC Minutes, 07.14.21 		MOTION: by Kornblatt Idell to approve, 2 nd by Sheets. All in favor.
4. MEETING DATE AND TIME MOVE	<i>Mainardi</i>	
	Dr. Mainardi spoke about the recently moved date of this committee has caused a delay with medical staff credentialing. Dr. Kidd recommended the committee meeting date go back to the original fourth Wednesday of the month. The next meeting will be September 22 nd .	Committee all in Agreement of meeting date move to the fourth Wednesday of the month. J. Fontes to send out a new meeting schedule and Zoom link.
5. DEPARTMENT PI PROJECT: COMMUNICATION ABOUT MEDICATIONS	<i>Kutza</i>	
	Mr. Kutza, Pharmacy Director presented the performance improvement plan surrounding medication communication.	

AGENDA ITEM	DISCUSSION	ACTION
	This included the presentation of the medication side effect teaching document. He said that the EHR was modified to add medication teaching for care givers and that a function in Paragon that allows the nurse to “message” the Pharmacist with questions or clarifications is being utilized during patient teaching. After the implementation of all these items the project exceeded the goal. The goal was to increase the score to the 25 th percentile by July 31, 2021. The performance resulted in a score representing the 80 th percentile.	
6. QUALITY PERFORMANCE INDICATORS/ SCORECARD REVIEW FOR JUNE 2021	<i>Kidd</i>	
	Dr. Kidd presented the revised format of the Quality performance indicators score card for June of 2021. This included reviews of patient safety indicators, patient falls, blood culture contamination, stroke certification measures, utilization management, core measures, infection prevention and overall patient satisfaction.	
7. COMMITTEE ROLE IN POLICIES AND PROCEDURES	<i>Mainardi</i>	
	Dr. Mainardi said that the Board of Directors decision on the Quality Committees role in policies and procedures will be informational agenda items, rather than action and approval items. This is in alignment with the committee charter. The Board welcomes comments and recommendations from the committee on policies and procedures. Revisions beyond typos or punctuation mistakes that require a change in wording or intent to the policy will require a full vote of the voting members before passing to the policy owner. The policy owner then has the choice to incorporate the recommendation into the policy or procedure. At that point the policy will not be returned to the committee.	
8. POLICIES AND PROCEDURES	<i>Kidd</i>	
	Dr. Kidd reviewed the revisions to the following policies: 24-hour Cardiac Monitoring Accountability and Responsibility (Case Management) Aerosol Therapy Indications Aggressive Behavior Management AIDET- Patient Relations Protocols	

AGENDA ITEM	DISCUSSION	ACTION
	Ambient Breathing (A.B.) Treatments Cardiac Exercise Test (Treadmill) Care transitions Program Post Discharge Phone Calls Central Venous Pressure Monitoring Clinical Practice Guidelines Continuity of Operations Plan Discharge from the Intensive Care Unit Discharge Referral Process for Home Care Emergency Department Nursing Protocols Emergency Operation Plan Hospital Evacuation During Disaster Intravenous Management Mechanical Ventilation Management Nursing Services Education Plan Orientation, Case Management Oxygen Therapy Policy Patient Resuscitation Code Status Patient Rights to Access Protective Services Pregnant and Breastfeeding Healthcare Workers, Guidelines for Protective and Advocacy Services Sputum Collection Induction Standard Employer Service Rate Suctioning patients in the Intensive Cesare Unit Patients Tracheal Tube Cuff Management Tracheostomy Care Tracheostomy Suction Procedure Transfer of Patients from Acute Unites to SNF or Other Long-Term Care Transvenous Pacing Withdrawal of Life Sustaining Treatment	
11. ADJOURN	<i>Mainardi</i>	
	6: 15 pm	

Sterile Processing Quality Improvement Projects and Workflow Upgrades

As a response to a CDPH visit we took a deep dive look at all processes and conditions in Sterile Processing area to insure we are meeting and exceeding regulatory standards, and providing the safest level of care.

What We Have Done

- Upgraded all Sterile Processing job descriptions to reflect all applicants must be CBSPD certified.
- Created competencies for annual return demonstration, and had multiple reps come in to do in-services on current equipment.
- Added additional hand sanitizing stations
- We purchased enclosed case carts with signage for clean or soiled for use to transport instruments.
- Purchased appropriate PPE and decontamination gowns, and had the dispensers placed in appropriate areas.
- Re-instituted policy that soiled instruments are to be pre-cleaned, sprayed with enzymatic, and returned to SPD on a towel in an open position. Purchased this enzymatic spray. OSHA Title 22 and AAMI Standards.
- Trained staff on the appropriate amount of water to soap dilution/ratio. Steris rep came out in order to provide automatic soap dispensing, and assist with placing water line in soiled sink. Purchased Detergent doser so that we are complaint with use.
- Purchased appropriate brushes and detergents for safe cleaning, ability to follow instructions for use, and prevent instrument damage.
- Instituting and ensuring temperature and humidity logs are complete in Medivator room and Sterile processing areas. Added multiple tracking logs necessary to make us regulatory compliant. Instituted daily terminal cleaning and logging for the SPD department which is a regulatory requirement.
- Purchased new Scope Buddy to replace obsolete equipment being used in decontamination portion of scope processing.
- Sending all Sterile Processing Techs, and Surgical Techs to certification training on Scope cleaning and handling in November.
- Purchased scope transportation cart in order to meet regulatory compliance of scope transport in in hard sided, lidded, marked container which designates soiled or clean.
-
- Relocated power strip from wet area.
- Created a repository of IFU information for SPD staff to have easy access to.
- Started a weekly cycle of descaling the washer.
- Purchased Tosi testing materials to inspect and test the washers daily per regulations prior to use with instruments.
- Generalized declutter and reorganization of the Sterile Processing department.
- Removed single use instruments from our shelves as they should not have been reprocessed.
- Reprocessed almost all of our instruments due to condition they were found in or length of time they had been sitting on shelves. Instituted policy and work flow that any instruments which

have sat on the shelves for a year or longer must automatically be reprocessed to maintain package integrity and sterility.

- Removed etched instruments from use as these are not compliant with current sterilization regulations. Discarded large volumes of expired items. Re-trained staff not to reprocess single use items, removed these items from shelves.
- Replaced old peel pack heat sealer for higher quality model.
- Removed color coded tape from instruments (regulatory compliance- no tape)
- Replaced biological incubator machines to meet current regulations.
- Created a log and workflow for receipt and tracking of loaner trays.
- Purchased infrared thermometer gun to ensure trays are under 75 degrees before instruments are used.
- Created a new Supervisor position in Sterile Processing so there is someone in the department to ensure daily accountability and compliance.

Quality Indicator Performance & Plan

September Board Quality

Data for August 2021

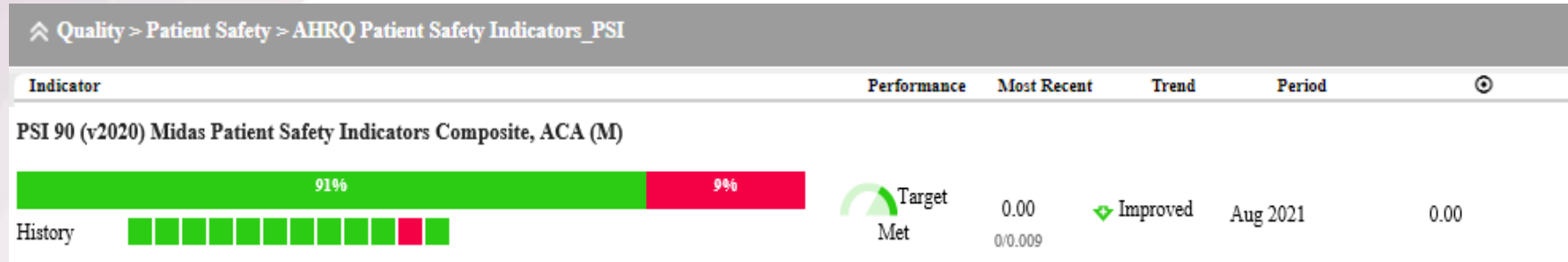
Mortality

Aug = 0/0

[^](#) [Quality](#) > [Process of Care](#) > [Sepsis Care](#)

Aug = 0/0

AHRQ Patient Safety Indicators



The Patient Safety Indicators 90 (PSIs)

- PSI 03 Pressure Ulcer
- PSI 06 Iatrogenic Pneumothorax Rate
- PSI 08 In Hospital Fall with Hip Fracture
- PSI 09 Perioperative Hemorrhage or Hematoma
- PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis
- PSI 11 Postoperative Respiratory Failure
- PSI 12 Perioperative Pulmonary Embolism or DVT
- PSI 13 Postoperative Sepsis
- PSI 14a Postoperative Wound Dehiscence, Open
- PSI 14b Postoperative Wound Dehiscence, Non-Open
- PSI 15 Accidental Puncture or Laceration

⤴ Quality > Patient Safety > Falls



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

Readmissions

Quality > Readmissions

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)								
<div> <div>100%</div> <div>History</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	1.92% 1/52	📈 Improved	Aug 2021	15.30%	15.50%	n/a	5.45%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
<div> <div>83%</div> <div>17%</div> <div>History</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	0.0% 0/5	— No Change	Jul 2021	19.5%	20.0%	n/a	0.0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
<div> <div>83%</div> <div>17%</div> <div>History</div> </div>	<div> <div>Breaches</div> <div>Alarm</div> </div>	50.0% 1/2	📉 Deteriorated	Aug 2021	21.6%	22.0%	n/a	8.8%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
<div> <div>75%</div> <div>9%</div> <div>16%</div> <div>History</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	0.0% 0/2	— No Change	Aug 2021	4.0%	5.0%	n/a	4.5%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
<div> <div>75%</div> <div>8%</div> <div>17%</div> <div>History</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	0.0% 0/1	— No Change	Aug 2021	16.6%	17.0%	n/a	10.0%
Sepsis, Severe - % Readmit within 30 Days (M)								
<div> <div>100%</div> <div>History</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	0.0% 0/3	— No Change	Aug 2021	12.0%	13.0%	n/a	0.2%
Septic Shock - % Readmit within 30 Days (M)								
<div> <div>100%</div> <div>History</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	0.0% 0/1	— No Change	Jul 2021	13.3%	14.0%	n/a	0.1%

Blood Culture Contamination

Quality > Blood Utilization

Indicator	Performance		Most Recent	Trend	Period	🕒	🔔	📊	⚖️			
Blood Cultures -Total Contamination Rate (M)												
<div><div>66%</div></div>		<div><div>17%</div></div>	<div><div>17%</div></div>	<div><div>Target Met</div></div>	1.3%	2/151	📈 Improved	Aug 2021	3.0%	4.0%	n/a	2.4%
History	<div><div></div></div>											
Blood Cultures -Contamination Rate LAB (M)												
<div><div>100%</div></div>				<div><div>Target Met</div></div>	1.8%	1/55	📉 Deteriorated	Aug 2021	3.0%	4.0%	n/a	0.8%
History	<div><div></div></div>											
Blood Cultures -Contamination Rate RN (M)												
<div><div>50%</div></div>		<div><div>50%</div></div>		<div><div>Target Met</div></div>	1.0%	1/96	📈 Improved	Aug 2021	3.0%	3.1%	n/a	3.4%
History	<div><div></div></div>											

CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)	<div><div></div></div>	5.00	🔴 Deteriorated	Aug 2021	10.00	11.00	n/a	4.00
History	<div><div></div></div>							
CDSTK-04 Median- Door to Phys Eval [M] minutes	<div><div></div></div>	4.00	🔴 Deteriorated	Aug 2021	10.00	11.00	n/a	1.25
History	<div><div></div></div>							
CDSTK-05 Median- Door to CT Scanner [M]elapsed time (minutes)	<div><div></div></div>	10.00	🔴 Deteriorated	Aug 2021	25.00	26.00	n/a	8.00
History	<div><div></div></div>							
CDSTK-06 Median- Neuro Consult Contacted [M] minutes	<div><div></div></div>	16.00	🟢 Improved	Aug 2021	30.00	31.00	n/a	14.00
History	<div><div></div></div>							
CDSTK-07 Median- CT Read by Radiology [M] minutes	<div><div></div></div>	31.00	🟢 Improved	Aug 2021	45.00	46.00	n/a	30.00
History	<div><div></div></div>							
CDSTK-08 Median- Lab Results Posted [M] minutes	<div><div></div></div>	41.00	🔴 Deteriorated	Aug 2021	45.00	46.00	n/a	29.25
History	<div><div></div></div>							
CDSTK-10 Median- Door to EKG Complete [M] minutes	<div><div></div></div>	53.00	🔴 Deteriorated	Aug 2021	60.00	61.00	n/a	39.00
History	<div><div></div></div>							
CDSTK-11 Median- Door to tPA Decision [M] minutes	<div><div></div></div>	34.00	🔴 Deteriorated	Aug 2021	60.00	61.00	n/a	30.00
History	<div><div></div></div>							

Utilization Management

Finance > Utilization Management

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📊	
Acute Care - Geometric Mean Length of Stay [M]									
	<div><div></div><div></div><div></div></div> <div>50%25%25%</div>	<div><div></div><div></div><div></div></div> <div>Bet. Target & Alarm</div>	2.99 23.9147/8	📉 Deteriorated	Aug 2021	2.75	3.23	n/a	2.97
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Acute Care Age over 64 - MS-DRG Case Mix Index [M]									
	<div><div></div><div></div><div></div></div> <div>66%17%17%</div>	<div><div></div><div></div><div></div></div> <div>Target Met</div>	1.15 41.4095/36	📈 Improved	Aug 2021	1.56	1.65	n/a	1.51
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Acute Care- MS-DRG Case Mix Index [M]									
	<div><div></div><div></div><div></div></div> <div>54%37%9%</div>	<div><div></div><div></div><div></div></div> <div>Target Met</div>	1.26 70.461/56	📈 Improved	Aug 2021	1.55	1.65	n/a	1.52
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								

Geometric mean is a statistical/mathematical term that is applied in many other areas outside of health care. This is calculated by multiplying all of the lengths of stay and then taking the nth root of that number (where n=number of patients). (Minimizes the impact of outliers).

The Case Mix Index (CMI) is the average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing the total by the number of discharges.

Utilization Management

Finance > Utilization Management

Indicator	Performance	Most Recent	Trend	Period				
1 Day Stay Rate Medi-Cal [M]								
History		Breaches Alarm	7.69% 1/13	Deteriorated	Aug 2021	2.61%	5.00%	n/a 5.37%
1 Day Stay Rate-Medicare [M]								
History		Bet. Target & Alarm	10.00% 4/40	Improved	Aug 2021	8.10%	10.00%	n/a 9.17%
InterQual Criteria Status Not Met: Admission [M]vol								
History		Target Met	0	No Change	Aug 2021	2	3	n/a 1
InterQual Criteria Status Not Met: Continued Stay [M] vol								
History		Target Met	0	No Change	Aug 2021	0	1	n/a 0

InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The first-level screening is done by the utilization review nurse.

Core Measures

Quality > Core Measures > HOP Measures > HOP Colonoscopy

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📊
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)								
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	100.0%	8/8	No Change	Aug 2021	89.0%	50.0%
History	<div><div></div></div>						n/a	100.0%

Quality > Core Measures > HOP Measures > HOP ED Throughput

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📊	
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)									
	<div><div>75%</div><div>8%</div><div>17%</div></div>	<div><div>Breaches Alarm</div></div>	149.50	📈 Improved	Aug 2021	132.00	140.00	n/a	115.00
History	<div><div></div></div>								

Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)










<div><div>91%</div><div>9%</div></div>	<div><div>Target Met</div></div>	1.4% 11/773	Deteriorated	Aug 2021	2.0%	2.5%	n/a	1.2%
History	<div><div></div></div>							

Quality > Core Measures > HOP Measures > HOP Stroke

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📊
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)								
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	100.0%	1/1	No Change	Jul 2021	72.0%	70.0%
History	<div><div></div></div>						n/a	100.0%
Note: OP-23 Aug =0/0								

Note: OP-23 Aug =0/0

Core Measures Sepsis

Quality > Core Measures > Sepsis							
Indicator	Performance	Most Recent	Trend	Period			
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)							
		 Target Met	83.3%	Improved	Jul 2021	81.0%	80.0%
History			5/6				
SEPa - Severe Sepsis 3 Hour Bundle (M)							
		 Target Met	100.0%	No Change	Jul 2021	94.0%	90.0%
History			6/6				
SEPB - Severe Sepsis 6 Hour Bundle (M)							
		 Breaches Alarm	80.0%	Deteriorated	Jul 2021	100.0%	90.0%
History			4/5				

August Sepsis Data not yet abstracted.




