



SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, MAY 25, 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 <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	<i>Kornblatt Idell</i>	
3. CONSENT CALENDAR • Minutes 04.27.22	<i>Kornblatt Idell</i>	Action
4. IMAGING QA/PI	<i>Young</i>	Inform
5. QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Cooper</i>	Inform
6. POLICIES AND PROCEDURES	<i>Cooper</i>	Review/ Recommend
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report		Action
8. ADJOURN	<i>Kornblatt Idell</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

April 27, 2022 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell Ingrid Sheets Cathy Webber Carol Snyder		Howard Eisenstark Michael Mainardi, MD	John Hennelly, CEO Ako Walther, MD Kylie Cooper, Quality and Risk Mgmt Mark Kobe, CNO Judy Bjorndal, Board Member Jenny Fontes, Board Clerk and EA Stephanie Montecino, Infection Preventionist/Employee Health Nurse

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:01 p.m.	
2. PUBLIC COMMENT	<i>Kornblatt Idell</i>	
	None	
3. CONSENT CALENDAR	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> QC Minutes 03.23.22 		MOTION: by Snyder to approve, 2 nd by Webber. All in favor.
4. INFECTION PREVENTION ANNUAL RISK ASSESSMENT/PLAN	<i>Montecino</i>	INFORM
	Ms. Montecino reviewed the risk assessment finding for 2022. The assessment includes all areas of the hospital. The infection control plan for the year is driven by the risk assessment findings. Ms. Motecino shared the risk findings with the highest scored areas. Low risk is 1 point, medium risk is 5 points, and high rist is 10 points. Areas reviewed were recommendation of hand hygiene, unexpected exposure to pathogens, multi use vials, potential for	

	infection in ambulatory care, community-wide outbreaks of communicable diseases, potential for bioterrorism, multi-drug resistant bacteria, ESBL, Candida auris, CDI, infection prevention policies and procedures, bloodstream infections, VAE and hospital-associated pneumonia, catheter associated UTI, surgical site infections, transmission of infections, involvement in construction activities, and a water management program that reduces risk of microbial growth in water systems. Ms. Montecino said she has been focusing on outbreak management and COVID19 pandemic in the past two years.	
5. QUALITY INDICATOR PERFORMANCE AND PLAN	<i>Cooper/Kobe</i>	INFORM
	Ms. Cooper reviewed the Quality Indicator Performance and Plan for March 2022, which included mortality, AHRQ patient safety indicators, patient falls, readmissions, blood culture contamination, CIHQ stroke certification measures, utilization management, core measures, core measures sepsis, and infection prevention, inpatient patient satisfaction and ambulatory surgery patient satisfaction.	
6. PATIENT CARE SERVICES DASHBOARD 1ST QTR.	<i>Kobe</i>	INFORM
	Mr. Kobe reviewed the Patient Care Services Dashboard for the 1 st quarter. ED continues to climb towards goal. Quality indicators just below goal. There were 2 denials of Medical necessity denials in the last quarter. Case management effectiveness is growing towards goal, nursing turnover is low. Patient experience are good.	
7. POLICIES AND PROCEDURES	<i>Cooper</i>	REVIEW/ RECOMMEND
	<p><i>Ms. Cooper reviewed the following policies:</i></p> <p><u>Policies with changes made:</u></p> <p>Discharge Planning for the Homeless Patient</p> <p>Casirivimab-Imdevimab Monoclonal Antibody – New - Suggested changes regarding adding FDA guidelines to the policy were accepted.</p> <p>Policies and Procedures</p> <p>Release of Information-Patient Requests</p> <p>RETIRE::Committee Review Charts</p> <p>RETIRE::Creating a Duplicate Medical Record</p> <p>RETIRE::Emergency Room Record Processing</p> <p>RETIRE::HIV Test Result Filing</p>	

	RETIRE::Maintenance of Fetal Monitoring Tracings RETIRE::Medical Record Availability RETIRE::Medical Record Department Storage Area RETIRE::Paragon HIS Chart Locator RETIRE::Unit Medical Record RETIRE::Unit Medical Record and Storage Locations <u>Policies with no content changes made:</u> Conflict of Interest	
8. CLOSED SESSION/REPORT ON CLOSED SESSION	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	MOTION: by Sheets to approve, 2 nd by Snyder. All in favor.
9. ADJOURN	<i>Kornblatt Idell</i>	
	5:43 pm	

DIAGNOSTIC SERVICES – QUALITY ASSURANCE

MAY 2022



2022 QUALITY MEASURES

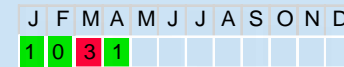
* new in 2022



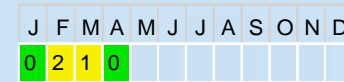
CT Tube Quality Control



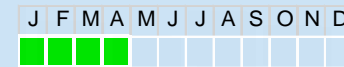
Contrast Extravasations



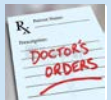
Wrong Site/Side *



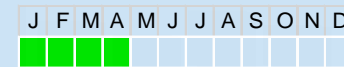
Repeat Analysis



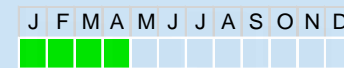
MRI Near Misses *



Echo Inpatient Order to Exam Performed *



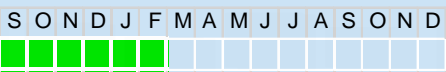
CTDi Dose Tracking *



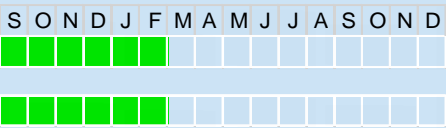
2021 – 2022 PERFORMANCE IMPROVEMENT



Missing PCP at Registration



Stroke- Door to CT (25 minutes)
Stroke- Door to Radiologist Report (45 minutes)



Quality Indicator Performance & Plan

May Board Quality

Data for April 2022

Mortality

⌵ Mortality									
Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
Acute Care Mortality Rate (M)									
	<div><div>100%</div></div>	<div><div></div><div>Target Met</div></div>	2.5% 2/80	📈 Improved	Apr 2022	15.3%	n/a	n/a	4.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
COPD Mortality Rate M									
	<div><div>58%</div><div>9%</div><div>33%</div></div>	<div><div></div><div>Target Met</div></div>	0.0% 0/2	➡ No Change	Apr 2022	8.5%	n/a	n/a	5.6%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Congestive Heart Failure Mortality Rate M									
	<div><div>66%</div><div>34%</div></div>	<div><div></div><div>Target Met</div></div>	0.0% 0/3	📈 Improved	Apr 2022	11.5%	n/a	n/a	13.3%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Pneumonia Mortality Rate M									
	<div><div>66%</div><div>34%</div></div>	<div><div></div><div>Target Met</div></div>	0.0% 0/4	➡ No Change	Apr 2022	15.6%	n/a	n/a	12.1%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Ischemic Stroke Mortality Rate M									
	<div><div>100%</div></div>	<div><div></div><div>Target Met</div></div>	0.0% 0/7	➡ No Change	Apr 2022	13.8%	n/a	n/a	0.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Hemorrhagic Stroke - Mortality Rate (M)									
	<div><div>77%</div><div>23%</div></div>	<div><div></div><div>Breaches Alarm</div></div>	100.0% 1/1	📉 Deteriorated	Jan 2022	0.0%	1.0%	n/a	22.2%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
Sepsis, Severe - Mortality Rate (M)									
	<div><div>91%</div><div>9%</div></div>	<div><div></div><div>Breaches Alarm</div></div>	50.0% 1/2	📉 Deteriorated	Apr 2022	25.0%	n/a	n/a	7.8%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Septic Shock - Mortality Rate (Q)									
	<div><div>33%</div><div>67%</div></div>	<div><div></div><div>Target Met</div></div>	0.0% 0/7	📈 Improved	Q1-2022	0.0%	n/a	n/a	14.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								

AHRQ Patient Safety Indicators

[Quality](#) > [Patient Safety](#) > [AHRQ Patient Safety Indicators_PSI](#)

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵
PSI 90 (v2020) Midas Patient Safety Indicators Composite, ACA (M)								
	<div> <div>91%</div> <div>9%</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	0.00	No Change	Apr 2022	0.00	n/a	0.56
History	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	0/0.034						
PSI 90 (v2020) Patient Safety Indicators Composite, ACA - Volume (M)								
	<div> <div>91%</div> <div>9%</div> </div>	<div> <div>Target</div> <div>Met</div> </div>	0	No Change	Apr 2022	0	n/a	0
History	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>							

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



Patient Falls

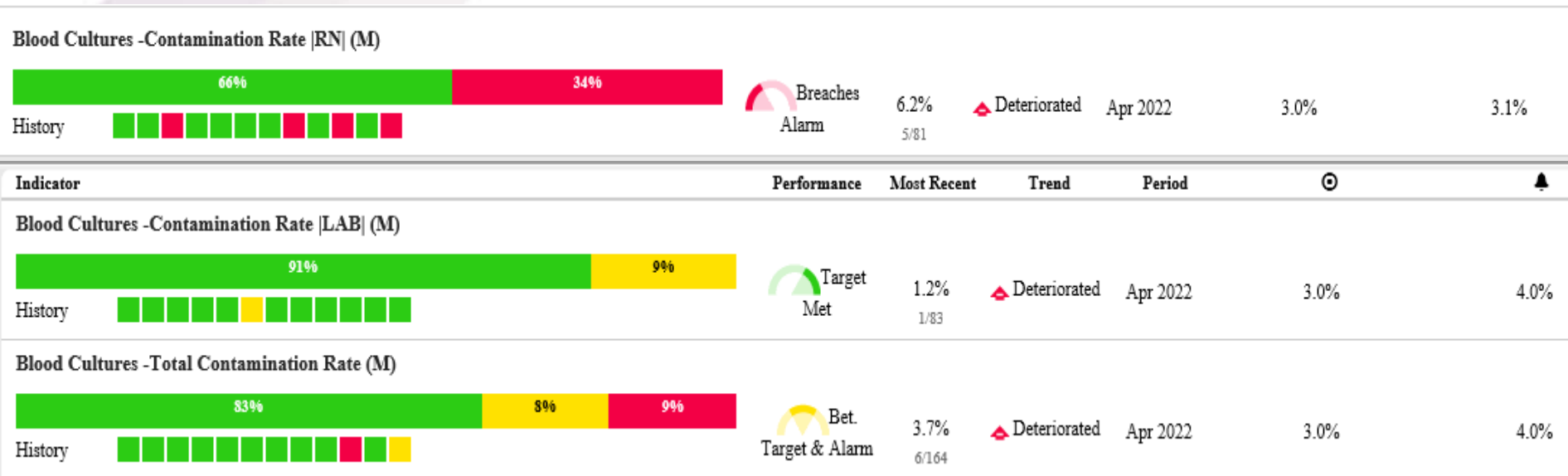
Preventable Harm

Indicator		Performance	Most Recent	Trend	Period	🕒	🔔	📊	⚖️
RM ACUTE FALL- All (M) per 1000 patient days									
	<div><div>83%</div><div>17%</div></div>	<div><div>Target</div><div>Met</div></div>	0.00	— No Change	Apr 2022	3.75	4.00	n/a	1.28
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/269						
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days									
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	0.00	— No Change	Apr 2022	3.75	4.00	n/a	0.32
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/269						

Readmissions

Readmissions									
Indicator		Performance	Most Recent	Trend	Period				
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)									
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	5.80%	Improved	Apr 2022	15.30%	15.50%	n/a	7.85%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		4/69						
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)									
	<div><div>58%</div><div>9%</div><div>33%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	Improved	Apr 2022	19.5%	20.0%	n/a	6.2%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/1						
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)									
	<div><div>75%</div><div>25%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	No Change	Apr 2022	21.6%	22.0%	n/a	14.3%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/2						
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)									
	<div><div>91%</div><div>9%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	No Change	Apr 2022	4.0%	5.0%	n/a	7.1%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/6						
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)									
	<div><div>66%</div><div>34%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	Improved	Apr 2022	16.6%	17.0%	n/a	16.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/3						
Sepsis, Severe - % Readmit within 30 Days (M)									
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	No Change	Apr 2022	12.0%	13.0%	n/a	0.1%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/1						
Septic Shock - % Readmit within 30 Days (M)									
	<div><div>100%</div></div>	<div><div>Target</div><div>Met</div></div>	0.0%	Improved	Apr 2022	13.3%	14.0%	n/a	0.1%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		0/3						

Blood Culture Contamination



Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Apr 2022	5	81	6.2%
Mar 2022	2	71	2.8%
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%

Stroke > Code Stroke Elapsed Time

Indicator	Performance	Most Recent	Trend	Period	⦿	⚠	📊	⚖
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)								
	<div><div></div><div></div></div>	8	⬇ Deteriorated	Apr 2022	10	11	n/a	4
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-04 Median- Door to Phys Eval [M] minutes								
	<div><div></div><div></div></div>	2.00	⬇ Deteriorated	Apr 2022	10.00	11.00	n/a	1.25
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-05 Median- Door to CT Scanner [M]elapsed time (minutes)								
	<div><div></div><div></div></div>	12.50	⬇ Deteriorated	Apr 2022	25.00	26.00	n/a	7.50
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-06 Median- Neuro Consult Contacted [M] minutes								
	<div><div></div><div></div></div>	16.00	⬇ Deteriorated	Apr 2022	30.00	31.00	n/a	16.50
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-07 Median- CT Read by Radiology [M] minutes								
	<div><div></div><div></div></div>	31.00	⬇ Deteriorated	Apr 2022	45.00	46.00	n/a	24.00
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-08 Median- Lab Results Posted [M] minutes								
	<div><div></div><div></div></div>	23.00	⬇ Deteriorated	Apr 2022	45.00	46.00	n/a	28.75
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-10 Median- Door to EKG Complete [M] minutes								
	<div><div></div><div></div></div>	45.00	⬇ Deteriorated	Apr 2022	60.00	61.00	n/a	40.00
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-11 Median-Door to tPA Decision [M] minutes								
	<div><div></div><div></div></div>	32.50	⬇ Deteriorated	Apr 2022	60.00	61.00	n/a	27.75
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							
CDSTK-12 Median-Door to tPA [M] minutes								
	<div><div></div><div></div><div></div></div>	n/a		Apr 2022	60.00	61.00	n/a	69.75
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>							

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⚖
1 Day Stay Rate Medi-Cal [M]	 History	Breaches Alarm 7.69% 1/13	Improved	Apr 2022	2.61%	5.00%	n/a	4.48%
1 Day Stay Rate-Medicare [M]	 History	Breaches Alarm 21.28% 10/47	Deteriorated	Apr 2022	8.10%	10.00%	n/a	8.85%
Acute Care - Geometric Mean Length of Stay [M]	 History	Bet. Target & Alarm 2.95 26.5379/9	Improved	Apr 2022	2.75	3.23	n/a	3.30
Acute Care Age over 64 - MS-DRG Case Mix Index [M]	 History	Bet. Target & Alarm 1.46 78.7797/54	Deteriorated	Apr 2022	1.56	1.40	n/a	1.51
Acute Care- MS-DRG Case Mix Index [M]	 History	Bet. Target & Alarm 1.48 118.3562/80	Deteriorated	Apr 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.

Core Measures

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉	
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)									
	<div><div></div><div></div></div> <div>83%</div> <div>17%</div>	<div><div></div><div>Bet. Target & Alarm</div></div>	83.3% 5/6	📉 Deteriorated	Apr 2022	88.0%	50.0%	n/a	98.1%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉	
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)									
	<div><div></div><div></div></div> <div>91%</div> <div>9%</div>	<div><div></div><div>Target Met</div></div>	1.1% 8/720	📉 Deteriorated	Apr 2022	2.0%	2.5%	n/a	1.3%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉	
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)									
	<div><div></div><div></div><div></div></div> <div>41%</div> <div>25%</div> <div>34%</div>	<div><div></div><div>Breaches Alarm</div></div>	179.50	📉 Deteriorated	Apr 2022	132.00	140.00	n/a	133.50
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉	
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)									
	<div><div></div><div></div></div> <div>83%</div> <div>17%</div>	<div><div></div><div>Target Met</div></div>	100.0% 1/1	➡ No Change	May 2022	72.0%	70.0%	n/a	100.0%
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>								

Core Measures Sepsis

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📈
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)								
	<div><div>58%</div><div>42%</div></div>	<div><div></div><div>Target</div><div>Met</div></div>	87.5%	🔴 Deteriorated	Apr 2022	81.0%	80.0%	n/a
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		7/8					78.7%
SEPa - Severe Sepsis 3 Hour Bundle (M)								
	<div><div>41%</div><div>59%</div></div>	<div><div></div><div>Breaches</div><div>Alarm</div></div>	87.5%	🔴 Deteriorated	Apr 2022	94.0%	90.0%	n/a
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		7/8					85.5%
SEPB - Severe Sepsis 6 Hour Bundle (M)								
	<div><div>83%</div><div>17%</div></div>	<div><div></div><div>Target</div><div>Met</div></div>	100.0%	🟢 No Change	Apr 2022	100.0%	90.0%	n/a
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		5/5					96.1%

Infection Prevention

⏮ Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📉	
IC-Surveillance HAI-C.DIFF Inpatient infections per 10k pt days [M]									
	<div><div>90%</div><div>10%</div></div>	<div><div>Target Met</div></div>	0	— No Change	Apr 2022	1	1	n/a	0
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
IC-Surveillance HAI-CAUTI Inpatient infections per 10k patient days [M]									
	<div><div>90%</div><div>10%</div></div>	<div><div>Breaches Alarm</div></div>	1	⬇ Deteriorated	Apr 2022	1	1	n/a	0
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
IC-Surveillance HAI-CLABSI Inpatient infections per 10k patient days [M]									
	<div><div>90%</div><div>10%</div></div>	<div><div>Breaches Alarm</div></div>	1	⬇ Deteriorated	Apr 2022	1	1	n/a	0
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
IC-Surveillance HAI-MRSA Inpatient infections per 10k patient days [M]									
	<div><div>100%</div></div>	<div><div>Target Met</div></div>	0	— No Change	Apr 2022	1	1	n/a	0
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								

Inpatient Patient Satisfaction

N= 12

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📊
01-Rate hospital 0-10 [M] Rank								
<div> <div>71%</div> <div>14%</div> <div>15%</div> </div> <div>History</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div>Bet.</div> <div>Target & Alarm</div> </div>	41	<div> <div></div> <div>Deteriorated</div> </div>	Mar 2022	50	30	n/a	66
02-Recommend the hospital [M] Rank								
<div> <div>85%</div> <div>15%</div> </div> <div>History</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div>Bet.</div> <div>Target & Alarm</div> </div>	44	<div> <div></div> <div>Deteriorated</div> </div>	Mar 2022	50	30	n/a	77
03-Communication w/ Nurses [M] Rank								
<div> <div>28%</div> <div>14%</div> <div>58%</div> </div> <div>History</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div>Bet.</div> <div>Target & Alarm</div> </div>	33	<div> <div></div> <div>Improved</div> </div>	Mar 2022	50	30	n/a	36
04-Response of Hosp Staff [M] Rank								
<div> <div>71%</div> <div>14%</div> <div>15%</div> </div> <div>History</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div>Target</div> <div>Met</div> </div>	84	<div> <div></div> <div>Deteriorated</div> </div>	Mar 2022	50	30	n/a	75
05-Communication w/ Doctors [M] Rank								
<div> <div>42%</div> <div>58%</div> </div> <div>History</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div>Breaches</div> <div>Alarm</div> </div>	4	<div> <div></div> <div>Deteriorated</div> </div>	Mar 2022	50	30	n/a	41
06-Cleanliness of hospital environment[M] Rank								
<div> <div>42%</div> <div>15%</div> <div>43%</div> </div> <div>History</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	<div> <div></div> <div>Breaches</div> <div>Alarm</div> </div>	10.00	<div> <div></div> <div>Deteriorated</div> </div>	Mar 2022	50.00	30.00	n/a	40.57

Inpatient Patient Satisfaction

08-Communication About Medicines [M] Rank										
<div><div>14%</div><div>28%</div><div>58%</div></div>			<div><div></div><div>Target & Alarm</div></div>	58	<div><div></div><div>Deteriorated</div></div>	Mar 2022	60	30	n/a	30
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>									
09-Discharge Information [M] Rank										
<div><div>28%</div><div>14%</div><div>58%</div></div>			<div><div></div><div>Target Met</div></div>	58	<div><div></div><div>Deteriorated</div></div>	Mar 2022	50	30	n/a	30
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>									
10-Care Transitions [M] Rank										
<div><div>28%</div><div>14%</div><div>58%</div></div>			<div><div></div><div>Breaches Alarm</div></div>	19	<div><div></div><div>Deteriorated</div></div>	Mar 2022	50	30	n/a	36
History	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>									

Ambulatory Surgery Patient Satisfaction									
N= 15									
Indicator	Performance	Most Recent	Trend	Period	🎯	🚨	📊	📅	
01-OAS Recommend the Facility [M] Rank									
	<div><div>71%</div><div>29%</div></div>	<div><div>🚨 Breaches Alarm</div></div>	11	📉 Deteriorated	Mar 2022	50	30	n/a	59
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
02-OAS Communication [M] Rank									
	<div><div>42%</div><div>29%</div><div>29%</div></div>	<div><div>🟢 Target Met</div></div>	72	📉 Deteriorated	Mar 2022	60	30	n/a	53
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
03-OAS Facility/Personal Treatment [M] Rank									
	<div><div>57%</div><div>28%</div><div>15%</div></div>	<div><div>🟢 Target Met</div></div>	93	📈 Improved	Mar 2022	80	30	n/a	72
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
04-OAS Discharge [M] Rank									
	<div><div>57%</div><div>14%</div><div>29%</div></div>	<div><div>🚨 Breaches Alarm</div></div>	16	📉 Deteriorated	Mar 2022	70	30	n/a	58
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
05-OAS Staff treat w/courtesy and respect [M] Rank									
	<div><div>71%</div><div>29%</div></div>	<div><div>🟢 Target Met</div></div>	99	➡ No Change	Mar 2022	60	30	n/a	76
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
07-OAS Facility Clean [M] Rank									
	<div><div>100%</div></div>	<div><div>🟢 Target Met</div></div>	99	➡ No Change	Mar 2022	60	30	n/a	99
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								
ED-Time Physician Spent With Me Score (M)									
	<div><div>62%</div><div>33%</div><div>5%</div></div>	<div><div>🟡 Bet. Target & Alarm</div></div>	4.49	📉 Deteriorated	Apr 2022	4.50	4.30	n/a	4.55
History	<div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>								

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: 05/19/2022 10:52 AM

Report Parameters

Filtered by: Document Set: all applicable
Committee: 07 BOD-Quality (P&P Review)
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Name, Document Location

Report Statistics

Total Documents: 33

Committee: 07 BOD-Quality (P&P Review)

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Assessment and Reassessment (CM) <i>Case Management/UM Dept</i>	Pending Approval	5/19/2022	0
Summary Of Changes: Changed timeframes for case management assessment to match business hours, made some grammar changes, added social work responsibilities. Removed criteria for nursing supervisors regarding discharge planning, case management only.			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kobe, Mark (mkobe)			
Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Blood or Body Fluids Exposure Follow-Up (Patient /Visitor) <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	5/19/2022	0
Summary Of Changes: Reviewed, updated title to align with other Blood/Body fluid policies OLD: Exposure: Patient and/or Visitor To Blood or Body Fluids Follow-Up UPDATED: Blood or Body Fluids Exposure Follow-Up (Patient /Visitor)			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Montecino, Stephanie (smontecino)			
ExpertReviewers: McKissock, Lynn (lmckissock)			
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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Case Finding Criteria for Assessment <i>Case Management/UM Dept</i>	Pending Approval	5/19/2022	0
Summary Of Changes: Edited list of criteria to focus on continuity of care needs post discharge			
Moderators: Newman, Cindi (cnewman)			
Lead Authors: Kobe, Mark (mkobe)			
Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 05/19/2022 10:52 AM

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

Case Management in the Emergency Department <i>Case Management/UM Dept</i>	Pending Approval	5/16/2022	3
Summary Of Changes:	Changes in grammar. No substantial changes		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kobe, Mark (mkobe)		
Approvers:	Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Central Venous Catheter/Implanted Port: Access and Management <i>Patient Care Policy</i>	Pending Approval	5/19/2022	0
Summary Of Changes:	Reviewed. Only minor change to spell out Registered Nurse;		
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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Classification of Employees <i>Human Resources Policies (HR)</i>	Pending Approval	5/3/2022	16
Summary Of Changes:	Clarified the definition of a Per Diem employee as not regularly scheduled (removed "works less than 20 hours/week"). Updated benefit eligibility for Temporary employees - may be offered benefits if engaged for more than four months.		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	McKissock, Lynn (lmckissock)		
Approvers:	Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Equipment Cleaning Policy <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	5/19/2022	0
Summary Of Changes:	Reviewed No content changes Added owners, authors and approvers		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Fry, Dana (dfry), Montecino, Stephanie (smontecino)		
ExpertReviewers:	Drummond, Kimberly (kdrummond), Fry, Dana (dfry)		
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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
Expedited Review of Continued Hospital Stay <i>Case Management/UM Dept</i>	Pending Approval	5/19/2022	0
Summary Of Changes:	Grammar, sentence structure changes, Content remains current-		
Moderators:	Newman, Cindi (cnewman)		
Lead Authors:	Kobe, Mark (mkobe)		
Approvers:	Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 05/19/2022 10:52 AM

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

Flowmeters for Oxygen Procedure <i>Respiratory Therapy Dept</i>		Pending Approval	5/19/2022	0
Summary Of Changes:	Removed reference to CardioPulmonary Department; Removed line stating all flow meters are removed and returned to CP department after discontinuation (flow meters stay in each patient room)			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Winkler, Jessica (jwinkler), Young, Dave (dyoung)			
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Fluoroscanner <i>Surgical Services/OR Dept</i>		Pending Approval	5/19/2022	0
Summary Of Changes:	Authors changed, storage location of FluoroScan 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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Foodborne Illness Outbreak Investigation <i>Infection Prevention & Control Policies (IC)</i>		Pending Approval	5/19/2022	0
Summary Of Changes:	Reviewed and revised Procedure B. #4 from "Environmental Health Consultant for the DPH" (and phone number) replaced with "Sonoma County Department of Public Health" and phone number. Procedure B. #8. from "Document the suspected outbreak on an eNotification form" replaced with "Document the suspected outbreak and mitigation/follow-up actions"			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Montecino, Stephanie (smontecino)			
ExpertReviewers:	06 CMO/Designee for signature			
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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Infection Prevention Program (2022) <i>Infection Prevention & Control Policies (IC)</i>		Pending Approval	5/19/2022	0
Summary Of Changes:	Reviewed, no changes.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Montecino, Stephanie (smontecino), Cooper, Kylie (kcooper)			
ExpertReviewers:	06 CMO/Designee for signature			
Approvers:	Cooper, Kylie (kcooper) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Infection Prevention Risk Assessment (2022) <i>Infection Prevention & Control Policies (IC)</i>		Pending Approval	5/19/2022	0
Summary Of Changes:	Reviewed, no changes made.			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Montecino, Stephanie (smontecino), Cooper, Kylie (kcooper)			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 05/19/2022 10:52 AM

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

ExpertReviewers: 06 CMO/Designee for signature

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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

MRSA Active Surveillance Culture (ASC)

Pending Approval

5/19/2022

0

Infection Prevention & Control Policies (IC)

Summary Of Changes: Reviewed and revised Deleted SNF. Added "dialysis patients".

Moderators: Newman, Cindi (cnewman)

Lead Authors: Montecino, Stephanie (smontecino)

ExpertReviewers: 06 CMO/Designee for signature

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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

NEW::Medicinal Cannabis Use in the Terminally Ill

Pending Approval

5/9/2022

10

Patient Rights Policies (PR)

Summary Of Changes: NEW POLICY
To formulate a policy that allows permission for terminally ill patients to use medicinal cannabis while in the care of Sonoma Valley Hospital as required by SB 311, known as the Compassionate Access to Medical Cannabis Act.
WHY:
Effective January 1, 2022, SB 311, known as the Compassionate Access to Medical Cannabis Act (the Act), requires general acute care hospitals to permit terminally ill patients to use medicinal cannabis while in the health care facility.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Kutza, Chris (ckutza), Cooper, Kylie (kcooper)

ExpertReviewers: Kutza, Chris (ckutza)

Approvers: 06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Outbreak Management

Pending Approval

5/19/2022

0

Infection Prevention & Control Policies (IC)

Summary Of Changes: Reviewed. References made to "Infection Control Department" changed to "Infection Preventionist". No other content changes. Updated Author/Reviewers/Approvals

Moderators: Newman, Cindi (cnewman)

Lead Authors: Montecino, Stephanie (smontecino)

ExpertReviewers: 06 CMO/Designee for signature

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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Outpatient Infusion Service

Pending Approval

5/19/2022

0

Medication Management Policies (MM)

Summary Of Changes: Added verbiage on including an H&P and a med list for infusion patients with orders. Added sentence to refer nurses to policy #7430-104 Discharge of Patients Criteria from Surgical Care Unit for D/C guidelines for infusion patients.

Adjustment to clarify H&P requirement and med reconciliation.

Added verbiage referring to use of discharge criteria found in SCU policy 7430-104.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 05/19/2022 10:52 AM

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kutza, Chris (ckutza), Fry, Dana (dfry)
 ExpertReviewers: Fry, Dana (dfry)
 Approvers: 06 CMO/Designee for signature -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Oxygen Protocol	Pending Approval	5/19/2022	0
<i>Respiratory Therapy Dept</i>			

Summary Of Changes: Retire: Would like to retire this policy, in favor of deferring to Ebsco Dynamic Health, "Oxygen Therapy: Respiratory Therapy." This module provides an up to date, comprehensive view of oxygen indications, delivery options, and clinical considerations, etc..

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Young, Dave (dyoung)
 Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Patient Positioning	Pending Approval	5/19/2022	0
<i>Surgical Services/OR Dept</i>			

Summary Of Changes: Deleted specific references to using blanket rolls only as chest rolls.
 Added verbiage regarding candy cane stirrups as there is specific direction about placement of these types of stirrups.
 Additional verbiage added for positioning possibilities under M.D. direction
 updated references
 updated owners
 grammatical changes
 additional info on prone position

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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Patient Transportation	Pending Approval	5/19/2022	0
<i>Case Management/UM Dept</i>			

Summary Of Changes: Updated from "taxi cab vouchers" to "Transportation option" added the following-
 Patient can take "ride home" if meets the following-
 Notification of family member to meet them at destination, patient must demonstrate they can enter their home (house keys) and physician agrees that patient has cognitive capacity

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Kobe, Mark (mkobe)
 Approvers: Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Pet TherapyVisitation	Pending Approval	5/19/2022	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: Reviewed, change added: requirement for documentation of vaccination status for personal pets.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Montecino, Stephanie (smontecino)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 05/19/2022 10:52 AM

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

ExpertReviewers: **06 CMO/Designee for signature**
 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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Plan for Patient and Family Education	Pending Approval	5/19/2022	0
<i>Governance and Leadership Policies</i>			

Summary Of Changes: **No changes to existing policy**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kobe, Mark (mkobe)**
 Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Pre-admission Evaluation	Pending Approval	5/19/2022	0
<i>SCU (Surgical Care Unit Dept)</i>			

Summary Of Changes: **Removed attachment "Anesthesia Protocol" that was a copy.paste picture file.
 Added new copy "Anesthesia Protocol" and now included decision tree regarding patients with preexisting chronic renal failure/dialysis patients.
 Changed "preop nurse" to nurse navigator
 removed redundant language
 removed phrases stating that an anesthesia preop evaluation could we used as an H&P
 updated references, changed owner to director**
 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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Prevention of Catheter Associated Urinary Tract Infections	Pending Approval	5/19/2022	0
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **This policy needs to exist as it is in addition to EBSCO. Appropriate references were inserted to alert clinical staff as to when they should refer to EBSCO. All acronyms were defined within the body of the policy. The Surveillance section was updated.**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Montecino, Stephanie (smontecino)**
 ExpertReviewers: **06 CMO/Designee for signature**
 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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Prevention of Central Line Associated Blood Stream Infections	Pending Approval	4/28/2022	21
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **This policy needs to exist as it is. It is not redundant. References have been inserted on when it is appropriate to refer to EBSCO. All acronyms have been defined within the body of the policy.
 Added in maintenance are (for example hemodialysis access).**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Montecino, Stephanie (smontecino)**
 ExpertReviewers: **06 CMO/Designee for signature**
 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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 05/19/2022 10:52 AM

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

Reporting Infections and Communicable Diseases to Infection Control		Pending Approval	5/19/2022	0
<i>Infection Prevention & Control Policies (IC)</i>				
Summary Of Changes:	Reviewed Added CDC appendix A reference (url in policy to direct staff to CDC website for Appendix A "Type and Duration of Precautions recommended for selected infections and conditions) Changed critical value reporting requirements from "results electronically sent to IP" to " communicated by phone from the lab to unit nurse and IP" Added correct extension for IP nurse Suspected outbreaks or clusters updated that lab must call the IP and Nursing Supervisor Updated Urgent infection control issues or concerns should be communicated to the nursing supervisor or will contact IP. IP to refer to Sonoma County Public Health if needed References updated Author/reviewer/approvers updated			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Montecino, Stephanie (smontecino)			
ExpertReviewers:	06 CMO/Designee for signature			
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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Restraint Use		Pending Approval	5/19/2022	0
<i>Restraint & Seclusion Policies (RS)</i>				
Summary Of Changes:	Removed references to Skilled Nursing Facility. Noted SVH does not employ Chemical Restraint protocols. Reporting of deaths while in restraint assigned to Director of Quality. No other substantial changes			
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) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE::Cardioversion		Pending Approval	5/19/2022	0
<i>ICU Dept</i>				
Summary Of Changes:	RETIRE this protocol in favor of EBSCO Dynamic Health skill: "Performing Electrical Cardioversion in Adults."			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Winkler, Jessica (jwinkler)			
Approvers:	Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
RETIRE::Hand off protocol		Pending Approval	5/19/2022	0
<i>Surgical Services/OR Dept</i>				
Summary Of Changes:	Recommend RETIRE. This is a mix of information contained in other policies in more complete form.			
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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
Scope of Service		Pending Approval	5/19/2022	0
<i>Respiratory Therapy Dept</i>				
Summary Of Changes:	Separated Cardiopulmonary services from Respiratory Therapy services. Updated language, spelled out acronyms			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 05/19/2022 10:52 AM

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

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

Skilled Level of Care Criteria	Pending Approval	5/19/2022	0
<i>Case Management/UM Dept</i>			

Summary Of Changes: **Reviewed for new level of criteria as Skilled Nursing has reversed the emphasis on rehab and PT. Patient's are now looked at from a nursing care perspective and therapy needs on a secondary basis. Added end of life care as a skilled nursing criteria.**

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

Transfer Process, Case Management Role	Pending Approval	5/19/2022	0
<i>Discharge Planning (DP)</i>			

Summary Of Changes: **Reviewed, minor changes**

Skilled Nursing Transfer- updated to state "unless the SNF has electronic access to patient record" the case manager or unit clerk will prepare medical record for transfer

Acute care transfer- updated to Case Management or Supervisor will provide patient information to transfer center including applicable medical records and notate CM or Supervisor phone number on fax coversheet, referring MD phone number and room number of patient

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

Visitor Policy in the Intensive Care Unit	Pending Approval	5/19/2022	0
<i>ICU Dept</i>			

Summary Of Changes: **Cleaned up some language; Clarified policy points; added infection prevention (ie. isolation); added responsibilities of visitors (ie. to follow infection control practices, be considerate of other patients, etc..)**

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



SUBJECT: Medicinal Cannabis Use in the Terminally Ill

POLICY: PR 8610-2201

DEPARTMENT: Organizational

Page 1 of 7

EFFECTIVE:

REVISED:

NEW POLICY

To formulate a policy that allows permission for terminally ill patients to use medicinal cannabis while in the care of Sonoma Valley Hospital as required by SB 311, known as the Compassionate Access to Medical Cannabis Act.

WHY:

Effective January 1, 2022, SB 311, known as the Compassionate Access to Medical Cannabis Act (the Act), requires general acute care hospitals to permit terminally ill patients to use medicinal cannabis while in the health care facility.

OWNER:

Director of Quality and Risk Management

AUTHORS/REVIEWERS:

Chief Medical Officer
Director of Pharmacy



SUBJECT: Medicinal Cannabis Use in the Terminally Ill

POLICY: PR 8610-2201

DEPARTMENT: Organizational

Page 2 of 7

EFFECTIVE:

REVISED:

PURPOSE:

To formulate a policy that allows permission for terminally ill patients to use medicinal cannabis while in the care of Sonoma Valley Hospital (SVH).

POLICY:

In accordance with SB 311 all terminally ill patients will have the right to use medicinal marijuana while hospitalized at Sonoma Valley Hospital (SVH). This policy only applies to inpatients. The permission to use medicinal cannabis does not apply to a patient receiving emergency services and care and does not apply to the SVH Emergency Department. The law requires healthcare facilities to allow the use of medical cannabis on their premises for terminally ill qualified patients who have a valid Medical Marijuana Identification Card (MMIC) and/or recommendation from an attending physician.

DEFINITIONS:

Terminally ill means a patient with a medical condition resulting in a prognosis of life of one year or less if the disease follows its natural course.

Medical Marijuana Identification Card (MMIC) is a photo identification issued by the California Department of Public Health (CDPH) per HSC 11362.71 that verifies the validity and expiration date of the Qualified Patient's letter of recommendation for the medicinal use of cannabis.

Qualified Patient means an individual who possesses or cultivates cannabis for personal medicinal purposes upon the written or oral recommendation or approval of a physician licensed to practice medicine in California (HSC 11362.5(d))

Attending Physician means an individual who possesses a license in good standing to practice medicine, podiatry, or osteopathy issued by the Medical Board of California, the California Board of Podiatric Medicine, or the Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnosis, counseling, or referral of a patient and who has conducted a medical examination of that patient before recording in the patient's medical record the physician's assessment of whether the patient has a serious medical condition and whether the medical use of cannabis is appropriate (HSC 11362.7(a)).



SUBJECT: Medicinal Cannabis Use in the Terminally Ill

POLICY: PR 8610-2201

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

PROCEDURE:

A. Verifying Government-Issued Photo Identification (ID)

1. If the identity of the Qualified Patient or a designated Primary Caregiver presenting a MMIC or letter of recommendation has not already been established in the course of treatment, staff will request and inspect a government-issued photo ID from the Qualified Patient. The Primary Caregiver designated by the Qualified Patient may present ID in lieu of the patient if:
 - a. The Qualified Patient is under the age of eighteen (18), or
 - b. The Qualified Patient is incapable of presenting identification due to a physical or mental disability.
2. All government issued photo IDs presented by a Qualified Patient or a designated Primary Caregiver must be valid and unexpired. Acceptable forms of ID include:
 - a. The person's United States passport; other country's passport; or proper government-issued documentation for international travel provided it is lawful to use as identification in the United States.
 - b. The person's motor vehicle driver's license, whether issued by California or by any other state, territory, or possession of the United States, or the District of Columbia, provided the license displays a picture of the person.
 - c. A California identification card issued by the Department of Motor Vehicles; or
 - d. Any other identification card issued by a state, territory, or possession of the United States, the District of Columbia, or the United States that bears a picture of the person, the name of the person, the person's date of birth, and a physical description of the person.
3. Make a visual comparison of the picture and the individual presenting the ID to determine if the picture is similar in gender, race, and overall appearance. Remember that hairstyles, hair color, facial hair, and body weight can change over time.
4. Return the ID to the individual who presented it.

B. Verifying of MMIC

1. If the verification of a MMIC cannot be completed immediately, make a copy of the MMIC and return the original card to the Qualified Patient or Primary Caregiver that presented the card.
2. Inspect the MMIC card by comparing it to the sample card (see Exhibit A). All valid MMIC cards will conform to the sample.
 - a. Except as described below, the MMIC should be unexpired.



SUBJECT: Medicinal Cannabis Use in the Terminally Ill

POLICY: PR 8610-2201

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

i. Special Note: On January 21, 2021, Governor Newsom issued another executive order Executive Order N-01-21 (PDF), affecting the expiration date of MMIC, which concerns current MMIC cardholders and their designated Primary Caregivers. Pursuant to this executive order, MMICs that would otherwise have expired on or after March 4, 2020, shall be valid until this Order is modified or rescinded, or until the State of Emergency is terminated, whichever occurs sooner.

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b. The picture on the MMIC should match the government-issued photo identification (ID) presented by the Qualified Patient or Primary Caregiver. Remember that hairstyles, hair color, facial hair, and body weight can change over time.

3. Visit http://mmic.cdph.ca.gov/MMIC_Search.aspx to verify the MMIC.

4. Enter the nine-digit Unique User Identification Number printed on the MMIC into the field indicated on the website. The website will return a result of verified or unverified.

5. Return the MMIC to the Qualified Patient or Primary Caregiver.

6. Record the results of the verification per the document retention and destruction procedure.

7. Transmit the results of the verification process to the designated personnel (e.g., attending physician).

C. Verifying a Letter of Recommendation

1. Make a copy of the original letter of recommendation for medical cannabis use presented by the Qualified Patient or the Primary Caregiver designated by the Qualified Patient and return the original copy to the presenting individual.

2. Complete a Consent for Verification Form (CVF) for the patient (see Exhibit B). Be sure to collect and record the recommending physician's contact information on the form.

3. Have the Qualified Patient sign the CVF. The Primary Caregiver designated by the Qualified Patient must sign the form if:

- a. The Qualified Patient is under the age of eighteen (18), or
- b. The Qualified Patient is incapable of signing the form due to a physical or mental disability.

4. Make a copy of the government-issued photo ID presented by the individual who signed the CVF.



SUBJECT: Medicinal Cannabis Use in the Terminally Ill

POLICY: PR 8610-2201

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

5. Verify that the attending physician who signed the letter of recommendation was licensed by the Medical Board of California, the California Board of Podiatric Medicine, or the Osteopathic Medical Board of California on the date on which the attending physician signed the letter of recommendation.

a. Visit the California Medical Board's license verification page at <https://www.mbc.ca.gov/License-Verification/default.aspx>

b. Enter the information for the attending physician requested on the website.

c. The web site will result results indicating the status of the attending physician's license or date of revocation.

6. Transmit the CVF and a copy of the letter of recommendation to the recommending physician using the contact method and information recorded on the form. A recommending physician may request or require that recommendations be submitted for verification in a specific manner, including:

a. A telephone call with the physician or the physician's authorized agent,

b. A fax or scanned copy of the Consent for Verification Form and letter of recommendation, or

c. A web-based verification system designated by the recommending physician.

7. If the letter of recommendation cannot be verified immediately, attach the CVF the copy of the letter of recommendation and file both documents in the place designated for
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a. recommendation, or

b. A web-based verification system designated by the recommending physician.

7. If the letter of recommendation cannot be verified immediately, attach the CVF the copy of the letter of recommendation and file both documents in the place designated for pending verifications.

8. Record the results of the verification per the document retention and destruction procedure.

9. Transmit the results of the verification process to the designated personnel (e.g., attending physician).

D. Patient or designee signs Sonoma Valley Hospital SB 311 Waiver

1. Patient or designee must sign Sonoma Valley Hospital SB 311 Waiver- See attachment B

2. Smoking or vaporizing is prohibited on the premises of SVH, therefore smoking or vaporizing cannabis or cannabis goods would be an immediate violation of this policy and the patient's right to use cannabis will be revoked.



SUBJECT: Medicinal Cannabis Use in the Terminally Ill

POLICY: PR 8610-2201

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

E. STORAGE

1. Medicinal cannabis is considered the personal property of the patient and is not treated as a medication by SVH.
2. The manner in which a patient stores and uses medicinal cannabis will be reasonably restricted, including requiring that the medicinal cannabis is stored in a locked container to ensure the safety of other patients, guests, and employees of the health care facility, compliance with other state laws, and the safe operations of the health care facility.
 - a. The patient's medicinal cannabis must be stored in a locked container.
 - b. SVH will provide the locked container for the patient

F. DOCUMENTATION IN MEDICAL RECORD

1. The hospital must include the use of medicinal cannabis within the patient's medical record
2. SB 311 Chapter 4.9 does not require a health care facility to provide a patient with a recommendation to use medicinal cannabis in compliance with the Compassionate Use Act of 1996 and Article 2.5 (commencing with Section 11362.7) of Chapter 6 of Division 10 or include medicinal cannabis in a patient's discharge plan.

G. COMPLIANCE WITH FEDERAL LAW

1. Health & Safety Code 1649.3 states notwithstanding the classification of medicinal cannabis as a Schedule I drug and any other law, health facilities permitting patient use of medicinal cannabis shall comply with drug and medication requirements applicable to Schedule II, III, and IV drugs and shall be subject to enforcement actions by the State Department of Public Health.
2. Health & Safety Code 1649.5 states that
 - (a) Compliance with this chapter shall not be a condition for obtaining, retaining, or renewing a license as a health care facility.
 - (b) This chapter does not reduce, expand, or otherwise modify the laws restricting the cultivation, possession, distribution, or use of cannabis that may be otherwise applicable, including, but not limited to, the Control, Regulate and Tax Adult Use of Marijuana Act, an initiative measure enacted by the approval of Proposition 64 at the November 8, 2016, statewide general election, and any amendments to that act.
3. Health & Safety Code 1649.6 states that
 - (a) If a federal regulatory agency, the United States Department of Justice (US DOJ), or the federal Centers for Medicare and Medicaid Services (CMS) takes one of the following actions, a health care facility may suspend compliance with Section 1649.2



SUBJECT: Medicinal Cannabis Use in the Terminally Ill

POLICY: PR 8610-2201

DEPARTMENT: Organizational

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EFFECTIVE:

REVISED:

until the regulatory agency, the US DOJ, or CMS notifies the health care facility that it may resume permitting the use of medicinal cannabis within the facility:

(1) A federal regulatory agency or the US DOJ initiates enforcement action against a health care facility related to the facility's compliance with a state-regulated medical marijuana program.

(2) A federal regulatory agency, the US DOJ, or CMS issues a rule or otherwise provides notification to the health care facility that expressly prohibits the use of medical marijuana in health care facilities or otherwise prohibits compliance with a state-regulated medical marijuana program.

(b) This section does not permit a health care facility to prohibit patient use of medicinal cannabis due solely to the fact that cannabis is a Schedule I drug pursuant to the federal Uniform Controlled Substances Act, or other federal constraints on the use of medicinal cannabis that were in existence prior to the enactment of this chapter.

REFERENCES:

SB 311, Chapter 4.9 (commencing with section 1649 of the Health & Safety Code), 2021
Compassionate Access to Medical Cannabis Act
California Healthcare Facility Implementation Guide for Ryan's Law, SB 311, Americans for Safe Access

OWNER:

Director of Quality and Risk Management

AUTHORS/REVIEWERS:

Director of Pharmacy
Chief Medical Officer
Board Quality Committee

APPROVALS:

Policy & Procedure Team:
Medicine Committee:
Performance Improvement/
Pharmacy & Therapeutics Committee
Medical Executive Committee:
The Board of Directors: