SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, MARCH 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 02.22.23	*Kornblatt Idell*	Action
4. ANNUAL QUALITY DEPARTMENT REVIEW	*Cooper*	Inform
5. QUALITY INDICATOR PERFORMANCE PLAN	*Cooper*	Inform
6. POLICIES AND PROCEDURES	*Cooper*	Inform
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Kornblatt Idell*	Action
8. ADJOURN	*Kornblatt Idell*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
February 22, 2023, 5:00 PM
MINUTES
Via Zoom Teleconference

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

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Meeting called to order at 5:00 p.m.	
2. PUBLIC COMMENT	*Kornblatt Idell*	
	None	
3. CONSENT CALENDAR	*Kornblatt Idell*	ACTION
• QC Minutes 01.25.23	Item 5 – Change the second sentence to "… elderly patients SVH is discharging." Also change the next paragraph, second sentence to "The majority of patients who left without being seen occur usually in high census times. Those that left without being seen have less severity of illness." Add the following paragraph: "SVH was notified two days prior to Committee meeting that an urgent care center was opening in town. The plan will be for Hospital representatives to reach out to the company for discussions and collaboration. No further information at this time."	**MOTION:** by Mainardi to approve, 2nd by Eisenstark. All in favor.

4. PHARMACY DEPARTMENT QA/PI	*Kutza*	INFORM
	Mr. Kutza reported on the Pharmacy Department quality measures through December 2022. There was some discussion regarding the controlled substances metrics. Mr. Kutza indicated he will have the anesthesia report rebuilt so the output is easier to read; he will also set targets for both measures.	
5. QUALITY INDICATOR PERFORMANCE PLAN	*Cooper*	INFORM
	Ms. Cooper shared the quality indicator performance for the month of December 2022. A new sepsis team has been formed to address sepsis core measures. Ms. Winkler shared HCAHPS scores for the past five quarters. A dip in top box scores in December was due to the Epic implementation; she expected to see those trend up again in the first quarter of 2023.	
6. POLICIES AND PROCEDURES	*Cooper*	INFORM
	The Policy Report was reviewed with no comments.	
7. FOLLOW-UP ON POLICIES AND PROCEDURES FROM JANUARY 2023 DISCUSSION	*Cooper*	
	The Surgery Dept. Cesarean Section policy is being retired since SVH no longer has an OB department. However, an Emergency Dept. OB policy exists where the patient would be transferred to a higher level of care. SVH does not have the capabilities of doing a Cesarean Section. The Committee asked if there were any portions of this policy that might be useful to add to the ER OB policy in the unlikely event complicated cases present in the ER. Ms. Cooper agreed the medical committee could take a look at this policy. The Committee was satisfied with the review.	
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 Speizer. All in favor.
9. ADJOURN	*Kornblatt Idell*	
	Meeting adjourned at 6:02 p.m.	

Annual Quality Report

Year Ending 2022

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Quality Overview 2022

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

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Quality Success 2022

- Mortality Rates below benchmark 2022
- Falls with injury zero incidents 2022
- % of readmissions below benchmark for 2022
- Achieved Silver Plus Award for Stroke Care from the American Heart Association

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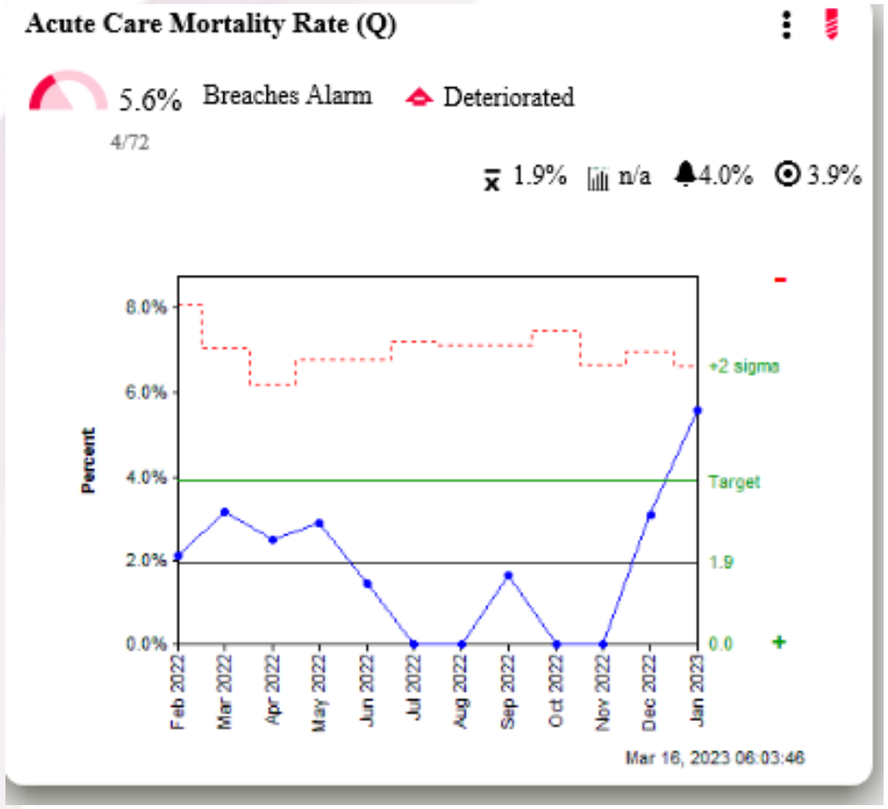
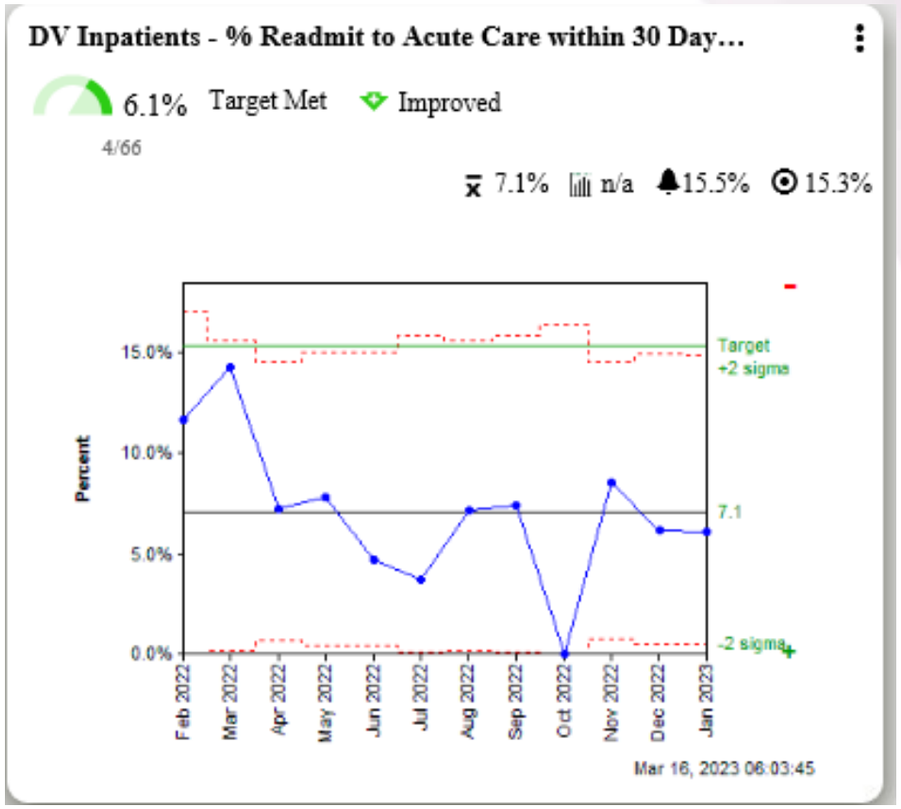
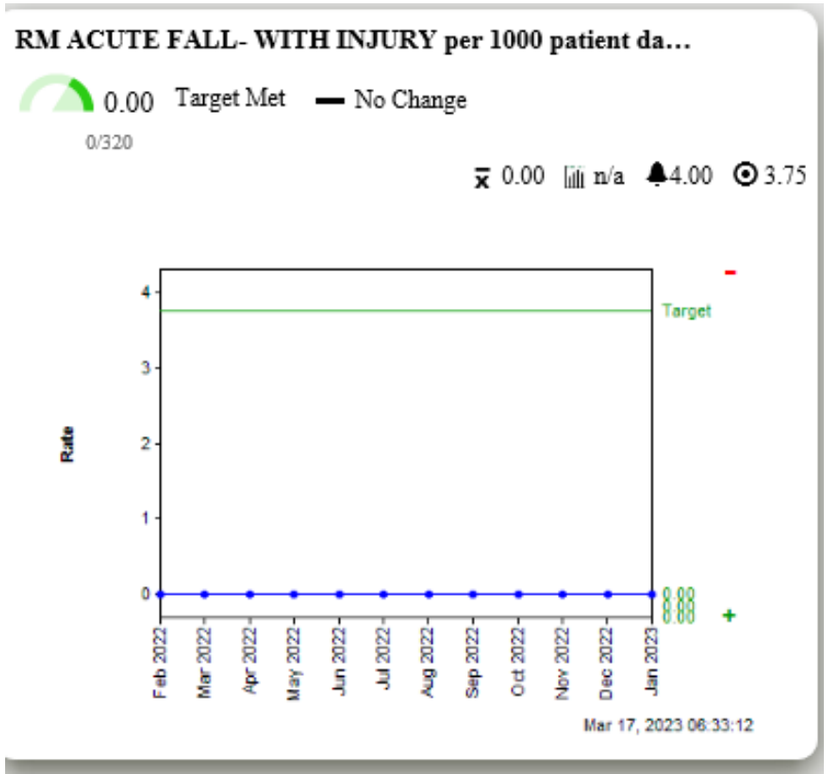
Success Data







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Success Data

American Heart Association.

American Heart Association. Get With The Guidelines. Stroke

The American Heart Association and
American Stroke Association proudly recognizes

Sonoma Valley Hospital
Sonoma, CA

Get With The Guidelines® - Stroke SILVER PLUS

Achievement Award Hospital

The American Heart Association recognizes this hospital for its continued success in using the **Get With The Guidelines®** program.

Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Nancy Brown
Chief Executive Officer
American Heart Association

Donald M. Lloyd-Jones, MD, ScM, FAHA
President
American Heart Association

*For more information, please visit **Heart.org/GWTGQualityAwards**.

American Heart Association.
2022
GET WITH THE GUIDELINES.
SILVER PLUS
STROKE

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Opportunity for Improvement for 2022

- Opportunity to decrease LOS
- Continued collaboration between quality department and ED department to make improvements in our Sepsis measures, sepsis task force now formed
- Blood Contamination by RN- Lead by Director of Emergency Services
- Patient Satisfaction Hospital Wide Initiative

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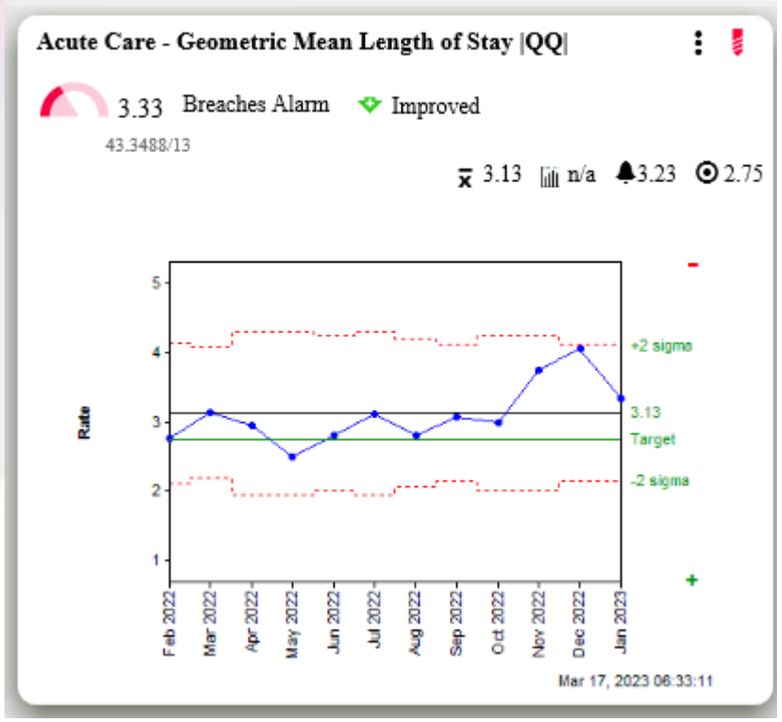
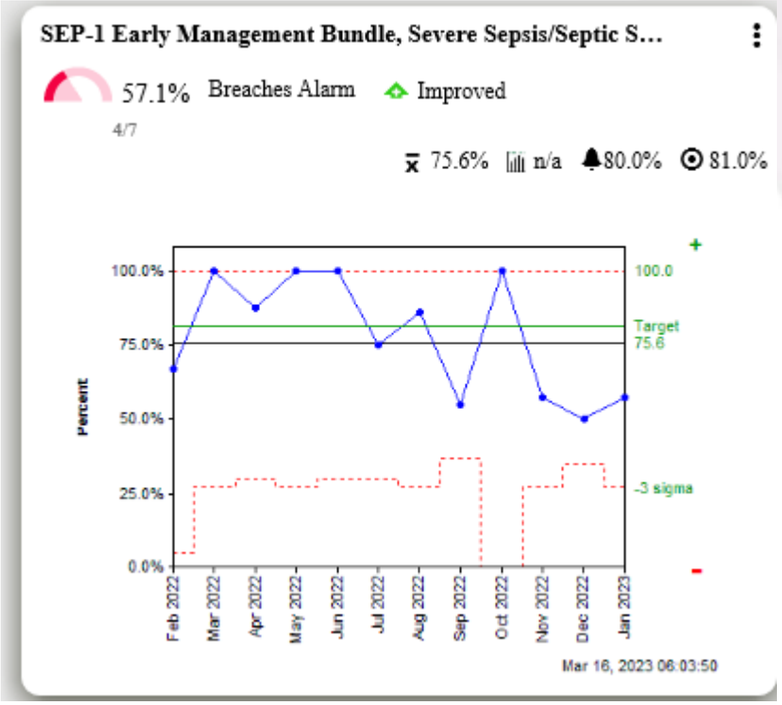
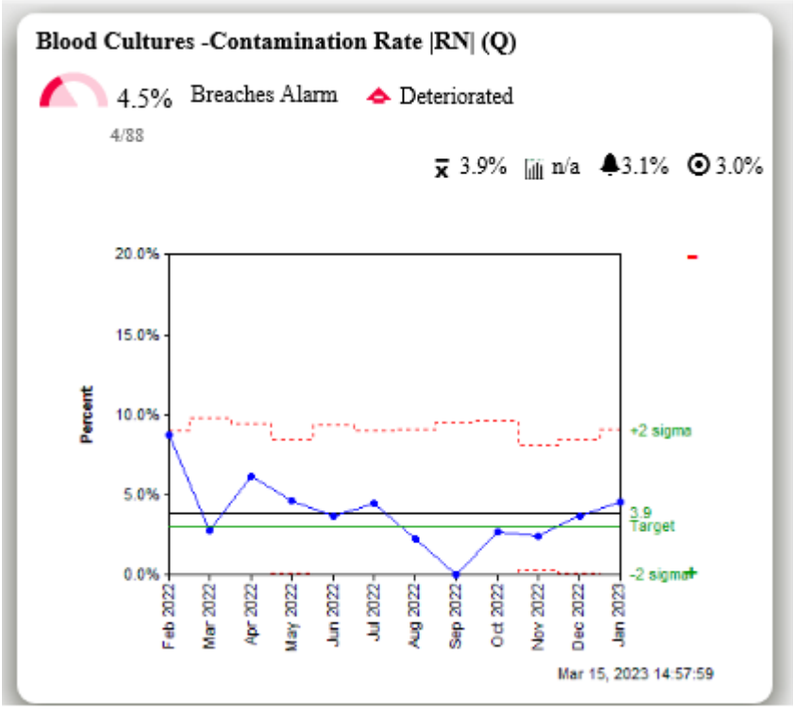
Opportunity Data







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Quality Department Re-alignment

- Case Management and Social Work department reporting to Director of Quality
- Quality Director reported to CEO in absence of CMO
- Department Members
  - Director of Quality and Risk Management
  - Quality Systems and Data Analyst
  - Infection Preventionist/Employee Health Nurse

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Quality Data Abstraction

- Q-Centrix is a data abstraction, quality focused and performance improvement company that provides secure quality data management to support a hospitals strategic initiatives. Currently perform all data abstraction for the department regarding quality metrics, infection control and core measures. Any measures not meeting target are then investigated by the Director of Quality

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Clinical Quality Review

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

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COVID 19 Support

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

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Peer Review Support

- Director of Quality, through clinical quality review, patient grievances, or referrals, completes the Peer Review form and refers to appropriate medical director for follow up
- This has allowed for a more robust peer review process at SVH. On average there are 1-2 peer review cases that are reviewed by the Medical Executive Committee each month
- Results of the peer review are shared with the identified provider via a follow up letter with outcomes of the peer review and recommendations by MEC

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Grievance/Risk Management Support

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

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EPIC Support

- Quality department provided direct oversight to the EPIC implementation project to ensure quality standards, regulations and outcomes were met
- Quality Analyst was vital in providing support during implementation and post implementation to ensure smooth transition of quality reporting metrics with change in electronic health record and interfacing to 3rd party vendors that are involved in our quality reporting
- Quality department involved in assuring reports out of EPIC are generated to continue quality improvement/assurance activities in each department

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Quality Indicator Performance & Plan

March Board Quality

Data for Jan/Feb 2023

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Mortality

Mortality

Indicator	Performance	Most Recent	Trend	Period				
Acute Care Mortality Rate (M)	Target Met	2.9% 2/69	Improved	Feb 2023	15.3%	n/a	n/a	2.0%
COPD Mortality Rate |M|	Target Met	0.0% 0/2	No Change	Feb 2023	8.5%	n/a	n/a	0.0%
Congestive Heart Failure Mortality Rate |M|	Target Met	0.0% 0/5	No Change	Feb 2023	11.5%	n/a	n/a	4.5%
Pneumonia Mortality Rate |M|	Target Met	0.0% 0/2	No Change	Feb 2023	15.6%	n/a	n/a	2.2%
Ischemic Stroke Mortality Rate |M|	Target Met	0.0% 0/3	No Change	Feb 2023	13.8%	n/a	n/a	0.0%
Hemorrhagic Stroke - Mortality Rate (M)	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)	Target Met	0.0% 0/3	No Change	Feb 2023	25.0%	n/a	n/a	2.2%
Septic Shock - Mortality Rate (Q)	Breaches Alarm	20.0% 1/5	Deteriorated	Q4-2022	0.0%	n/a	n/a	11.6%

AHRQ Patient Safety Indicators

Quality > Patient Safety > AHRQ Patient Safety Indicators_PSI

Indicator	Performance	Most Recent	Trend	Period				
PSI 90 (v2021) Midas Patient Safety Indicators Composite, ACA (M)	Target Met	0.00 0/0.017	No Change	Feb 2023	0.00	n/a	n/a	0.00
PSI 90 (v2021) Patient Safety Indicators Composite, ACA - Volume (M)	Target Met	0	No Change	Feb 2023	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 75% 8% 17% History	Target Met	0.00 0/260	Improved	Feb 2023	3.75	4.00	n/a	1.83
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days 100% History	Target Met	0.00 0/260	No Change	Feb 2023	3.75	4.00	n/a	0.00

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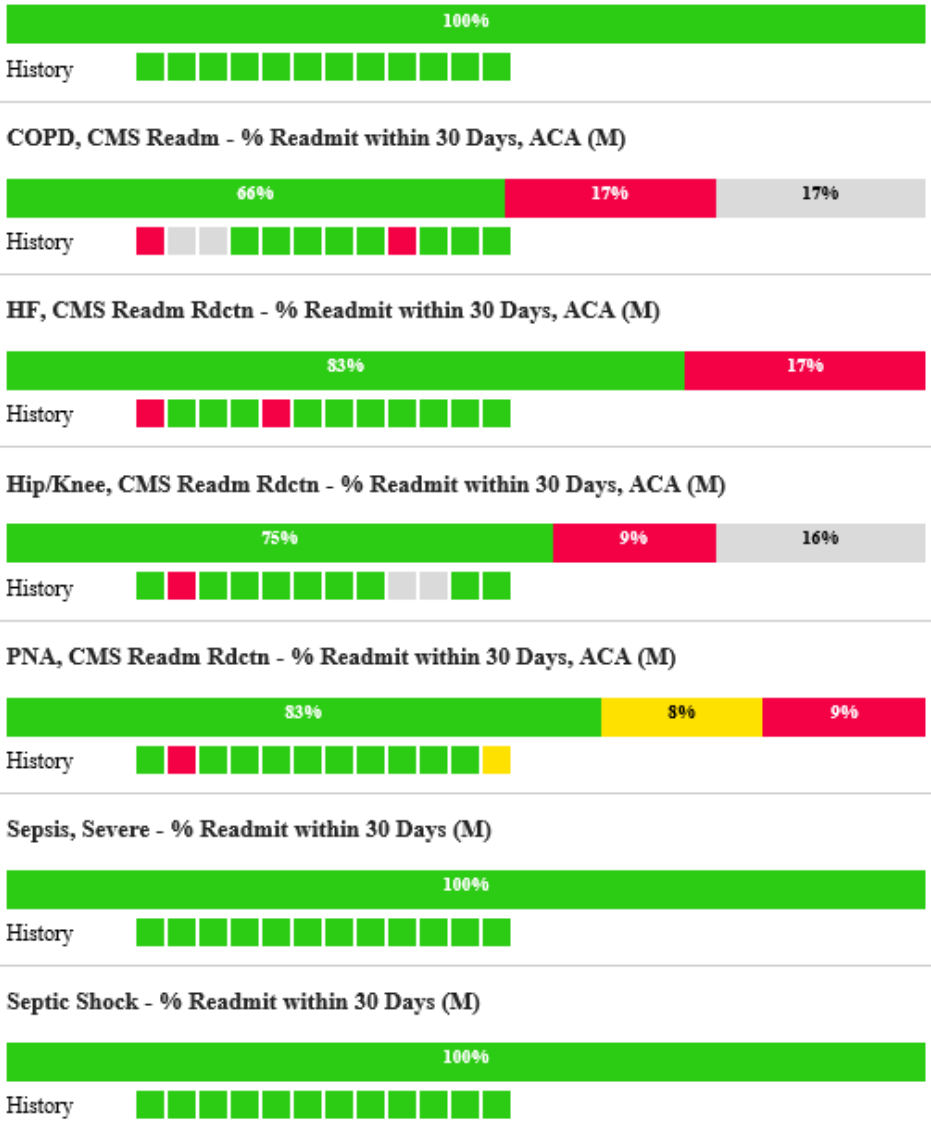
Readmissions

Indicator	Performance	Most Recent	Trend	Period				
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)	Target Met	2.99% 2/67	Improved	Feb 2023	15.30%	15.50%	n/a	6.41%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)	Target Met	0.0% 0/1	No Change	Feb 2023	19.5%	20.0%	n/a	11.1%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	Target Met	0.0% 0/5	No Change	Feb 2023	21.6%	22.0%	n/a	5.6%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	Target Met	0.0% 0/2	No Change	Feb 2023	4.0%	5.0%	n/a	4.2%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	Bet. Target & Alarm	16.7% 1/6	Deteriorated	Jan 2023	16.6%	17.0%	n/a	7.7%
Sepsis, Severe - % Readmit within 30 Days (M)	Target Met	0.0% 0/3	No Change	Feb 2023	12.0%	13.0%	n/a	0.0%
Septic Shock - % Readmit within 30 Days (M)	Target Met	0.5% 1/2	No Change	Jan 2023	13.3%	14.0%	n/a	0.2%



Blood Culture Contamination

Indicator	Performance	Most Recent	Trend	Period		
Blood Cultures -Contamination Rate |RN| (M)	Target Met	2.1% 2/95	Improved	Feb 2023	3.0%	3.1%
Blood Cultures -Contamination Rate |LAB| (M)	Target Met	0.0% 0/61	No Change	Feb 2023	3.0%	4.0%
Blood Cultures -Total Contamination Rate (M)	Target Met	1.3% 2/156	Improved	Feb 2023	3.0%	4.0%

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Feb 2023	2	95	2.1%
Jan 2023	4	88	4.5%
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%

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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	Feb 2023	10	11	n/a	3
CDSTK-04|Median- Door to Phys Eval |M| minutes	Target Met	3.00	Deteriorated	Feb 2023	10.00	11.00	n/a	1.25
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)	Target Met	9.00	Deteriorated	Feb 2023	25.00	26.00	n/a	8.00
CDSTK-06|Median- Neuro Consult Contacted |M| minutes	Target Met	15.00	Improved	Feb 2023	30.00	31.00	n/a	16.00
CDSTK-07|Median- CT Read by Radiology |M| minutes	Target Met	33.00	Deteriorated	Feb 2023	45.00	46.00	n/a	28.75
CDSTK-08|Median- Lab Results Posted |M| minutes	Target Met	24.50	Deteriorated	Feb 2023	45.00	46.00	n/a	28.50
CDSTK-10|Median- Door to EKG Complete |M| minutes	Target Met	40.00	Deteriorated	Feb 2023	60.00	61.00	n/a	38.50
CDSTK-11|Median-Door to tPA Decision |M| minutes	Breaches Alarm	62.00	Improved	Feb 2023	60.00	61.00	n/a	33.50
CDSTK-12|Median-Door to tPA |M| minutes	Target Undefined	n/a		Feb 2023	60.00	61.00	n/a	71.00

Utilization Management

Utilization Management

Indicator	Performance	Most Recent	Trend	Period				
1 Day Stay Rate Medi-Cal [M]	Target Met	0.00% 0/13	No Change	Feb 2023	2.61%	5.00%	n/a	5.59%
1 Day Stay Rate-Medicare [M]	Target Met	0.00% 0/43	No Change	Feb 2023	8.10%	10.00%	n/a	7.06%
Acute Care - Geometric Mean Length of Stay [M]	Breaches Alarm	3.26 45.5807/14	Improved	Feb 2023	2.75	3.23	n/a	3.18
Acute Care Age over 64 - MS-DRG Case Mix Index [M]	Breaches Alarm	1.36 65.4842/48	Deteriorated	Feb 2023	1.56	1.40	n/a	1.47
Acute Care- MS-DRG Case Mix Index [M]	Bet. Target & Alarm	1.41 93.2823/66	Improved	Feb 2023	1.55	1.40	n/a	1.49

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

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

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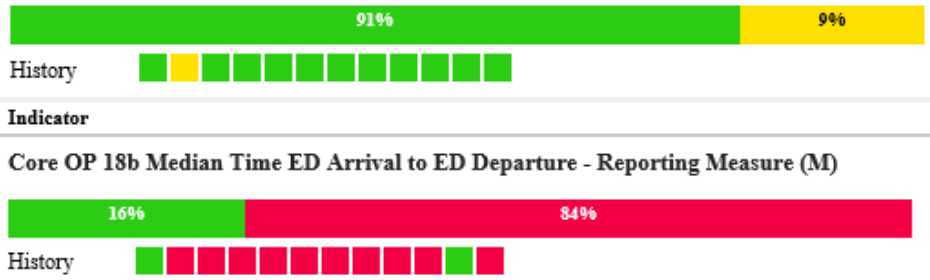
Core Measures

Core Measures > HOP Colonoscpy

Indicator	Performance	Most Recent	Trend	Period				
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)	Target Met	100.0% 9/9	No Change	Feb 2023	88.0%	50.0%	n/a	98.5%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)	Breaches Alarm	263.00	Deteriorated	Feb 2023	132.00	140.00	n/a	168.00
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)	Target Met	0.5% 3/657	Deteriorated	Feb 2023	2.0%	2.5%	n/a	2.0%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	Target Undefined	n/a		Feb 2023	72.0%	70.0%	n/a	81.8%



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Core Measures Sepsis

Indicator	Performance	Most Recent	Trend	Period				
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)								
50% / 50% History	Breaches Alarm	25.0% 1/4	Deteriorated	Feb 2023	81.0%	80.0%	n/a	73.9%
SEPa - Severe Sepsis 3 Hour Bundle (M)								
41% / 9% / 50% History	Breaches Alarm	75.0% 3/4	Deteriorated	Feb 2023	94.0%	90.0%	n/a	89.9%
SEPb - Severe Sepsis 6 Hour Bundle (M)								
66% / 34% History	Breaches Alarm	33.3% 1/3	Deteriorated	Feb 2023	100.0%	90.0%	n/a	91.5%

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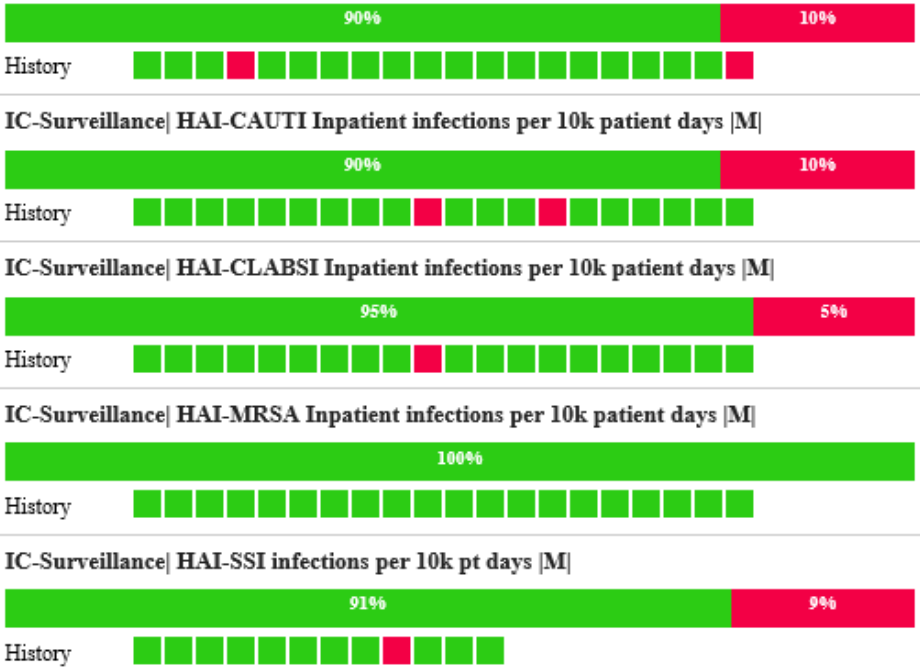
Infection Prevention

Infection Prevention

Indicator	Performance	Most Recent	Trend	Period				
IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days |M|	Breaches Alarm	1	Deteriorated	Feb 2023	1	1	n/a	0
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|	Target Met	0	No Change	Feb 2023	1	1	n/a	0
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|	Target Met	0	No Change	Feb 2023	1	1	n/a	0
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|	Target Met	0	No Change	Feb 2023	1	1	n/a	0
IC-Surveillance| HAI-SSI infections per 10k pt days |M|	Target Met	0	No Change	Feb 2023	1	1	n/a	0



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Inpatient Patient Satisfaction
Now reporting HCAHPS Quarterly

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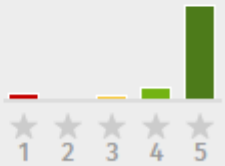
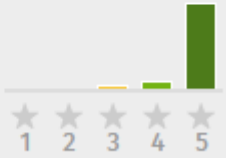
Rate My Hospital
Scale 1-5
January/February Data

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Emergency Department	173	4.47 95% CI: 4.32—4.63	

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Inpatient Care	8	4.80 95% CI: 4.46—5.00	

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

Rate My Hospital Scale 1-5

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Medical Imaging	369	4.84 95% CI: 4.79—4.89	1 2 3 4 5

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Hand and Physical Therapy	104	4.92 95% CI: 4.86—4.97	1 2 3 4 5

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

Rate My Hospital
Scale 1-5

Rank	Department	Responses	Average Score	Score breakdown
1	Sonoma Valley Hospital / Outpatient Surgery	80	4.84 95% CI: 4.74—4.94	

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

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: 03/16/2023 11:30 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: 55

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

Committee Members: **Crayton, Monique (mcrayton), Finn, Stacey (sfinn), Newman, Cindi (cnewman)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Administration of Medications *Medication Management Policies (MM)*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Updated date accessed on reference; deleted old attachment showing standard administration times. New Epic specific frequencies and standard times is uploaded as a separate attachment.**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Audiograms *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Corrected abbreviations, removed staff names and added findings that warrant referral for further testing.**

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

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

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)**

Bipap ST-D Ventilatory Support System *Respiratory Therapy Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Added purpose and policy statements; spelled out acronyms, minor grammatical corrections.**

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

Lead Authors: **Winkler, Jessica (jwinkler)**

Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Blood and Body Fluid Exposures *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Correction of Title, Medications for post exposure prophylaxis have been changed to reflect what UCSF PEP line recommends.**

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

Body Fluid Exposure Prophylaxis Kit Preparation 8390-06 | **Pending Approval** | 3/16/2023 | 0
Pharmacy Dept

Summary Of Changes: **Removed reference to Paragon in the procedure**
Updated date accessed to reference
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Breast-Feeding Mothers and Intravenous Contrast Administration 7630-107 | **Pending Approval** | 3/16/2023 | 0
Diagnostic Services Dept Policies

Summary Of Changes: **Reviewed Policy, updated author and reviewers**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Young, Dave (dyoung)**
ExpertReviewers: **Medical Director-Diagnostic Radiology**
Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Breath Alcohol Testing | **Pending Approval** | 3/16/2023 | 0
Occupational Health Dept

Summary Of Changes: **Expanded abbreviations, corrected grammatical errors and removed staff names.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

C-II Controlled Substance Wholesaler Invoice Management Procedure 8390-04 | **Pending Approval** | 3/16/2023 | 0
Pharmacy Dept

Summary Of Changes: **Changed all steps to match the current process in the updated version of the AmerisourceBergen ordering website.**
Deleted appendix with screenshots.
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Culture of Safety | **Pending Approval** | 2/23/2023 | 21
Governance and Leadership Policies

Summary Of Changes: **Added appropriate references. No other changes**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cooper, Kylie (kcooper)**
Approvers: **Hennelly, John (jhennelly) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Department of Transportation Physical Exams	**Pending Approval**	3/16/2023	0
Occupational Health Dept			

Summary Of Changes: **Corrected abbreviations, staff title, removed staff names. Addressed grammar.**

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

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

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)**

Discharge Criteria	**Pending Approval**	3/16/2023	0
SCU (Surgical Care Unit Dept			

Summary Of Changes: **Updated references, owner, authors updated, and the words "as needed" to line 2c. Added verbiage around Vital Signs + or - 20%**
blood pressure parameters added:
Stable vital signs as defined by blood pressure and heart rate within +/- 20% of baseline. SCU nurse must have established baseline verified by chart review and patient report. Critical vital signs, systolic at or above 160, and diastolic at or above 100 must be addressed even if close to patient baseline.

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)**

Drug Testing for Minors	**Pending Approval**	3/16/2023	0
Occupational Health Dept			

Summary Of Changes: **Correction of abbreviation, no other changes.**

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

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

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)**

Examination Orders	**Pending Approval**	3/16/2023	0
Diagnostic Services Dept Policies			

Summary Of Changes: **Updated references to the electronic medical record.**
Updated author/approvers.

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)**

Formulary Management	**Pending Approval**	2/23/2023	21
Medication Management Policies (MM)			

Summary Of Changes: **Reviewed with no changes. Updated date accessed to be 9/26/2022 for reference https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/ucm580419.htm#biosimilar**

--Action item when published--Please separate appendix into a separate document

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Influenza Vaccination 7775-04 | **Pending Approval** | 3/16/2023 | 0

Occupational Health Dept

Summary Of Changes: **Corrected spelling error and staff title, added comment regarding inputting vaccine information into the California Immunization Registry.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Influenza Vaccination Program for Staff and LIPs | **Pending Approval** | 3/16/2023 | 0

Infection Prevention & Control Policies (IC)

Summary Of Changes: **Removed References to Skilled Nursing**
New revision date information 2/23 in header and ending, fixed abbreviations and accronyms
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Montecino, Stephanie (smontecino)**
ExpertReviewers: **Sankaran, Sujatha (ssankaran)**
Approvers: **Cooper, Kylie (kcooper) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Investigational Drug Use | **Pending Approval** | 3/16/2023 | 0

Medication Management Policies (MM)

Summary Of Changes: **Corrected typos. Updated date accessed for reference. Added sentence stating that a copy of the protocol will be made available to nursing and pharmacy.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Lipid Rescue for Local Anesthetic Toxicity | **Pending Approval** | 2/23/2023 | 21

Medication Management Policies (MM)

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

---Action Item when publishing--Please separate out the appendix as a separate document.
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Maintenance of Pharmacy Equipment | **Pending Approval** | 2/23/2023 | 21

Pharmacy Dept

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

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Malignant Hyperthermia | **Pending Approval** | 3/16/2023 | 0

Medication Management Policies (MM)

Summary Of Changes: **Reviewed by pharmacy with updates to date accessed for references.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

MRSA Work Status | **Pending Approval** | 3/16/2023 | 0

Occupational Health Dept

Summary Of Changes: **Clarity on who should be restricted from work. Correction staff title**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Multi-Dose and Single-Dose Vials | **Pending Approval** | 3/16/2023 | 0

Medication Management Policies (MM)

Summary Of Changes: **Updated references**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nitrazine Testing for Amniotic Fluid | **Pending Approval** | 2/23/2023 | 21

Laboratory Services Policies (LB)

Summary Of Changes: **Test no longer in use. Retire Policy. See Fern testing policy**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)**
ExpertReviewers: **Medical Director-Lab**
Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nourishment Between Meal Snacks | **Pending Approval** | 2/23/2023 | 21

Food & Nutrition Services Dept Policies

Summary Of Changes: **Reviewed, no changes needed**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Finn, Bridget (bfinn)**
Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Ordering and Prescribing	**Pending Approval**	3/16/2023	0
Medication Management Policies (MM)			

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

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Patient Controlled Analgesia (PCA)	**Pending Approval**	3/16/2023	0
Medication Management Policies (MM)			

Summary Of Changes: **Updated strength of hydromorphone PCA to 1mg/ml to match new strength used in Epic**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

PB 840 Ventilator	**Pending Approval**	3/16/2023	0
Respiratory Therapy Dept			

Summary Of Changes: **Formatting; added purpose, included collaboration with MDs (for orders and vent management) RNs for hemodynamic monitoring. Added procedure step for discontinuation of mechanical ventilation. Added reference to Puritan Bennett 800 AND 900 series vents because we do have both now.**

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

Lead Authors: **Winkler, Jessica (jwinkler)**

Approvers: **Winkler, Jessica (jwinkler) -> 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)**

Pharmaceutical Waste Management	**Pending Approval**	3/16/2023	0
Medication Management Policies (MM)			

Summary Of Changes: **Updated references to current versions. Deleted obsolete references**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Pharmacy Staff Competency Assessment 8390-09	**Pending Approval**	3/16/2023	0
Pharmacy Dept			

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

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Point of Care Testing (POCT)	**Pending Approval**	2/23/2023	21
Laboratory Services Policies (LB)			

Summary Of Changes: **Reviewed, removed 2South/2North, Birth Center, Home Care and Skilled Nursing, formatting changes**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)**
ExpertReviewers: **Medical Director-Lab**
Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Pre Placement Physicals	**Pending Approval**	3/16/2023	0
Occupational Health Dept			

Summary Of Changes: **Reviewed, replaced titles with "provider". No other changes.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Preparation of Methotrexate IM Doses Using ChemoClave System Procedure	**Pending Approval**	2/23/2023	21
Pharmacy Dept			

Summary Of Changes: **Reviewed no changes**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Professional Credentials & Associations	**Pending Approval**	2/23/2023	21
Food & Nutrition Services Dept Policies			

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Finn, Bridget (bfinn)**
Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Pyxis Medstation, Management and Use	**Pending Approval**	3/16/2023	0
Medication Management Policies (MM)			

Summary Of Changes: **Added section to comply with California regulation regarding use of automated dispensing systems in hospitals whe used to provide ED patients with doses to take home after discharge. Added section describing need to report medication errors per policy and regulation. Updated references to include citations regarding this regulation. Made minor formatting changes.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**
Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

QAPI Procedures Sampling Plan-IV Room	**Pending Approval**	3/16/2023	0
Pharmacy Dept			

Summary Of Changes: **Updated typo in version of USP 797 used; updated date accessed in reference**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

QuantiFERON IGRA Testing 7775-15 | **Pending Approval** | 3/16/2023 | 0

Occupational Health Dept

Summary Of Changes: **Correction of abbreviations and staff title**

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

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

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)**

Rabies Post-Exposure Vaccination | **Pending Approval** | 3/16/2023 | 0

Occupational Health Dept

Summary Of Changes: **Correction of abbreviations, staff title, and grammar content. Addition of recommendation for exposure to bats if no known bite.**

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

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

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)**

Required Certifications | **Pending Approval** | 3/7/2023 | 9

Human Resources Policies (HR)

Summary Of Changes: **Updated list of positions that require BLS**
Clarified the reimbursement process and the name of the proper form to submit to Accounting.

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)**

RETIRE:: Drug Regimen Review for Skilled Nursing Facility | **Pending Approval** | 2/23/2023 | 21

Medication Management Policies (MM)

Summary Of Changes: **RETIRE:: This policy is obsolete and should be deactivated. We no longer service the SNF.**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE:: Pharmaceutical Care Consulting for Skilled Care Facility | **Pending Approval** | 2/23/2023 | 21

Medication Management Policies (MM)

Summary Of Changes: **RETIRE:: This policy is obsolete and should be removed. We no longer service the SNF**

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE:: Position Descriptions | **Pending Approval** | 2/23/2023 | 21

Food & Nutrition Services Dept Policies

Summary Of Changes: **RETIRE:: Recommend this policy is retired. Content is reflected in Organizational HR policies.**

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

Lead Authors: **Finn, Bridget (bfinn)**

Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE::Departmental Safety Measures	**Pending Approval**	3/16/2023	0
Diagnostic Services Dept Policies			

Summary Of Changes: **RETIRE: REDUNDANT.**
These safety measures are all covered in other policies.

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)**

Self Administration of Medications	**Pending Approval**	2/23/2023	21
Medication Management Policies (MM)			

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

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

Lead Authors: **Kutza, Chris (ckutza)**

Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Self Referral Testing	**Pending Approval**	2/23/2023	21
Laboratory Services Policies (LB)			

Summary Of Changes: **Reviewed. Added Owner, Reviewer and Approval team**

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

Lead Authors: **Kuwahara, Dawn (dkuwahara), Ramos, Karen (kramos)**

ExpertReviewers: **Medical Director-Lab**

Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Sports Physicals	**Pending Approval**	3/16/2023	0
Occupational Health Dept			

Summary Of Changes: **Retiring Policy, Occupational Health no longer provides this service.**

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

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

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)**

Standard Employer Service Rate	**Pending Approval**	3/16/2023	0
Occupational Health Dept			

Summary Of Changes: **Correction to staff title, no other changes.**

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

Transfer of Patients for Diagnostic Imaging *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Correction of title, no other changes**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Transfer of Patients to the Emergency Room from Occupational Health *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Correction of abbreviations and title changes.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Travel Medicine *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Correction of abbreviations, grammar and titles completed.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Tuberculosis Screening 7775-12 *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Correction of abbreviations and staff title**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Urine Drug Screening *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes: **Correction of abbreviations, staff title and grammar.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
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)**

Vaccination Policy *Occupational Health Dept*	**Pending Approval**	3/16/2023	0

Summary Of Changes:	**Correction of abbreviations, staff title, addition of inputting data into the California Immunization Registry.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kuwahara, Dawn (dkuwahara)**
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)**

Verbal and Telephone Orders	**Pending Approval**	3/16/2023	0
Medical Staff Dept			

Summary Of Changes:	**Reviewed. Removed references to Paragon and replaced with "Electronic Health Record"**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza), Finn, Stacey (sfinn), Cooper, Kylie (kcooper)**
ExpertReviewers:	**Cooper, Kylie (kcooper), Kutza, Chris (ckutza)**
Approvers:	**Sankaran, Sujatha (ssankaran) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Weapons GL8610-200	**Pending Approval**	3/7/2023	9
Governance and Leadership Policies			

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Hennelly, John (jhennelly)**
Approvers:	**01 P&P Committee -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Yellow Fever Vaccination	**Pending Approval**	3/16/2023	0
Occupational Health Dept			

Summary Of Changes:	**Correction of grammatical errors. Addition of adding immunization into the California Immunization Registry.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Kuwahara, Dawn (dkuwahara)**
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)**