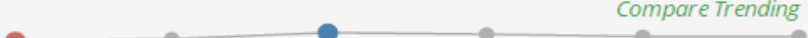

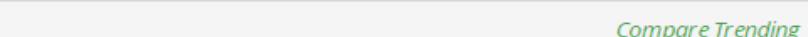
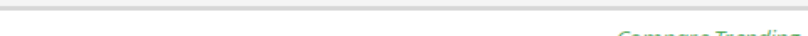

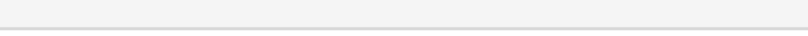
Infection Prevention

Quality > Infection Surveillance and Prevention





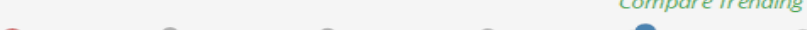

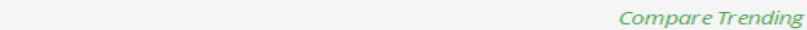

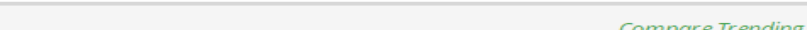
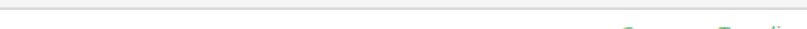

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄
IC-Surveillance HAI-C.DIFF Inpatient infections per 10k pt days [M]	<div> <div>100%</div> <div>History <div></div><div></div></div> </div>	<div> <div>Target Met</div> <div>0</div> </div>	<div> <div>No Change</div> </div>	Aug 2021	1	1	n/a	0
IC-Surveillance HAI-CAUTI Inpatient infections per 10k patient days [M]	<div> <div>100%</div> <div>History <div></div><div></div></div> </div>	<div> <div>Target Met</div> <div>0</div> </div>	<div> <div>No Change</div> </div>	Aug 2021	1	1	n/a	0
IC-Surveillance HAI-CLABSI Inpatient infections per 10k patient days [M]	<div> <div>100%</div> <div>History <div></div><div></div></div> </div>	<div> <div>Target Met</div> <div>0</div> </div>	<div> <div>No Change</div> </div>	Aug 2021	1	1	n/a	0
IC-Surveillance HAI-MRSA Inpatient infections per 10k patient days [M]	<div> <div>100%</div> <div>History <div></div><div></div></div> </div>	<div> <div>Target Met</div> <div>0</div> </div>	<div> <div>No Change</div> </div>	Aug 2021	1	1	n/a	0
IC-Surveillance All Inpatient infections [M]	<div> <div>100%</div> <div>History <div></div><div></div></div> </div>	<div> <div>Target Undefined</div> <div>31</div> </div>	<div> <div>Lower</div> </div>	Aug 2021	n/a	n/a	n/a	32
IC-Surveillance Inpatient Infections Reviewed [M]	<div> <div>100%</div> <div>History <div></div><div></div></div> </div>	<div> <div>Target Undefined</div> <div>9</div> </div>	<div> <div>Lower</div> </div>	Aug 2021	n/a	n/a	n/a	13

Inpatient Patient Satisfaction

HCAHPS

Survey Items ⬆	SECTION/DOMAIN	Survey Type ⬆	n ⬆	Top Box Score		Goal: N/A	Percentile Rank ⬆	Score Trendline
				Current (Q2-21) ⬆	Previous (Q1-21) ⬆			
Rate hospital 0-10	GLOBAL ITEMS	CAHPS	32	59.38%	77.27%	-17.90%	10	 Compare Trending
Recommend the hospital	GLOBAL ITEMS	CAHPS	31	58.06%	81.82%	-23.75%	12	 Compare Trending
Domain: Comm w/ Nurses	COMM W/ NURSES	CAHPS	32	76.04%	84.85%	-8.81%	27	 Compare Trending
Nurses treat with courtesy/respect	COMM W/ NURSES	CAHPS	32	90.63%	90.91%	-0.28%	82	 Compare Trending
Nurses listen carefully to you	COMM W/ NURSES	CAHPS	32	75.00%	86.36%	-11.36%	38	 Compare Trending
Nurses expl in way you understand	COMM W/ NURSES	CAHPS	32	62.50%	77.27%	-14.77%	3	 Compare Trending
Domain: Response of Hosp Staff	RESPONSE OF HOSP STAFF	CAHPS	30	66.09%	80.00%	-13.91%	59	 Compare Trending
Call button help soon as wanted it	RESPONSE OF HOSP STAFF	CAHPS	29	65.52%	80.00%	-14.48%	63	 Compare Trending
Help toileting soon as you wanted	RESPONSE OF HOSP STAFF	CAHPS	18	66.67%	80.00%	-13.33%	55	 Compare Trending

Inpatient Patient Satisfaction

				Top Box Score		Goal: N/A			HCAHPS
Survey Items ⬆	SECTION/DOMAIN	Survey Type ⬆	n ⬆	Current (Q2-21) ⬆	Previous (Q1-21) ⬆	Change ⬆	Percentile Rank ⬆	Score Trendline	
Domain: Comm w/ Doctors	COMM W/ DOCTORS	CAHPS	32	62.37%	80.01%	-17.65%	1	 Compare Trending	
Doctors treat with courtesy/respect	COMM W/ DOCTORS	CAHPS	31	67.74%	80.95%	-13.21%	1	 Compare Trending	
Doctors listen carefully to you	COMM W/ DOCTORS	CAHPS	31	61.29%	81.82%	-20.53%	1	 Compare Trending	
Doctors expl in way you understand	COMM W/ DOCTORS	CAHPS	31	58.06%	77.27%	-19.21%	1	 Compare Trending	
Cleanliness of hospital environment	HOSPITAL ENVIRONMENT	CAHPS	31	67.74%	78.95%	-11.21%	28	 Compare Trending	
Quietness of hospital environment	HOSPITAL ENVIRONMENT	CAHPS	31	54.84%	59.09%	-4.25%	32	 Compare Trending	
Domain: Comm About Medicines	COMM ABOUT MEDICINES	CAHPS	18	64.71%	90.00%	-25.29%	71	 Compare Trending	
Tell you what new medicine was for	COMM ABOUT MEDICINES	CAHPS	17	82.35%	100.00%	-17.65%	88	 Compare Trending	
Staff describe medicine side effect	COMM ABOUT MEDICINES	CAHPS	17	47.06%	80.00%	-32.94%	47	 Compare Trending	
Staff talk about help when you left	DISCHARGE INFORMATION	CAHPS	28	82.14%	90.00%	-7.86%	29	 Compare Trending	
Domain: Care Transitions	CARE TRANSITIONS	CAHPS	31	36.28%	61.87%	-25.59%	2	 Compare Trending	



To: SVHCD Board of Directors
From: Michael Mainardi, Board Member & Chair of Quality Committee
Meeting Date: September 2, 2021
Subject: Quality Committee Role in Policies and Procedures

1. As background the committee is an extension of the Board of Directors and under its jurisdiction. The Board decides on the purview of the committee when reviewing items on the agenda.
2. It is the decision of the Board that Policies and Procedures will be listed as an inform item and not require approval. Our Quality Charter also states that the committee only review and not approve.
3. The Policy and Procedure review is for educational purposes allowing the committee to see what parameters are in place for patient safety. All policy and procedures not related to patient safety will no longer be on our agenda. The policy has been written or revised by the hospital staff member or members with the most knowledge of the reasons for its existence and approved by one or several hospital committees before arriving at Quality.
4. Although the Board welcomes comments from the committee on policy and procedure, any request beyond a typo or punctuation mistake that requires a change in wording or intent to the policy will require a full vote of the voting members before passing to the policy maker.
5. Upon receipt the policy maker has the choice to incorporate the recommendation into the policy or procedure or disregard it. If the policy or procedure is changed, the revised policy will then be brought back to the committee for review. If the policy maker chooses not to incorporate the committee's recommendation, it still will be forwarded to the Board as part of the approval package and will include a description of the Quality Committee's requested and rejected modifications (only when substantive) and a rationale for why it was not accepted. The Board then has the final say as to incorporating the committee's recommendation or following the policy maker's decision.



SUBJECT: Outpatient Infusion Service

POLICY: MM8610-163

Page 1 of 3

DEPARTMENT: Organizational

EFFECTIVE: 9/1/2021

REVISED:

PURPOSE:

To standardize the process followed for managing patients receiving outpatient medication infusions at Sonoma Valley Hospital.

POLICY:

Sonoma Valley Hospital offers outpatient medication infusion services to Sonoma Valley Hospital patients and Sonoma Valley residents in a designated outpatient area of the hospital. Orders for medications to be administered via this service are assessed for clinical and financial viability before scheduling the patient to receive any medications. Medication orders will be accepted from a credentialed member of the SVH medical staff with appropriate privileges and in good standing as well as from non-medical staff Licensed Independent Practitioners (LIP) who have been pre-verified by medical staff for infusion specific privileges. The ordering physician will be contacted as needed for non-emergent patient care issues. In the case of a patient emergency, the hospital will provide care using current processes for rapid response or code blue.

PROCEDURE:

- A patient-specific drug order must be available from an LIP that details the following, at a minimum:
 - Medication
 - Medication dosage
 - Route of administration
 - Rate of administration
 - Frequency and duration of administration
 - Treatment monitoring requirements (as applicable)
 - Pre-medication (if indicated)
 - Orders for management of an acute infusion/injection reaction
- Upon receipt of a valid order from an LIP the following process is initiated:
 1. Verify LIP is credentialed or has infusion privileges at SVH; Email order to Medical Staff Office for credentialing verification. If the provider is not yet privileged for infusion services, credentialing verification must be completed prior to proceeding to subsequent steps.
 2. Ensure that LIP has completed and sent the appropriate section(s) of the Outpatient Infusion Scheduling Form (attachment A) to the SVH scheduler
 - a. If one has not been received, the scheduler will contact the LIP to request it be sent and provide a copy to them if needed.
 3. The form and order are sent to admitting for review of insurance coverage and approval.
 4. If the treatment is covered and approved by admitting, the scheduler is notified that they may schedule the patient to receive the treatment ordered.



SUBJECT: Outpatient Infusion Service

POLICY: MM8610-163

DEPARTMENT: Organizational

Page 2 of 3

EFFECTIVE: 9/1/2021

REVISED:

5. The scheduling form and order is sent to pharmacy for review and processing based on availability and formulary status.

- The storage, handling, preparation, and labeling of intravenous/injectable medications will be performed by hospital pharmacy department personnel following applicable guidelines and regulations for sterile compounding.
 - If an intravenous/injectable medication is available in a ready to use form that does not require compounding as defined by the California State Board of Pharmacy, the medication may be prepared for administration by the patient care nurse, following standards of proper aseptic technique and hospital policy.
- Doses will be administered to the patient by registered nurses on staff at Sonoma Valley Hospital who are trained and competent to perform this task.
 - Administration will be documented on the patient Medication Administration Record (MAR) as per hospital policy.
 - The patient care nurse will have access to information about the medication being administered that includes at least (when applicable): indications, administration, monitoring requirements, and patient education requirements.
- Initial patient assessment, monitoring, and documentation will be performed per hospital policy.
 - Frequency may vary based on risk of reaction, patient history, and acuity.
- Medications, supplies, and equipment to manage a hypersensitivity reaction must be immediately available during each administration of a parenteral medication.
 - Any adverse effects will be addressed, reported, and documented following hospital policy.

REFERENCES:

- National Infusion Center Association; NICA Minimum Standards for In-Office Infusion, 2019

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OWNER:

Director of Pharmacy

AUTHORS/REVIEWERS:

Director of Surgical Services
Chief Medical Officer



SUBJECT: Outpatient Infusion Service

POLICY: MM8610-163

DEPARTMENT: Organizational

Page 3 of 3

EFFECTIVE: 9/1/2021

REVISED:

APPROVALS:

Policy & Procedure Team:

Pharmacy & Therapeutics Committee:

Medical Executive Committee:

Board Quality Committee:

Board of Directors:

ATTACHMENTS:

Attachment A- Outpatient Infusion Service Worksheet

DRAFT

Document Tasks by Committee

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

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/15/2021 3:01 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: 16

Committee: 07 BOD-Quality Committee of the Board

Committee Members: Finn, Stacey (sfinn), Woodall, Vivian (vwoodall)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
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Access to Medication When the Pharmacy is Closed <i>Medication Management Policies (MM)</i>	Pending Approval	8/19/2021	27
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Summary Of Changes: Reviewed, no changes

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)

Aminoglycoside Protocol <i>Medication Management Policies (MM)</i>	Pending Approval	8/19/2021	27
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Summary Of Changes: Corrected typo at end of document (bullet point with no information after it)

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)

Authorized Access to Medication Storage Areas <i>Medication Management Policies (MM)</i>	Pending Approval	8/19/2021	27
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Summary Of Changes: Reviewed, no changes

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)

Controlled Substance Management <i>Medication Management Policies (MM)</i>	Pending Approval	8/19/2021	27
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Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/15/2021 3:01 PM

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

Summary Of Changes: **Updated reference links to most current addresses and updated last accessed date.**

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)**

Dispensing of Medication	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**

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)**

Labeling Medications	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**

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)**

Licensed Pharmacy Employee Theft or Impairment	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**

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)**

Look Alike Sound Alike	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**

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)**

Medication Recalls	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Reviewed, no changes**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/15/2021 3:01 PM

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

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)

Medication Shortages	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Updated reference web links to current website and updated last accessed dates

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)

Ordering and Prescribing	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Corrected formatting errors

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)

Pharmacist Review of Medication Orders	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Corrected formatting (added period) and removed reference to a list of order sets that is not used any longer.

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)

Piperacillin-Tazobactam Extended Infusion Dosing	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Added specific guidelines for dosing when exclusion criteria preclude the use of an extended infusion time.

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)

Reporting Controlled Substance Theft or Loss	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Updated reference web links to current addresses and updated last accessed date.

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

Lead Authors: Kutza, Chris (ckutza)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 09/15/2021 3:01 PM

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

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)**

Required Immunizations & Proof of Immunity	Pending Approval	8/10/2021	36
<i>Human Resources Policies (HR)\Employee Health</i>			

Summary Of Changes: **Updated policy to reflect organizational decision to require COVID-19 Vaccination as a condition of employment. Added corresponding appendices for requesting medical exemption or religious accommodation and the applicable declination form. Other general language updates for clarity in purpose and understanding.**

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)**

Unapproved Abbreviations	Pending Approval	8/19/2021	27
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Updated date last accessed for reference weblink. Removed appendix A and references to it in body of policy. The unapproved abbreviations list is managed separately from this policy and reviewed annually.**

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)**

OUTPATIENT INFUSION SERVICE SCHEDULING

SURGERY SCHEDULING PHONE LINE: (707) 935-5380

Send orders to Surgery Fax: (707) 935-5379



******TO BE COMPLETED BY PHYSICIAN******

PLEASE ATTACH COMPLETE ORDERS INCLUDING DIAGNOSIS

Medication ordered: _____

☐ One time only ☐ Recurring ☐ Frequency _____

Ordering Physician _____ Primary Care MD _____

Patient Last Name _____ M F DOB: _____

Patient First Name _____ Phone: _____

Diagnosis: _____ ICD-10 _____ CPT: _____

**INSURANCE INFORMATION
(Must be completed)**

Primary Insurance: _____ ID# _____

☐ Primary Authorization # _____ ☐ No Authorization Required

Per: _____ Effective Date ____/____/____ to ____/____/____

Secondary Insurance: _____ ID# _____

☐ Secondary Auth# _____ ☐ No Authorization Required

Per: _____ Effective Date ____/____/____ to ____/____/____

******SVH STAFF USE ONLY******

☐ Sent to Admitting (Fax 5207, Phone 5350) Date _____ Time _____

☐ Email to Medical Staff Coordinator for LIP verification if LIP unknown:

sfinn@sonomavalleyhospital.org Date _____ Time _____

☐ Account complete and registered (patient label attached)

☐ Sent to Surgery (Fax 5379) Date _____ Initials _____

☐ Sent to Pharmacy (Fax 5483) Date _____ Initials _____

Scheduled date and time _____