SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, FEBRUARY 22, 2023

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/92261747301?pwd=WWg3N090dGtEamZiaFp2MmlvRy9YUT09

and Enter the **Meeting ID: 922 6174 7301**
Passcode: 913906

To Participate via Telephone only, dial:
1-669-900-9128 or 1-669-219-2599
and Enter the **Meeting ID: 922 6174 7301**
Passcode: 913906

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Interim District Clerk, Stacey Finn, at sfinn@sonomavalleyhospital.org or 707.935.5005 at least 48 hours prior to the meeting.		
MISSION STATEMENT *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
2. PUBLIC COMMENT SECTION *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.*	*Kornblatt Idell*	
3. CONSENT CALENDAR • Minutes 01.25.23	*Kornblatt Idell*	Action
4. PHARMACY DEPARTMENT QA/PI	*Kutza*	Inform
5. QUALITY INDICATOR PERFORMANCE PLAN	*Cooper*	Inform
6. POLICIES AND PROCEDURES	*Cooper*	Inform
7. FOLLOW-UP ON POLICIES AND PROCEDURES FROM JANUARY 2023 DISCUSSION	*Cooper*	Inform
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Kornblatt Idell*	Action
9. ADJOURN	*Kornblatt Idell*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
January 25, 2023, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – Via Zoom	Members Present cont.	Excused	Public/Staff – Via Zoom
Susan Kornblatt Idell x Carol Snyder x Carl Speizer, MD x Kathy Beebe, RN PhD x Michael Mainardi, MD x Howard Eisenstark, MD x	Ingrid Sheets, EdD, MS, RN x Judith Bjorndal, MD x		Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO x Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. x Philip Brown x Sujatha Sankaran, MD, CMO x John Hennelly, CEO x Ako Walther, MD x

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Meeting called to order at 5:02 p.m. Susan welcomed Dr. Bjorndal as the new Board representative. Dr. Mainardi has moved from the Board representative position to a community member.	
2. PUBLIC COMMENT	*Kornblatt Idell*	
	None	
3. CONSENT CALENDAR	*Kornblatt Idell*	ACTION
• QC Minutes 12.14.22		**MOTION:** by Mainardi to approve, 2nd by Eisenstark. All in favor.
4. EMERGENCY DEPARTMENT QA/PI	*Brown*	INFORM
	Mr. Brown reported on the Emergency Department quality measures through November 2022.	
5. QUALITY INDICATOR PERFORMANCE PLAN	*Cooper*	INFORM

	Ms. Cooper shared the quality indicator performance for the month of November 2022. The County does not have the needed amount of facilities for the number of elderly patients SVH is seeing. So length of stay has been up as patients wait to be transferred to a lower level of care. ED arrival to departure time has been a challenge as well. 99.9% of patients who left without being seen happen when the ED is at full capacity and are lower level of acuity. With the recent arrival of a new Medical Director in the ED, plans are to focus on improving sepsis measures.	
6.PATIENT CARE SERVICES DASHBOARD Q4	*Winkler*	INFORM
	Ms. Winkler presented the patient care services dashboard for the fourth quarter.	
7. POLICIES AND PROCEDURES	*Cooper*	INFORM
	Ms. Kornblatt Idell summarized the policy review process. Dr. Mainardi reiterated that the policies are not being reviewed for approval; they are reviewed for changes and recommendations. The role of the Committee was previously addressed by the Board. Dr. Speizer felt uncomfortable recommending changes without a detailed review of the entire policy. If there were significant changes, the policy is often brought back to the Committee for further review. The Committee would like to review the Cesarean Section policy next month.	
8. CLOSED SESSION/REPORT ON CLOSED SESSION	*Kornblatt Idell*	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, 2nd by Sheets. All in favor.
9. ADJOURN	*Kornblatt Idell*	
	Meeting adjourned at 6:22 p.m.	

Pharmacy Department

Annual Report to Board Quality Committee

February 2023

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

Pharmacy Department

Epic!

Adverse Drug Events

Antimicrobial Stewardship

Controlled Substances

Pyxis Utilization

IV Room

Pharmacy Services

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Pharmacy Department

- Hundreds of hours allocated to behind the scenes work for pharmacy system
- Updates to formulary to accommodate Epic functionality
- Significant work to connect Pyxis to Epic
- A few near misses:
  - Drip kit process flaw exposed
  - Learning curve

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Pharmacy Department

Adverse Drug Events

- Administration Errors Per 10,000 Doses
- High Risk Med Errors Per 10,000 Doses
- Near Miss %
- Smart Pump- No Drug Selected
- Smart Pump- Hard Alerts
- Smart Pump- Soft Alerts

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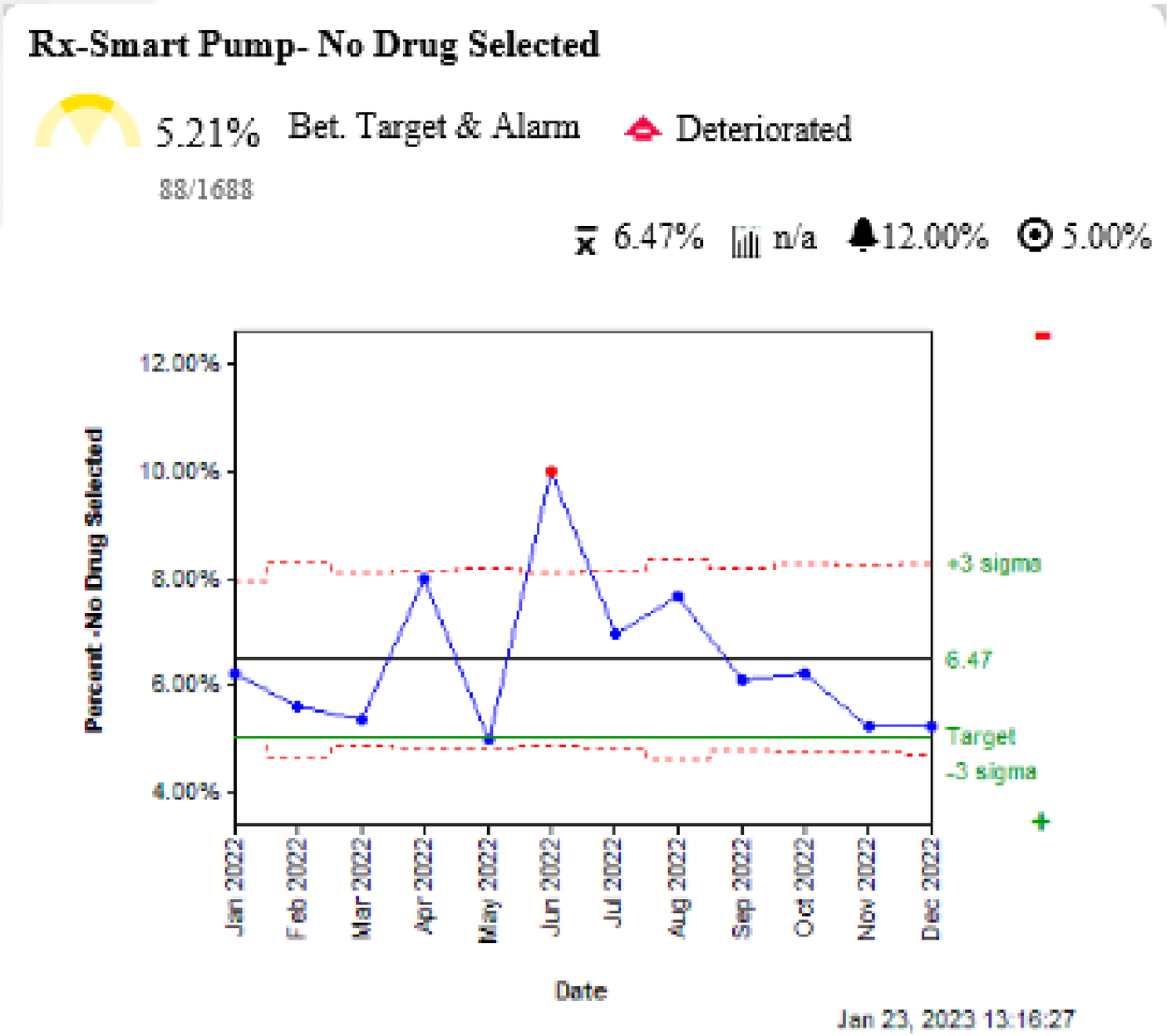
Pharmacy Department



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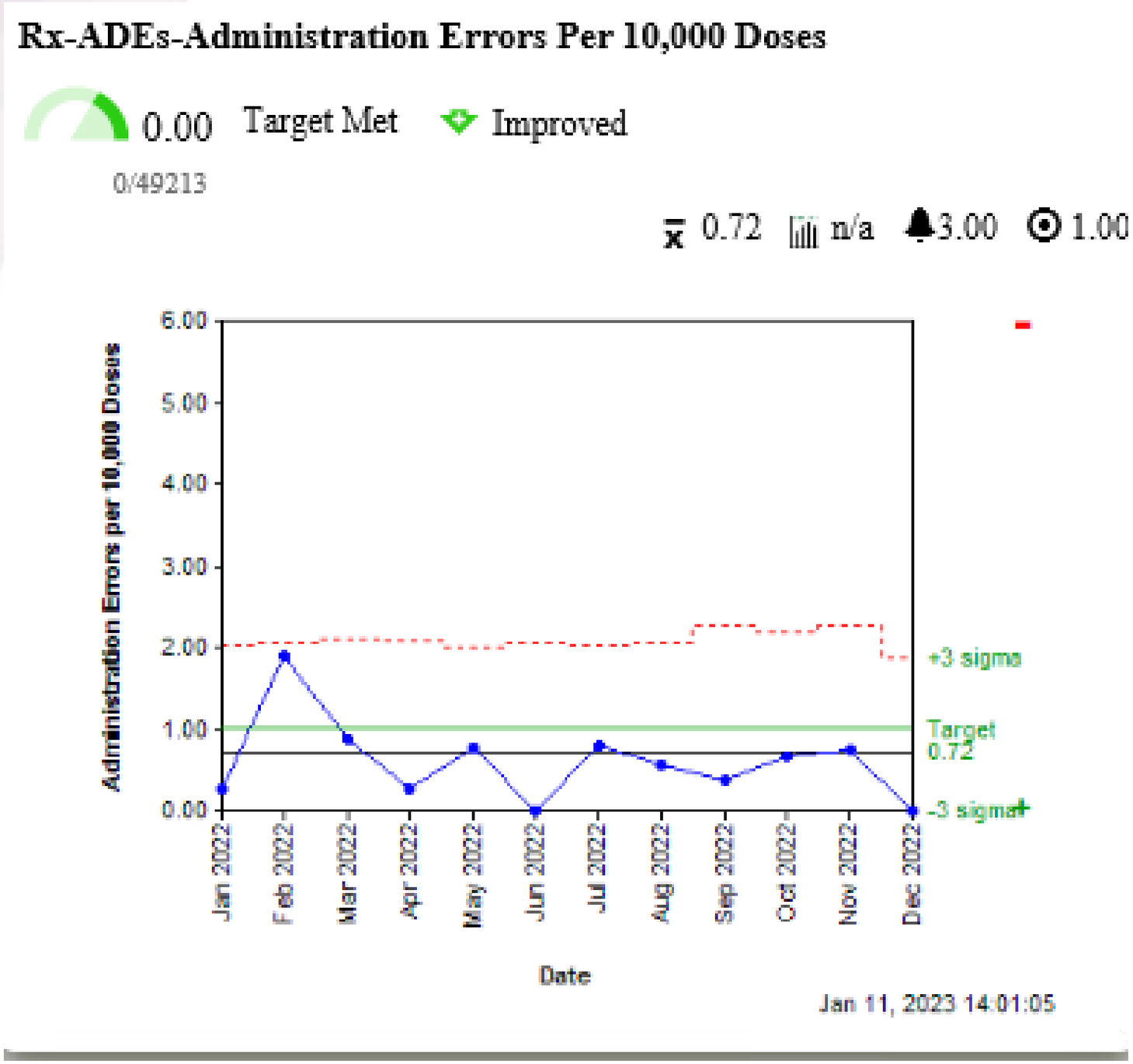

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Antimicrobial Stewardship

- Cefepime DOT
- Ertapenem DOT
- Levofloxacin DOT
- Meropenem DOT
- Pip-Tazo DOT
- Antimicrobial Spend PAPD ($)

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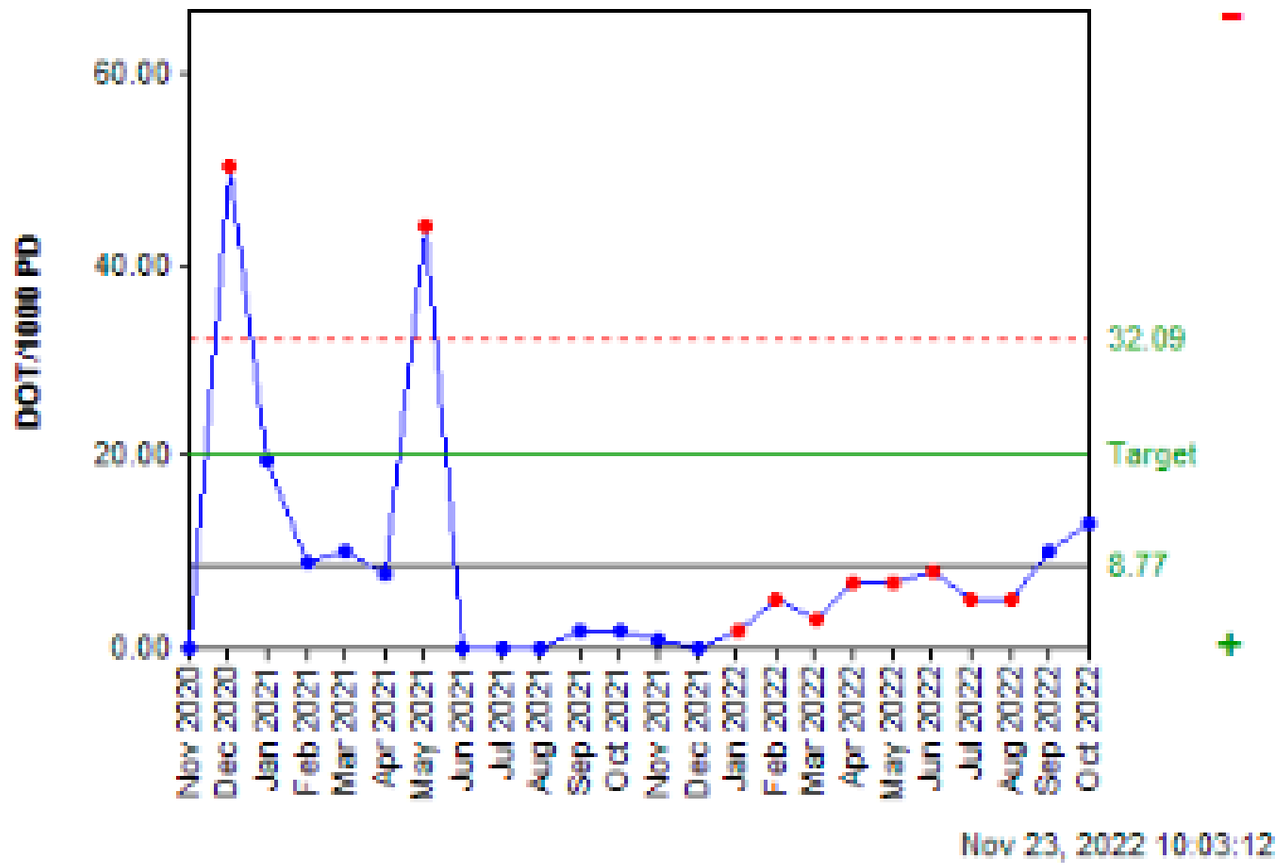
Rx-Antimicrobial Stewardship Meropenem DOT

13.00 Target Met Deteriorated

$\bar{x}$ 8.77 n/a 40.00 20.00



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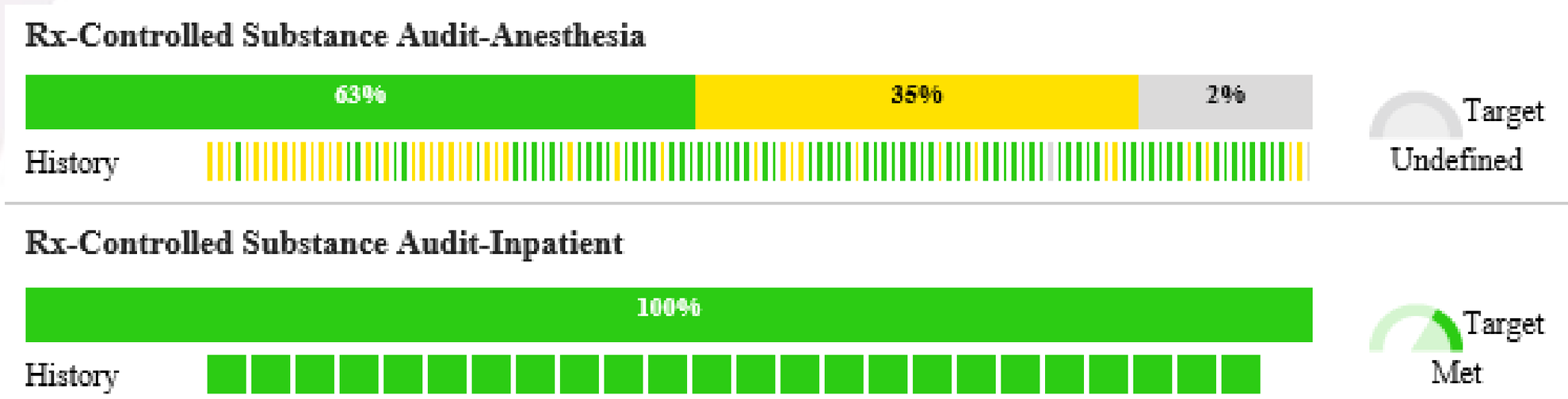
Pharmacy Department

Controlled Substances

- Controlled Substance Audit-Anesthesia Ertapenem DOT
- Controlled Substance Audit-Inpatient



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Pharmacy Department

IV Room

- Cleanroom Certification
- Cleanroom Contact Plates
- Cleanroom End Product Testing
- Cleanroom Glovetip Testing
- Cleanroom Hood Cleaning
- Cleanroom Quantitative Analysis
- Cleanroom Room Cleaning-Daily
- Cleanroom Room Cleaning-Weekly
- Cleanroom Written Competencies

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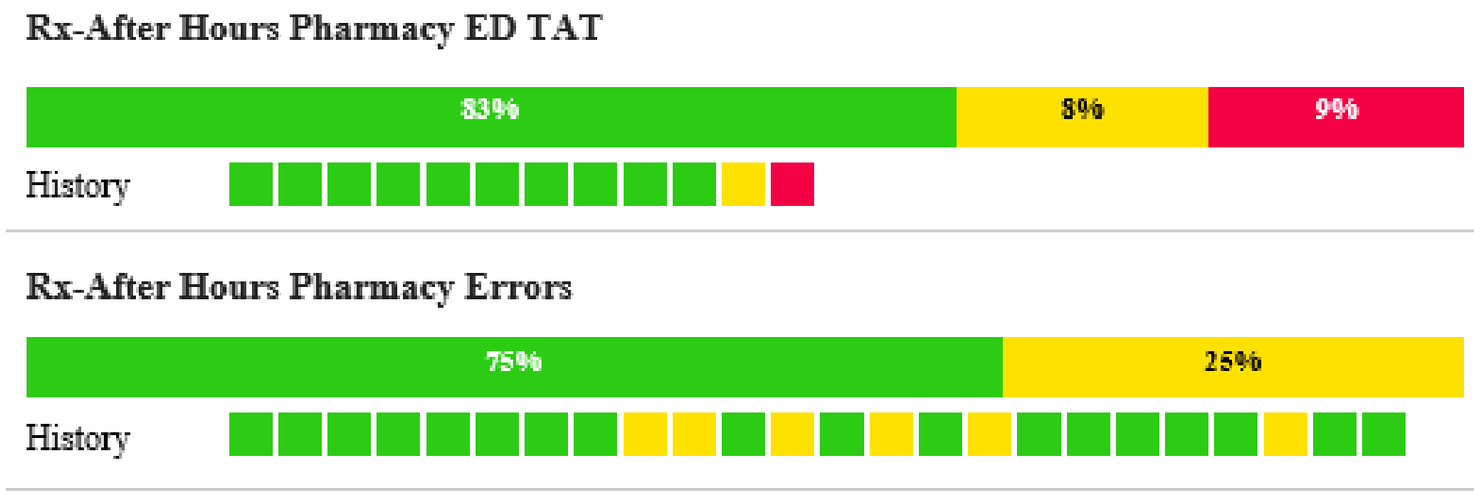
Pharmacy Department

Pharmacy Services

- After Hours Interventions
- After Hours Pharmacy ED TAT
- After Hours Pharmacy Errors
- Clinical Interventions-Dollars Saved



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Pharmacy Department

Pyxis

- ER Pyxis Overrides
- Pyxis Overrides
- Pyxis Stockouts

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Quality Indicator Performance & Plan

February Board Quality

Data for December 2022

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Mortality

Mortality

Indicator	Performance	Most Recent	Trend	Period				
Acute Care Mortality Rate (M)								
100% / History	Target Met	1.4% 1/72	Deteriorated	Dec 2022	15.3%	n/a	n/a	1.8%
COPD Mortality Rate |M|								
83% / 17% / History	Target Met	0.0% 0/5	No Change	Dec 2022	8.5%	n/a	n/a	0.0%
Congestive Heart Failure Mortality Rate |M|								
75% / 25% / History	Target Met	0.0% 0/1	No Change	Dec 2022	11.5%	n/a	n/a	7.9%
Pneumonia Mortality Rate |M|								
75% / 25% / History	Breaches Alarm	20.0% 1/5	Deteriorated	Dec 2022	15.6%	n/a	n/a	7.3%
Ischemic Stroke Mortality Rate |M|								
100% / History	Target Met	0.0% 0/1	No Change	Jan 2023	13.8%	n/a	n/a	0.0%
Hemorrhagic Stroke - Mortality Rate (M)								
80% / 20% / History	Target Met	0.0% 0/1	No Change	Dec 2022	0.0%	1.0%	n/a	20.0%

Indicator	Performance	Most Recent	Trend	Period				
Sepsis, Severe - Mortality Rate (M)								
91% / 9% / History	Target Met	0.0% 0/3	No Change	Dec 2022	25.0%	n/a	n/a	1.8%
Septic Shock - Mortality Rate (Q)								
50% / 50% / History	Target Met	0.0% 0/5	No Change	Q4-2022	0.0%	n/a	n/a	10.5%

AHRQ Patient Safety Indicators

Indicator	Performance	Most Recent	Trend	Period				
PSI 90 (v2021) Midas Patient Safety Indicators Composite, ACA (M)								
100% History	Target Met	0.00 0/0.013	No Change	Dec 2022	0.00	n/a	n/a	0.00
PSI 90 (v2021) Patient Safety Indicators Composite, ACA - Volume (M)								
100% History	Target Met	0	No Change	Dec 2022	0	n/a	n/a	0

The Patient Safety Indicators 90 (PSIs)

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

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Patient Falls
Preventable Harm

Quality > Patient Safety > Falls

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
RM ACUTE FALL- All (M) per 1000 patient days								
	Target Met	0.00 0/226	— No Change	Dec 2022	3.75	4.00	n/a	1.86
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days								
	Target Met	0.00 0/226	— No Change	Dec 2022	3.75	4.00	n/a	0.00

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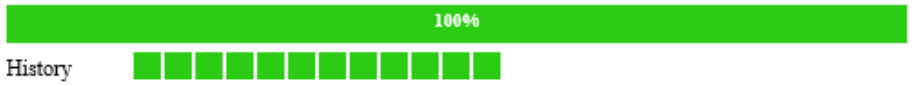
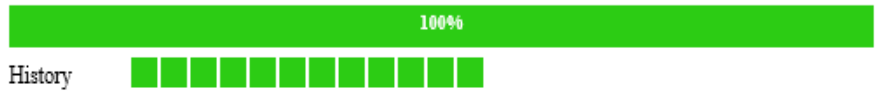
Readmissions

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)								
	Target Met	7.04% 5/71	Improved	Dec 2022	15.30%	15.50%	n/a	7.64%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/4	Improved	Dec 2022	19.5%	20.0%	n/a	11.5%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/1	No Change	Dec 2022	21.6%	22.0%	n/a	10.3%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Undefined	n/a 0/0		Dec 2022	4.0%	5.0%	n/a	4.8%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)								
	Target Met	0.0% 0/4	Improved	Dec 2022	16.6%	17.0%	n/a	8.8%
Sepsis, Severe - % Readmit within 30 Days (M)								
	Target Met	0.0% 0/3	No Change	Dec 2022	12.0%	13.0%	n/a	0.0%
Septic Shock - % Readmit within 30 Days (M)								
	Target Met	0.2% 1/4	Deteriorated	Dec 2022	13.3%	14.0%	n/a	0.2%

Blood Culture Contamination

Blood Cultures -Contamination Rate |RN| (M)

Indicator	Performance	Most Recent	Trend	Period	◎	🔔
Blood Cultures -Contamination Rate |RN| (M)	Breaches Alarm	3.7% 4/109	Deteriorated	Dec 2022	3.0%	3.1%
Blood Cultures -Contamination Rate |LAB| (M)	Target Met	0.0% 0/58	Improved	Dec 2022	3.0%	4.0%
Blood Cultures -Total Contamination Rate (M)	Target Met	2.3% 4/174	Improved	Dec 2022	3.0%	4.0%



Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Dec 2022	4	109	3.7%
Nov 2022	3	124	2.4%
Oct 2022	2	74	2.7%
Sep 2022	0	78	0.0%
Aug 2022	2	88	2.3%
Jul 2022	4	89	4.5%
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%

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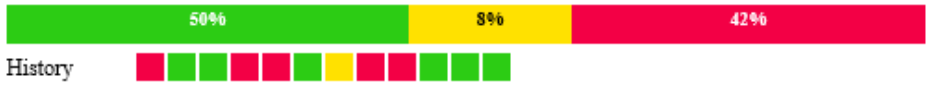
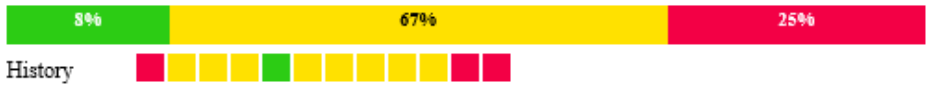
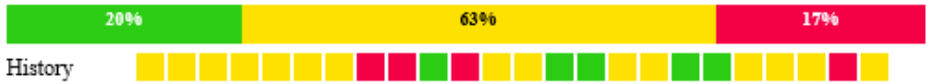
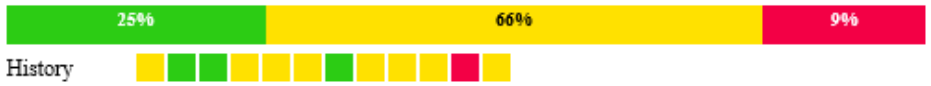
CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period				
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)	Target Met	8	Deteriorated	Dec 2022	10	11	n/a	3
CDSTK-04|Median- Door to Phys Eval |M| minutes	Target Met	2.50	Deteriorated	Dec 2022	10.00	11.00	n/a	1.75
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)	Target Met	9.00	Improved	Dec 2022	25.00	26.00	n/a	8.00
CDSTK-06|Median- Neuro Consult Contacted |M| minutes	Target Met	10.00	Improved	Dec 2022	30.00	31.00	n/a	16.75
CDSTK-07|Median- CT Read by Radiology |M| minutes	Target Met	24.50	Improved	Dec 2022	45.00	46.00	n/a	28.25
CDSTK-08|Median- Lab Results Posted |M| minutes	Target Met	21.00	Improved	Dec 2022	45.00	46.00	n/a	31.75
CDSTK-10|Median- Door to EKG Complete |M| minutes	Target Met	30.00	Improved	Dec 2022	60.00	61.00	n/a	39.75
CDSTK-11|Median-Door to tPA Decision |M| minutes	Target Met	8.00	Improved	Dec 2022	60.00	61.00	n/a	33.50
CDSTK-12|Median-Door to tPA |M| minutes	Target Met	26.00		Sep 2022	60.00	61.00	n/a	71.00

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
1 Day Stay Rate Medi-Cal [M]								
	Target Met	0.00% 0/11	No Change	Dec 2022	2.61%	5.00%	n/a	5.84%
1 Day Stay Rate-Medicare [M]								
	Target Met	0.00% 0/50	Improved	Dec 2022	8.10%	10.00%	n/a	8.41%
Acute Care - Geometric Mean Length of Stay [M]								
	Breaches Alarm	3.83 53.6095/14	Deteriorated	Dec 2022	2.75	3.23	n/a	3.16
Acute Care Age over 64 - MS-DRG Case Mix Index [M]								
	Bet. Target & Alarm	1.53 72.0125/47	Improved	Dec 2022	1.56	1.40	n/a	1.48
Acute Care- MS-DRG Case Mix Index [M]								
	Bet. Target & Alarm	1.45 95.6822/66	Improved	Dec 2022	1.55	1.40	n/a	1.51

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

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

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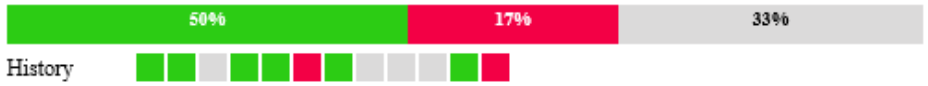
Core Measures

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)								
	Target Met	100.0% 1/1	No Change	Dec 2022	88.0%	50.0%	n/a	98.4%

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)								
	Breaches Alarm	169.50	Deteriorated	Dec 2022	132.00	140.00	n/a	163.50

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)								
	Target Met	0.5% 4/763	Improved	Dec 2022	2.0%	2.5%	n/a	2.3%

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)								
	Breaches Alarm	0.0% 0/1	Deteriorated	Dec 2022	72.0%	70.0%	n/a	86.7%

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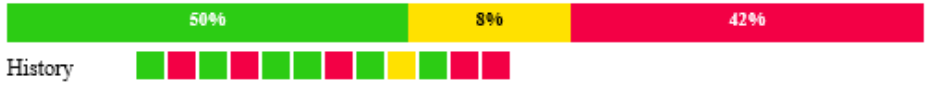
Core Measures Sepsis

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔		✕
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)								
	Breaches Alarm	45.5% 5/11	Deteriorated	Dec 2022	81.0%	80.0%	n/a	77.5%
SEPa - Severe Sepsis 3 Hour Bundle (M)								
	Breaches Alarm	63.6% 7/11	Deteriorated	Dec 2022	94.0%	90.0%	n/a	90.0%
SEPb - Severe Sepsis 6 Hour Bundle (M)								
	Target Met	100.0% 6/6	Improved	Dec 2022	100.0%	90.0%	n/a	95.1%

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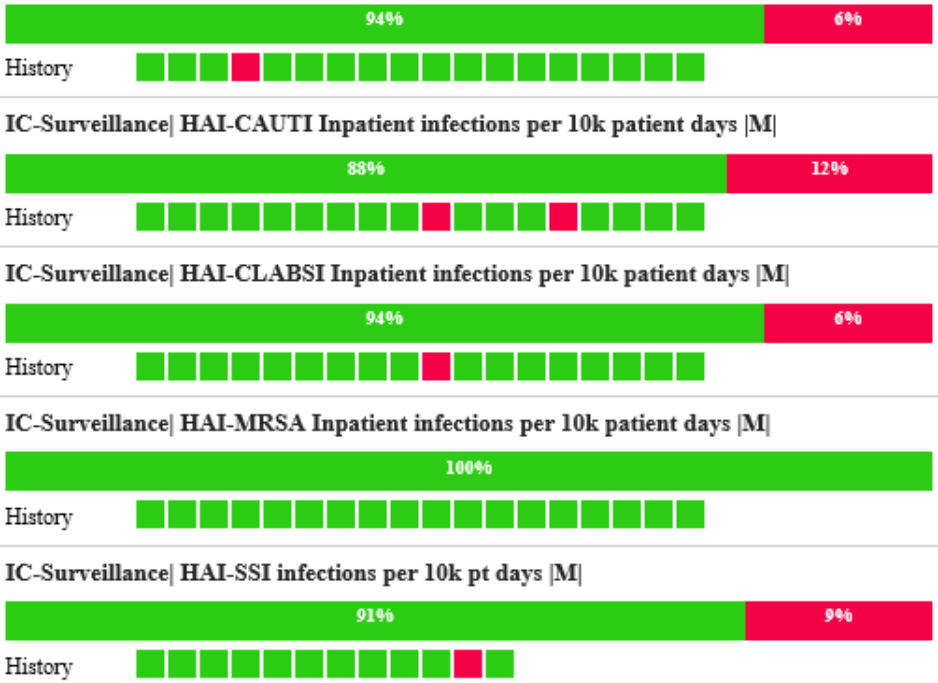
Infection Prevention

Indicator	Performance	Most Recent	Trend	Period				
IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days |M|	Target Met	0	No Change	Dec 2022	1	1	n/a	0
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|	Target Met	0	No Change	Dec 2022	1	1	n/a	0
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|	Target Met	0	No Change	Dec 2022	1	1	n/a	0
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|	Target Met	0	No Change	Dec 2022	1	1	n/a	0
IC-Surveillance| HAI-SSI infections per 10k pt days |M|	Target Met	0	Improved	Dec 2022	1	1	n/a	0



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Inpatient Patient Satisfaction December N= 11

Inpatient

Questions	Top Box	n	All PG Database Rank
*Rate hospital 0-10	63.64	11	30
*Recommend the hospital	63.64	11	35
***Comm w/ Nurses Domain Performance**	66.67	11	4
*Nurses treat with courtesy/respect	81.82	11	27
*Nurses listen carefully to you	63.64	11	6
*Nurses expl in way you understand	54.55	11	1
***Response of Hosp Staff Domain Performance**	47.73	11	5
*Call button help soon as wanted it	45.45	11	6
*Help toileting soon as you wanted	50.00	8	5
***Comm w/ Doctors Domain Performance**	64.55	11	2
*Doctors treat with courtesy/respect	63.64	11	1
*Doctors listen carefully to you	70.00	10	14
*Doctors expl in way you understand	60.00	10	2
***Hospital Environment Domain Performance**	53.64	11	10
*Cleanliness of hospital environment	80.00	10	85
*Quietness of hospital environment	27.27	11	1
***Comm About Medicines Domain Performance**	35.71	7	1
*Tell you what new medicine was for	57.14	7	1
*Staff describe medicine side effect	14.29	7	1
***Discharge Information Domain Performance**	83.33	9	26
*Staff talk about help when you left	88.89	9	82
*Info re symptoms/prob to look for	77.78	9	3
***Care Transitions Domain Performance**	37.78	10	4
*Hosp staff took pref into account	40.00	10	28
*Good understanding managing health	33.33	9	2
*Understood purpose of taking meds	40.00	10	1

*CAHPS

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Ambulatory Surgery Patient Satisfaction December N= 14

Ambulatory Surgery

Questions	Top Box	n	All PG Database Rank
*Facility rating 0-10	85.71	14	33
*Recommend the facility	78.57	14	17
***Communication Domain Performance**	91.90	14	49
*Provided needed info re procedure	100.00	14	99
*Instructions good re preparation	100.00	14	99
*Procedure info easy to understand	92.86	14	37
*Anesthesia info easy to understand	91.67	12	21
*Anes side effect easy to understand	75.00	12	4
***Facility/Personal Trtment Domain Performance**	89.29	14	1
*Check-in run smoothly	78.57	14	1
*Facility clean	100.00	14	99
*Clerks and receptionists helpful	78.57	14	1
*Clerks and reception courteous	85.71	14	1
*Staff treat w/ courtesy, respect	92.86	14	1
*Staff ensure you were comfortable	100.00	13	99
***Discharge Domain Performance**	96.43	14	38
*Written discharge instructions	100.00	14	99
*Instructions regarding recovery	78.57	14	5
*Information re subsequent pain	100.00	13	99
*Information re subsequent nausea	100.00	11	99
*Information re subsequent bleeding	100.00	10	99
*Info on response to infection	100.00	11	99
Nurses Overall	85.71	14	23
Nurses concern for comfort	85.71	14	19
Info nurses gave to prep for proc	85.71	14	27
Nurses response concerns/questions	85.71	14	23
Care Provider Overall	81.82	14	33
CP explanation about proc	78.57	14	15
Info CP shared re how proc went	84.62	13	64
CP response to concerns/questions	78.57	14	8
CP expln why proc important	85.71	14	78
Staff worked together care for you	85.71	14	16

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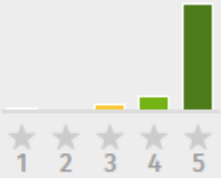
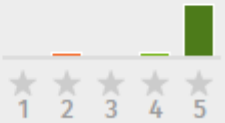
Rate My Hospital
Scale 1-5
December Data

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Emergency Department	84	4.63 95% CI: 4.45—4.80	

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Inpatient Care	3	4.67 95% CI: 3.91—5.00	

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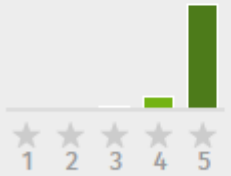
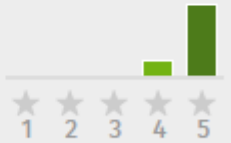
Rate My Hospital Scale 1-5

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Medical Imaging	156	4.76 95% CI: 4.67—4.86	

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Hand and Physical Therapy	5	4.80 95% CI: 4.55—5.00	

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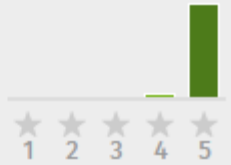
Rate My Hospital
Scale 1-5

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Outpatient Surgery	26	4.91 95% CI: 4.80—5.00	

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Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Finn, Stacey (sfinn)
Run date: 02/14/2023 11:33 AM

Report Parameters

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

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 2

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

Committee Members: **Finn, Stacey (sfinn), Newman, Cindi (cnewman), Woodall, Vivian (vwoodall)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Downtime Clinical Documentation *Medical Records Services Policies(MR)*	**Pending Approval**	2/7/2023	7

Summary Of Changes: **Changed title from "Downtime Paragon Clinical Documentation" to "Downtime Clinical Documentation."**

Changed all instances of "Paragon" to be more generic "EHR"and modified acronyms for clarity.

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza), Winkler, Jessica (jwinkler), McKinney, Terry (tmckinney), Cooper, Kylie (kcooper)**
ExpertReviewers: **00 Clinical P&P multidisciplinary review, ODonnell, Andrea (aodonnell)**
Approvers: **01 P&P Committee -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Document	Task/Status	Pending Since	Days Pending
RETIRE:: Cesarean Section Birth Roles, Responsibilities and Departmental Responsibilities During *Surgical Services/OR Dept*	**Pending Approval**	1/19/2023	26

Summary Of Changes: **RETIRE:: recommend retirement since we do not perform C-sections**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Winkler, Jessica (jwinkler), Cornell, Kelli (kcornell)**
Approvers: **Winkler, Jessica (jwinkler) -> 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)**

SUBJECT: Cesarean Section Birth Roles, Responsibilities	POLICY # 7420-113
	PAGE 1 of 3
DEPARTMENT: Surgery	EFFECTIVE: 7/96
REVIEW/REVISED: 12/07, 8/13, 5/18	

PURPOSE:

To provide continuity of care of the patient undergoing cesarean section. To insure the patient is properly assessed, screened for risk factors, educated and cared for in a safe manner. To define the roles and responsibilities of the Obstetrical (OB) Department and of the Surgical Services department in the combined delivery of care to the C-Section patient

POLICY:

It is the policy of the Sonoma Valley Hospital that the following personnel are present at a C-Section birth:

- OB Physician
- Baby's Physician or on-call physician
- Anesthesiologist
- First Assistant (MD, RNFA or PA)
- Birth Center registered nurse (RN) or OB RN
- RN circulator
- Scrub Nurse (RN or operating room scrub tech)

Recovery RN (as needed)

PROCEDURE:

A. Pre-procedure
    1. The OB MD will notify the Birth Center Staff with the appropriate terminology (non-elective in labor, urgent, STAT). The Birth Center Staff RN will notify the Administrative Coordinator on duty with the appropriate terminology and the Administrative Coordinator will notify the OR. Additional Calls are made to the baby's physician or pediatrician notifying them of procedure and their required presence.
    2. While the surgical crew, physicians and others respond, the Birth Center RN continues to manage the patient's labor and prepares the patient for the Cesarean birth by completing the following:
        a. Explain procedures and answers questions.
        b. Have patient sign consent after MD explains the procedure, risks and benefits and complications
        c. H & P on chart
        d. Laboratory test as ordered (usually CBC or type and screen)
        e. Prep patient as ordered.

f. Place Foley catheter.
g. Chart with completed Surgical Checklist (if possible).
h. Continue fetal monitor if ordered, if not do fetal heart tones every five minutes until OR nurse begins final prep.
i. Patient identification band affixed to patient.
j. Keep patient NPO.
k. Administer pre-op medications as ordered by physician

3. When the Surgery crew arrives, the following should occur:
   a. Anesthesiologist will complete anesthesia evaluation and assessment. Anesthesiologist will administer all anesthesias in C-Section room.
   b. The Scrub will:
      - Set up room and sterile field.
      - Ensure adequate supply of all equipment, instruments and supplies as needed.
      - Introduce self with patient and check patient's identification.
   c. The circulator will:
      - Assist in the set up of sterile field and room.
      - Ensure adequate supply of all equipment, instruments and supplies are available as needed.
      - Check armband and verify patient identity.
      - Check consent.
      - Pre-op medications as ordered – this is done by the OB nurse.
      - Check for allergies.
      - Check pre-operative laboratory and diagnostic are completed. Offer comfort measures.
      - Perform "time-out" according to Universal Protocol Policy
   d. The Nursery Nurse will prepare the infant equipment as follows:
      - Infant warmer
      - One packages sterile baby blanket
      - Warmer supply inventory checked per checklist
      - Place ET tube (approximate size), stylet, laryngoscope and appropriate blade, meconium aspirator on infant warmer.
      - The B.C. RN or OB Staff RN prepares to receive infant by completing the following:
        a. Have name bands ready, place on infant prior to leaving C-Section suit.
        b. Assist the baby's physician or pediatrician upon delivery by:
           1. Listening to heart and respiratory sounds.

2. Drying infant with blankets
3. Assisting with Apgar scoring.

c. Escort baby's physician, family member and infant back to nursery for an exam.

- Check Laryngoscope and light for functioning.
- Infant stethoscope for ready use.
- Set-up equipment, check 02, suctions, etc.
- Check infant ambu bag for pressure and flow.
- Sufficient supply of warm baby blankets in warmer.
- Bring open crib to C/S area for infant transport and delivery to pediatrician

B. Intra-procedure
1. Birth Center RN and the surgical crew are to assist moving patient to operating table.
2. The scrub and circulating personnel function in their roles
3. The birth center nurse will continue to monitor the labor with Doppler up to the time scrub begins to prep abdominal area.

C. Post procedure
1. After preparing the patient's room for recovery, the recovery nurse will bring the patient's bed to C-Section suite.
2. The surgical crew will move patient from OR table to the patient's bed.
3. After the patient leaves the suite, the scrub and circulator will gather the dirty instruments and place them in dirty utility room. The OB nurse is responsible for cleaning instruments and equipment.
4. Documentation should be completed.
5. The C-Section QI Audit form is to be filled out together by the OB and Surgery crew. Sign and return to OB Clinical Coordinator.

D. Department Responsibilities
1. The OB and surgical staff will mutually agree upon:
    - The location of supplies
    - The amount of supplies
    - The location of required equipment/instruments and type and amount of equipment/instruments required.
2. The OB department is responsible to maintain OR supply equipment. The OR will be responsible for ordering specialized operating room supplies.
3. The OB department will be responsible for:
    - Appropriately stocking supplies.
    - Reporting any failure or breakage of equipment In-servicing staff in appropriate use of equipment.
    - Entering patient charges.

- Knowing location of equipment, supplies and instruments in C-Section and supply room.

REFERENCES:
American College of Obstetricians and Gynecologists. Patient safety in the surgical environment. Committee opinion. Obstet Gynecol. 2006;107:429- 433
AORN guidance statement: Perioperative staffing. Perioperative Standards and Recommended Practices. Denver: AORN, 2009
(NIAHO NS.1, NS.3)

OWNER:
Surgery Manager

AUTHORS/REVIEWERS:
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Andrew Solomon, M.D., Medical Director of Surgical Services

APPROVALS:
Policy & Procedure Team: 1/16/18
Surgery Committee: 2/08/18
Medical Executive Committee: 2/15/18
Board Quality Committee: 3/28/18
The Board of Directors: 5/3/18