



SVHCD QUALITY COMMITTEE

REVISED AGENDA

WEDNESDAY, JULY 27, 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 06.29.22 | <i>Kornblatt Idell</i> | Action |
| 4. LABORATORY REPORT | <i>Musong/ Hadjiyianni</i> | Inform |
| 5. PATIENT CARE SERVICES DASHBOARD QUARTER | <i>Winkler</i> | Inform |
| 6. QUALITY INDICATOR PERFORMANCE AND PLAN | <i>Cooper</i> | Inform |
| 7. PATIENT SATISFACTION DISCUSSION | <i>Cooper</i> | Inform |
| 8. COMMITTEE MEMBER OPENING | <i>Kornblatt Idell</i> | Inform |
| 9. POLICIES AND PROCEDURES | <i>Cooper</i> | Review/ Recommend |
| 10. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report | | Action |

| | | |
|--------------------|------------------------|--|
| 11. ADJOURN | <i>Kornblatt Idell</i> | |
|--------------------|------------------------|--|



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
June 29, 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 Judy Bjorndal, Board Member Jenny Fontes, Board Clerk and EA Philip Brown, ED Director |

| AGENDA ITEM | DISCUSSION | ACTION |
|---|--|---|
| 1. CALL TO ORDER/ANNOUNCEMENTS | <i>Kornblatt Idell</i> | |
| | Meeting called to order at 5:00 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 05.25.22 | | MOTION: by Eisenstark to approve, 2 nd by Sheets. All in favor. |
| 4. ED QA/PI | <i>Brown</i> | INFORM |
| | Mr. Brown presented slides on Emergency Services. He covered data points for quality specific to ER. First, he reviewed the continues observation for Psych Patients. He said audits will remain, and traditionally the scores are at 100%. NIHSS scoring sheet dated and times had a target of 100%, NIHSS Disposition accuracy remains at 100%. He said 100% of blood culture contamination is audited and that fatigue or | |

| | | |
|--|--|------------------------------|
| | sloppiness may have something to do with contamination. Mr. Brown said they do real time review of sepsis cases and Ms. Cooper, and Mr. Brown congratulated Sonoma Valley Hospital staff for receiving the stroke silver plus award. The hospital will be eligible for the gold award next year. | |
| 5. QUALITY INDICATOR PERFORMANCE AND PLAN | <i>Cooper</i> | INFORM |
| | Ms. Cooper reviewed the Quality Indicator Performance and Plan for May 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. Ms. Cooper also reviewed the rate your hospital scores and said it is a continuous improvement project. | |
| 6. 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> <ul style="list-style-type: none"> • Community Resources, Relationship of Case Management • Neutropenic Precautions, Guidelines for Care of the Immunocompromised Patient • Physician Suspension: Medical Records • RETIRE::Care Transitions Program • RETIRE::Case Management in Skilled Nursing Unit • S aureus Decolonization Protocol for Patients Undergoing Total Joint Replacement Surgery • Scabies Infestation and Outbreak Management • Sterile Compounding • Sterile Compounding Procedures 8390-03 | |

| | | |
|---|---|---|
| | <ul style="list-style-type: none"> • Toy Cleaning Policy | |
| 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 Eisenstark to approve, 2 nd by Sheets. All in favor. |
| 9. ADJOURN | <i>Kornblatt Idell</i> | |
| | Meeting adjourned at 5:44 pm | |

Laboratory Report

Current YTD Review

Laboratory Staff

- **Frederick Kretzschmar MD, Medical Director**
- **Nicolaos Hadjiyianni, Lab Manager**
- **Michael Musong, Technical Supervisor**
- **Clinical Lab Scientists (3 FT, 3 PT, 7 PD)**
- **Microbiologists (1 PT)**
- **Clinical Laboratory Assistants (1 FT, 8 PD)**

Scope of Services

- Collection of specimens
- Clinical laboratory testing
- Transfusion service
- Clinical laboratory results reporting, including critical value communication
- Maintenance/ service/repair for optimal equipment/instrumentation use
- Collection service for Quest

Accomplishments

- CLIA Survey – 05/05/22
- New Test – High Sensitivity Troponin
- We opened the outpatient Laboratory Saturday mornings
- Procurement 2nd COVID PCR Equipment

Upcoming Projects

- Epic Beaker
- New Instruments for Coagulation- Backup

Challenges

- Staffing
- Supply Chain Shortages

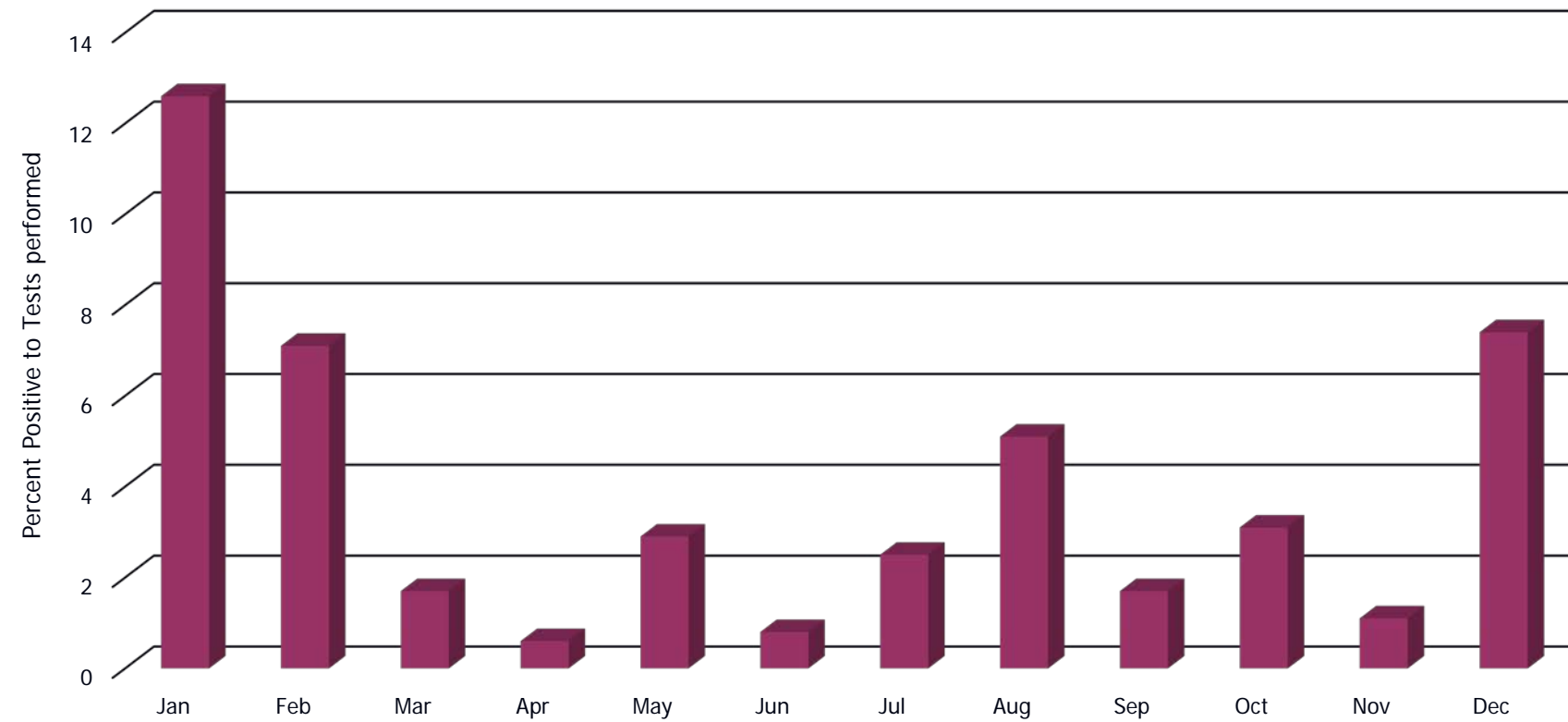
Volumes

| 2020 | 2021 | 2022 Annualized |
|---------|---------|-----------------|
| 122,991 | 136,204 | 169,923 |

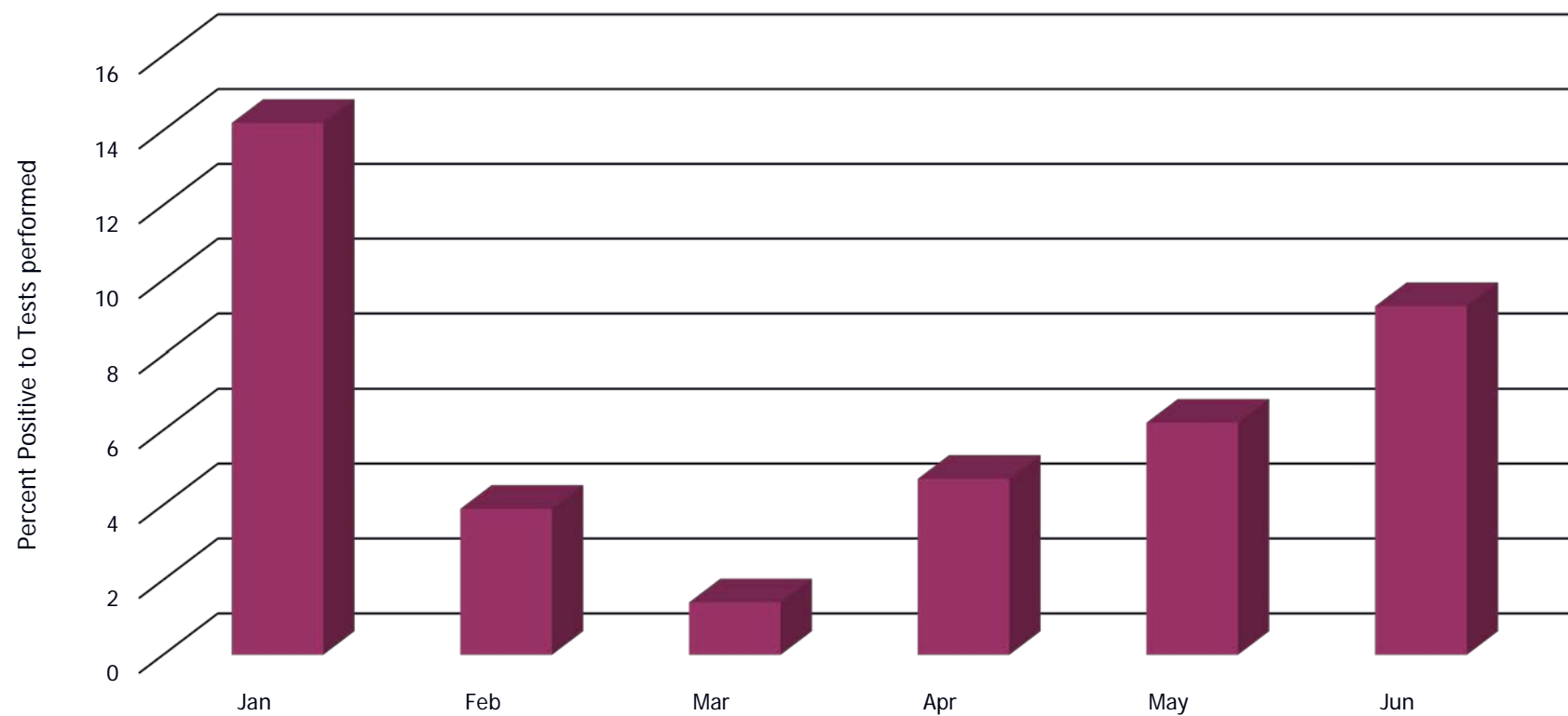
COVID Data 2021-Present

| Monthly Covid-19 Testing 2021 | | | | | |
|---|----------------|---------------|--------------------------------|-------------|-----------|
| Month | Test performed | Positive Test | Percent Pos to Tests performed | | |
| Jan | 95 | 12 | 12.6 | 373 | 21 |
| Feb | 112 | 8 | 7.1 | 265 | 5 |
| Mar | 347 | 6 | 1.7 | 113 | 1 |
| Apr | 482 | 3 | 0.6 | 0 | |
| May | 519 | 15 | 2.9 | 0 | |
| Jun* | 261 | 2 | 0.8 | 202 | 3 |
| Jul | 447 | 11 | 2.5 | 0 | |
| Aug | 693 | 35 | 5.1 | 0 | |
| Sep | 577 | 10 | 1.7 | 0 | |
| Oct | 555 | 17 | 3.1 | 0 | |
| Nov | 527 | 6 | 1.1 | 0 | |
| Dec | 336 | 25 | 7.4 | 223 | 7 |
| Totals | 4951 | 150 | 3.0 | 1176 | 37 |
| | | | | | |
| *Supply Chain Issue - Test Not Available to be Shipped to SVH | | | | | |
| | | | | | |
| Monthly Covid-19 Testing 2022 | | | | | |
| Month | Test performed | Positive Test | Percent Pos to Tests performed | | |
| Jan | 837 | 119 | 14.2 | 0 | 0 |
| Feb | 461 | 18 | 3.9 | 0 | 0 |
| Mar | 570 | 8 | 1.4 | 0 | 0 |
| Apr | 513 | 24 | 4.7 | 0 | 0 |
| May | 690 | 43 | 6.2 | 0 | 0 |
| Jun | 626 | 58 | 9.3 | 0 | 0 |
| Jul | 0 | 0 | #DIV/0! | 0 | 0 |
| Aug | 0 | 0 | #DIV/0! | 0 | 0 |
| Sep | 0 | 0 | #DIV/0! | 0 | 0 |
| Oct | 0 | 0 | #DIV/0! | 0 | 0 |
| Nov | 0 | 0 | #DIV/0! | 0 | 0 |
| Dec | 0 | 0 | #DIV/0! | 0 | 0 |
| Totals | 3697 | 270 | 7.3 | 0 | 0 |

Monthly Covid-19 Testing 2021



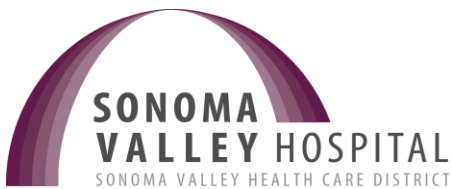
Monthly Covid-19 Testing 2022



2022 Lab Quality Metrics

⬆ Lab

| Indicator | Performance | Most Recent | Trend | Period | 🎯 | 🔔 | 📊 | 📈 |
|---|---|--|-----------------------------------|----------|--------|-------|-----|--------|
| Blood Cultures -Contamination Rate [LAB] (M) | <div> <div>91%</div> <div>9%</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><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>0.0%</div> <div>0/95</div> | <div> <div>Improved</div> </div> | Jun 2022 | 3.0% | 4.0% | n/a | 1.4% |
| Blood Cultures -Total Contamination Rate (M) | <div> <div>75%</div> <div>16%</div> <div>9%</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><div></div><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>1.7%</div> <div>3/177</div> | <div> <div>Improved</div> </div> | Jun 2022 | 3.0% | 4.0% | n/a | 2.5% |
| Lab API Manual Test Entry Error (M) | <div> <div>66%</div> <div>34%</div> </div> <div>History <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>0.0%</div> <div>0/20</div> | | Jun 2022 | 0.0% | 1.0% | n/a | 0.0% |
| Lab Blood Admin Audit (Q) | <div> <div>50%</div> <div>50%</div> </div> <div>History <div><div></div><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>100.0%</div> <div>2/2</div> | <div> <div>Improved</div> </div> | Q2-2022 | 100.0% | 99.0% | n/a | 75.0% |
| Lab Critical Values Communication per protocol (M) | <div> <div>100%</div> </div> <div>History <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>100.0%</div> <div>126/126</div> | <div> <div>No Change</div> </div> | Jun 2022 | 100.0% | 99.0% | n/a | 100.0% |
| Lab Manual Test Entry (Q) | <div> <div>100%</div> </div> <div>History <div><div></div><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>100.0%</div> <div>670/670</div> | <div> <div>No Change</div> </div> | Q2-2022 | 100.0% | 95.0% | n/a | 100.0% |
| Lab Transfusion Effectiveness (M) | <div> <div>83%</div> <div>17%</div> </div> <div>History <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>100.0%</div> <div>5/5</div> | <div> <div>No Change</div> </div> | Jun 2022 | 100.0% | 99.0% | n/a | 100.0% |
| Lab Transfusion Reaction (M) | <div> <div>100%</div> </div> <div>History <div><div></div><div></div><div></div><div></div><div></div><div></div></div></div> | <div> <div>Target</div> <div>Met</div> </div> <div>0.0%</div> <div>0/32</div> | <div> <div>No Change</div> </div> | Jun 2022 | 0.0% | 1.0% | n/a | 0.0% |



| Medication Scanning Rate | 2021-22 | | | | |
|---|---------|----------|----------|--------|------|
| | Q3 | Q4 | Q1 | Q2 | Goal |
| Acute | 95.7% | 95.8% | 96.9% | 96.0% | ≥90% |
| ED | 78.0% | 78.1% | 81.2% | 78.3% | ≥90% |
| Preventable med errors R/T Med Scanning | 0 (n=7) | 0 (n=24) | 1 (n=11) | 0(n=4) | ≤2 |

| Quality Indicators (QAPI) 2021-22 | | | | | |
|--|-------|-------|-------|-------|------|
| | Q3 | Q4 | Q1 | Q2 | Goal |
| Antibx admin within 30"-M/S and ICU | 91.00 | 96.00 | 89.00 | 95.00 | ≥95% |
| Cont. OBS for Psych Pt-ED | 100.0 | 100.0 | 90.0 | 90.9 | 100% |
| Drug Admin Errors-Pharmacy (per 10000 doses) | 0.68 | 0.97 | 0.99 | 0.56 | 1.00 |
| Case Management/Utilization Management 2021-22 | | | | | |
| | Q3 | Q4 | Q1 | Q2 | Goal |
| Medical Necessity Denials | N/A | N/A | 2.0 | 1.0 | 0 |
| HCAHPS Care Transitions | 37.3 | 47.0 | 75.0 | 45.5 | 53% |
| | | | | | |

| Nursing Turnover | 2021-22 Staff/Quarter | | | | |
|-------------------------------------|-----------------------|------|-----|------|------|
| | Q3 | Q4 | Q1 | Q2 | Goal |
| Acute (n=58) | 2 | 17 | 5 | 4 | ≤6 |
| | | | | | |
| Outpatient Experience | 2021-22 | | | | |
| | Q3 | Q4 | Q1 | Q2 | Goal |
| RATE MY HOSPITAL- PHYSICAL THERAPY | | | | | |
| Overall score | 4.95 | 4.82 | 4.9 | 4.8 | ≥4.9 |
| RATE MY HOSPITAL-OUTPATIENT SURGERY | | | | | |
| Overall Score | N/A | 4.9 | 4.9 | 4.8 | ≥4.9 |
| RATE MY HOSPITAL - ED | | | | | |
| Overall score | 4.67 | 4.8 | 4.7 | 4.49 | ≥4.9 |
| RATE MY HOSPITAL - MEDICAL IMAGING | | | | | |
| Overall score | 4.78 | 4.8 | 4.8 | 4.8 | ≥4.9 |
| RATE MY HOSPITAL-INPATIENT | | | | | |
| Overall score | 4.43 | 4.8 | 4.9 | 4.68 | ≥4.9 |

| Nurse Staffing Effectiveness: Transfers r/t staffing/beds | | | | | |
|---|----|----|----|----|------|
| 2021-22 | Q3 | Q4 | Q1 | Q2 | Goal |
| | 1 | 1 | 3 | 1 | ≤0 |

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

Outpatient Experience Goal increased Q2 2021 from 4.5 to 4.9

Quality Indicator Performance & Plan

July Board Quality

Data for June 2022

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> | 2.9% | 📈 Improved | Jun 2022 | 15.3% | n/a | 3.3% |
| 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> | 2/70 | | | | | | |
| COPD Mortality Rate [M] | | | | | | | | |
| | <div><div>50%</div><div>9%</div><div>41%</div></div> | <div><div></div><div>Target Met</div></div> | 0.0% | | Jun 2022 | 8.5% | n/a | 5.9% |
| 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> | 0/3 | | | | | | |
| Congestive Heart Failure Mortality Rate [M] | | | | | | | | |
| | <div><div>66%</div><div>34%</div></div> | <div><div></div><div>Target Met</div></div> | 0.0% | 📈 Improved | Jun 2022 | 11.5% | 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> | 0/5 | | | | | | |
| Pneumonia Mortality Rate [M] | | | | | | | | |
| | <div><div>75%</div><div>25%</div></div> | <div><div></div><div>Target Met</div></div> | 0.0% | — No Change | Jun 2022 | 15.6% | n/a | 9.4% |
| 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> | 0/4 | | | | | | |
| Ischemic Stroke Mortality Rate [M] | | | | | | | | |
| | <div><div>100%</div></div> | <div><div></div><div>Target Met</div></div> | 0.0% | — No Change | Jun 2022 | 13.8% | 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> | 0/5 | | | | | | |
| Hemorrhagic Stroke - Mortality Rate (M) | | | | | | | | |
| | <div><div>77%</div><div>23%</div></div> | <div><div></div><div>Breaches Alarm</div></div> | 100.0% | 📉 Deteriorated | Jan 2022 | 0.0% | 1.0% | 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> | 1/1 | | | | | | |
| Indicator | Performance | Most Recent | Trend | Period | 🕒 | 🔔 | 📊 | ⚖️ |
| Sepsis, Severe - Mortality Rate (M) | | | | | | | | |
| | <div><div>83%</div><div>17%</div></div> | <div><div></div><div>Target Met</div></div> | 0.0% | — No Change | Jun 2022 | 25.0% | n/a | 5.9% |
| 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> | 0/3 | | | | | | |
| Septic Shock - Mortality Rate (Q) | | | | | | | | |
| | <div><div>33%</div><div>67%</div></div> | <div><div></div><div>Target Met</div></div> | 0.0% | — No Change | Q2-2022 | 0.0% | n/a | 12.8% |
| 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> | | | | | | | |

AHRQ Patient Safety Indicators

| 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 | Jun 2022 | 0.00 | n/a | 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> | | | 0/0.014 | | | | | | |
| 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 | Jun 2022 | 0 | n/a | 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 | Jun 2022 | 3.75 | 4.00 | n/a | 1.24 |
| 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> | 0/288 | | | | | | | |
| 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 | Jun 2022 | 3.75 | 4.00 | n/a | 0.31 |
| 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> | 0/288 | | | | | | | |

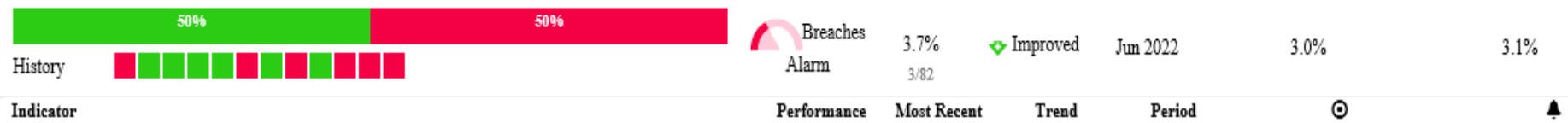
Readmissions

⤴ Readmissions

| Indicator | Performance | Most Recent | Trend | Period | 🕒 | 🔔 | 📊 | 📈 |
|--|--|----------------------------------|---------------------------|----------|--------|--------|-----|-------|
| 30-DV Inpatients - % Readmit to Acute Care within 30 Days (M) | | | | | | | | |
| <div> <div>100%</div> </div> <div>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>Target Met</div> </div> | <div>4.69%</div> <div>3/64</div> | <div>↕ Improved</div> | Jun 2022 | 15.30% | 15.50% | n/a | 7.73% |
| COPD, CMS Readm - % Readmit within 30 Days, ACA (M) | | | | | | | | |
| <div> <div>50%</div> <div>9%</div> <div>41%</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></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div>Target Met</div> </div> | <div>0.0%</div> <div>0/3</div> | | Jun 2022 | 19.5% | 20.0% | n/a | 6.7% |
| HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) | | | | | | | | |
| <div> <div>66%</div> <div>34%</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></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div>Breaches Alarm</div> </div> | <div>25.0%</div> <div>1/4</div> | <div>⬆ Deteriorated</div> | Jun 2022 | 21.6% | 22.0% | n/a | 16.7% |
| Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) | | | | | | | | |
| <div> <div>83%</div> <div>17%</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></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div>Target Met</div> </div> | <div>0.0%</div> <div>0/1</div> | <div>— No Change</div> | Jun 2022 | 4.0% | 5.0% | n/a | 10.7% |
| PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) | | | | | | | | |
| <div> <div>75%</div> <div>25%</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></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div>Target Met</div> </div> | <div>0.0%</div> <div>0/3</div> | <div>— No Change</div> | Jun 2022 | 16.6% | 17.0% | n/a | 12.0% |
| Sepsis, Severe - % Readmit within 30 Days (M) | | | | | | | | |
| <div> <div>100%</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></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div>Target Met</div> </div> | <div>0.0%</div> <div>0/3</div> | <div>— No Change</div> | Jun 2022 | 12.0% | 13.0% | n/a | 0.1% |
| Septic Shock - % Readmit within 30 Days (M) | | | | | | | | |
| <div> <div>100%</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></div> <div></div> <div></div> <div></div> <div></div> </div> | <div> <div></div> <div>Target Met</div> </div> | <div>0.0%</div> <div>0/2</div> | <div>— No Change</div> | Jun 2022 | 13.3% | 14.0% | n/a | 0.1% |

Blood Culture Contamination

Blood Cultures -Contamination Rate [RN] (M)



Blood Cultures -Contamination Rate [LAB] (M)



Blood Cultures -Total Contamination Rate (M)



| Month | RN-Contaminated Culture Reports (num) | Blood Cultures Drawn by RN (den) | Percent |
|----------|---------------------------------------|----------------------------------|---------|
| Jun 2022 | 3 | 82 | 3.7% |
| May 2022 | 5 | 107 | 4.7% |
| 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% |

CIHQ Stroke Certification Measures

| | | | | | | | | | | |
|---|---|--|---|-------|---|----------|-------|-------|-----|-------|
| CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins) | | | | | | | | | | |
| <div><div></div><div></div></div> <div>91%</div> <div>9%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 4 | <div><div></div><div></div></div> <div>Improved</div> | Jun 2022 | 10 | 11 | n/a | 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> | | | | | | | | | |
| CDSTK-04 Median- Door to Phys Eval [M] minutes | | | | | | | | | | |
| <div><div></div><div></div></div> <div>100%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 2.00 | <div><div></div><div></div></div> <div>Deteriorated</div> | Jun 2022 | 10.00 | 11.00 | n/a | 1.00 |
| 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> | | | | | | | | | |
| CDSTK-05 Median- Door to CT Scanner [M]elapsed time (minutes) | | | | | | | | | | |
| <div><div></div><div></div></div> <div>100%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 10.50 | <div><div></div><div></div></div> <div>Deteriorated</div> | Jun 2022 | 25.00 | 26.00 | n/a | 6.50 |
| 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> | | | | | | | | | |
| CDSTK-06 Median- Neuro Consult Contacted [M] minutes | | | | | | | | | | |
| <div><div></div><div></div></div> <div>75%</div> <div>25%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 24.00 | <div><div></div><div></div></div> <div>Improved</div> | Jun 2022 | 30.00 | 31.00 | n/a | 21.00 |
| 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> | | | | | | | | | |
| CDSTK-07 Median- CT Read by Radiology [M] minutes | | | | | | | | | | |
| <div><div></div><div></div></div> <div>91%</div> <div>9%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 28.00 | <div><div></div><div></div></div> <div>Improved</div> | Jun 2022 | 45.00 | 46.00 | n/a | 27.50 |
| 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> | | | | | | | | | |
| CDSTK-08 Median- Lab Results Posted [M] minutes | | | | | | | | | | |
| <div><div></div><div></div></div> <div>83%</div> <div>8%</div> <div>9%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 31.50 | <div><div></div><div></div></div> <div>Improved</div> | Jun 2022 | 45.00 | 46.00 | n/a | 31.00 |
| 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> | | | | | | | | | |
| CDSTK-10 Median- Door to EKG Complete [M] minutes | | | | | | | | | | |
| <div><div></div><div></div></div> <div>100%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 37.50 | <div><div></div><div></div></div> <div>Improved</div> | Jun 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> | | | | | | | | | |
| CDSTK-11 Median-Door to tPA Decision [M] minutes | | | | | | | | | | |
| <div><div></div><div></div></div> <div>100%</div> | | | <div><div></div><div></div></div> <div>Target Met</div> | 34.50 | <div><div></div><div></div></div> <div>Deteriorated</div> | Jun 2022 | 60.00 | 61.00 | n/a | 32.00 |
| 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> | | | | | | | | | |
| CDSTK-12 Median-Door to tPA [M] minutes | | | | | | | | | | |
| <div><div></div><div></div></div> <div>8%</div> <div>34%</div> <div>58%</div> | | | <div><div></div><div></div></div> <div>Breaches Alarm</div> | 92.00 | | Jun 2022 | 60.00 | 61.00 | n/a | 70.00 |
| 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> | | | | | | | | | |

Utilization Management

| Indicator | Performance | Most Recent | Trend | Period | 🕒 | 🔔 | 📊 | 📈 |
|---|---|--|---------------------------------------|----------|-------|--------|-----|-------|
| 1 Day Stay Rate Medi-Cal [M] | <div><div>50%</div><div>50%</div></div> | <div><div>28.57%</div><div>2/7</div></div> | <div><div>⬇️ Deteriorated</div></div> | Jun 2022 | 2.61% | 5.00% | n/a | 5.38% |
| History | <div><div>History</div><div>History</div></div> | <div><div>Breaches Alarm</div></div> | | | | | | |
| 1 Day Stay Rate-Medicare [M] | <div><div>58%</div><div>42%</div></div> | <div><div>6.98%</div><div>3/43</div></div> | <div><div>⬆️ Improved</div></div> | Jun 2022 | 8.10% | 10.00% | n/a | 9.76% |
| History | <div><div>History</div><div>History</div></div> | <div><div>Target Met</div></div> | | | | | | |
| Acute Care - Geometric Mean Length of Stay [M] | <div><div>16%</div><div>42%</div><div>42%</div></div> | <div><div>2.81</div><div>28.0786/10</div></div> | <div><div>⬇️ Deteriorated</div></div> | Jun 2022 | 2.75 | 3.23 | n/a | 3.21 |
| History | <div><div>History</div><div>History</div></div> | <div><div>Bet. Target & Alarm</div></div> | | | | | | |
| Acute Care Age over 64 - MS-DRG Case Mix Index [M] | <div><div>37%</div><div>50%</div><div>13%</div></div> | <div><div>1.59</div><div>79.7466/50</div></div> | <div><div>⬆️ Improved</div></div> | Jun 2022 | 1.56 | 1.40 | n/a | 1.51 |
| History | <div><div>History</div><div>History</div></div> | <div><div>Target Met</div></div> | | | | | | |
| Acute Care- MS-DRG Case Mix Index [M] | <div><div>41%</div><div>42%</div><div>17%</div></div> | <div><div>1.51</div><div>105.9191/70</div></div> | <div><div>⬆️ Improved</div></div> | Jun 2022 | 1.55 | 1.40 | n/a | 1.50 |
| History | <div><div>History</div><div>History</div></div> | <div><div>Bet. Target & Alarm</div></div> | | | | | | |

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

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

Core Measures

| Indicator | Performance | Most Recent | Trend | Period | ⊙ | 🔔 | 📊 | ⌵ | |
|--|---|--------------------------------------|--------|----------------|----------|--------|--------|-----|--------|
| Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M) | | | | | | | | | |
| | <div><div>83%</div><div>17%</div></div> | <div><div>Target Met</div></div> | 100.0% | — No Change | Jun 2022 | 88.0% | 50.0% | n/a | 97.8% |
| 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> | <div><div>4/4</div></div> | | | | | | | |
| Indicator | Performance | Most Recent | Trend | Period | ⊙ | 🔔 | 📊 | ⌵ | |
| Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M) | | | | | | | | | |
| | <div><div>25%</div><div>16%</div><div>59%</div></div> | <div><div>Breaches Alarm</div></div> | 180.50 | 📈 Improved | Jun 2022 | 132.00 | 140.00 | n/a | 144.75 |
| 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><div></div></div></div> | | | | | | | | |
| Indicator | Performance | Most Recent | Trend | Period | ⊙ | 🔔 | 📊 | ⌵ | |
| Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M) | | | | | | | | | |
| | <div><div>75%</div><div>25%</div></div> | <div><div>Breaches Alarm</div></div> | 2.8% | 📈 Improved | Jun 2022 | 2.0% | 2.5% | n/a | 1.7% |
| 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>23/813</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>75%</div><div>9%</div><div>16%</div></div> | <div><div>Breaches Alarm</div></div> | 66.7% | 📉 Deteriorated | Jun 2022 | 72.0% | 70.0% | n/a | 95.2% |
| 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></div></div> | <div><div>2/3</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>Target</div> <div>Met</div> </div> | 100.0% | No Change | Jun 2022 | 81.0% | 80.0% | n/a |
| History | <div> <div>7/7</div> </div> | | | | | | | 80.8% |
| SEPa - Severe Sepsis 3 Hour Bundle (M) | | | | | | | | |
| | <div> <div>50%</div> <div>50%</div> </div> | <div> <div>Target</div> <div>Met</div> </div> | 100.0% | No Change | Jun 2022 | 94.0% | 90.0% | n/a |
| History | <div> <div>7/7</div> </div> | | | | | | | 87.3% |
| SEPa - Severe Sepsis 6 Hour Bundle (M) | | | | | | | | |
| | <div> <div>83%</div> <div>17%</div> </div> | <div> <div>Target</div> <div>Met</div> </div> | 100.0% | No Change | Jun 2022 | 100.0% | 90.0% | n/a |
| History | <div> <div>4/4</div> </div> | | | | | | | 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>91%</div><div>9%</div></div> | | <div><div></div><div>Target Met</div></div> | 0 | No Change | Jun 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></div><div></div></div> | | | | | | | | |
| IC-Surveillance HAI-CAUTI Inpatient infections per 10k patient days [M] | | | | | | | | | |
| <div><div>91%</div><div>9%</div></div> | | <div><div></div><div>Target Met</div></div> | 0 | No Change | Jun 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></div><div></div></div> | | | | | | | | |
| IC-Surveillance HAI-CLABSI Inpatient infections per 10k patient days [M] | | | | | | | | | |
| <div><div>91%</div><div>9%</div></div> | | <div><div></div><div>Target Met</div></div> | 0 | No Change | Jun 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></div><div></div></div> | | | | | | | | |
| IC-Surveillance HAI-MRSA Inpatient infections per 10k patient days [M] | | | | | | | | | |
| <div><div>100%</div></div> | | <div><div></div><div>Target Met</div></div> | 0 | No Change | Jun 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></div><div></div></div> | | | | | | | | |
| IC-Surveillance HAI-SSI infections per 10k pt days [M] | | | | | | | | | |
| <div><div>83%</div><div>9%</div><div>8%</div></div> | | <div><div></div><div>Target Undefined</div></div> | n/a | | Jun 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></div><div></div></div> | | | | | | | | |

Inpatient Patient Satisfaction

N= 13

⤴ Patients' Perspectives of Care Surveys > Hospital -HCAHPS-

| Indicator | Performance | Most Recent | Trend | Period | 🎯 | 🔔 | 📊 | 📄 |
|---|---|-------------|------------|----------|----|----|-----|----|
| 01-Rate hospital 0-10 [M] Rank | | | | | | | | |
| <div> <div>66%</div> <div>22%</div> <div>12%</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> | <div> <div></div> <div>Target</div> <div>Met</div> </div> | 79 | ⬆ Improved | May 2022 | 50 | 30 | n/a | 66 |
| 02-Recommend the hospital [M] Rank | | | | | | | | |
| <div> <div>88%</div> <div>12%</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> | <div> <div></div> <div>Target</div> <div>Met</div> </div> | 98 | ⬆ Improved | May 2022 | 50 | 30 | n/a | 78 |
| 03-Communication w/ Nurses [M] Rank | | | | | | | | |
| <div> <div>44%</div> <div>11%</div> <div>45%</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> | <div> <div></div> <div>Target</div> <div>Met</div> </div> | 94 | ⬆ Improved | May 2022 | 50 | 30 | n/a | 49 |
| 04-Response of Hosp Staff [M] Rank | | | | | | | | |
| <div> <div>77%</div> <div>11%</div> <div>12%</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> | <div> <div></div> <div>Target</div> <div>Met</div> </div> | 87 | ⬆ Improved | May 2022 | 50 | 30 | n/a | 77 |
| 05-Communication w/ Doctors [M] Rank | | | | | | | | |
| <div> <div>55%</div> <div>45%</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> | <div> <div></div> <div>Target</div> <div>Met</div> </div> | 91 | ⬆ Improved | May 2022 | 50 | 30 | n/a | 49 |
| 06-Cleanliness of hospital environment[M] Rank | | | | | | | | |
| <div> <div>44%</div> <div>22%</div> <div>34%</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> | <div> <div></div> <div>Target</div> <div>Met</div> </div> | 86 | ⬆ Improved | May 2022 | 50 | 30 | n/a | 45 |

Inpatient Patient Satisfaction

| | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|
| 08-Communication About Medicines [M] Rank | | | | | | | | | |
| <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></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></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | |
| History | | History | | History | | History | | History | |
| 22% | | 22% | | 56% | | Target Met | | 99 | |
| Improved | | Improved | | Improved | | May 2022 | | 60 | |
| 30 | | 30 | | n/a | | 36 | | | |
| 09-Discharge Information [M] Rank | | | | | | | | | |
| <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></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></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | |
| History | | History | | History | | History | | History | |
| 44% | | 22% | | 34% | | Bet. Target & Alarm | | 34 | |
| Deteriorated | | Deteriorated | | Deteriorated | | May 2022 | | 50 | |
| 30 | | 30 | | n/a | | 43 | | | |
| 10-Care Transitions [M] Rank | | | | | | | | | |
| <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></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></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | |
| History | | History | | History | | History | | History | |
| 33% | | 11% | | 56% | | Target Met | | 86 | |
| Improved | | Improved | | Improved | | May 2022 | | 50 | |
| 30 | | 30 | | n/a | | 38 | | | |

Ambulatory Surgery Patient Satisfaction

N= 20

⤴ Patients' Perspectives of Care Surveys

| Indicator | Performance | Most Recent | Trend | Period | 🕒 | 🔔 | 📊 | 📈 |
|--|---|--|-------|----------------|----------|------|------|------|
| 01-OAS Recommend the Facility [M] Rank | | | | | | | | |
| | <div><div>66%</div><div>34%</div></div> | <div><div></div><div>Breaches Alarm</div></div> | 1 | 🔻 Deteriorated | May 2022 | 50 | 30 | 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> | | | | | | | 56 |
| 02-OAS Communication [M] Rank | | | | | | | | |
| | <div><div>33%</div><div>22%</div><div>45%</div></div> | <div><div></div><div>Breaches Alarm</div></div> | 6 | 🔻 Deteriorated | May 2022 | 60 | 30 | 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> | | | | | | | 44 |
| 03-OAS Facility/Personal Treatment [M] Rank | | | | | | | | |
| | <div><div>55%</div><div>33%</div><div>12%</div></div> | <div><div></div><div>Bet. Target & Alarm</div></div> | 45 | 🔻 Deteriorated | May 2022 | 80 | 30 | 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> | | | | | | | 72 |
| 04-OAS Discharge [M] Rank | | | | | | | | |
| | <div><div>44%</div><div>22%</div><div>34%</div></div> | <div><div></div><div>Breaches Alarm</div></div> | 7 | 🔻 Deteriorated | May 2022 | 70 | 30 | 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> | | | | | | | 50 |
| 05-OAS Staff treat w/courtesy and respect [M] Rank | | | | | | | | |
| | <div><div>66%</div><div>34%</div></div> | <div><div></div><div>Breaches Alarm</div></div> | 5 | 🔻 Deteriorated | May 2022 | 60 | 30 | 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> | | | | | | | 71 |
| 07-OAS Facility Clean [M] Rank | | | | | | | | |
| | <div><div>100%</div></div> | <div><div></div><div>Target Met</div></div> | 99 | — No Change | May 2022 | 60 | 30 | 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> | | | | | | | 99 |
| ED-Time Physician Spent With Me Score (M) | | | | | | | | |
| | <div><div>33%</div><div>58%</div><div>9%</div></div> | <div><div></div><div>Bet. Target & Alarm</div></div> | 4.32 | 🔻 Deteriorated | Jun 2022 | 4.50 | 4.30 | 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> | | | | | | | 4.46 |

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: 07/21/2022 12:13 PM

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: 46

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 |
|--|------------------|---------------|--------------|
| Admission-Discharge <i>SCU (Surgical Care Unit Dept)</i> | Pending Approval | 7/21/2022 | 0 |
| <p>Summary Of Changes: Per last survey, added verbiage defining history and physical requirement to be in place within 24 hours of procedure-24 hours starts at patient admission to the hospital for said procedure.</p> <p>Changed verbiage: Former:: "Weigh patient and assist him/her into bed" NEW:::"3. Document both height and weight. Unless a bariatric patient, weigh patient and assist them into bed. (for bariatric patients, latest weight documented in H&P will be used for the perioperative record)"</p> <p>Added clarification for discharge due to potential patient safety risk : No public transport home (Uber, Taxi, etc.) unless accompanied.</p> <p>CN: Changed instances of gendered pronouns (him/her) to gender neutral (them/they) as appropriate</p> <p>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)</p> | | | |
| Alcoholic Beverages Policy <i>Patient Care Policy</i> | Pending Approval | 7/21/2022 | 0 |
| <p>Summary Of Changes: Revised: removed section 4.a. - that says patient may have up to 3 drinks per meal. This is not on the order (if we want to keep this statement, the order will need to be amended.)</p> <p>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)</p> | | | |

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

| | | | | |
|--|--|------------------|-----------|----|
| Biological Indicator Use 7471-102 <i>Central Sterile Dept</i> | | Pending Approval | 7/21/2022 | 0 |
| Summary Of Changes: | Removed all references that related to a specific brand of Rapid Readout Biological Indicators (RBI) and replaced with 'per manufacturer's instructions or guidelines'. Removed brand names including color changes related to that brand. Removed verbiage about specific logbook and location of log book. Made policy more general and usable in the event of a change to actual products used or company that supplies products. | | | |
| | Changed approvers | | | |
| 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) | | | |
| CAIR Utilization <i>Medical Records Services Policies(MR)</i> | | Pending Approval | 7/5/2022 | 16 |
| Summary Of Changes: | Reviewed, no changes | | | |
| Moderators: | Newman, Cindi (cnewman) | | | |
| Lead Authors: | Cooper, Kylie (kcooper) | | | |
| ExpertReviewers: | Kutza, Chris (ckutza), Kuwahara, Dawn (dkuwahara) | | | |
| Approvers: | Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee) | | | |
| Case Management Intervention <i>Discharge Planning (DP)</i> | | Pending Approval | 7/21/2022 | 0 |
| Summary Of Changes: | Reviewed, no major changes, just some grammar and the change in business hours | | | |
| Moderators: | Newman, Cindi (cnewman) | | | |
| Lead Authors: | Kobe, Mark (mkobe) | | | |
| Approvers: | 00 Clinical P&P multidisciplinary review -> 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) | | | |
| Change in Patient Condition <i>Patient Care Policy</i> | | Pending Approval | 7/21/2022 | 0 |
| Summary Of Changes: | Spelled out acronyms, updated e-notification to Midas entry. Updated call procedure for escalation of concerns. | | | |
| Moderators: | Newman, Cindi (cnewman) | | | |
| Lead Authors: | Winkler, Jessica (jwinkler), Kobe, Mark (mkobe) | | | |
| ExpertReviewers: | Medical Director-Patient Care Services | | | |
| Approvers: | Kobe, Mark (mkobe) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee) | | | |
| Code Blue Management for Patient Emergency <i>Emergency Code Alerts Policies</i> | | Pending Approval | 7/21/2022 | 0 |
| Summary Of Changes: | Deleted reference to Skilled Nursing Unit, Updated reference to 2020 guidelines | | | |
| Moderators: | Newman, Cindi (cnewman) | | | |
| Lead Authors: | Kobe, Mark (mkobe) | | | |

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

ExpertReviewers: **Safety Committee**

Approvers: **00 Clinical P&P multidisciplinary review -> 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)**

| | | | |
|---|-------------------------|------------------|----------|
| Color Coded Wristbands and Door Placards | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Care Policy</i> | | | |

Summary Of Changes: **Reviewed. Added language for yellow strips to indicate fall risk in the door placards. Removed reference to "labels, stickers or other visual cues in the patient chart" as we do not use any other indicators in the chart. Removed language about patient signing a waiver if they refuse to remove social cause bracelets.**

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)**

| | | | |
|--|-------------------------|------------------|----------|
| Condition Code 44 Inpatient to Observation Status | Pending Approval | 7/21/2022 | 0 |
| <i>Case Management/UM Dept</i> | | | |

Summary Of Changes: **Reviewed, added location of documentation in Midas system; clarified role responsibilities and workflow. Condition Code 44 is for change of patient status from inpatient to outpatient, as required by Medicare**

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)**

| | | | |
|--|-------------------------|------------------|----------|
| Critical Value Reporting | Pending Approval | 7/21/2022 | 0 |
| <i>Targeted Quality & Safety Initiatives Policies (QS)</i> | | | |

Summary Of Changes: **Added Testing Specifications
Clarification regarding Critical Values for BUN, Creatinine, Procalcitonin, WBC, and Platelets**

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

Lead Authors: **Kuwahara, Dawn (dkuwahara)**

ExpertReviewers: **Medical Director-Lab**

Approvers: **06 CMO/Designee for signature -> 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)**

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|------------------------------------|-------------------------|------------------|----------|
| Dress Code, Central Sterile | Pending Approval | 7/21/2022 | 0 |
| <i>Central Sterile Dept</i> | | | |

Summary Of Changes: **updated verbiage to reflect names of restricted areas for surgery, deleted "C.S., workroom". Included "bunny suit" as acceptable covering for restricted area. ;
C.S. = Central Sterile**

some changes on use of bunny suit, and lab coats, added more specifics about jewelry

added :natural nails should be short, no synthetic nails, or chipped nail polish allowed

updated references and authors/ approvers

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

Lead Authors: **Fry, Dana (dfry)**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

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)**

| | | | |
|--------------------------------------|-------------------------|-----------------|-----------|
| Employment Conditions | Pending Approval | 7/5/2022 | 16 |
| <i>Human Resources Policies (HR)</i> | | | |

Summary Of Changes: **Updated definitions of employment and benefit dates to reflect current conditions/system.**

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)**

| | | | |
|--|-------------------------|------------------|----------|
| Filming and Recording of Patients | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Rights Policies (PR)</i> | | | |

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

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

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

Approvers: **06 CMO/Designee for signature -> 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)**

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|--|-------------------------|------------------|----------|
| General Food Service Information | Pending Approval | 7/21/2022 | 0 |
| <i>Food (Nutrition) Services Policies (NU)</i> | | | |

Summary Of Changes: **Changed title from General Food Service Information to be more specific and line up with CIHQ policy requirements. Changed from department specific to organizational, due to scope. Tray delivery procedures added.**

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

Lead Authors: **Harleman, Anna (aharleman)**

Approvers: **00 Clinical P&P multidisciplinary review -> 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)**

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|---|-------------------------|------------------|----------|
| Important Message from Medicare Guideline PR8750-108 | Pending Approval | 7/21/2022 | 0 |
| <i>Case Management/UM Dept</i> | | | |

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

In procedure section changed responsibility regarding copy of IM letter placed in chart from Unit Secretary to admitting staff will place signed copy in patient record.

After 2 days length of stay added that the case manager must send patient census with tentative discharge dates of all patient to Admitting each morning after multidisciplinary huddle to ensure follow up copy of IM letter is provided to patient.

Updated appropriate staff titles.

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)**

| | | | |
|---|-------------------------|------------------|----------|
| Intensity of Service Severity of Illness Screening Process | Pending Approval | 7/21/2022 | 0 |
| <i>Case Management/UM Dept</i> | | | |

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

Summary Of Changes: Reviewed sentence structure and grammar; removed all sections involving referrals to the Executive Health Resources UR Physicians that we used to contract with and replaced with Attending Physician. Renumbered sections. Removed references of accountability to Nursing Supervisors

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)

Intravenous Contrast Admin 7630-159 Pending Approval 7/21/2022 0
Diagnostic Services Dept Policies

Summary Of Changes: Updated to match current American College of Radiology and UCSF guidelines. Mostly with screening guidelines. Removed MRI Gadolinium contrast from policy and created new policy for MRI contrast.
Updated formulas to metric
Added maximum dose amounts
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 (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Leaving Against Medical Advice Pending Approval 7/21/2022 0
Patient Care Policy

Summary Of Changes: Reviewed. Minor changes to grammar and wording

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)

Multidisciplinary Teams Pending Approval 7/21/2022 0
Case Management/UM Dept

Summary Of Changes: Reviewed
Deleted reference to Skill Nursing.
No other changes.

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)

NEW Version:: Patient Abuse Reporting Pending Approval 7/21/2022 0
Patient Rights Policies (PR)

Summary Of Changes: New Policy:
To consolidate previous policies to describe the process for identifying, investigating, reporting, and caring for suspected victims of Domestic Abuse, Child Abuse and Neglect, and Elder Abuse and Neglect

Moderators: Newman, Cindi (cnewman)

Lead Authors: Cooper, Kylie (kcooper)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

ExpertReviewers: **Gatenian, Grigory (ggatenian), McKissock, Lynn (lmckissock)**
 Approvers: **00 Clinical P&P multidisciplinary review -> 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)**

| | | | |
|--|-------------------------|------------------|----------|
| Nursing Screening for Nutritional Risk | Pending Approval | 7/21/2022 | 0 |
| <i>Food (Nutrition) Services Policies (NU)</i> | | | |

Summary Of Changes: **clarified language; removed directions for RN to call RD at 707-935-5287 as there is automatic notification trigger; removed "Pt request to talk to RD" from the list of risks as it is also stated in the procedures section.**

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)**

| | | | |
|--------------------------------|-------------------------|------------------|----------|
| Observation Status | Pending Approval | 7/21/2022 | 0 |
| <i>Case Management/UM Dept</i> | | | |

Summary Of Changes: **Removed references to Skilled Nursing and Maternity patients.**

Under procedure defined the 4 outpatient/observation status order categories- Place in observation (brief stay), Place patient as outpatient in bed (refers to patient in ED that cannot be safely discharged due to safety concerns/social needs, medical necessity is not met), Place in SCU for same day surgery and Place patient in observation for extended recovery (patient that needs overnight hospital stay following surgery)".

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)**

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|----------------------------|-------------------------|------------------|----------|
| Oral Care | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Care Policy</i> | | | |

Summary Of Changes: **Recommend retiring in favor of EBSCO. EBSCO has procedures for ICU and MS oral care. EBSCO skills/procedures provide rationales and care considerations, patient education, and documentation. The oral care protocol is titled "Providing Oral Hygiene." There is also a specific protocol called "Providing Oral Care to Adults Requiring Mechanical Ventilation." Oral hygiene is also listed in the EBSCO "Preventing Adverse Effects of Mechanical Ventilation"**

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)**

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|---------------------------------------|-------------------------|------------------|----------|
| Paging Codes Overhead | Pending Approval | 7/21/2022 | 0 |
| <i>Emergency Code Alerts Policies</i> | | | |

Summary Of Changes: **No changes made to existing policy**

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

Lead Authors: **Gatenian, Grigory (ggatenian), Drummond, Kimberly (kdrummond), Kobe, Mark (mkobe)**

ExpertReviewers: **Finn, Stacey (sfinn), Gatenian, Grigory (ggatenian)**

Approvers: **01 P&P 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: 07/21/2022 12:13 PM

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

| | | | | |
|---|--|-------------------------|------------------|----------|
| Patient Status Determination | | Pending Approval | 7/21/2022 | 0 |
| <i>Utilization Review Policies (UR)</i> | | | | |
| Summary Of Changes: | Reviewed. Changes below | | | |
| | Inpatient Acute section updated to include CPOE order sets for Med/Surg or ICU admit and stated that patients are admitted to the hospital based on the attending physician's documentation of both medical decision making regarding the need for treatment and a statement indicating the patient needs medical necessity or 2 or more midnight stay. | | | |
| Moderators: | Newman, Cindi (cnewman) | | | |
| Lead Authors: | Kobe, Mark (mkobe) | | | |
| ExpertReviewers: | Duarte, Lisa (lduarte) | | | |
| Approvers: | 00 Clinical P&P multidisciplinary review -> 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) | | | |
| Philosophy of Resource and Case Management DC8750- 114 | | Pending Approval | 7/21/2022 | 0 |
| <i>Case Management/UM Dept</i> | | | | |
| Summary Of Changes: | Grammatical changes. Removed SNF details and the contracted behavioral health consultant | | | |
| 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) | | | |
| Physician Advisor | | Pending Approval | 7/21/2022 | 0 |
| <i>Utilization Review Policies (UR)</i> | | | | |
| Summary Of Changes: | Reviewed, no changes | | | |
| 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) | | | |
| Respiratory Care Practitioner (RCP) Protocols | | Pending Approval | 7/21/2022 | 0 |
| <i>Respiratory Therapy Dept</i> | | | | |
| Summary Of Changes: | Reviewed. Removed references to a paper RT specific care plan form. Updated language references MD Order Forms to include entry of orders into the electronic health record; updated references to documenting med admin, including that medications are scanned and documented in the electronic MAR; added the mechanical ventilation requires MD orders; added reference to documenting patient education. | | | |
| 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::Implanted Port Access and Management | | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Care Policy</i> | | | | |
| Summary Of Changes: | Retire, policy is redundant--the unique maintenance process here was incorporated into PC8610-120 Central Venous Catheter and Implanted Port Access and Management.which was approved in 2019 | | | |

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

RETIRE::Patient Abuse and Neglect Protection Pending Approval 7/21/2022 0
Patient Rights Policies (PR)\Patient Abuse policies

Summary Of Changes: **RETIRE**
All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary

Moderators: Newman, Cindi (cnewman)
Lead Authors: Cooper, Kylie (kcooper)
Approvers: 00 Clinical P&P multidisciplinary review -> 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)

RETIRE::Patient Abuse Prohibition at Sonoma Valley Hospital Pending Approval 7/21/2022 0
Patient Rights Policies (PR)\Patient Abuse policies

Summary Of Changes: **RETIRE**
All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary

Moderators: Newman, Cindi (cnewman)
Lead Authors: Cooper, Kylie (kcooper)
Approvers: 00 Clinical P&P multidisciplinary review -> 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)

RETIRE::Patient Abuse Prohibition Prevention Pending Approval 7/21/2022 0
Patient Rights Policies (PR)\Patient Abuse policies

Summary Of Changes: **RETIRE**
All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary

Moderators: Newman, Cindi (cnewman)
Lead Authors: Cooper, Kylie (kcooper)
Approvers: 00 Clinical P&P multidisciplinary review -> 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)

RETIRE::Patient Abuse Prohibition-Identification Pending Approval 7/21/2022 0
Patient Rights Policies (PR)\Patient Abuse policies

Summary Of Changes: **RETIRE**
All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary

Moderators: Newman, Cindi (cnewman)
Lead Authors: Cooper, Kylie (kcooper)
Approvers: 00 Clinical P&P multidisciplinary review -> 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)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

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|--|---|------------------|----------|
| RETIRE::Patient Abuse Prohibition-Investigating Instructions | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Rights Policies (PR)\Patient Abuse policies</i> | | | |
| Summary Of Changes: | RETIRE All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary | | |
| Moderators: | Newman, Cindi (cnewman) | | |
| Lead Authors: | Cooper, Kylie (kcooper) | | |
| Approvers: | 00 Clinical P&P multidisciplinary review -> 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) | | |
| RETIRE::Patient Abuse Prohibition-Protection during Investigation | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Rights Policies (PR)\Patient Abuse policies</i> | | | |
| Summary Of Changes: | RETIRE All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary | | |
| Moderators: | Newman, Cindi (cnewman) | | |
| Lead Authors: | Cooper, Kylie (kcooper) | | |
| Approvers: | 00 Clinical P&P multidisciplinary review -> 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) | | |
| RETIRE::Patient Abuse Prohibition-Screening | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Rights Policies (PR)\Patient Abuse policies</i> | | | |
| Summary Of Changes: | RETIRE All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary | | |
| Moderators: | Newman, Cindi (cnewman) | | |
| Lead Authors: | Cooper, Kylie (kcooper) | | |
| Approvers: | 00 Clinical P&P multidisciplinary review -> 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) | | |
| RETIRE::Patient Abuse Prohibition-Training | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Rights Policies (PR)\Patient Abuse policies</i> | | | |
| Summary Of Changes: | RETIRE All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary | | |
| Moderators: | Newman, Cindi (cnewman) | | |
| Lead Authors: | Cooper, Kylie (kcooper) | | |
| Approvers: | 00 Clinical P&P multidisciplinary review -> 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) | | |
| RETIRE::Patient Abuse Reporting-legacy pp | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Rights Policies (PR)\Patient Abuse policies</i> | | | |
| Summary Of Changes: | RETIRE All patient abuse policies are included in one new policy. Historically, Skilled Nursing required patient abuse policies to be separated out to individual policies, no longer necessary | | |

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

Moderators: Newman, Cindi (cnewman)
Lead Authors: Cooper, Kylie (kcooper)
Approvers: 00 Clinical P&P multidisciplinary review -> 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)

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|---------------------------------|-------------------------|------------------|----------|
| RETIRE::Patient Rights | Pending Approval | 7/21/2022 | 0 |
| <i>Respiratory Therapy Dept</i> | | | |

Summary Of Changes: This department policy is redundant-request to retire, organizational policy is to be followed.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Winkler, Jessica (jwinkler)

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)

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|--|-------------------------|-----------------|-----------|
| RETIRE::Patient Rights & Responsibilities | Pending Approval | 7/5/2022 | 16 |
| <i>Patient Rights Policies (PR)</i> | | | |

Summary Of Changes: Reviewed- No changes

Moderators: Newman, Cindi (cnewman)

Lead Authors: Cooper, Kylie (kcooper)

Approvers: Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

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|-------------------------------------|-------------------------|------------------|----------|
| RETIRE::Pediatric Assessment | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Care Policy</i> | | | |

Summary Of Changes: Recommend retiring - we do not admit pedi patients

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)

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|--------------------------------|-------------------------|------------------|----------|
| Social Work Referrals | Pending Approval | 7/21/2022 | 0 |
| <i>Discharge Planning (DP)</i> | | | |

Summary Of Changes: Removed references to SNF and Birthing Center. Changed contact pager number to cell phone number of social worker. Added Domestic Violence, palliative care, behavioral health issues and unsafe discharges to moderate risk referrals. Added to low risk referrals- Family meetings for goals of care.

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)

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|---|-------------------------|-----------------|-----------|
| Standby, Call-back, Call-in and Call-off Pay | Pending Approval | 7/5/2022 | 16 |
| <i>Human Resources Policies (HR)</i> | | | |

Summary Of Changes: Updated the length of time expected to report onsite, when called in while on Standby.
Updated department names and gender references, as applicable
Added References
Updated schedule of standby pay rates (Attachment A)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/21/2022 12:13 PM

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

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)**

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|---|-------------------------|------------------|----------|
| Stroke Admission Transfer Guidelines | Pending Approval | 7/21/2022 | 0 |
| <i>Patient Care Policy</i> | | | |

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kobe, Mark (mkobe)**
 ExpertReviewers: **Medical Director-Patient Care Services**
 Approvers: **00 Clinical P&P multidisciplinary review -> 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)**

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|--|-------------------------|------------------|----------|
| Texting by Case Managers PR8750-122 | Pending Approval | 7/21/2022 | 0 |
| <i>Case Management/UM Dept</i> | | | |

Summary Of Changes: **Reviewed. Removed references to Cortex as Case Managers and social works now have hospital issued phones and no longer use their personal cell phones with Cortex.**

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)**

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|---------------------------------------|-------------------------|------------------|----------|
| Wound Care Protocol | Pending Approval | 7/21/2022 | 0 |
| <i>Nursing Services Policies (NS)</i> | | | |

Summary Of Changes: **Removal of Skilled Nursing. Title Changes, Removal of Staff Names**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kuwahara, Dawn (dkuwahara)**
 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: Patient Abuse

POLICY: PC8610-330

DEPARTMENT: Organizational

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REVISED:

EFFECTIVE:

NEW POLICY

. WHY:

To consolidate previous policies to describe the process for identifying, investigating, reporting, and caring for suspected victims of Domestic Abuse, Child Abuse and Neglect, and Elder Abuse and Neglect

OWNER:

Director of Quality

NEW



SUBJECT: Patient Abuse

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DEPARTMENT: Organizational

EFFECTIVE:

REVISED:

PURPOSE:

Sonoma Valley Hospital District strongly believes that its patients, employees, medical staff and volunteers can expect to be free from mental and physical abuse and other acts of violence. The district will treat those requiring care with respect and dignity and will not use psychotropic medications, physical or chemical restraints unless it is justified and prescribed by a physician. Incidences in which individuals under our care are identified or suspected of being abused will be reported in a confidential manner to the appropriate law enforcement agency or state protective agency. The district will involve protective services as needed or refer victim to local support agencies.

POLICY:

Each patient has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, involuntary seclusion, and misappropriation of their property and to be identified upon admission as a "Patient at Risk." Every patient at Sonoma Valley Hospital will be treated with respect and dignity at all times.

All potential employees will be screened to rule out a history of abuse, neglect or mistreatment of patients. This includes attempting to obtain information from previous employers and/or current employers, and checking with appropriate licensing boards and agencies.

All employees will receive Department of Justice training at orientation and through on-going sessions, related to abuse prohibition practices.

Staff will be knowledgeable in the definition of abuse, mistreatment, neglect, involuntary seclusion, misappropriation of patient property, and those patients most at risk and in the particular laws governing their state. Staff will understand and be familiar with the Sonoma Valley Hospital policy and procedure describing patient abuse. Staff must attend in-service education related to the topic of patient abuse at least annually

The policies and procedures that follow provide specific information as to the hospital's and its employees' responsibilities in matters of abuse or violent acts. Abuse definitions, reporting requirements, time frames, reporting forms and the district's reporting process are included

Commented [LIM1]: Do we want to add running a criminal background check and a sanction search of DHHS?

Commented [LIM2]: I don't believe this is the source of our training - unless there is something offered during orientation that I'm not aware of? We offer Identifying and Assessing Victims of Abuse and Neglect through HealthStream.



SUBJECT: Patient Abuse

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DEPARTMENT: Organizational

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REVISED:

PROCEDURE:

To foster an environment that recognizes the worth and uniqueness of all individuals:

1. Patients of Sonoma Valley Hospital will not be subjected to abuse by anyone, including but not limited to, facility staff, other patients, consultants, volunteer staff, family members, friends or other individuals.
2. Staff will maintain a manner of courtesy and respect toward patients and their families.
3. Staff will refrain from all actions that could be considered "abuse, mistreatment, and/or neglect."
4. We will establish and implement best practices for an abuse prevention plan that addresses the screening and training of staff, prevention, identification, and protection during investigation, investigation and reporting response of abuse. Each element of the abuse prevention plan is addressed under individual sections in the following pages.

DEFINITIONS

Abuse:

The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical hurt or pain or mental anguish to a patient. Abuse is also the deprivation by an individual, including caretaker, of goods or services that are necessary to attain or maintain the physical, mental and psychosocial well-being of a patient. This definition presumes that instances of abuse to any patient, even one in a coma, causes physical harm or pain or mental anguish.

Verbal Abuse:

Any use of oral, written, or gestured language that willfully include disparaging and derogatory terms to patients or their families, or within their hearing distance, to describe patients, regardless of a patient's age, ability to comprehend or mental and/or physical disability.

Sexual Abuse:

Includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault of a patient.

Physical Abuse:

Includes, but is not limited to, hitting, slapping, pinching, kicking, and so on. Physical abuse also includes controlling behavior through corporal punishment of a patient.



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Mental Abuse:

Includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation of a resident.

Involuntary Seclusion:

The separation of a patient from other patients or from their room or confinement to their room (with or without roommates) against the patient's will, or the will of the patient's legal representative. Emergency or short-term monitored separation from other patients will not be considered involuntary seclusion and may be permitted if used for a limited period of time, as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the patient's needs.

Misappropriation of Patients Property:

The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a patient's belongings or money without the patients consent.

Neglect:

Failure to provide goods and services necessary to prevent physical harm, mental anguish or mental illness.

At Risk:

Patients most at risk of neglect and abuse, i.e. patients who have dementia, infrequent or no visitors, psychosocial, interactive without behavioral dysfunction, or patients who are bedfast and totally dependent on care.

PROCEDURE

Best Practices:

1. Patients of Sonoma Valley Hospital will not be subjected to abuse by anyone, including but not limited to, facility staff, other patients, consultants, volunteer staff, family members, friends or other individuals.
2. Specific policies and procedures will be developed and implemented to prohibit abuse, mistreatment, neglect, and misappropriation of patient's property. The policies and procedures will address screening, training, prevention, identification, investigation, protection, and reporting/response.
3. Prior to their employment, employees will be screened in accordance with Human Resources policies for hiring.
4. Sonoma Valley Hospital will not employ individuals who have been found guilty of abusing, mistreating, or neglecting patients by a court of law. Sonoma Valley Hospital



SUBJECT: Patient Abuse

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will not hire individuals who have had finding(s) entered into State Nurse Aide Registry concerning abuse, mistreatment or neglect.

5. Under the Administrators direction, this facility will thoroughly investigate any alleged violations involving mistreatment, abuse or neglect, following state and federal laws.
6. This facility will follow individual state reporting requirements. This facility will report the results of its investigation to appropriate regulatory offices within the time established at the results of its investigation to appropriate regulatory offices within the time established at the state level. An investigation report should not exceed seventy-two hours in being transmitted to the state agency and Ombudsman.
7. Considering the results of the facility's investigation appropriate disciplinary action will be taken, up to and including termination of an employee. The Human Resources Department reviews all disciplinary action. Any SVH employee accused of abuse will be on administrative LOA until after investigation is completed.

Child Abuse:

Law: Persons who observe a minor having physical injuries which appear to have been inflicted by other than accidental means are required to report to local authorities **immediately by telephone followed by sending a written report on the standard form ("Suspected Child Abuse Report" CA State form SS8572) within 36 hours after the telephone report is made.**

Definition: Child abuse is an occurrence when a caretaker, usually an adult, injures a child, not by accident but deliberately. This includes acts of omission as well as acts of deliberate commission.

1. Assess children for the following abuse characteristics:
 - Overall health status may be poor.
 - Signs of malnutrition and poor hygiene.
 - Most common age of abuse for a child is 3-6 years old, 1 year old for an infant.
 - Males are more often reported victims of abuse than females.
 - Child may be withdrawn, irritable or show no affect.
 - Child may cry quietly or not cry at all even with pain.
 - Child fearful of adults or physical contact.
 - Marked discrepancies between clinical findings and historical data supplied by the caretaker exist.
 - Numerous unexplained soft tissue injuries, blunt trauma, subdural hematoma and retinal hemorrhages should arouse suspicion of child abuse.
 - Fractures of the long bones, ribs and skull are common and may be manifested in restricted motion, pain and tenderness. X-rays may show many fractures in various



SUBJECT: Patient Abuse

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stages of healing. Any fracture in a child under two or injury tearing the periosteum should raise suspicion.

- Trauma of the oral mucosa or frontal dental ridge is common.
- Cigarette burns and scalds are indications of more severe child abuse.
- Family discord.
- Child is referred to as "it".
- Parental actions not consistent with level of injury.
- Positive drug screen in an infant or child.

Charting should reflect observations of the child's physical condition and carefully chart the history given by the caretaker. Any judgments or suspicion of child abuse should not be charted.

Care must be taken in questioning the caretaker, guard against an accusing attitude. Confrontations and criticism may result in the parent removing the child.

2. Contact the Social Worker or Administrative Coordinator, if the Social Worker is not available, and report the concern/problem.
3. If this occurs in the Emergency Department (ED), contact physician involved of your findings and ask them to confirm findings. In the inpatient areas, the Social Worker or the Administrative Coordinator will contact the physician to discuss.
4. While the child is still in the ED or hospital and if indicated, the appropriate legally mandated reporter will notify Child Protective Services at (707) 565-4304 or #1 800 870-7065 and complete the hospital notification form and the CA State Suspected Child Abuse Report Form (SS8572).
5. Child Protective Services will determine if there is sufficient evidence to obtain a legal hold on the child. If a hold is placed on the victim, the social worker or administrative coordinator will be notified and they will notify the Sonoma Police Department who will issue the hold.

What must be Reported

Any of the below acts involving anyone under the age of 18:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect



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Who Reports?

Legally mandated reporters include "health practitioners," which is defined as follows:

"Health practitioner" means a physician and surgeon; psychiatrist; psychologist; dentist; resident; intern; podiatrist; chiropractor; licensed nurse; dental hygienist; optometrist; marriage family and child counselor; licensed clinical social worker or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; any emergency medical technician I or II; paramedic; a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; a psychological assistance registered pursuant to Section 2913 of the Business and Profession Code; a marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code; a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner or a religious practitioner who diagnoses, examines, or treats children.

When Do You Report?

Child abuse must be reported when one who is a legally mandated reporter "...has knowledge of or observes a child in their professional capacity, or within the scope of their employment knows or reasonably suspects has been the victim of child abuse..." (P.C. 11166a)

"Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position drawing when appropriate on their training and experience, to suspect child abuse." (P.C. 11166a) Although wordy, the intent of this definition is clear: if you suspect, report. No evidence or proof is required prior to making a report.

You **must make a report immediately (or as soon as practically possible) by phone.** A written report must be forwarded within 36 hours of receiving the information regarding the incident. (P.C. 11166a) Written reports must be submitted on CA State Department of Social Services forms (SS 8572), which can be requested from SVH Social Services, your local child protective agencies (police or sheriff" department, a county probation department or a county welfare department). See sample form attached. The written report must be sent faxed or submitted electronically. The state form (SS8572) can be downloaded at http://ltag.ca.gov/childabuse/plf/ss_8572.pdf

To Whom Do You Report?

The report must be made to a "child protective agency;" a child protective agency is a county welfare or probation department or a police or sheriff's department (P.C. 11165.9, P.C. 11166a).

- ☐ Contact the Social Worker or Administrative Coordinator on duty



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REVISED:

- ☐ Complete the Justice Department form entitled Suspected Child Abuse Report form SS8572

Immunity:

Those persons legally required to report suspected child abuse have immunity from criminal or civil liability for reporting as required. (P.C. 11172a)

The Legislature finds that even though it has provided immunity from liability to persons required to report child abuse, that immunity does not eliminate the possibility that actions may be brought against those persons based upon required reports of child abuse. In order to further limit the financial hardship that those persons may incur as a result of fulfilling their legal responsibilities, it is necessary that they not be unfairly burdened by legal fees incurred in defending those actions. Therefore a mandated reporter may present a claim to the State Board of Control for reasonable attorney's fees incurred in any action against that person on the basis of making a report required or authorized by this article if the court has dismissed the action upon a demurrer of motion for summary judgment made by that person, or if they prevail in the action. The maximum hourly rate for recovery of attorneys' fees is that charged by the Attorney General at the time of the award and shall not exceed an aggregate amount of \$50,000. The subdivision shall not apply if a public entity has provided for the defense of the action to Section 995 of the Government code. (P.C.11172c)

Any person not mandated by law to report suspected child abuse has immunity unless the report is proven to be false and the person reporting knows it is false, or the report is made with reckless disregard of the truth or falsity of the incident. (P.C. 11172a)

Safeguards for Mandated Reporters

No supervisor or administrator may impede or inhibit a report or subject the reporting person to any sanction. (P.C.11166f)

Persons other than those legally mandated to report are not required to include their names when making a report (P.C.11167e)

Mandated reporters and other acting at their direction are not liable civilly or criminally for photographing the victim and disseminating the photograph with the report. (P.C. 11172a)

A physician and surgeon or dentist, or their agents by their direction, may take skeletal x-rays of the child without the consent of the child's parent or guardian but only for purposes of diagnosing the case as one of possible child abuse and determining the extent of such child abuse. (P.C. 11171b)



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Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to information reported pursuant to this article in any court proceeding or administrative hearing. (P.C.11171b)

Liabilities for Failure to Make Required Report

A person who fails to make a required report is guilty of a misdemeanor or punishable by up to six months in jail and/or up to \$1,000 fine. (P.C. 11172e) They may also be found civilly liable for damages, especially if the child-victim or another child is further victimized because of the failure to report.

Responsibilities of Agency Employing Mandated Reporter

Any person entering employment which makes them a mandated reporter must sign a statement, provided and retained by the employer, to the effect that they have knowledge of the report law and will comply with its provisions. (P.C. 11166.5a)

Any person who fails to report an instance of child abuse which they know to exist is guilty of a misdemeanor which is punishable by confinement in the county jail for up to six months or by a fine of not more than \$1,000 or by both. (P.C. 11172e)

Feedback to Reporter:

After the investigation is completed or the matter reaches a final disposition, the investigating agency must inform the mandated reporter of the results of the investigation and any action the agency is taking. (P.C. 11170b2)

Elder and Dependent Adult:

Hospital workers have an enhanced responsibility to be aware of the law protecting against abuse or neglect of elders or dependent adults. We are charged with protecting elders and dependent adults from situations which could place them in danger of physical harm, mental suffering and fiduciary abuse.

Law: Requires that health care providers must report all suspected incidents of elder or dependent adult abuse to the proper authorities immediately or as soon as practically possible by telephone followed by mailing or faxing the completed Report of Suspected Dependent Adult/Elder Abuse form (CA state form SOC 341) and to CDPH, Ombudsman and Law enforcement, if appropriate.

Definitions:

Elder: any person aged 65 years or older.



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Dependent Adult: any person between the ages of 18 to 64 who is an inpatient in a 24-hour health facility.

Caretaker: a person who has the care, custody or control of, or who stands in a position of trust with, an elder or dependent adult.

Elder or dependent adult abuse: where a caretaker willfully inflicts physical or mental pain on an elder or dependent adult, or willfully causes or permits the person to suffer or to be placed in a situation which puts the person's health or safety at risk.

Who Reports?

Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including: administrators, supervisors, licensed staff, support staff, and maintenance staff of a public or private facility that provides care or services for elder or dependent adults.

When Do You Report?

Any mandated reporter, who, in their employment, has observed or has knowledge of an incident that reasonably appears to be physically abused, abandoned, isolated, financial abuse, or neglected or is told by an elder or dependent adult that they have experienced behavior constituting physical abuse, abandonment, isolation, financial abuse or neglect, or reasonably suspects abuse shall report the known or suspected abuse by telephone immediately, or as soon as practically possible, and by written report sent within two working days.

To Whom Do You Report?

- ☐ The report must be made to the Adult Protective Services or if required, the local law enforcement agency.
 - ☐ CDPH, Ombudsman and Law enforcement, if inpatient
 - ☐ Contact the Social Worker and/or Administrative Coordinator on duty
 - ☐ Complete the CDPH form entitled Report of Suspected Dependent Adult/Elder Abuse "SOC 341"(See attachment) Fax to both CDPH and Ombudsman, give original to Social Worker
- *(if Sonoma Valley Hospital Employee is involved in any type of abuse ALSO complete the Sonoma Valley Hospital eNotification and notify employee's supervisor)

If the patient is in the SNF, call the Ombudsman Program of Sonoma County or if required, the local law enforcement agency.

1. The health care worker must report when in the scope of their employment or in their professional capacity they:
 - Have observed an incident that appears to be physical abuse. Physical abuse includes:
 - ◆ Assault
 - ◆ Battery

Commented [CN3]: Is this still true for the Ensign managed SNF?



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- ◆ Sexual assault, such as sexual battery, rape, rape in concert, incest, sodomy, oral copulation or penetration by a foreign object.
 - ◆ Assault with a deadly weapon
 - ◆ Unreasonable physical restraint
 - ◆ Prolonged or continual deprivation of food or water
 - ◆ Use of a physical or chemical restraint or psychotropic medication for punishment, or for the length of time or purpose not authorized by the physician.
- Have observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred.
 - **Is told by the elder or dependent adult** that they have experienced behavior constituting physical abuse.
 - Have knowledge or a reasonable suspicion of neglect which is a negligent failure of any person having the care or custody of an elder or dependent adult to exercise a reasonable degree of care. Neglect includes failure: to assist in personal hygiene or in the provision of food, clothing or shelter; to provide medical care; to protect from health and safety hazards, and to prevent malnutrition.
 - Have knowledge or a reasonable suspicion of abandonment. Abandonment is the desertion or willful forsaking of an elder or dependent adult by anyone having care or custody of that person, under circumstances in which a reasonable person would continue to provide care and custody.
 - Has knowledge or a reasonable suspicion of fiduciary abuse. Fiduciary abuse is a situation in which any person who has the care and custody of or who stands in a position of trust of an elder or dependent adult takes, secretes or appropriates their money or property, to any use or purposes not in the due and lawful execution of their trust.
 - Observed or suspected the occurrence of treatment with resulting physical harm, pain, mental suffering, intimidation, isolation or deprivation.
2. Charting should reflect the observations of the elder or dependent adult's physical condition and carefully chart the history given by the caretaker. Any judgments or suspicion of elder or dependent adult abuse should not be charted.
 3. Care must be taken in questioning the caretaker, guard against an accusing attitude. Confrontations and criticism may result in the caretaker removing the elder or dependent adult from the facility.



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4. Contact the Social Worker or Administrative Coordinator, if the Social Worker is not available, and report the concern/problem. Complete the notification form.
5. If this occurs in the ED, contact physician involved of your findings and ask them to confirm findings. In the inpatient areas, the Social Worker or the Administrative Coordinator will contact the physician to discuss.
6. While the elder or dependent adult is in still in the ED, or hospitalized, the mandated reporter will notify the Adult Protective Services by telephone (707) 565-5940 or 1 800 667-0404 if after business hours) or the local law enforcement agency. The mandated reported will complete the Report of Suspected Dependent Adult/Elder Abuse Form (SOC 341) and mail or fax to Adult Protective Services.
7. If the Suspected Abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly or adult day health care center, complete the SOC 341 (attached) and FAX to CDPH at (707) 576 - 2418 and call the Long Term Care Ombudsman Program as soon as possible at (707) 526-4108. Notify Law enforcement if the patient is in immediate danger, threatened, or has sustained harm from physical abuse. The social worker or administrative coordinator can assist with obtaining and completing the SOC 341 form, but it is the *primary responsibility of the mandated reporter to complete the necessary notifications.*

Domestic Violence and Violent Acts:

On January 1, 1994, the law mandating health care practitioners to report to law enforcement incidents of personal injuries, resulting from violent acts, was significantly expanded to include incidents of suspected domestic violence.

Law: Requires that any health care practitioner employed in a health care facility, immediately make a report to law enforcement by telephone and submit a report in writing within 48 hours, any time they have knowledge or observe a patient whom they know or reasonably suspect has been a victim of assaultive or abusive conduct.

Definition:

Assaultive or Abusive conduct: is defined to include 24 criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.

1. The health care worker is required to make a report if they provide medical services for a physical condition to a patient whom they know or suspect is:



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- Suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm, knife, other deadly weapons and/or
 - Suffering from a wound or other physical injury, that is the result of assaultive or abusive conduct.
2. The health care providers should be alert to the possibility that the patient has been the victim of domestic violence. The following factors and clues should be noted since they may indicate that the patient has been battered:

To Whom Do You Report?

- Telephone report as soon as possible to local law enforcement agency
- Written report shall be prepared and sent to the local law enforcement agency within two working days of telephone report.
- Contact the Social Worker and/or Administrative Coordinator on duty
- Complete the Sonoma Valley Hospital eNotification Form 210 and the form.
- The YWCA Domestic Violence Family Advocate may be contacted to assist victims
- If the patient is in a SNF, contact CDPH and Ombudsman as soon as possible.

The health care providers should be alert to the possibility that the patient has been the victim of domestic violence. The following factors and cues should be noted since they may indicate that the patient has been battered:

Behavioral Clues

- Nervous or inappropriate laughter or smiling
- Crying
- Sighing
- Anxiety
- Defensiveness, anger
- Lack of eye contact or fearful eye contact
- Minimizes seriousness of injuries
- Overly attentive, aggressive or defensive partner

Verbal Clues

- Talks about "a friend" who has been abused
- Refers to a partner's "anger" or "temper"
- Responds affirmatively to any of the following questions:
 - ◆ Have you been hit or harmed any time in the past year?
 - ◆ Are you in a relationship with someone who hurts or threatens you?



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- ◆ Has your partner ever destroyed things that you care about?
- ◆ Has your partner ever forced you to have sex when you did not want to?
- ◆ Is your partner possessive about? Are they overly jealous?
- ◆ Do they have to know where you are at all times?

Other Factors/Clues:

- Repeated uses of health care services for psychosomatic complaints or same site injuries.
 - Psychosomatic/emotional complaints including headaches, sleeping disorders, anxiety, depression, fatigue, nightmares, suicide attempts or gestures, abdominal/GI complaints, marital problems.
 - Reluctance to speak in the presence of abuser.
 - Presence of child abuse within the family.
3. Charting should reflect observations of the patient's physical condition and the history given by the patient and/or partner. Any judgments or suspicion of spousal abuse should not be charted.
 4. Care must be taken in questioning the patient/partner, guard against an accusing attitude. Confrontations and criticism may result in the patient and/or partner leaving the institution.
 5. Contact the Social Worker or Administrative Coordinator, if the Social Worker is not available, and report the concern/problem. Complete the eNotification form and Report on Injury or Suspected Abuse.
 6. If this occurs in the ED, contact physician involved of your findings and ask them to confirm findings. In the inpatient areas, the Social Worker or the Administrative Coordinator will contact the physician to discuss.
 7. While the patient is still in the ED or hospitalized, and if indicated, the mandated reporter will contact the local law enforcement agency as required.
The California Penal Code mandates the reporting of the following:

Type of Occurrence

Child Abuse
Dependent Adult, Elder Abuse
Domestic Violence
Injuries by a Firearm

Penal Code

Section 11161.5
Section 15600-15637
Section 11160
Section 11160



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Injuries by Assaultive or Abusive Conduct

Section 11160

Patient Abuse Prohibition Screening

1. Prospective employees will complete an employee application form.
2. The facility will ensure that a good faith attempt has been made to obtain a minimum of two previous employment references.
3. The facility will verify current licensure or certification status, and whether any disciplinary action has been taken against the individual.
4. The facility will check prior employment for all facility employees. If applicant indicates employment in another state, those licensing agencies will be checked.
5. The facility will ensure that required criminal background information, and/or fingerprinting, and/or other State or County specific checks take place.
6. Documentation on all information will include the name of the person who obtained the information, the date the information was obtained, and the content of the conversation.
7. Sonoma Valley Hospital will not knowingly employ individuals who have been found guilty of abusing, mistreating or neglecting patients by a court of law. Sonoma Valley Hospital will not hire individuals who have a finding(s) entered into a licensing board concerning abuse, mistreatment or neglect.

Patient Abuse Prohibition Training

1. Patients and family member/responsible party will be informed upon admission, in a language they understand, of their rights and responsibilities. Such rights include the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, misappropriation of their property and be identified upon admission as a "Patient at Risk."
2. The facility will ensure that an education program will specifically address abuse prohibition. The method of teaching can be provided in a variety of ways e.g. formal lessons and/or informal small group or one on one training.



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3. Training will include, but not be limited to:

- a. Information on what constitutes abuse, neglect, and misappropriation of patient property.
- b. Appropriate interventions to deal with aggressive and/or catastrophic actions of patients.
- c. Sonoma Valley Hospital mission, values and core competencies.
- d. Reporting and investigation requirements for any allegation of abuse, mistreatment or neglect.
- e. How staff may report their knowledge related to allegations of abuse, mistreatment or neglect without fear of reprisal.
- f. How to recognize signs of burnout, frustration and stress that may lead to abuse.
- g. Other content may be included at the discretion of facility management.

4. Documentation of formal training will be reflected in program outline or attendance records. Informal and/or impromptu training may or may not have a lesson plan, but personnel records will include the date of the training, the name of the individuals receiving the training, and the name and title of the person providing the training. Facilities may elect to have outside "experts" provide part or parts of the training, for example the facility's Ombudsman.

Investigation and Reporting

Complete Sonoma Valley Hospital e-Notification Form

1. Obtain written narrative statements from employees, the patients and witnesses. Include the following information:
 - a. Date
 - b. Time of day or night
 - c. Identification of staff member implicated
 - d. Any witnesses
 - e. Who the patient or staff member reported incident to and when
 - f. What was the response of the person to whom the incident was reported
2. Also note if this is the first time patient/witness reported such an incident. If this is not the first time, clarify when else this type of incident occurred. Written statements should be in the individual's own handwriting and taken as soon after the reported allegation as possible.
3. Staff notifies their Manager or the Administrative Nursing Supervisor of allegation. The Manager or Supervisor initiates an investigation immediately. California Department of Public



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Health (CDPH) for SOC 341 must be completed and sent to CDPH within 24 hours of the above allegation.

4. Interview all staff on unit at the time of the alleged abuse. Obtain written statements.
5. The Chief Nursing Officer reviews the employee's written statement to determine if the employee's story is consistent. The Chief Nursing Officer reviews the written statement within 24 hours of the alleged abuse.
6. Conduct at least three separate interviews with patients who alleged abuse.
7. Interviews are conducted with the accused employee by the Director or House Supervisor who was on shift when the incident was reported and the Chief Nursing Officer (CNO), and a Social Worker or President/Chief Executive Officer (CEO). The purpose of these separate interviews is to determine if the employee's story of the alleged abuse is consistent. Do not automatically discount a patient with dementia.
8. A Social Worker(s) interviews other potential victims within 24-48 hours of the alleged incident or as soon as possible. Use the investigation questionnaire.
9. The appropriate department director pulls the employee personnel file that is implicated in the alleged incident and reviews it.
10. The Social Worker notifies the patient's RN on duty and/or CNO of potential care needs.
11. The investigation coordinator will notify the Human Resources Department.
12. The Chief Nursing Officer will notify the appropriate management personnel.
13. The President/CEO, Chief Nursing Officer or their designee will assemble the investigation file.
14. The President/CEO or their designee will complete the summary investigation. (See the following descriptions of Summary of Investigation; Staff Investigation Reminders; Sample Interview Questions; Notification Checklist; Patient/Family Sample Interview Questions; Investigation Statement Form; Corrective Action Plan Form; Review, Discipline and Monitoring of Employee Form; List of Contents of Investigation File)



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Summary of Investigation

Assemble results of any in-house investigations of mistreatment, neglect, or abuse of patients, misappropriation of their property, or injuries of unknown source. The summary should include but is not limited to the following information:

- Brief summary of incident. Do not use inflammatory quotations. An assessment of what happened, such as can the allegation be validated or invalidated based on the facility's investigation.
- Was the President/CEO notified of the incident and when?
- Did investigations begin promptly after the report of the problem?
- Is there record of statements or interviews of the patient, suspect (if one is identified), any eye-witnesses and any circumstantial witnesses?
- Was relevant documentation reviewed and preserved, like dated dressing that was not changed when treatment record recorded a change?
- Was the alleged victim examined promptly, if an injury was suspected? Was the finding(s) documented in the report?
- What steps were taken to protect the alleged victim from further abuse, if no suspect was identified? Appropriate action here might be for two people to provide care.
- What actions were taken as a result of the investigation?
- What corrective action was taken, including but not limited to, informing the patient's physician, family, police, ombudsman, state licensure authorities and appropriate management personnel?
- Was the personnel file of the suspect(s) reviewed?
- Were the patient and patient's family updated on the outcome of the investigation?

Staff Investigation Reminders

- When leaving a message for Human Resources, explain the need for an immediate return call because the incident involves an important employee issue.
- Suspend the employee, pending investigation at the time of the incident.
- Have statements taken immediately.
- Train all staff on the Sonoma Valley Hospital Abuse Policy.
- Train all department heads how to complete the e-Notification Form.
- If the employee refused to write and sign a statement, write what they said. Note that the employee refused to write their own statement.
- If an employee has been suspended, do not allow them in the facility.
- If a suspended employee does not contact the facility, and the facility is unable to reach them by telephone, send a certified letter with return receipt requested to the employee.
- Take statements from people who were on that unit, even if they say they do not have any information.



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- Nurses' notes should include notification of Physician, family and a description of the incident. The notes should not include state, police, Ombudsman, or any outside agency notification. Notes related to outside agency notification should be on the e-Notification Form.
- Sonoma Valley Hospital reviews all investigations at bi-monthly P I Committee meetings.

Human Resources Reminders:

- Do not show the patient or their family any statement(s) given during the investigation. These documents are confidential.
- Sonoma Valley Hospital should explain general outcome of the investigation to the patient and family or significant other. A statement can be made such as "the employee no longer works here" or "Sonoma Valley Hospital evaluates this employee's performance on a regular basis."

Sample Questions to Include During an Interview

Interview Questions to Ask of the Patient Reporting Abuse

Begin with general questioning. Continue probing to identify specifics.

- Please tell me what happened to you yesterday, earlier, later and so forth.
- I understand there was some difficulty or problem. Please explain what happened.
- Has any patient or staff member ever physically harmed you? If yes, please describe what happened.
- Has any staff member ever yelled or sworn at you? If yes, please describe what happened.
- Can you tell me who did this? Did you report this to someone? If yes, what was their response? If no, do you understand why not?
- Are you aware of any instances in which a patient was abused or neglected? If yes, please describe what happened.
- Do you feel you get help when you need it?
- Have you ever refused care or treatment such as a bath or certain medication? If yes, what happened then?
- Are you satisfied with the care provided by your caregivers, like your Nursing Assistant, Registered Nurse or Therapist? If no, tell me more about that.
- Is there enough staff to take care of everyone? If no, tell me more about that.
- Do you feel the staff members listen to you requests and respond appropriately?

If the staff are unable to accommodate one of your requests, do they provide a reasonable explanation of why they cannot honor the request?



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| CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE | | | | DATE COMPLETED | |
|---|---|--|---|--|-----------|
| REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE | | | | | |
| TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS. | | | | | |
| A. VICTIM <input type="checkbox"/> Check box if victim consents to disclosure of information (Ombudsman use only - WIC 15636(a)) | | | | | |
| NAME (LAST NAME, FIRST NAME) | | AGE | | DATE OF BIRTH | |
| SSN | GENDER <input type="checkbox"/> M <input type="checkbox"/> F | ETHNICITY | LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (specify) | | |
| ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN) | | CITY | ZIP CODE | TELEPHONE | |
| PRESENT LOCATION (IF DIFFERENT FROM ABOVE) | | CITY | ZIP CODE | TELEPHONE | |
| <input type="checkbox"/> ELDERLY (65+) | | <input type="checkbox"/> DEVELOPMENTALLY DISABLED | | <input type="checkbox"/> MENTALLY ILL/DISABLED | |
| <input type="checkbox"/> PHYSICALLY DISABLED | | <input type="checkbox"/> UNKNOWN/OTHER | | <input type="checkbox"/> LIVES ALONE | |
| | | | | <input type="checkbox"/> LIVES WITH OTHERS | |
| B. SUSPECTED ABUSER ✓ Check if <input type="checkbox"/> Self-Neglect | | | | | |
| NAME OF SUSPECTED ABUSER | | | | | |
| ADDRESS | | CITY | ZIP CODE | TELEPHONE | |
| <input type="checkbox"/> CARE CUSTODIAN | | | | | |
| <input type="checkbox"/> HEALTH PRACTITIONER | | | | | |
| GENDER <input type="checkbox"/> M <input type="checkbox"/> F | | | | | |
| C. REPORTING | | | | | |
| NAME | | SIGNATURE | OCCUPATION | AGENCY/NAME OF BUSINESS | |
| RELATION TO VICTIM/HOW ABUSE IS KNOWN | | STREET | CITY | ZIP CODE | TELEPHONE |
| E-MAIL ADDRESS | | | | | |
| D. INCIDENT INFORMATION - Address where incident occurred | | | | | |
| DATE/TIME OF INCIDENT(S) | | PLACE OF INCIDENT (✓ CHECK ONE) | | | |
| | | <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL | | | |
| | | <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER (Specify) | | | |
| E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY) | | | | | |
| 1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63) | | | | | |
| a. <input type="checkbox"/> PHYSICAL (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication) | | b. <input type="checkbox"/> SEXUAL | | c. <input type="checkbox"/> FINANCIAL | |
| d. <input type="checkbox"/> NEGLECT (including Deprivation of Goods and Services by a Care Custodian) | | e. <input type="checkbox"/> ABANDONMENT | | f. <input type="checkbox"/> ISOLATION | |
| | | g. <input type="checkbox"/> ABDUCTION | | h. <input type="checkbox"/> PSYCHOLOGICAL/MENTAL | |
| | | i. <input type="checkbox"/> OTHER | | | |
| 2. SELF-NEGLECT (WIC 15610.57(b)(5)) | | | | | |
| a. <input type="checkbox"/> PHYSICAL CARE (e.g. personal hygiene, food, clothing, shelter) | | d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION | | | |
| b. <input type="checkbox"/> MEDICAL CARE (e.g. physical and mental health needs) | | e. <input type="checkbox"/> FINANCIAL SELF-NEGLECT (e.g. inability to manage one's own personal finances) | | | |
| c. <input type="checkbox"/> HEALTH and SAFETY HAZARDS (e.g. risk of suicide, unsafe environment) | | f. <input type="checkbox"/> OTHER | | | |
| ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) | | | | | |
| <input type="checkbox"/> NO PHYSICAL INJURY | | <input type="checkbox"/> MINOR MEDICAL CARE | | <input type="checkbox"/> HOSPITALIZATION | |
| <input type="checkbox"/> DEATH | | <input type="checkbox"/> MENTAL SUFFERING | | <input type="checkbox"/> CARE PROVIDER REQUIRED | |
| <input type="checkbox"/> UNKNOWN | | <input type="checkbox"/> SERIOUS BODILY INJURY* | | <input type="checkbox"/> OTHER (SPECIFY) | |



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EXAMPLE

Suspected / Actual Patient Abuse Notification Checklist

| Person Notified | Date | Time | By Whom |
|--|------|------|---------|
| Manager or House Supervisor on duty | | | |
| Chief Nursing Officer | | | |
| President/CEO | | | |
| Attending Physician | | | |
| Family | | | |
| Police – Per local enforcement statute | | | |
| Ombudsman – form completed | | | |
| Social Worker | | | |
| Human Resources Director | | | |
| DHS (if appropriate) | | | |

Interview Questions for the Supervisor, Chief Nursing Officer and Social Worker to Ask of the Patient/Family Member Reporting Abuse:

| |
|--|
| Can you tell me what happened? |
| |
| When did the alleged incident take place? Give me the date and time of day or night. |
| |
| Who was involved? Give me the name and/or description of the person/people involved. |
| |
| Were there any witnesses? Do you know their names? |

EXAMPLE



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| | |
| To whom did you report this incident and when? | |
| | |
| What was the response of the person to whom you reported the incident? | |
| | |
| Is this the first time this incident or a similar incident has occurred? If no, explain. | |
| | |
| Name of patient or family member being interviewed: | Date and Time: |
| | |
| Signature of person conducting interview: | Title: |
| | |

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REVISED:

EFFECTIVE:

Investigation Statement

Patient's Name:

Witness Name:

Date:

Time:

Location/Department:

General Statement of Knowledge/ Version of Incident

Signatures and Dates:

Patient/Witness:

Shift Supervisor:

Chief Nursing Officer

President/CEO:

EXAMPLE



SUBJECT: Patient Abuse

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REVISED:

Sample of Review, Discipline and Monitoring of Employee

Reviewing Employee File _____ Date: _____

Pull personnel file for any implicated staff and witnesses. Check on the following information:

- Appropriate licensure or certification; verification from registry, as well as certificate. Orientation checklist, specific to patient abuse or related to issue is present.
- Any work related performance issues and/or disciplinary action on file?
- Is the yearly performance evaluation present?
- Copy of any and all in-service education attended by the employee

EXAMPLE

Employee Discipline

After investigation, the appropriate disciplinary action is taken. Counseling occurs at the time of discipline. If termination is not warranted, the Supervisor implements for thirty (30) days:

- Provide the appropriate in-service education determined by incident.
- If the employee is on an alternate shift, the employee must work the day shift or administrative designee is assigned to the employee's shift to preceptor.
- A weekly monitoring report by the Administrative Designee is given to the President/CEO.
- Interview the patients regularly whom the employee is caring for. Document all findings.
- After 30 days, monthly reports from the Administrative Designee are given to the President/CEO for up to 12 calendar months. Any further infraction results in immediate termination of the employee.

Contents of Investigation File should contain the following information:

1. A copy of the E-Notification Report
2. A copy of the Patient/Witness Statement
3. A copy of the Employee Statement
4. Investigation Statements from the Shift Supervisor, Social Worker and President/CEO.
5. Staffing assignments for the past twenty-four hours.
6. Copies of Nurse's and Social Services Notes.
7. Copy of the patient's Care Plan.
8. Copy of Disciplinary action taken, if any.
9. Copy of monitoring program, if appropriate.
10. Copy of the Police Report, if applicable.
11. Copy of the report sent to the state.
12. Copy of the Ombudsman Report
13. Summary of Investigation.



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REFERENCES:

Title XXII DHS

OWNER:

Director of Quality

AUTHORS/REVIEWERS:

Chief Nursing Officer
Chief Medical Officer
Director, Patient Care Services
Director of Quality
Director of Emergency Services
Director of Surgical Services
Chief Human Resources Officer
Safety Officer
Board Quality Committee

APPROVALS:

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