SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, JANUARY 26, 2022

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/97694045982?pwd=L1JMd1FaWm9pUjhyV0RQcko5NWVwQT09

and Enter the **Meeting ID: 976 9404 5982**
Passcode: 825957

To Participate via Telephone only, dial:
1-669-900-9128 or 1-669-219-2599
and Enter the **Meeting ID: 976 9404 5982**
Passcode: 825957

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 *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt-Idell*	
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.*	*Kornblatt-Idell*	
3. CONSENT CALENDAR • Minutes 12.15.21	*Kornblatt-Idell*	Action
4. ED QA/PI	*Brown*	Inform
5. QUALITY INDICATOR PERFORMANCE AND PLAN	*Cooper*	Inform
6. PATIENT CARE SERVICES DASHBOARD FOR FOURTH QUARTER FY 2021	*Kobe*	Inform
7. POLICIES AND PROCEDURES	*Cooper*	Review/ Recommend
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Kidd*	Action
9. ADJOURN	*Kornblatt-Idell*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
December 15, 2021 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Michael Mainardi, MD Susan Kornblatt Idell Carol Snyder Ingrid Sheets Ako Walther, MD Howard Eisenstark Cathy Webber			John Hennelly, CEO Sabrina Kidd, MD, CMO David Young, MD Kylie Cooper, Quality and Risk Mgmt Mark Kobe, CNO Judy Bjorndal, Board Member Jenny Fontes, Board Clerk

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Mainardi*	
	Meeting called to order at 5:01 pm	
2. PUBLIC COMMENT	*Mainardi*	
	None	
3. CONSENT CALENDAR	*Mainardi*	**ACTION**
• QC Minutes 10.27.21		**MOTION:** by Kornblatt Idell to approve, 2nd by Sheets. All in favor.
4. IMAGING QAPI	*Young*	
	Mr. David Young, Director of Diagnostic Imaging reviewed the Imaging Quapi presentation. He reported that contrast extravasations, exams performed match orders, exam tracking completeness, echo-report turnaround time, are all within goal, repeat analysis is close to goal, and CT tube quality is in the 90th percentile. PFT -report turn around has not met goal because there is only one physician that reads PFT exams. The goal is to have each PFT exam read within two days. Mr. Young said they are looking at ways to	

	improve PFT report turn around in 2022. There are four new measures added in 2022, MRI near misses, echo inpatient order to exam performed, CT dose tracking, and wrong site/side. The 2021 performance improvement includes missing PCP at registration, stroke door to CT scanner and the stroke radiologist report.	
5. HOSPITAL QUAPI SCORECARD FOR OCT/NOV	*Cooper*	
	Ms. Kylie Cooper presented the Hopital Quapi Scorecard for October & November 2021. This included reviews of mortality, AHRQ patient safety indicators, patient falls (preventable harm), readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures, core measures sepsis, infection prevention, inpatient patient satisfaction, and ambulatory surgery patient satisfaction.	
6. DRAFT BOARD QUALITY WORK PLAN 2022	*Mainardi/Kidd*	
	The Quality Work Plan for 2022 was reviewed and recommended by the committee.	
7. POLICIES AND PROCEDURES	*Cooper*	
	Ms. Cooper reviewed the following policies: **<u>Policies with changes made:</u>** Administration of Anesthesia Admission of Pediatric Patients to the Nursing Unit (retired) Anesthesia Coverage and Availability Compounding Drug Products COVID 19- Surge Planning Pharmacy Discharge Criteria Duties and Responsibilities of Chief Anesthesiologist Flexible Endoscopes-Reprocessing Metformin and Intravenous Contrast Media Patient Personal Belongings Policy Performance Improvement completion for the Department of Anesthesia Respiratory Assistance During In House Transport Physical Assessment of Adult and or Pediatric Patients (retired) Sterile Compounding	
9. REPORT ON CLOSED SESSION	*Mainardi*	
	No Medical Staff Credentialing to report.	

10. ADJOURN	*Mainardi*	
	6:00 pm	

Quality Indicator Performance & Plan

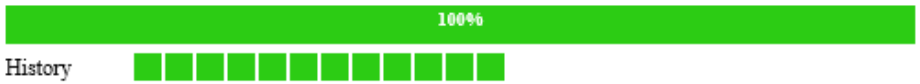
January Board Quality

Data for December 2021

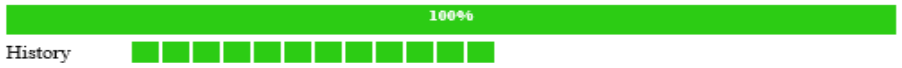
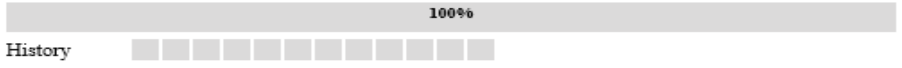
SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Mortality

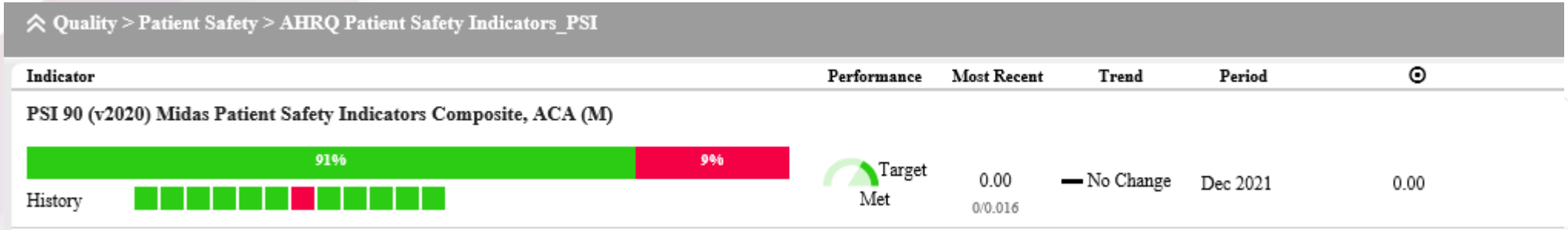
Mortality

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Acute Care Mortality Rate (M)								
	Target Met	1.7% 1/59	Improved	Dec 2021	15.3%	n/a	n/a	3.3%
COPD Mortality Rate |M|								
	Target Met	0.0% 0/1		Dec 2021	8.5%	n/a	n/a	5.3%
Congestive Heart Failure Mortality Rate |M|								
	Target Met	0.0% 0/1	Improved	Dec 2021	11.5%	n/a	n/a	5.6%
Ischemic Stroke Mortality Rate |M|								
	Target Met	0.0% 0/2	No Change	Dec 2021	13.8%	n/a	n/a	0.0%
Pneumonia Mortality Rate |M|								
	Target Met	0.0% 0/2	No Change	Dec 2021	15.6%	n/a	n/a	5.9%

Core Measures > Sepsis Care

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Sepsis, Severe - Mortality Rate (M)								
	Target Met	0.0% 0/4	No Change	Dec 2021	25.0%	n/a	n/a	6.7%
Septic Shock - Mortality Rate (Q)								
	Target Undefined	33.3% 1/3	Deteriorated	Q4-2021	n/a	n/a	n/a	13.8%

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

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Patient Falls
Preventable Harm

Quality > Patient Safety > Falls

Indicator	Performance	Most Recent	Trend	Period				
RM ACUTE FALL- All (M) per 1000 patient days								
83% / 17%	Target Met	0.00 0/251	Improved	Dec 2021	3.75	4.00	n/a	1.93
History								
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days								
100%	Target Met	0.00 0/251	Improved	Dec 2021	3.75	4.00	n/a	0.32
History								

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Readmissions

Readmissions

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)								
	Target Met	11.32% 6/53	Deteriorated	Dec 2021	15.30%	15.50%	n/a	5.65%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1		Dec 2021	19.5%	20.0%	n/a	0.0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	No Change	Dec 2021	21.6%	22.0%	n/a	6.7%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Breaches Alarm	20.0% 1/5	Deteriorated	Dec 2021	4.0%	5.0%	n/a	7.7%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/2	No Change	Dec 2021	16.6%	17.0%	n/a	6.7%
Sepsis, Severe - % Readmit within 30 Days (M)								
	Target Met	0.0% 0/4	No Change	Dec 2021	12.0%	13.0%	n/a	0.2%
Septic Shock - % Readmit within 30 Days (M)								
	Target Met	0.0% 0/1	No Change	Dec 2021	13.3%	14.0%	n/a	0.1%

Blood Culture Contamination

	Comment	Action Plan
Sep 2021	Action plan from ED Director	1:1 conversation and return demonstration

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔
Blood Cultures -Contamination Rate |LAB| (M)	Target Met	1.4% 1/71	Improved	Dec 2021	3.0%	4.0%
Blood Cultures -Contamination Rate|RN| (M)	Breaches Alarm	3.3% 3/92	Deteriorated	Dec 2021	3.0%	3.1%
Blood Cultures -Total Contamination Rate (M)	Target Met	2.5% 4/163	Deteriorated	Dec 2021	3.0%	4.0%

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Dec 2021	3	92	3.3%
Nov 2021	2	91	2.2%
Oct 2021	2	92	2.2%
Sep 2021	1	71	1.4%
Aug 2021	1	96	1.0%
Jul 2021	3	74	4.1%
Jun 2021	0	65	0.0%
May 2021	1	72	1.4%
Apr 2021	4	60	6.7%
Mar 2021	4	85	4.7%
Feb 2021	4	43	9.3%
Jan 2021	2	89	2.2%

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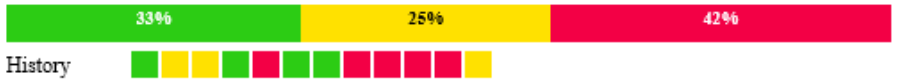
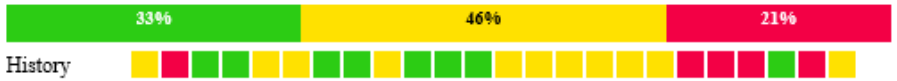
CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period				
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)								
100% History	Target Met	-1.00	Deteriorated	Dec 2021	10.00	11.00	n/a	1.50
CDSTK-04|Median- Door to Phys Eval |M| minutes								
100% History	Target Met	1.00	Deteriorated	Dec 2021	10.00	11.00	n/a	1.00
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)								
100% History	Target Met	9.00	Deteriorated	Dec 2021	25.00	26.00	n/a	8.00
CDSTK-06|Median- Neuro Consult Contacted |M| minutes								
91% 9% History	Target Met	20.00	Improved	Dec 2021	30.00	31.00	n/a	16.00
CDSTK-07|Median- CT Read by Radiology |M| minutes								
100% History	Target Met	22.50	Deteriorated	Dec 2021	45.00	46.00	n/a	23.25
CDSTK-08|Median- Lab Results Posted |M| minutes								
100% History	Target Met	30.50	Deteriorated	Dec 2021	45.00	46.00	n/a	30.25
CDSTK-10|Median- Door to EKG Complete |M| minutes								
100% History	Target Met	49.50	Improved	Dec 2021	60.00	61.00	n/a	38.00
CDSTK-12|Median-Door to tPA |M| minutes								
33% 8% 59% History	Breaches Alarm	69.50	Improved	Dec 2021	60.00	61.00	n/a	67.00
CDSTK-11|Median-Door to tPA Decision |M| minutes								
100%	Target							

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
1 Day Stay Rate Medi-Cal [M]								
	Target Met	0.00% 0/7	No Change	Dec 2021	2.61%	5.00%	n/a	4.38%
1 Day Stay Rate-Medicare [M]								
	Target Met	7.14% 3/42	Deteriorated	Dec 2021	8.10%	10.00%	n/a	9.20%
Acute Care - Geometric Mean Length of Stay [M]								
	Bet. Target & Alarm	2.80 36.454/13	Improved	Dec 2021	2.75	3.23	n/a	3.12
Acute Care Age over 64 - MS-DRG Case Mix Index [M]								
	Bet. Target & Alarm	1.50 66.1712/44	Improved	Dec 2021	1.56	1.40	n/a	1.52
Acute Care- MS-DRG Case Mix Index [M]								
	Bet. Target & Alarm	1.45 84.1232/58	Improved	Dec 2021	1.55	1.40	n/a	1.50

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.

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Core Measures

Core Measures > HOP Colonoscpy

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)								
91% 9% History	Bet. Target & Alarm	75.0% 3/4	Deteriorated	Dec 2021	89.0%	50.0%	n/a	99.1%

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)								
50% 16% 34% History	Breaches Alarm	171.00	Deteriorated	Dec 2021	132.00	140.00	n/a	132.50

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)								
100% History	Target Met	1.2% 8/693	Improved	Dec 2021	2.0%	2.5%	n/a	1.2%

Stroke > 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)								
100% History	Target Met	100.0% 1/1	No Change	Dec 2021	72.0%	70.0%	n/a	100.0%

Core Measures Sepsis

Core Measures > Sepsis -SEP-1-

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)								
	Breaches Alarm	66.7% 4/6	Improved	Dec 2021	81.0%	80.0%	n/a	70.1%
SEPa - Severe Sepsis 3 Hour Bundle (M)								
	Breaches Alarm	83.3% 5/6	Improved	Dec 2021	94.0%	90.0%	n/a	81.6%
SEPb - Severe Sepsis 6 Hour Bundle (M)								
	Target Met	100.0% 1/1	No Change	Dec 2021	100.0%	90.0%	n/a	97.9%

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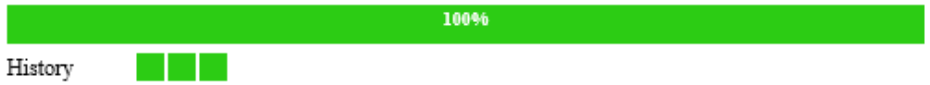
Infection Prevention

Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days |M|								
83% / 17%	Target Met	0	— No Change	Dec 2021	1	1	n/a	0
History								
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|								
100%	Target Met	0	— No Change	Dec 2021	1	1	n/a	0
History								
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|								
100%	Target Met	0	— No Change	Dec 2021	1	1	n/a	0
History								
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|								
100%	Target Met	0	— No Change	Dec 2021	1	1	n/a	0
History								
IC-Surveillance| All Inpatient infections |M|								
100%	Target Undefined	8	▼ Lower	Dec 2021	n/a	n/a	n/a	20
History								
IC-Surveillance| Inpatient Infections Reviewed |M|								
100%	Target Undefined	1	▼ Lower	Dec 2021	n/a	n/a	n/a	12
History								

Inpatient Patient Satisfaction

Indicator	Performance	Most Recent	Trend	Period				
01-Rate hospital 0-10 |M| Rank	Breaches Alarm	9	Deteriorated	Nov 2021	50	30	n/a	33
02-Recommend the hospital |M| Rank	Target Met	69	Improved	Nov 2021	50	30	n/a	79
03-Communication w/ Nurses |M| Rank	Breaches Alarm	28	Improved	Nov 2021	50	30	n/a	27
04-Response of Hosp Staff |M| Rank	Target Met	99	Improved	Nov 2021	50	30	n/a	78
05-Communication w/ Doctors |M| Rank	Breaches Alarm	29	Improved	Nov 2021	50	30	n/a	36



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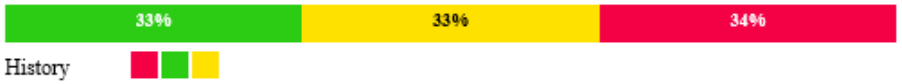
HCAHPS

Inpatient Patient Satisfaction

06-Cleanliness of hospital environment|M| Rank 	Bet. Target & Alarm	34	Deteriorated	Nov 2021	50	30	n/a	35
08-Communication About Medicines |M| Rank 	Breaches Alarm	7	Improved	Nov 2021	60	30	n/a	5
09-Discharge Information |M| Rank 	Breaches Alarm	7	Improved	Nov 2021	50	30	n/a	5
10-Care Transitions |M| Rank 	Bet. Target & Alarm	47	Improved	Nov 2021	50	30	n/a	16

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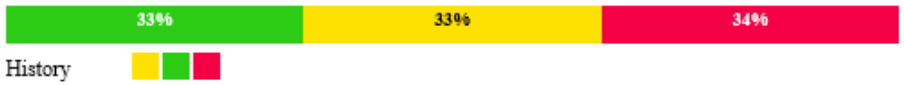
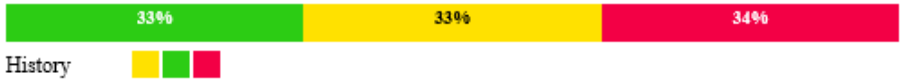
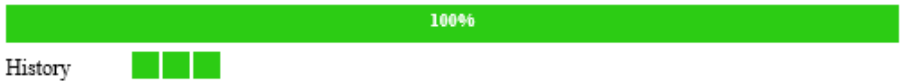
Ambulatory Surgery Patient Satisfaction

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
01-OAS Recommend the Facility |M| Rank								
	Target Met	77	Deteriorated	Nov 2021	50	30	n/a	78
02-OAS Communication |M| Rank								
	Breaches Alarm	1	Deteriorated	Nov 2021	60	30	n/a	36
03-OAS Facility/Personal Treatment |M| Rank								
	Breaches Alarm	15	Deteriorated	Nov 2021	80	30	n/a	53
04-OAS Discharge |M| Rank								
	Breaches Alarm	20	Deteriorated	Nov 2021	70	30	n/a	50
05-OAS Staff treat w/courtesy and respect |M| Rank								
	Breaches Alarm	5	Deteriorated	Nov 2021	60	30	n/a	44
07-OAS Facility Clean |M| Rank								
	Target Met	99	No Change	Nov 2021	60	30	n/a	99
ED-Time Physician Spent With Me Score (M)								
	Target Met	4.64	Improved	Dec 2021	4.50	4.30	n/a	4.56

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Patient Care Services Dashboard 2020-21

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Medication Scanning Rate	2021				
	Q1	Q2	Q3	Q4	Goal
Acute	91.0%	96.0%	95.7%	95.8%	≥90%
ED	69.0%	74.0%	78.0%	78.1%	≥90%
Preventable med errors R/T Med Scanning	0 (n=5)	0 (n=3)	0 (n=7)	0 (n=24)	≤2

Quality Indicators (QAPI) 2021					
	Q1	Q2	Q3	Q4	Goal
Antibx admin within 30"- M/S and ICU	94.40	86.70	91.00	96.00	≥95%
Cont. OBS for Psych Pt-ED	85.00	77.8	100.0	100.0	100%
Drug Admin Errors- Pharmacy (per 10000 doses)	N/A	0.00	1.00	0.00	1.00

Case Management/Utilization Management 2021					
	Q1	Q2	Q3	Q4	Goal
Medical Necessity Denials	N/A	N/A	N/A	N/A	0
HCAHPS Care Transitions	N/A	36.3	37.3	N/A	53%

Nursing Turnover	2021 Staff/Quarter				
# of RNs	Q1	Q2	Q3	Q4	Goal
Acute (n=56)	6	1	2	17	≤6

Outpatient Experience 2020-21	2021				
	Q1	Q2	Q3	Q4	Goal
RATE MY HOSPITAL- PHYSICAL THERAPY					
Overall score	4.91	4.95	4.82	4.9	≥4.9
RATE MY HOSPITAL-OUTPATIENT SURGERY					
Overall Score	N/A	N/A	N/A	4.9	≥4.9
RATE MY HOSPITAL - ED					
Overall score	4.67	4.72	4.67	4.8	≥4.9
RATE MY HOSPITAL - MEDICAL IMAGING					
Overall score	4.81	4.86	4.78	4.8	≥4.9
RATE MY HOSPITAL-INPATIENT					
Overall score	N/A	4.81	4.43	4.8	≥4.9

Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
2021	Q1	Q2	Q3	Q4	Goal
	0	1	1	1	≤0

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

Outpatient Experience Goal increased Q2 2021 from 4.5 to 4.9

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: 01/21/2022 3:05 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: 43

Committee: **07 BOD-Quality Committee of the Board**

Committee Members: **Fontes, Jenny (jfontes)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Acuity Ratio and Staffing Plan-Nursing *Nursing Services Policies (NS)*	**Pending Approval**	1/21/2022	0

Summary Of Changes: **Nothing substantial. Cleaned up old language such as 'Lead RN' and Nurse Managers (we have Nurse Directors)**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kobe, Mark (mkobe)**

Approvers: **01 P&P 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)**

Administrative Call *Governance and Leadership Policies*	**Pending Approval**	1/4/2022	17

Summary Of Changes: **Reviewed content and edited Administrative Team members who take the call.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Hennelly, John (jhennelly)**

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

Administrative Responsibility *Governance and Leadership Policies*	**Pending Approval**	1/4/2022	17

Summary Of Changes: **Content Reviewed, Position Title changed**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Hennelly, John (jhennelly)**

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

Aid in Dying *Patient Rights Policies (PR)*	**Pending Approval**	1/21/2022	0

Summary Of Changes: **Included amendment to the law October 2021**
Removed Home care and Skilled Nursing references
Added "this policy shall be posted on the Hospital's Website for public view" under responsibilities
Added SB380, ABX2-15 to references

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
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)**

ALARA | **Pending Approval** | 1/21/2022 | 0

Diagnostic Services Dept Policies

Summary Of Changes:	**Reviewed and updated names** **Added wording so abbreviations are defined.** **Fixed format issues.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Annual Medical Surveillance | **Pending Approval** | 1/4/2022 | 17

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Added protocols regarding the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.** **Removed reference to Skilled Nursing Facility (SNF).**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

C-arm Equip Operation and Maintenance 7630-111 | **Pending Approval** | 1/21/2022 | 0

Diagnostic Services Dept Policies

Summary Of Changes:	**Reviewed Policy, corrected grammar, no content changes made.** **Updated author/reviewers**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

C-arm Equipment Exemption 7630-113 | **Pending Approval** | 1/21/2022 | 0

Diagnostic Services Dept Policies

Summary Of Changes:	**Reviewed Policy, no content changes made** **Updated author/reviewers**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Care of the Patient with Acute Alcohol Withdrawal or Delirium	**Pending Approval**	1/21/2022	0
Patient Care Policy			

Summary Of Changes:	**Recommend retiring--EBSCO has this covered, in addition, there are specific order sets that outline the assessments and treatments.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
ExpertReviewers:	**Medical Director-Patient Care Services**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)**

Casirivimab-Imdevimab Monoclonal Antibody	**Pending Approval**	12/20/2021	32
Medication Management Policies (MM)			

Summary Of Changes:	**New Policy** **Purpose: To outline the procedure for determining eligibility, ordering, obtaining, and administering Casirivimab-Imdevimab under United States FDA Emergency Use Authorization.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
ExpertReviewers:	**Kobe, Mark (mkobe)**
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)**

CMS 1135 Waiver for Disaster Conditions	**Pending Approval**	1/21/2022	0
Emergency Preparedness Policies (EP)			

Summary Of Changes:	**Reviewed, no changes to this policy**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kobe, Mark (mkobe)**
ExpertReviewers:	**Finn, Stacey (sfinn)**
Approvers:	**01 P&P 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)**

Compounding Policies, Annual Review	**Pending Approval**	12/20/2021	32
Medication Management Policies (MM)			

Summary Of Changes:	**Removed staff member who no longer with the hospital from appendix staff list.**
Moderators:	**Newman, Cindi (cnewman)**
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)**

Construction or Renovation Projects, Infection Control	**Pending Approval**	12/20/2021	32
Infection Prevention & Control Policies (IC)			

Summary Of Changes:	**Reviewed as result of Plan of Corrections. per SK** **Only editorial changes (added approvals list)** **Updated attached Infection Control Risk Assessment (ICRA) /Infection Control Construction Permit to delete Birthplace and format document.** **Send through approvals again,**

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kidd, Sabrina (skidd), Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper), Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

COVID 19 State and Federal Reporting — **Pending Approval** — 1/4/2022 — 17

Governance and Leadership Policies

Summary Of Changes:	**NEW POLICY** **To formalize Sonoma Valley Hospital Policy and Procedure regarding mandated reporting metrics for COVID 19** **WHY:** **During the Public Health Emergency, as defined in §400.200, the hospital must report information in accordance with a frequency as specified by the Secretary of the Department of Health and Human Services (HHS) on COVID-19 in a standardized format specified by the Secretary.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

COVID-19 On-Site Vaccination Protocol — **Pending Approval** — 12/20/2021 — 32

Medication Management Policies (MM)

Summary Of Changes:	**NEW POLICY** **Purpose: To define the process for administering COVID-19 vaccine initial doses and booster doses to registered Sonoma Valley Hospital (SVH) patients.**
Moderators:	**Newman, Cindi (cnewman)**
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)**

e-Notification System — **Pending Approval** — 1/4/2022 — 17

Governance and Leadership Policies

Summary Of Changes:	**Changed verbage regarding where to find e-notification system on intranet** **referenced correct patient grievance and complaint policy** **Removed the designation of "Lead"**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Newman, Cindi (cnewman), Cooper, Kylie (kcooper)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Employee Food Refrigerator Temperature Monitoring — **Pending Approval** — 12/20/2021 — 32

Infection Prevention & Control Policies (IC)

Summary Of Changes:	**Reviewed. No changes.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Encouraging Patients and Families to Report Concerns About Safety | **Pending Approval** | 1/4/2022 | 17

Patient Rights Policies (PR)

Summary Of Changes: **Reviewed- No changes**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Cooper, Kylie (kcooper)**

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

Health Screening of Contract Workers and Students | **Pending Approval** | 1/4/2022 | 17

Human Resources Policies (HR)\Employee Health

Summary Of Changes: **Updated to reflect requirements of COVID-19 vaccination as well as seasonal flu vaccination.**

Moderators: **Newman, Cindi (cnewman)**

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

ExpertReviewers: **Montecino, Stephanie (smontecino)**

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

IV Compounding Outside of the Pharmacy | **Pending Approval** | 12/20/2021 | 32

Medication Management Policies (MM)

Summary Of Changes: **Annual Review**
No changes

Moderators: **Newman, Cindi (cnewman)**

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)**

Lidocaine Injection Prior to IV Cath | **Pending Approval** | 1/21/2022 | 0

Patient Care Policy

Summary Of Changes: **POLICY TO BE RETIRED PER**
Mark Kobe, CNO
Reason: No longer practiced
Approval indicates approval for archiving this document

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kobe, Mark (mkobe)**

ExpertReviewers: **Medical Director-Patient Care Services**

Approvers: **Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)**

Management of the Social Needs Patients | **Pending Approval** | 1/21/2022 | 0

Medical Staff Policies (MS)

Summary Of Changes: **Updated workflow diagram to include new patient status in EHR that will allow physicians to order patient's daily meds without patient being fully admitted.**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kidd, Sabrina (skidd)**

Approvers: **Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Menu Planning | **Pending Approval** | 1/21/2022 | 0

Food (Nutrition) Services Policies (NU)

Summary Of Changes: **Changed to organizational policy.**
1) removed list of specific diets (the sentence does not require an itemized list)

3)Menu changes may be made and approved by the dietician--replaced need for approval by Manager of Food ans Nutrition; removed Supervisor as approver

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

Nursing Blood Product Administration Part 2-Pre-Transfusion Patient Preparation | **Pending Approval** | 1/21/2022 | 0

Laboratory Services Policies (LB)

Summary Of Changes: **Updated an entire policies to reflect current practices**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara), Hadjiyianni, Nicolaos (nhadjiyianni), Baruwa, Shukurat (sbaruwa)**
ExpertReviewers: **Medical Director-Lab**
Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nursing Staffing Floating and Call-Off | **Pending Approval** | 1/21/2022 | 0

Nursing Services Policies (NS)

Summary Of Changes: **Cleaned up old obsolete language. Clarified language that ALL staff float including ICU RN to Med Surg when clearly indicated to staff the department safely and according to ratio. Staff are oriented to other departments and are expected to practice within the scope of their licensure.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kobe, Mark (mkobe)**
Approvers: **01 P&P 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)**

On Call Pharmacist | **Pending Approval** | 12/20/2021 | 32

Medication Management Policies (MM)

Summary Of Changes: **NEW POLICY**
Purpose:
To ensure Pharmacist support is available around the clock for urgent pharmacy-related issues.

This policy describes the procedure and responsibilities for the on-call pharmacist to ensure that pharmacy support is available after-hours 7 days a week for urgent issues that cannot be addressed by the remote pharmacist after-hours service
Moderators: **Newman, Cindi (cnewman)**
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 of Outpatient Services | **Pending Approval** | 1/21/2022 | 0

Medical Staff Policies (MS)

Summary Of Changes:	**Updated the ownership of the "master list" to Information Systems from Quality Department. Changed who does the monthly audit of licenses from Quality Department the Medical Staff Office. Removed Quality Department from who is notified of the addition of a new practitioner.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Finn, Stacey (sfinn)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Performance Improvement Plan — **Pending Approval** — 1/4/2022 — 17

Quality Assessment & Perfomance Imp. Policies (QA)

Summary Of Changes:	**Removed- • "While the organization is not required to participate in a CMS Quality Improvement Organization (QIO) cooperative project, its own projects shall be of comparable effort." under performance improvement Changed CQO to Director of Quality**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Post Offer Pre-Employment Screening HR8610-164.1 — **Pending Approval** — 1/4/2022 — 17

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Added protocol to clarify the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Preparation of Methotrexate IM Doses Using ChemoClave System Procedure 8390-05 — **Pending Approval** — 12/20/2021 — 32

Pharmacy Dept

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
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)**

Pyxis Medstation, Management and Use — **Pending Approval** — 12/20/2021 — 32

Medication Management Policies (MM)

Summary Of Changes:	**Reviewed, no changes.**
Moderators:	**Newman, Cindi (cnewman)**
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)**

QAPI Procedures Sampling Plan-IV Room 8390-02 — **Pending Approval** — 12/20/2021 — 32

Pharmacy Dept

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
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)**

Required Immunizations & Proof of Immunity — **Pending Approval** — 1/4/2022 — 17

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Added protocol to clarify the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Respiratory Protection Program HR8610-164.14 — **Pending Approval** — 1/4/2022 — 17

Human Resources Policies (HR)\Employee Health

Summary Of Changes:	**Updated language to reflect current process (i.e., where new employees are completing mask fit testing; when PAPR Training is provided)**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**McKissock, Lynn (lmckissock)**
ExpertReviewers:	**Montecino, Stephanie (smontecino)**
Approvers:	**Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE::Avoidable Abbreviation List — **Pending Approval** — 1/21/2022 — 0

Diagnostic Services Dept Policies

Summary Of Changes:	**RETIRE:** **Reviewed with Chris Kutza, Director of Pharmacy. This department policy is duplicative of our organizational policy.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Todeschini, Laurel (ltodeschini), Young, Dave (dyoung)**
ExpertReviewers:	**Medical Director-Diagnostic Radiology**
Approvers:	**Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Risk Management Program — **Pending Approval** — 1/18/2022 — 3

Governance and Leadership Policies

Summary Of Changes:	**Changed appropriate titles of staff** **No other changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)**

Standing Orders and Protocols | **Pending Approval** | 12/20/2021 | 32

Medication Management Policies (MM)

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

Moderators: **Newman, Cindi (cnewman)**

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)**

Sterile Compounding Procedures 8390-03 | **Pending Approval** | 12/20/2021 | 32

Pharmacy Dept

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

Moderators: **Newman, Cindi (cnewman)**

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)**

Surge Policy to Manage Patient Influx | **Pending Approval** | 1/21/2022 | 0

Emergency Preparedness Policies (EP)

Summary Of Changes: **Updated to reflect surge capacity on the second floor and the addition of 8 negative pressure rooms for Airborne isolation. Added 2nd floor schematic as Attachments A, B and C for surge implementation guidelines and COVID specific plans**

Moderators: **Newman, Cindi (cnewman)**

Lead Authors: **Kobe, Mark (mkobe)**

ExpertReviewers: **Finn, Stacey (sfinn)**

Approvers: **Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Tuberculosis Screening | **Pending Approval** | 1/4/2022 | 17

Human Resources Policies (HR)\Employee Health

Summary Of Changes: **Added protocol to clarify the chain of command and under what authority the employee health nurse is reviewing records and making recommendations.**

Moderators: **Newman, Cindi (cnewman)**

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

ExpertReviewers: **Montecino, Stephanie (smontecino)**

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

Unit Dose Packaging | **Pending Approval** | 12/20/2021 | 32

Medication Management Policies (MM)

Summary Of Changes: **Updated last accessed date for references.**

Moderators: **Newman, Cindi (cnewman)**

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)**

Unusual Occurrence Report to Governmental Agencies		**Pending Approval**	1/4/2022	17
Governance and Leadership Policies				

Summary Of Changes:	**Corrected Titles of Hospital Staff** **No other changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cooper, Kylie (kcooper)**
Approvers:	**Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Wound Classification		**Pending Approval**	1/21/2022	0
Surgical Services/OR Dept				

Summary Of Changes:	**Reviewed, references updated, author information updated.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Fry, Dana (dfry)**
Approvers:	**Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality Committee of the Board - (Committee) -> 09 BOD-Board of Directors - (Committee)**

SUBJECT: **Casirivimab-Imdevimab Monoclonal Antibody**	POLICY: MM8610-165
	Page 1 of 3
DEPARTMENT: Organizational	EFFECTIVE:
REVISED:	

Purpose:
To outline the procedure for determining eligibility, ordering, obtaining, and administering Casirivimab-Imdevimab under United States FDA Emergency Use Authorization.

Policy:

Sonoma Valley Hospital will offer Casirivimab-Imdevimab to outpatients who qualify for receiving this treatment based on the FDA EUA granted to Regeneron that was approved on 11/21/2020. The organizational policy "Outpatient Infusion Service MM8610-163" will be followed for any processes not outlined in this policy.

Acronyms:

- ED—Emergency Department
- EUA—Emergency Use Authorization
- FDA—Food and Drug Administration
- MHOAC—Medical Health Operational Area Coordinator
- PCP—Primary Care Provider
- PPE—Personal Protective Equipment
- SVH—Sonoma Valley Hospital
- UA—Unit Assistant

Procedure:

1. Eligibility is determined by PCP or ED physician using Eli Lilly provided inclusion and exclusion criteria.
2. PCP or ED physician completes SVH Casirivimab-Imdevimab order form documenting inclusion criteria. (See attached).
3. Order form and Outpatient Infusion Service Worksheet (see attached) is faxed to MedSurg UA.
4. Existing process for approving outpatient infusions is followed.
5. Once approval process is completed:
    a. Pharmacy receives order.
    b. Pharmacy follows EUA process in force at time of ordering to obtain doses or contacts the Sonoma County MHOAC to obtain medication supply needed.

c. If no medication is available and will NOT be available within 10 day window from onset of symptoms, pharmacy notifies clerk and ordering provider.

6. Clerk calls patient to schedule infusion appointment
   a. Appointment must be WITHIN 10 days of symptom onset / diagnosis.
   b. UA gives arrival instructions to patient.
      i. Patient must wear a well-fitting mask to hospital or preferably a N-95 if available to patient prior to arrival.
      ii. Patient is instructed to call the unit upon arrival and wait in their car for personnel to meet them.
7. Day of Infusion:
   a. Patient calls the unit as instructed.
   b. The UA notifies the receiving nurse and the nursing supervisor of the patient's arrival.
   c. The nursing supervisor will meet the patient outside at their car, provide the patient with an N-95 mask and escorted the patient into the building.
      i. Patient will be ESCORTED directly upstairs following elevator COVID protocols (PROVIDER also wears N95) to private room or negative pressure room (if available) on 3rd floor.
      ii. Infusion given using COVID PPE (N95, gloves, gowns, eye protection).
      iii. Patient monitored for minimum of 1 hour.
      iv. Patient discharged and ESCORTED to car.
   d. If there is a concern for an infusion reaction:
      i. Patient stable
         1. Contact ordering physician
      ii. Patient Unstable
         1. Call Rapid Response
         2. Transport patient to ED for further evaluation using full precautions
         3. Contact ordering physician

References:

- Outpatient Infusion Service MM8610-163
- Fact Sheet for Health Care Providers Emergency Use Authorization (EUA) of Casirivimab-Imdevimab https://www.fda.gov/media/145612/download
- FDA EUA Letter to Eli Lilly: https://www.fda.gov/media/143602/download.

Attachments:

Attachment A: Casirivimab-Imdevimab Order Sheet
Attachment B: Outpatient Infusion Service Worksheet

OWNER:
Director of Pharmacy

AUTHORS/REVIEWERS:
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APPROVALS:
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Pharmacy & Therapeutics Committee
Medical Executive Committee:
The Board of Directors:

SUBJECT: COVID-19 State and Federal Reporting	POLICY: GL8610-201
	Page 1 of 5
DEPARTMENT: Organization	EFFECTIVE:
REVISED:	

PURPOSE:

On October 6th 2020 the Center of Medicare and Medicaid Services (CMS) issued an Interim Final Rule, CM-3401-IFC in regards to requirements and enforcement processes for reporting of COVID-19 Data Elements for Hospitals. This policy is to formalize Sonoma Valley Hospital Policy and Procedure regarding mandated reporting metrics for COVID 19 which have been reported since April 2020.

POLICY:

Sonoma Valley Hospital reports all required data metrics to the California Department of Public Health (CDPH) via the Smartsheet database on a daily basis, by a member of the administrative team. This information is then shared by CDPH with the Department of Health and Human Services for national tracking of COVID and Influenza patients, Supply Chain needs regarding Personal Protective Equipment, Medication Inventory and Testing Supplies, COVID positive and suspected Hospital Staff and Vaccine Administration.

PROCEDURE:

A. Daily reporting by Noon Pacific Standard Time via the CDPH Smartsheet database on the following metrics.

1. COVID Confirmed Patients Adults
2. COVID Confirmed Patients Pediatric
3. COVID Suspected Patients Adult
4. COVID Suspected Patients Pediatric
5. Hospital Onset Patients Adults
6. Hospital Onset Patients Pediatrics
7. Total Routine Use Ventilators in Hospital
8. Routine Use Ventilators in use any Dx
9. Total Ventilators in Hospital
10. Total Ventilators in Hospital in any DX
11. COVID patients using ventilation Adult
12. COVID patients using ventilation Pediatrics
13. COVID ED and Overflow patients using Vent Adult
14. COVID ED and Overflow patients using Vent Pediatrics
15. ICU Confirmed patients Adult

16. ICU Confirmed patients Pediatric
17. ICU Suspected Patients Adults
18. ICU Suspected Patients Pediatrics
19. ED and Overflow Confirmed patients Adult
20. ED and Overflow Confirmed patients Pediatric
21. Total Non-Surge Beds Adult
22. Total Non-Surge Beds Pediatric
23. Occupied Non-Surge Inpatient Beds Adult
24. Occupied Non-Surge Inpatient Beds Pediatric
25. Total Non-Surge Inpatient Beds Adult
26. Total Non-Surge Inpatient Beds Pediatric
27. Surge Beds
28. Surge Bed Non-ICU patients
29. Surge Bed ICU Patients
30. ICU Non-Surge Occupied Beds Adult
31. ICU Non-Surge Occupied Beds PICU
32. ICU Non-Surge Occupied Beds NICU
33. ICU Non-Surge Total Beds Adult
34. ICU Non-Surge Total Beds PICU
35. ICU Non-Surge Total Beds NICU
36. Previous Day's Conversions to COVID Confirmed
37. Admits in Previous Day Confirmed Age 0-17
38. Admits in Previous Day Confirmed Age 18-19
39. Admits in Previous Day Confirmed Age 20-29
40. Admits in Previous Day Confirmed Age 30-39
41. Admits in Previous Day Confirmed Age 40-49
42. Admits in Previous Day Confirmed Age 50-59
43. Admits in Previous Day Confirmed Age 60-60
44. Admits in Previous Day Confirmed Age 70-79
45. Admits in Previous Day Confirmed Age 80+
46. Admits in Previous Day Confirmed Age Unknown
47. Admits in Previous Day Suspected Age 0-17
48. Admits in Previous Day Suspected Age 18-19
49. Admits in Previous Day Suspected Age 20-29
50. Admits in Previous Day Suspected Age 30-39
51. Admits in Previous Day Suspected Age 40-49
52. Admits in Previous Day Suspected Age 50-59
53. Admits in Previous Day Suspected Age 60-69
54. Admits in Previous Day Suspected Age 70-79
55. Admits in Previous Day Suspected Age 80+

56. Admits in Previous Day Suspected Age Unknown
57. ED Visits in Previous Day
58. ED Visits in Previous Day COVID related
59. COVID deaths in Previous Day
60. Ventilator Supplies Days on Hand
61. Ventilator Supplies Able to Obtain (Yes/No)
62. Ventilator Supplies: Can maintain 3-day Supply (Yes/No)
63. Ventilator Medications Able to Obtain (Yes/No)
64. Ventilator Medications: Can Maintain 3-day Supply (Yes/No)
65. Total N95 Masks
66. N95 Reusing/Extended Use (Yes/No)
67. N95 Days on Hand
68. N95 Able to Obtain (Yes/No)
69. N95: Can Maintain 3-day Supply (Yes/No)
70. Total Surgical Masks
71. Surgical Masks Able to Obtain (Yes/No)
72. Surgical Mask: Can maintain 3-day Supply (Yes/No)
73. Total Eye Protection
74. Eye Protection Days on Hand
75. Eye Protection Able to Obtain (Yes/No)
76. Eye Protection: Can Maintain 3-Day Supply (Yes/No)
77. Total Exam Gloves
78. Exam Gloves Days on Hand
79. Exam Gloves Able to Obtain (Yes/No)
80. Exam Gloves: Can Maintain 3-day Supply (Yes/No)
81. Total Single Use Gowns
82. Single Use Gowns Days on Hand
83. Single Use Gowns Able to Obtain (Yes/No)
84. Single Use Gowns: Can Maintain 3-day Supply (Yes/No)
85. Total PAPR
86. PAPR Reusing/Extending Use (Yes/No)
87. PAPR Able to Obtain (Yes/No)
88. PAPR Able to Maintain 3-day Supply (Yes/No)
89. PPE Source
90. Total Launderable Gowns
91. Launderable Gowns Reusing/Extended Use (Yes/No)
92. Us Launderable Gowns (Yes/No)
93. Can Maintain Supply of Launderable Gowns (Yes/No)
94. Critical Medical Supply Shortage next 3 days (Yes/No)
95. Nasal Pharyngeal Swabs: Can Maintain 3-0day Supply (Yes/No)

96. Nasal Swabs: Can Maintain 3-day Supply (Yes/No)
97. Reagent: Can Maintain 3-day Supply (Yes/No)
98. Viral Transport Media: Can Maintain 3-day Supply (Yes/No)
99. Remdesivir Current Inventory
100. Remdesivir Used Previous Day
101. Total Hospitalized Influenza Patients
102. Admits Previous Day Influenza
103. Total ICU Influenza
104. Total Hospitalized Influenza AND COVID
105. Previous Day's Influenza Deaths
106. Previous Day's Influenza AND COVID Deaths
107. Current Inventory: Casirivimas/Imdevimab
108. Courses Used in Past Week: Casirivimas/Imdevimab
109. Current Inventory: Bamianiviab
110. Courses Used In Past Week: Bamianiviab
111. Current Inventory: Bamianiviab/Estesevimab
112. Courses Used In Past Week: Bamianiviab/Estesevimab
113. Previous Week's COVID Vaccine Doses
114. Unvaccinated Personnel
115. Personnel Receiving a Partial Series
116. Personnel Receiving a Complete Series
117. Total Personal
118. Previous Week's First COVID Vaccine Doses
119. Previous Week's Final COVID Vaccine Doses
120. Staffing Shortage Today (Yes/No)
121. Staffing Shortage Anticipated this Week (Yes/No)
122. Staffing Shortage Anticipated: Environmental Services (Yes/No)
123. Staffing Shortage Anticipated: Nurses (Yes/No)
124. Staffing Shortage Anticipated: Respiratory Therapy (Yes/No)
125. Staffing Shortage Anticipated: Pharmacy (Yes/No)
126. Staffing Shortage Anticipated: Other Physicians (Yes/No)
127. Staffing Shortage Anticipated: Other Independent practitioner (Yes/No)
128. Staffing Shortage Anticipated: Temporary Staff (Yes/No)
129. Staffing Shortage Anticipated: Other Critical Personnel (Yes/No)
130. Supply or Medication Shortages (Yes/No)
131. Total COVID Staff
132. This Week's COVID Staff
133. Newly Confirmed Staff
134. Newly Suspected Staff
135. Staff New COVID Deaths

B. Once a week reporting on Wednesday include Metrics on PPE Supply

REFERENCES:

CMS-3401-IFC
CMS §400.200

OWNER:
Director of Quality

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Policy & Procedure Team:
The Board of Directors:

SUBJECT: COVID-19 On-Site Vaccination Protocol	POLICY # MM8610-167
	PAGE 1 OF 4
DEPARTMENT: Organizational	EFFECTIVE: 1/2022
REVISED:	

Purpose:
To define the process for administering COVID-19 vaccine initial doses and booster doses to registered Sonoma Valley Hospital (SVH) patients.

Policy:
When available for use, SVH will offer 1st, 2nd, or booster doses (as applicable) of COVID-19 vaccine to eligible individuals who are present for services and registered as a patient at SVH. Moderna is the preferred vaccine at SVH unless updated guidelines or availability require use of another manufacturer. Patients will be screened and identified from the following clinical areas: Inpatient, Emergency Department (ED), Occupational Health, Wound Care. If a patient requests vaccination who is present to receive a different service, the patient can be referred to occupational health and/or the nursing supervisor. Second dose appointments will be provided to the patient at the time of the initial dose when applicable. All vaccinations will be recorded in Paragon Patient Profile which will then transmit to the CAIR2 registry.

Protocol:
Inpatients & ED:

1. Nurses will screen patients for COVID-19 vaccine status using Paragon screening tool.
2. If patient is unvaccinated, partially vaccinated, or eligible for a booster, the nurse and/or physician will discuss receiving the vaccination with the patient.
3. If patient meets screening inclusion criteria for the vaccine that is available at SVH at the time of the screening, and consents to vaccination, the nurse will follow the screening check list and ask the patient to sign the consent form
4. Once screening and consent is complete, the vaccine will be ordered in Paragon.
5. The nurse will obtain vaccine from Pyxis or request from Pharmacy; a Centers for Disease Control and Prevention (CDC) vaccination card will also be obtained from Pyxis or Pharmacy if needed.
    a. The dose will be administered, and the vaccine manufacturer, lot number, and date will be recorded in Paragon Patient Profile which will automatically transmit the data to the California Immunization Registry (CAIR 2). (After hours return forms to Occupational health to complete Patient Profile)
    b. The patient will be provided with vaccination card if needed, and a follow up appointment in 4 weeks for Moderna, 3 weeks for Pfizer, or none for J&J on a Monday-Friday for second dose. Instruct patient to proceed to Occupational Health with their appointment and vaccination cards.
    c. Second doses will be given in Occupational Health Monday-Friday from 9am-11am and 2pm-4pm.

6. Occupational Health provides patient with check list and consent forms for second dose and notifies qualified provider of a patient needing a vaccine.
    a. Qualified Providers Include:
        i. Occupational Health medical assistants (MA)
        ii. Wound Care Nurse
        iii. Wound Care MA
        iv. Chief Nursing Officer (CNO)
        v. Chief Ancillary Officer (CAO)
        vi. Nursing Supervisor/Patient Care Nurse
7. The provider gives the vaccine and places the patient in Occupational Health Waiting room for 15-minute observation.
    a. Complete vaccination card and give to patient
    b. Complete patient profile information in Paragon (After hours return forms to Occupational health to complete Patient Profile)
    c. Ensure consent form is returned to Medical Records (via occupational health)

Occupational Health / Wound Care:

1. Providers will screen patients for COVID-19 vaccine status.
2. If patient is unvaccinated, partially vaccinated, or eligible for a booster the provider will discuss vaccination with patient.
3. If patient meets screening inclusion criteria, and consents to vaccination, provider will follow check list (screening), ask patient to sign consent, and order vaccine via paper order form.
4. Obtain vaccine and CDC vaccination card from Occupational health refrigerator storage area.
    a. The dose will be administered, and the vaccine manufacturer, lot number, and date will be recorded in Paragon Patient Profile which will automatically transmit the data to the California Immunization Registry (CAIR 2). (After hours return forms to Occupational health to complete Patient Profile)
    b. The patient will be provided with vaccination card if needed, and a follow up appointment in 4 weeks for Moderna, 3 weeks for Pfizer, or none for J&J on a Monday-Friday for second dose. Instruct patient to proceed to Occupational Health with their appointment and vaccination cards.
    c. Second doses will be given in Occupational Health Monday-Friday from 9am-11am and 2pm-4pm.
5. When providing a second dose: Occupational Health provides patient with check list and consent forms for second dose and notifies qualified provider of a patient needing a vaccine.

a. Qualified Providers Include:
    i. Occupational Health medical assistants (MA)
    ii. Wound Care Nurse
    iii. Wound Care MA
    iv. Chief Nursing Officer (CNO)
    v. Chief Ancillary Officer (CAO)
    vi. Nursing Supervisor/Patient Care Nurse

6. Second dose provider gives vaccine, places patient in Occupational Health Waiting room for 15-minute observation.
    a. Complete vaccination card and give to patient
    b. Complete patient profile information in Paragon
    c. Ensure consent form is returned to Medical Records (via occupational health)

Attachments:
Vaccine Consent Form
COVID Prevaccination Checklist

References:

- Moderna COVID-19 Vaccine EUA Fact Sheet for Health Care Providers https://www.fda.gov/media/144637/download
- Moderna COVID-19 Vaccine EUA Fact Sheet for Health Care Recipients and Caregivers https://www.fda.gov/media/144638/download
- Pfizer COVID-19 Vaccine EUA Fact Sheet for Health Care Providers https://www.fda.gov/media/153713/download
- Pfizer COVID-19 Vaccine EUA Fact Sheet for Health Care Recipients and Caregivers https://www.fda.gov/media/153716/download

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Chief Ancillary Officer

SUBJECT: COVID-19 On-Site Vaccination Protocol	POLICY # MM8610-167
	PAGE 4 OF 4
DEPARTMENT: Organizational	EFFECTIVE: 1/2022
REVISED:	

Director of Quality
Board Quality Committee

APPROVALS:
Policy & Procedure Team: 12/7/2021
Medicine Committee:
Medical Executive Committee:
The Board of Directors:

POLICY: On Call Pharmacist	POLICY #MM8610-166
	PAGE 1 OF 2
DEPARTMENT: Pharmacy	EFFECTIVE:
REVISED:	

Purpose:
To ensure Pharmacist support is available around the clock for urgent pharmacy-related issues.

Policy:
This policy describes the procedure and responsibilities for the on-call pharmacist to ensure that pharmacy support is available after-hours 7 days a week for urgent issues that cannot be addressed by the remote pharmacist after-hours service.

Procedure:

1. Pharmacist on-call is used to provide support for urgent pharmacy issues when the pharmacy is closed that are not able to be addressed by the remote pharmacy service.

2. Shifts begin at the hour of pharmacy closing on the day of the shift and extend to the following morning at the hour of pharmacy opening. The on-call hours are defined as:
   Monday – Thursday: 8:00 pm – 7:00 am (11 hours)
   Friday: 8:00 pm – 8:00 am (12 hours)
   Saturday: 4:00 pm – 8:00 am (16 hours)
   Sunday and Holidays: 4:00 pm – 7:00 am (15 hours)

3. The nursing supervisor will contact the pharmacist who is scheduled on call using the contact information posted on the schedule when deemed appropriate.
   a. The Nursing Supervisor will triage requests for pharmacist support during the on-call shift. They will determine whether the issue is urgent enough to contact the on-call pharmacist, or if it can wait until someone is on-site. ONLY the Nursing Supervisors can authorize contacting the pharmacist on call.
   b. If there is an issue with contacting the on call pharmacist, the Pharmacy Director should be contacted for assistance.

4. In order to be eligible for on call scheduling, the pharmacist must be able to respond to a call or text message within 30 minutes and be able ensure arrival of a pharmacist at the hospital within 60 minutes of the determination that on site presence is required.
   a. The on-call pharmacist will provide a phone number that is to be their primary method of communication that will be posted on the monthly on call schedule.
   b. The on-call pharmacist is responsible for ensuring that this method is functional during their shift. Should the method stop functioning, the on-call person will provide the Nursing Supervisor with an alternate method for contact during the on call shift.

5. Should a pharmacist wish to change their on-call assignment, s/he will be responsible for arranging alternative coverage or make an arrangement to split or share the shift with

another eligible pharmacist. Notice of such changes should be sent to the Pharmacy Director and nursing supervisor as applicable.

6. The on-call pharmacist will receive standby pay for their scheduled on-call shift.

7. Callback pay will be paid for time spent at the hospital when called in. This will be rounded up to a minimum of 1 hour if less than 1 hour of time is spent onsite.
    a. The on call pharmacist will clock in to Kronos to record their time whenever they are on-site due to a callback and write in the Kronos book the reason for the callback.

8. Standby and Callback pay is paid at the rate identified in the Human Resources policy, #HR8610-136 “Standby/Call-Back, Call-in and Call-off Pay”

9. The on-call pharmacist will first attempt to resolve the issue remotely, using the tools available to them. If this cannot be done, s/he will work with the nursing supervisor or designee to determine if the issue requires onsite resolution.

References:
Policy MM8610-164 Scope of Service-Pharmacy Department
Policy HR8610-136 Standby/Call-back, Call-in, and Call-off Pay

OWNER:
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P&T Committee:
Medical Executive Committee:
The Board of Directors: