SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, MARCH 23, 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 02.23.22	*Kornblatt Idell*	Action
4. RECRUITMENT OF QC BOARD MEMBER	*Kornblatt Idell*	Action
5. ANNUAL QUALITY DEPARTMENT REVIEW	*Cooper*	Inform
6. QUALITY INDICATOR PERFORMANCE AND PLAN	*Cooper*	Inform
7. POLICIES AND PROCEDURES	*Cooper*	Review/ Recommend
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		
9. ADJOURN	*Kornblatt Idell*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
February 23, 2022 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 Cathy Webber		Howard Eisenstark	John Hennelly, CEO Sabrina Kidd, MD, CMO Kylie Cooper, Quality and Risk Mgmt Mark Kobe, CNO Judy Bjorndal, Board Member Jenny Fontes, Board Clerk and EA Chris Kutza, Director of Pharmacy Dana Fry, Director Surgery

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Meeting called to order at 5:00 pm. Ms. Kornblatt Idell announced that this is Dr. Kidd's last meeting with the Quality Committee and thanked her for her service at Sonoma Valley Hospital.	
2. PUBLIC COMMENT	*Kornblatt Idell*	
	None	
3. CONSENT CALENDAR	*Kornblatt Idell*	**ACTION**
• QC Minutes 01.26.22		**MOTION:** by Mainardi to approve with revisions, 2nd by Sheets. All in favor.
4. PHARMACY QA/PI	*Kutza*	
	Mr. Chris Kutza reviewed the Pharmacy QA/PI report. The report included adverse drug events, antimicrobial stewardship, controlled substances, pyxis utilization, IV room, and pharmacy services. Mr. Kutza said when using a smart pump, a library of medications is installed into the	

	smart pumps and each medication is prebuilt with limits that prevent overdoses or underdoses. The prebuilt guides give different alerts when the wrong dose is given. Antimicrobial stewardships are antibiotics that are used in specific situations, usually with resistant infections. These are all monitored to ensure they are being used appropriately, all are performing within expectations. Controlled substances are audited with inpatient charting and anesthesia waste, all are perfoming within range. The IV room requires mandatory testing and certification, all tests are performing well. SVH contracts with a remote pharmacy that helps manage pharmacy after hours, services are perfoming within range. Pyxis utilization is is being audited and performing at or above goal.	
5. QUALITY INDICATOR PERFORMANCE AND PLAN	*Cooper*	
	Ms. Kylie Cooper presented the Qualtiy Indicator Performance and Plan for January 2022. 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.	
7. POLICIES AND PROCEDURES	*Cooper*	
	Ms. Cooper reviewed the following policies: **<u>Policies with changes made:</u>** Code Blue-Broselow Carts and Emergency Medications Patient Admitting Patient Grievance and Complaint Policy Service of Legal Proceedings Unannounced Survey Response Plan	
9. REPORT ON CLOSED SESSION	*Kornblatt Idell*	
	Medical Staff credenitaling was reviewed and approved.	**MOTION:** by Mainardi to approve, 2nd by Sheets. All in favor.

	The Committee discussed Potential Litigation (case name unspecified due to patient confidentiality.) The discussion was informational only; no decisions were made.	
10. ADJOURN	*Kornblatt Idell*	
	6:00 pm	

Annual Quality Report

Year Ending 2021

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Quality Overview 2021

- Metrics measured and reported monthly to Board Quality
  - Mortality
  - AHRQ Patient Safety Indicators
  - Patient Falls
  - Readmissions
  - Blood Culture Contamination
  - Stroke Core Measures
  - Utilization Management
  - Core Measures- Sepsis/ED/Colonoscopy
  - Infection Prevention
  - Inpatient and Outpatient Satisfaction

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Quality Success 2021

- Mortality Rates below benchmark 2021
- Falls with injury below benchmark 2021
- % of readmissions below benchmark for 2021
- Exceeded measures for stroke care each month

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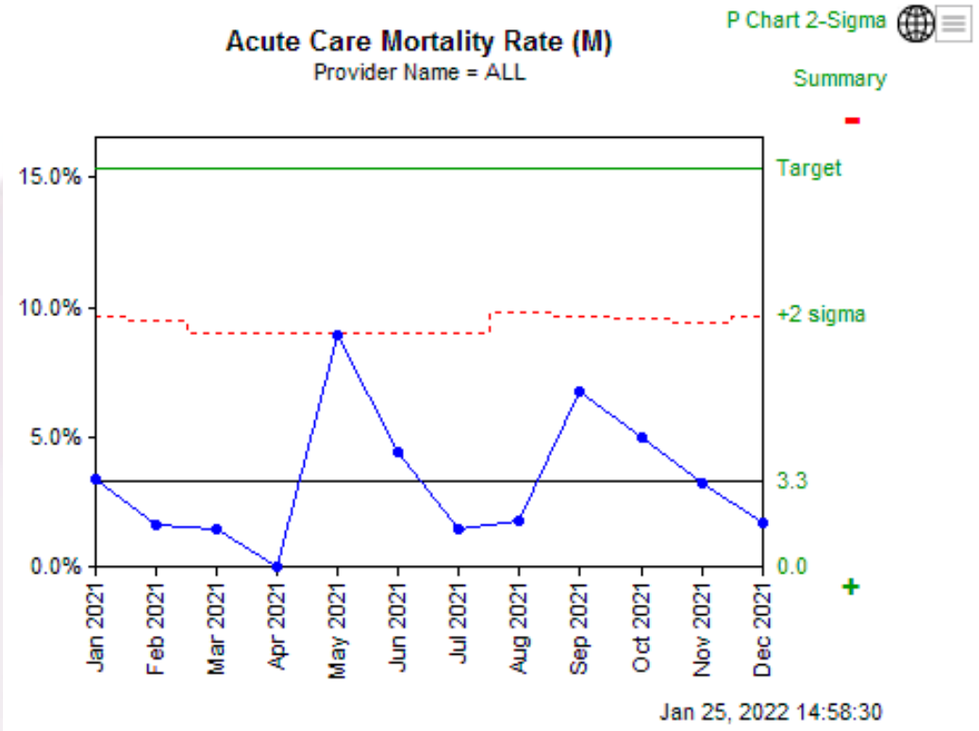
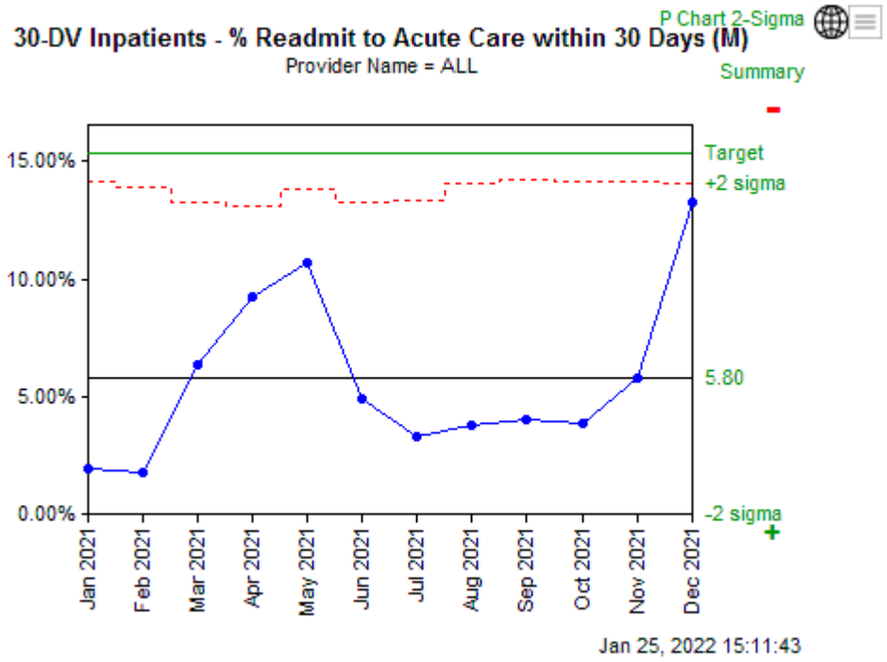
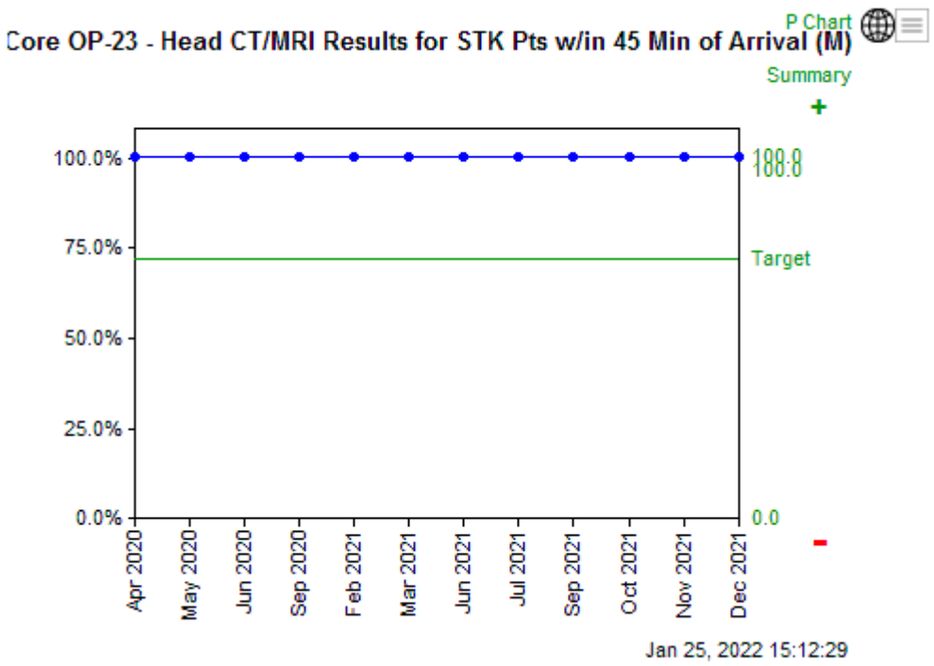
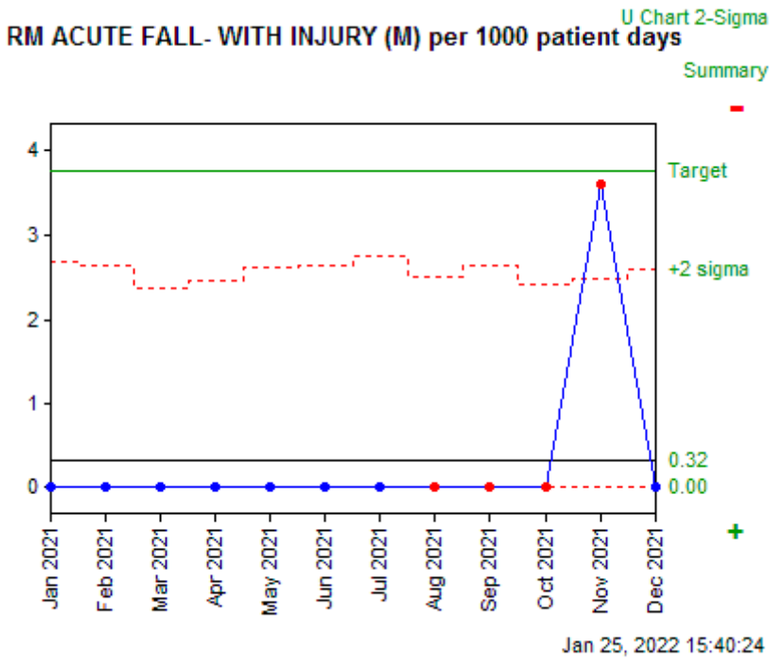
Success Data









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Opportunity for Improvement for 2022

- Opportunity to decrease LOS
- Continued collaboration between quality department and ED department to make significant improvements in our Sepsis measures, improvement seen Q4 2021
- Patient Satisfaction will be a hospital wide focus for 2022

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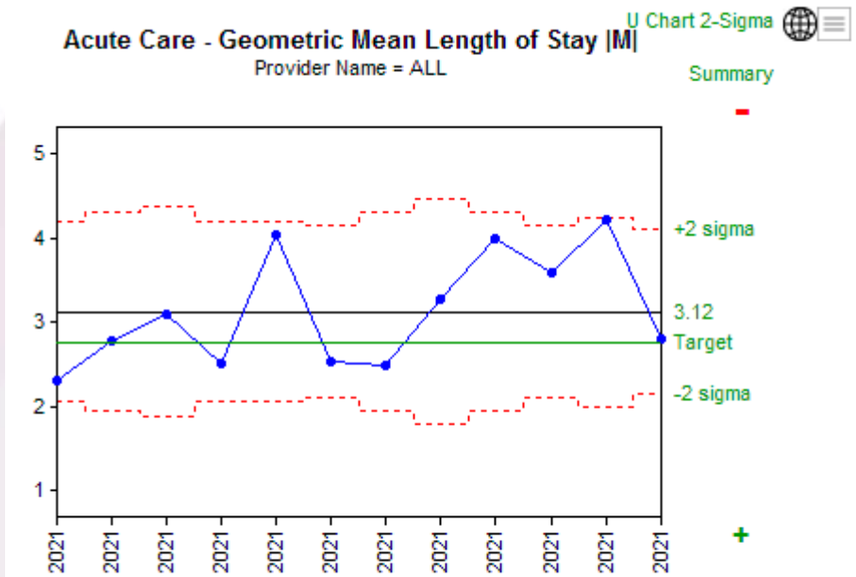
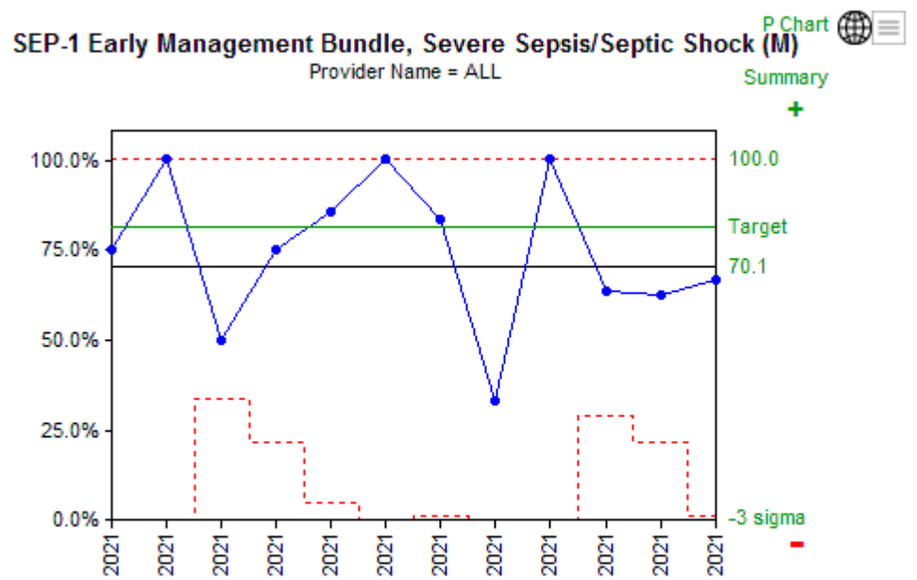
Opportunity Data





Service > HCAHPS

Indicator	Performance	Most Recent	Trend	Period				
01-Rate hospital 0-10 |M|	Bet. Target & Alarm	43	Improved	Sep 2021	50	30	n/a	25
01-Rate hospital 0-10 |Rolling 12 M|	Breaches Alarm	9	Deteriorated	Aug 2021	50	30	n/a	18
02-Recommend the hospital |M|	Target Met	99	Improved	Sep 2021	50	30	n/a	29
02-Recommend the hospital |Rolling 12 M|	Breaches Alarm	18	Improved	Aug 2021	50	30	n/a	19
03-Communication w/ Nurse |Rolling 12 M|	Breaches Alarm	23	Deteriorated	Aug 2021	50	30	n/a	32
03-Communication w/ Nurses |M|	Bet. Target & Alarm	33	Improved	Sep 2021	50	30	n/a	25

Quality Department Re-alignment

- Case Management and Social Work department now reporting to the CNO
- Quality Department reports to the CMO instead of CEO
- Department Members
  - Director of Quality and Risk Management
  - Quality Systems and Data Analyst
  - Infection Preventionist/Employee Health Nurse

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Quality Data Abstraction

- Traditionally data abstraction was performed by one individual, now is divided up between team members whilst we await the implementation of Q-Centrix (USCF connection)
- Q-Centrix is a data abstraction, quality focused and performance improvement company that provides secure quality data management to support a hospitals strategic initiatives. They will also take the lead on our infection prevention data abstraction.
- This transition will enable more time to focus on actionable items for the quality department

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Clinical Quality Review

- Director of Quality performs a weekly thorough quality review of all:
  - readmissions
  - hospital acquired infections,
  - surgical site infections,
  - frequent ER visits
- The reviews are then referred to departments or medical staff to review and institute plans of correction when indicated.

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COVID 19 Support

- Our Infection Preventionist takes all intake calls from employees regarding COVID 19 symptoms or exposures and refers to testing via our drive through or on an individual basis
- IP or Director of Quality follow up with staff regarding results and plan for return to work (RTW) following CDPH Guidelines
- Close communication between IP and Departmental Leaders regarding RTW plan to minimize affect on staffing
- Weekly Infection Control Committee Meetings to discuss COVID 19 employee issues and IP support
- Collaboration with CMO to revise/update COVID 19 policies and procedures

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Peer Review Support

- Director of Quality, through clinical quality review, patient grievances, or referrals, completes the Peer Review form and refers to appropriate medical director for follow up
- This has allowed for a more robust peer review process at SVH. On average there are 5-7 peer review cases that are reviewed by the Medical Executive Committee each month
- Results of the peer review are shared with the identified provider via a follow up letter with outcomes of the peer review and recommendations by MEC

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Grievance/Risk Management Support

- All patient grievances and/or complaints are investigated immediately upon receipt
- Patient grievances are received via letter, phone calls or verbally in-person. All grievances are entered into our risk management system (MIDAS) and are followed by the Director of Quality
- All grievances receive a letter within 7 days acknowledging receipt and a second letter within 30 days with follow up results of investigation and resolution

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Clinical Quality Committee Support

- Clinical Quality Committee meets monthly with all departmental leaders
- Each leader updates their progress on their QA and PI projects to the group
- Opportunity for all departmental leaders to meet and discuss quality issues; often an issue effects more than one department. This committee enables a platform to discuss, in real time, quality issues and formulate action plans

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QIP Partnership Award

- Sonoma Valley Hospital was recognized by Partnership HealthPlan of California (PHC), a nonprofit private healthcare organization, for scoring at the top of their Hospital Quality Improvement Program. SVH was one of just three hospitals in Northern California to be recognized for achieving a perfect score of 100%.
- Metrics reported were for the following:
  - Readmissions
  - Advance Care Planning (Palliative Care)
  - Patient Safety Events
  - Immunization Reporting
  - Patient experience/Patient Satisfaction

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Upgraded Statit and Administrative Dashboards

- Significant efforts made to improve Statit, our quality results dashboard, to achieve valid and reliable data abstraction, review and reporting on a monthly basis
- Formulation of the SVH Performance Dashboard for the administrative report

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Quality Indicator Performance & Plan

March Board Quality

Data for February 2022

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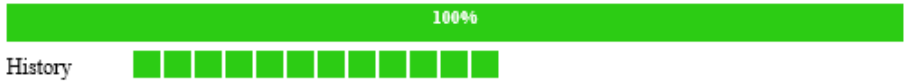
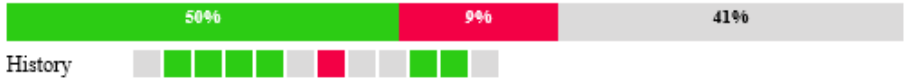
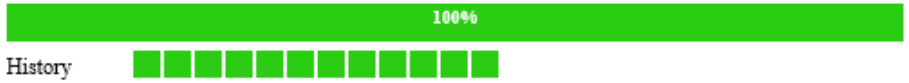
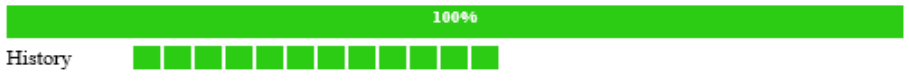
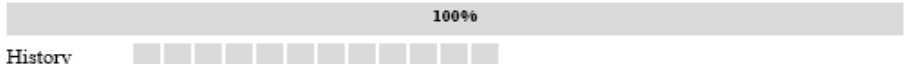
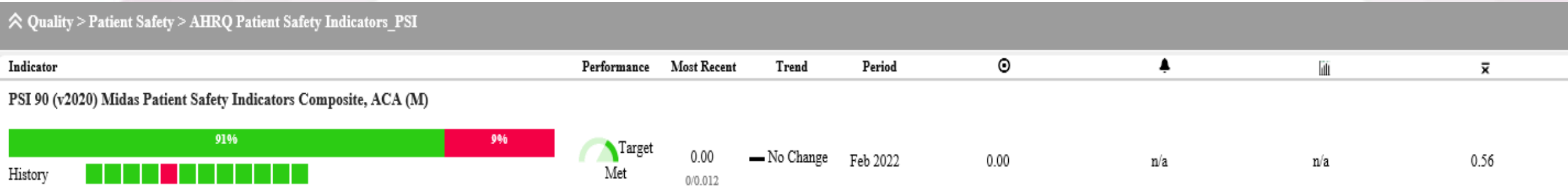
Mortality

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Acute Care Mortality Rate (M)								
	Target Met	2.1% 1/47	Improved	Feb 2022	15.3%	n/a	n/a	3.6%
COPD Mortality Rate |M|								
	Target Undefined	n/a		Feb 2022	8.5%	n/a	n/a	6.2%
Congestive Heart Failure Mortality Rate |M|								
	Target Met	0.0% 0/3	Improved	Feb 2022	11.5%	n/a	n/a	8.6%
Pneumonia Mortality Rate |M|								
	Breaches Alarm	50.0% 1/2	Deteriorated	Feb 2022	15.6%	n/a	n/a	11.8%
Ischemic Stroke Mortality Rate |M|								
	Target Met	0.0% 0/1	No Change	Feb 2022	13.8%	n/a	n/a	0.0%
Hemorrhagic Stroke - Mortality Rate (M)								
	Breaches Alarm	100.0% 1/1	Deteriorated	Jan 2022	0.0%	1.0%	n/a	22.2%

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Sepsis, Severe - Mortality Rate (M)								
	Target Met	0.0% 0/9	No Change	Feb 2022	25.0%	n/a	n/a	5.6%
Septic Shock - Mortality Rate (Q)								
	Target Undefined	33.3%	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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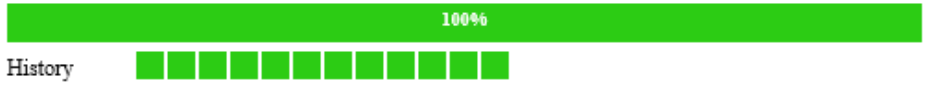
Patient Falls
Preventable Harm

Quality > Patient Safety > Falls

Indicator	Performance	Most Recent	Trend	Period				
RM ACUTE FALL- All (M) per 1000 patient days	Breaches Alarm	4.13 1/242	Deteriorated	Feb 2022	3.75	4.00	n/a	2.22
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	Target Met	0.00 0/242	No Change	Feb 2022	3.75	4.00	n/a	0.32



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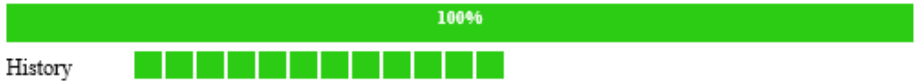
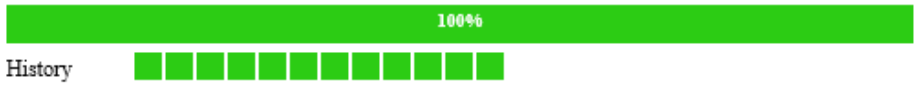
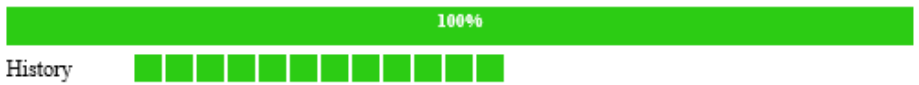
Readmissions

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)								
	Target Met	9.30% 4/43	Improved	Feb 2022	15.30%	15.50%	n/a	7.37%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	Target Undefined	n/a		Feb 2022	19.5%	20.0%	n/a	0.0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Breaches Alarm	50.0% 1/2	Deteriorated	Feb 2022	21.6%	22.0%	n/a	14.3%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	No Change	Feb 2022	4.0%	5.0%	n/a	8.0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	Improved	Feb 2022	16.6%	17.0%	n/a	14.8%
Sepsis, Severe - % Readmit within 30 Days (M)								
	Target Met	0.0% 0/9	Improved	Feb 2022	12.0%	13.0%	n/a	0.2%
Septic Shock - % Readmit within 30 Days (M)								
	Target Met	0.0% 0/1	No Change	Feb 2022	13.3%	14.0%	n/a	0.1%

Blood Culture Contamination

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔
Blood Cultures -Contamination Rate |RN| (M)	Breaches Alarm	8.7% 8/92	Deteriorated	Feb 2022	3.0%	3.1%
Blood Cultures -Contamination Rate |LAB| (M)	Target Met	1.1% 1/88	Deteriorated	Feb 2022	3.0%	4.0%
Blood Cultures -Total Contamination Rate (M)	Breaches Alarm	5.0% 9/180	Deteriorated	Feb 2022	3.0%	4.0%

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Feb 2022	8	92	8.7%
Jan 2022	2	88	2.3%
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%

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CIHQ Stroke Certification Measures

Stroke > Code Stroke Elapsed Time

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)	Breaches Alarm	13	Deteriorated	Feb 2022	10	11	n/a	4
History								
CDSTK-04|Median- Door to Phys Eval |M| minutes	Target Met	9.00	Deteriorated	Feb 2022	10.00	11.00	n/a	1.25
History								
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)	Target Met	15.00	Deteriorated	Feb 2022	25.00	26.00	n/a	7.50
History								
CDSTK-06|Median- Neuro Consult Contacted |M| minutes	Breaches Alarm	36.00	Deteriorated	Feb 2022	30.00	31.00	n/a	18.50
History								
CDSTK-07|Median- CT Read by Radiology |M| minutes	Target Met	45.00	Deteriorated	Feb 2022	45.00	46.00	n/a	23.25
History								
CDSTK-08|Median- Lab Results Posted |M| minutes	Target Met	41.00	Improved	Feb 2022	45.00	46.00	n/a	30.25
History								
CDSTK-10|Median- Door to EKG Complete |M| minutes	Target Met	42.00	Improved	Feb 2022	60.00	61.00	n/a	39.00
History								
CDSTK-12|Median-Door to tPA |M| minutes	Breaches Alarm	69.50		Dec 2021	60.00	61.00	n/a	69.50
History								
CDSTK-11|Median-Door to tPA Decision |M| minutes	Target Met	47.00	Improved	Feb 2022	60.00	61.00	n/a	23.50
History								

Utilization Management

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	◎	🔔		✕
1 Day Stay Rate Medi-Cal [M]								
	Target Met	0.00% 0/8	No Change	Feb 2022	2.61%	5.00%	n/a	4.35%
1 Day Stay Rate-Medicare [M]								
	Target Met	2.70% 1/37	Improved	Feb 2022	8.10%	10.00%	n/a	8.12%
Acute Care - Geometric Mean Length of Stay [M]								
	Bet. Target & Alarm	2.76 33.1666/12	Improved	Feb 2022	2.75	3.23	n/a	3.26
Acute Care Age over 64 - MS-DRG Case Mix Index [M]								
	Target Met	1.56 49.9946/32	Improved	Feb 2022	1.56	1.40	n/a	1.52
Acute Care- MS-DRG Case Mix Index [M]								
	Target Met	1.56 73.4796/47	Improved	Feb 2022	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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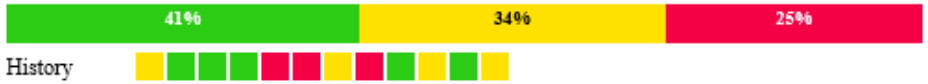
Core Measures

Core Measures > HOP Colonoscpy

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)								
	Target Met	100.0% 1/1	No Change	Feb 2022	88.0%	50.0%	n/a	99.1%
Indicator	**Performance**	**Most Recent**	**Trend**	**Period**	⊙	🔔		✕
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)								
	Target Met	1.6% 10/622	Improved	Feb 2022	2.0%	2.5%	n/a	1.4%
Indicator	**Performance**	**Most Recent**	**Trend**	**Period**	⊙	🔔		✕
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)								
	Bet. Target & Alarm	140.00	Deteriorated	Feb 2022	132.00	140.00	n/a	133.50
Indicator	**Performance**	**Most Recent**	**Trend**	**Period**	⊙	🔔		✕
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)								
	Target Met	100.0% 2/2	No Change	Feb 2022	72.0%	70.0%	n/a	100.0%

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

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	Deteriorated	Feb 2022	81.0%	80.0%	n/a	70.7%
SEPa - Severe Sepsis 3 Hour Bundle (M)								
	Breaches Alarm	83.3% 5/6	Deteriorated	Feb 2022	94.0%	90.0%	n/a	81.5%
SEPb - Severe Sepsis 6 Hour Bundle (M)								
	Breaches Alarm	80.0% 4/5	Deteriorated	Feb 2022	100.0%	90.0%	n/a	96.2%

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
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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|								
87% / 13%	Target Met	0	— No Change	Feb 2022	1	1	n/a	0
History								
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|								
100%	Target Met	0	— No Change	Feb 2022	1	1	n/a	0
History								
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|								
100%	Target Met	0	— No Change	Feb 2022	1	1	n/a	0
History								
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|								
100%	Target Met	0	— No Change	Feb 2022	1	1	n/a	0
History								

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

Inpatient Patient Satisfaction
N= 12

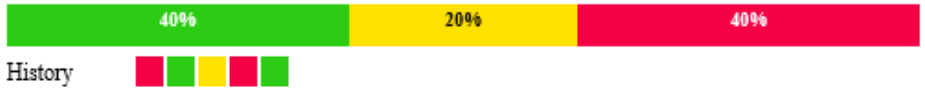
Patients' Perspectives of Care Surveys > Hospital -HCAHPS-

Indicator	Performance	Most Recent	Trend	Period				
01-Rate hospital 0-10 |M| Rank	Target Met	99	Improved	Jan 2022	50	30	n/a	68
02-Recommend the hospital |M| Rank	Target Met	91	Deteriorated	Jan 2022	50	30	n/a	84
03-Communication w/ Nurses |M| Rank	Target Met	99	Improved	Jan 2022	50	30	n/a	42
04-Response of Hosp Staff |M| Rank	Target Met	99	Improved	Jan 2022	50	30	n/a	71
05-Communication w/ Doctors |M| Rank	Target Met	87	Improved	Jan 2022	50	30	n/a	54

VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

HCAHPS

Inpatient Patient Satisfaction

06-Cleanliness of hospital environment|M| Rank								
	Target Met	70.00	Improved	Jan 2022	50.00	30.00	n/a	35.20
08-Communication About Medicines |M| Rank								
	Breaches Alarm	8	Deteriorated	Jan 2022	60	30	n/a	13
09-Discharge Information |M| Rank								
	Breaches Alarm	8	Deteriorated	Jan 2022	50	30	n/a	13
10-Care Transitions |M| Rank								
	Target Met	85	Improved	Jan 2022	50	30	n/a	27

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

Ambulatory Surgery Patient Satisfaction
N= 17

Patients' Perspectives of Care Surveys

Indicator	Performance	Most Recent	Trend	Period				
01-OAS Recommend the Facility |M| Rank								
80% / 20%	Breaches Alarm	13	Deteriorated	Jan 2022	50	30	n/a	62
History								
02-OAS Communication |M| Rank								
20% / 40% / 40%	Breaches Alarm	14	Deteriorated	Jan 2022	60	30	n/a	42
History								
03-OAS Facility/Personal Treatment |M| Rank								
60% / 20% / 20%	Target Met	95	Deteriorated	Jan 2022	80	30	n/a	69
History								
04-OAS Discharge |M| Rank								
60% / 20% / 20%	Target Met	99	Improved	Jan 2022	70	30	n/a	63
History								
05-OAS Staff treat w/courtesy and respect |M| Rank								
60% / 40%	Target Met	99	No Change	Jan 2022	60	30	n/a	67
History								
07-OAS Facility Clean |M| Rank								
100%	Target Met	99	No Change	Jan 2022	60	30	n/a	99
History								
ED-Time Physician Spent With Me Score (M)								
66% / 29% / 5%	Target Met	4.56	Improved	Feb 2022	4.50	4.30	n/a	4.56
History								

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: 03/17/2022 2:33 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: 22

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

Committee Members: **Fontes, Jenny (jfontes), Newman, Cindi (cnewman)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Bio-Ethical Issues *Patient Rights Policies (PR)*	**Pending Approval**	3/17/2022	0

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

Document	Task/Status	Pending Since	Days Pending
Certification of Technologists 7630-238 *Diagnostic Services Dept Policies*	**Pending Approval**	3/17/2022	0

Summary Of Changes: **Reviewed Policy, no changes to content**
Updated authors/reviewers,owner
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **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)**

Document	Task/Status	Pending Since	Days Pending
Code of Ethics *Patient Rights Policies (PR)*	**Pending Approval**	3/17/2022	0

Summary Of Changes: **Changed Orientation to Sexuality**
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)**

Contrast Extravasation 7630-121	**Pending Approval**	3/17/2022	0
Diagnostic Services Dept Policies			

Summary Of Changes: **Reviewed Policy, no content changes made**
Updated author/reviewer/owner title

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

Contrast Media Procurement and Storage 7630-123	**Pending Approval**	3/17/2022	0
Diagnostic Services Dept Policies			

Summary Of Changes: **Reviewed Policy, no content changes made.**
Updated authors/reviewers

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

Disclosure of Adverse Events or Unanticipated Outcomes	**Pending Approval**	3/17/2022	0
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) -> 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)**

Filming and Recording of Patients	**Pending Approval**	3/17/2022	0
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) -> 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)**

Handoff Communications with HealthCare Providers-SBAR	**Pending Approval**	3/17/2022	0
Patient Care Policy			

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

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Bernhardy, Bonnie (bbernhardy)**

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)**

Hepatitis B Vaccination Program | **Pending Approval** | 3/1/2022 | 16

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)**

MRI Code Blue Procedure | **Pending Approval** | 3/17/2022 | 0

Diagnostic Services Dept Policies

Summary Of Changes: **Reviewed Policy, made a small format change to emphasize "moving the patient out of the MRI scan room". Updated author/reviewers**

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

Lead Authors: **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)**

NEW:: COVID-19 Mandatory Vaccination | **Pending Approval** | 3/1/2022 | 16

Human Resources Policies (HR)

Summary Of Changes: **NEW POLICY**
To comply with California Department of Public Health (CDPH) and Center for Medicare Services (CMS) interim final rule mandating COVID-19 vaccination for healthcare workers.
(inclusive of exemption request forms)

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

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

ExpertReviewers: **Cooper, Kylie (kcooper), Montecino, Stephanie (smontecino)**

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

NEW:: COVID 19 State and Federal Reporting | **Pending Approval** | 3/1/2022 | 16

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)**

Notifiction Form_DOWNTIME event reporting	**Pending Approval**	3/17/2022	0
Patient Care Policy			

Summary Of Changes: **RETIRE--Obsolete**
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)**

Peer Review and Focused Professional Practice Evaluation	**Pending Approval**	3/17/2022	0
Medical Staff Policies (MS)			

Summary Of Changes: **Reviewed--only minor formatting changes.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kidd, Sabrina (skidd), Cooper, Kylie (kcooper)**
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)**

Portable Fluoroscopy Usage Policy and Procedure 7630-210	**Pending Approval**	3/17/2022	0
Diagnostic Services Dept Policies			

Summary Of Changes: **Reviewed Policy, no content changes made.**
Updated author/reviewers.
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **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)**

Radiation Protection for Patients	**Pending Approval**	3/17/2022	0
Diagnostic Services Dept Policies			

Summary Of Changes: **Reviewed Policy, no content changes made.**
Updated author/reviewers
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **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)**

Radiography in the Surgical Suite	**Pending Approval**	3/17/2022	0
Diagnostic Services Dept Policies			

Summary Of Changes: **Reviewed Policy, no content changes made**
Updated author/reviewers

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

Radiologist Availability 7630-223 **Pending Approval** 3/17/2022 0

Diagnostic Services Dept Policies

Summary Of Changes:	**Updated with current schedule and availability.** **Updated authors/reviewers.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**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)**

RETIRE-Aerosol Therapy Procedure **Pending Approval** 3/17/2022 0

Respiratory Therapy Dept

Summary Of Changes:	**RETIRE: procedure covered in EBSCO**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
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)**

RETIRE: Radiation Safety Post Injection of Radioisotopes 7630-217 **Pending Approval** 3/17/2022 0

Diagnostic Services Dept Policies

Summary Of Changes:	**RETIRE policy, we no longer provide Nuclear Medicine services for inpatients.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**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)**

Suicide Risk Lethality Assessment Tool **Pending Approval** 3/17/2022 0

Patient Care Policy

Summary Of Changes:	**Archive this document, it is no longer is use** **POLICY TO BE RETIRED PER** **Mark Kobe, CNO** **Reason: No longer in use** **Approval indicates approval for archiving this document**
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)**

Virtual Radiology Services		**Pending Approval**	3/17/2022	0
Diagnostic Services Dept Policies				

Summary Of Changes:	**Reviewed policy. Updated to current processes and anonymized "teleradiology services". Updated author/reviewers.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**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)**

SUBJECT: COVID-19 State and Federal Reporting	POLICY: GL8610-201
	Page 1 of 3
DEPARTMENT: Organization	EFFECTIVE:
REVISED:	

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.

SUBJECT: COVID-19 State and Federal Reporting	POLICY: GL8610-201
	Page 2 of 3
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 Time via the CDPH Smartsheet database including all required metrics

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

REFERENCES:

CMS-3401-IFC
CMS §400.200

SUBJECT: COVID-19 State and Federal Reporting	POLICY: GL8610-201 Page 3 of 3
DEPARTMENT: Organization	EFFECTIVE:
REVISED:	

OWNER:
Director of Quality

AUTHORS/REVIEWERS:
Chief Medical Officer
Board Quality Committee

APPROVALS:
Policy & Procedure Team:
The Board of Directors:

SUBJECT: COVID-19 Mandatory Vaccination	POLICY: HR8610-
	Page 1 of 7
DEPARTMENT: Organizational	EFFECTIVE: 1/26/2022
REVISED:	

NEW POLICY
To comply with California Department of Public Health (CDPH) and Center for Medicare Services (CMS) interim final rule mandating COVID-19 vaccination for healthcare workers.

OWNER:
Chief Human Resources Officer

AUTHORS/REVIEWERS:
Chief Human Resources Officer
Chief Medical Officer
Infection Prevention/Employee Health Nurse

SUBJECT: COVID-19 Mandatory Vaccination	POLICY: HR8610-
	Page 2 of 7
DEPARTMENT: Organizational	EFFECTIVE: 1/26/2022
REVISED:	

PURPOSE:
To comply with California Department of Public Health (CDPH) and Center for Medicare Services (CMS) interim final rule mandating COVID-19 vaccination for healthcare workers, and to prevent the spread of COVID-19 and protect the health and safety of the Sonoma Valley Hospital (SVH) community, including its patients, staff, students, physicians, volunteers, contract staff and visitors.

SCOPE AND APPLICABILITY:
This is a hospital-wide policy. It applies to the following individuals regardless of clinical responsibility or patient contact who provide any type of care, treatment, or other services for the hospital and/or its patients, hereafter referred to as "Covered Staff":

- Hospital employees;
- Licensed practitioners;
- Students, trainees, and volunteers; and
- Individuals who provide care, treatment, or other services for the hospital and/or its patients, under contract or by other arrangement.

This policy does not apply to:

- Individuals who exclusively provide telehealth or telemedicine services outside of the hospital setting and who do not have any direct contact with patients and other staff.
- Individuals who provide support services for the hospital that are performed exclusively outside of the hospital setting and who do not have any direct contact with patients and other staff.
- Individuals who very infrequently provide ad-hoc non-healthcare services (such as annual elevator inspection)

DEFINITIONS

- Fully vaccinated means it has been 2 weeks or more since an individual has completed a primary vaccination series for COVID-19.

- Primary vaccination series for COVID-19 means the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine with at least the minimum recommended interval between doses in accordance with the approval, authorization, or listing.

- Booster, per the CDC, refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.

- Booster Eligibility means five (5) months from the 2nd dose of a two-dose primary vaccination series or two (2) months from a single-dose primary vaccination.

- Acceptable vaccine means administration of one of the following:
  - BioNTech, Pfizer Vaccine
  - Johnson & Johnson Vaccine
  - Moderna NIAID Vaccine
  - A vaccine listed by the World Health Organization (WHO) for emergency use that is not approved or authorized by the FDA, or a vaccine administered in a clinical trial.

- Medical exemption means a written request to not receive a COVID-19 vaccination due to an allergic and/or recognized clinical contraindication to COVID-19 vaccines.

- Clinical contraindication refers to conditions or risks that preclude the administration of a treatment or intervention. For COVID-19 vaccines, according to the CDC, a vaccine is clinically contraindicated if an individual has a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

- Religious exemption means a written request to not receive a COVID-19 vaccination due to religious beliefs or practices in accordance with ADA, Section 504 of the Rehabilitation Act, Section 1557 of the Accountable Care Act, and Title VII of the Civil Rights Act.

- Good Faith Effort means that the hospital has taken aggressive steps toward achieving compliance with staff vaccination requirement and/or the provider has no or has limited access to vaccine, and has documented attempts to access to the vaccine

- Temporarily delayed vaccination refers to vaccination that must be temporarily delayed, as recommended by CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days.

POLICY:

VACCINATION REQUIREMENT
All Covered Staff shall be fully vaccinated for COVID-19 by September 1, 2021. All Covered Staff must have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to providing any care, treatment, or other services for the organization and/or its patients. Additionally, all Covered Staff must have received the COVID-19 booster dose within 15-days of eligibility. Individuals for

whom vaccination must be temporarily delayed shall be vaccinated when it is clinically indicated to do so.

SVH provides free COVID-19 vaccinations to Covered Staff which they may, but are not required, to use to comply with this vaccination mandate. Employees who choose to be vaccinated at SVH may schedule a COVID-19 vaccine appointment directly with Occupational Health. Non-exempt employees will be paid for the time it takes to receive the vaccine or if the vaccine cannot be given during working hours, for time off needed to receive their vaccination(s), up to two hours per dose.

EVIDENCE OF VACCINATION
Covered Staff must provide proof of vaccination. The following are considered acceptable forms of vaccination proof:

- CDC COVID-19 vaccination record card (or a legible photo of the card),
- Documentation of vaccination from a health care provider or electronic health record, or
- State immunization information system record. If vaccinated outside of the United States or its territories, a reasonable equivalent of any of the previous examples shall suffice.

EXEMPTIONS FROM VACCINATION
Individuals may request an exemption from COVID-19 vaccination requirements based on medical contraindication or for conflict with religious beliefs, observances, or practices. Requests shall be submitted to the Human Resources department on a hospital-approved or comparable form.

<u>Medical Exemption</u>

A. If an individual requests a medical exemption from vaccination, all documentation confirming recognized clinical contraindications to COVID-19 vaccines, and which supports the individual's request, must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws.

B. Such documentation must contain all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual to receive and the recognized clinical reasons for the contraindications; and a statement by the authenticating practitioner recommending that the individual be exempted from the facility's COVID-19 vaccination requirements based on the recognized clinical contraindications.

<u>Religious Exemption</u>
If an individual requests a religious exemption from vaccination, the individual shall provide a personal written and signed statement detailing the religious basis for the vaccination objection,

explaining why the religious exemption is requested, the religious principle(s) that guide the objection to vaccination, and the religious basis that prohibits the COVID-19 vaccination.

Interactive Process

For all exemption requests, SVH will engage in an interactive process with individual workers to determine whether the requested exemption and/or accommodation(s) can be granted. As part of the interactive process, all exemption requests will be reviewed on an individualized basis and determined in accordance with applicable law. SVH may deny an exemption and/or accommodation(s) if it is not warranted, would create an undue hardship for the hospital and/or poses a direct threat to the health and safety of others in the workplace and/or the individual staff person. In order for SVH to provide an informed determination, in some circumstances, employees may be required to submit additional information to support a request for an exemption.

MITIGATION STRATEGIES FOR EXEMPTED OR NOT FULLY VACCINATED INDIVIDUALS

Individuals who are either exempted from vaccination or are not fully vaccinated shall undertake one or more of the following measures designed to mitigate the risk of getting/transmitting COVID-19:

- Be reassigned to non-patient care areas, or to duties that can be performed remotely (i.e., telework), or to duties which limit exposure to those most at risk (e.g., assign to patients who are not immunocompromised, unvaccinated).
- Wear appropriate personal-protective-equipment in accordance with current CDPH guidelines – including, at minimum, use of a NIOSH-approved N95 at all times, or higher-level respirator for source control.
- Be tested for the COVID-19 virus twice weekly with a CDC approved test, or within 48-hours of shift when working less frequently. If tested positive, the individual's supervisor shall be immediately notified, and the individual shall be placed immediately off work and quarantined in accordance with current CDC guidelines, law, and regulation.
- Adhere to universal source control and physical distancing measures in areas that are restricted from patient access (e.g., staff meeting rooms, kitchen),

TRACKING OF VACCINATION STATUS

The hospital shall track and securely document the vaccination status of each individual, including those for whom there is a temporary delay in vaccination, such as recent receipt of monoclonal antibodies or convalescent plasma. Vaccine exemption requests and outcomes shall also be documented.

- For employees, proof of vaccination shall be submitted to the Human Resources Department.
- For individuals credentialed by the medical staff, proof of vaccination shall be submitted to the Medical Staff Office.

- For individuals who provide care, treatment, or other services for the hospital and/or its patients, under contract or by other arrangement, the organization may track and securely document the vaccination status of each individual or permit the individual/contracted entity to do so. If the latter option is chosen, the individual/contracted entity must provide evidence of vaccination or exemption prior to engaging in care, treatment, or service.

While no specific tool is mandated, records shall contain the following information – as applicable – for each individual:

- Start of Employment Date
- End of Employment Date
- Last Name, First Name, Date of Birth
- Medical or Religious Exemption Granted/Date
- Declined COVID Vaccine/Date
- Vaccinated with Dose 1
  - Date Administered
  - Vaccine Manufacturer Name
- Vaccinated with Dose 2
  - Date Administered
  - Vaccine Manufacturer Name
- Is Vaccination Series Complete? Yes/No
- Eligible for Additional/Booster Dose? Yes/No, if Yes
  - Additional/Booster Dose Vaccination Date
  - Additional/Booster Dose Manufacturer
- Employee or Non-Employee

Documentation shall be kept confidential and stored separately from the individual's personnel file.

CONTINGENCY PLANNING FOR UNVACCINATED STAFF

Individuals who have indicated that they will not get vaccinated and do not qualify for an exemption shall not be permitted to engage in work-related activities. For hospital employees, the individual may be placed off work without pay.

If necessary, the hospital shall actively seek replacement staff or obtain temporary vaccinated staff until permanent vaccinated replacements can be found.

REFERENCES:

Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination Centers for Medicare & Medicaid Services on 11/05/2021

SUBJECT: COVID-19 Mandatory Vaccination	POLICY: HR8610-
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REVISED:	

CMS Memo # QSO-22-07-ALL - Guidance for the Interim Final Rule - Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination
California Department of Public Health CDPH State Public Health Officer Order of December 22, 2021

APPENDICES:
Appendix A – Medical Exemption or Accommodation
Appendix B – COVID-19 Declination Form

OWNER:
Chief Human Resources Officer

AUTHORS/REVIEWERS:
Chief Human Resources Officer
Chief Medical Officer
Infection Prevention/Employee Health Nurse

APPROVALS:
Policy & Procedure Committee:
Board Quality Committee:
Board of Directors: