



## SVHCD QUALITY COMMITTEE

### AGENDA

WEDNESDAY, JULY 26, 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/91601200156?pwd=cXYzdUs2MEZnS2xHVUJyL  
3phWWdGQT09.](https://sonomavalleyhospital-org.zoom.us/j/91601200156?pwd=cXYzdUs2MEZnS2xHVUJyL3phWWdGQT09)

and Enter the **Meeting ID: 916 0120 0156**  
**Passcode: 891667**

To Participate via Telephone only, dial:  
**1-669-900-9128 or 1-669-219-2599**

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, Monique Crayton, at <a href="mailto:mcrayton@sonomavalleyhospital.org">mcrayton@sonomavalleyhospital.org</a> or 707.935.5005 at least 48 hours prior to the meeting.		
<b>MISSION STATEMENT</b> <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
<b>2. PUBLIC COMMENT SECTION</b> <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>	
<b>3. CONSENT CALENDAR</b> • Minutes 06.28.23	<i>Kornblatt Idell</i>	Action
<b>4. LAB QA/PI</b>	<i>Kuwahara</i>	Inform
<b>5. QUALITY INDICATOR PERFORMANCE AND PLAN</b>	<i>Cooper</i>	Inform
<b>6. PATIENT CARE SERVICES DASHBOARD 2<sup>ND</sup> QUARTER</b>	<i>Winkler</i>	Inform
<b>7. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	Inform
<b>8. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Kornblatt Idell</i>	Action
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**  
**June 28, 2023, 5:00 PM**  
**MINUTES**  
**Via Zoom Teleconference**

<b>Members Present – Via Zoom</b>	<b>Members Present cont.</b>	<b>Excused</b>	<b>Public/Staff – Via Zoom</b>
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. John Hennelly, CEO Sujatha Sankaran, MD

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Kornblatt Idell</i>	
	Meeting called to order at 5:02 p.m.	
<b>2. PUBLIC COMMENT</b>	<i>Kornblatt Idell</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Kornblatt Idell</i>	<b>ACTION</b>
<ul style="list-style-type: none"> <li>QC Minutes 05.24.23</li> </ul>	Minutes of the 05.24.23 meeting were approved as presented.	<b>MOTION:</b> by Eisenstark to approve, 2 <sup>nd</sup> by Sheets. All in favor.

<b>4. ED QA/PI</b>	<i>Winkler</i>	INFORM
	<p>Ms. Winkler stated that with the recent departure of the ER Director, and upcoming arrival of the Napa Valley Emergency Medicine Physician Group in August, she is requesting to postpone the ED QA/PI presentation until the revamped Emergency Department is up and running. Additionally, since ED QAPI is typically reported monthly as those metrics are routinely tracked, and with the arrival of the new ED group and recent findings of the CIHQ survey, the current ED QAPI reporting also will be revamped to include new projects. Reporting specific metrics around sepsis and stroke will continue to be done. Additionally, a huge educational piece and several new implementations will be added to the ED QA/PI report going forward.</p>	
<b>5. QUALITY INDICATOR PERFORMANCE PLAN</b>	<i>Cooper</i>	INFORM
	<p>Ms. Cooper shared the quality indicator performance for the month of May 2023. It was noted that Adverse Events Reporting, Blood Products, and Significant Medication Errors were added as new slides and will be reported on in the monthly quarterly indicator performance plan. Ms. Cooper then went on to provide an update on her recent meeting with a skilled nursing facility to discuss ways to improve readmission rates. Providing more robust information in nursing reports was a major area of improvement noted in the meeting outcome.</p>	
<b>6. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	INFORM
	<p>Summaries of changes were reviewed for the following policies:</p> <p>Authorized Access to Medication Storage Areas  Carbohydrate Consistent Diet NU8340-176 NEW  Code Blue-Broselow Carts and Emergency Medications  Competency Assessment</p>	

Creutzfeldt-Jakob Disease Human Prion Disease  
Critical Value Reporting 7500-12  
Diet Manual Policy  
Drug-Nutrient Interactions  
Dry Storage  
Emergency Release of Blood Products  
Food Nutrition Disaster Plan 8340-109  
Food Preparation and Service  
Food Safety, Hand washing, and Sanitation Standards  
Laboratory Fax 7500-26  
Laboratory Specific Disaster Plan 7500-28  
Manual Entry Review 7500-30  
Menu Analysis  
Menu Identification, Tray Service, and Preparation  
Method Validation of Analytical Procedures 7500-32  
Mission Statement  
Mops, Proper Use of  
Nutritional Assessment Practice Guidelines Pediatric  
Nutritional Assessment Practice Guidelines Adult  
Geriatric  
Nutritional Plan of Care  
Nutritional Risk Levels  
Outpatient Service Laboratory 7500-40  
Pathology Specimen Handling  
Patient Education  
Personnel Inservice and Continuing Education  
Personnel Orientation  
Personnel Staff Competencies  
Personnel Staff Performance  
Policy or Procedure Changes 7500-46  
Portion Control  
Pre-Operative Laboratory Testing 7500-48  
Priority Lab Work 7500-50  
Production Sheets  
Proficiency Testing 7500-52  
QAPI Program Policies and Procedures

	<p> Reagent and Supply Handling—Dating and Visual Inspection 7500-56  Receiving of Foods and Supplies  Record Retention  Reflex Testing Policy 7500-58  Refrigerator Freezer Storage 8340-174  Release of Information 7500-60  Requests for Laboratory Tests 7500-62  Responsibilities of the Dietitian  Results Reporting 7500-64  Retention of Clinical Laboratory Records 7500-66  Retention of Clinical Laboratory Specimens 7500-68  Retention of Pathology Records 7500-70  Retention of Records Cease of Operation 7500-72  Review of Patient Results and Quality Control 7500-74  Scheduling  Scope of Service  Self-Referral Testing 7500-78  Special Functions Catering Requests  Specimen Rejection 7500-86  Specimens Collected at Outside Sites 7500-88  Staffing and Service Availability 7500-90  Standardized Recipes  Storage of Medications  Temperature Control in the Laboratory 7500-94  Temperature Daily Checks 7500-96  Thawing of Food 8340-104  Thickened Liquids  Venipuncture 7500-98  Ware Washing  <u>RETIRE</u>  Calorie Counts  Discontinue Orders 7500-16  Nutrition Services Neutropenic Precaution </p>	
<p><b>7. MEETING DATES FOR THE BALANCE OF 2023</b></p>	<p><i>Kornblatt Idell</i></p>	<p>INFORM</p>

	Ms. Kornblatt Idell proposed combining the September/October and November/December Quality Committee Meetings. The September/October meeting will take place on Wednesday, October 25 <sup>th</sup> . The November/December meeting date will be determined. The Committee agreed to the proposed changes. Staff will revise meeting invites, and email updates accordingly.	
<b>8. CLOSED SESSION/REPORT ON CLOSED SESSION</b>	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Medical Staff Credentialing was reviewed and approved.	<b>MOTION:</b> by Eisenstark to approve, 2nd by Snyder. All in favor.
<b>9. ADJOURN</b>	<i>Kornblatt Idell</i>	
	Meeting adjourned at 6:47 p.m.	

# Laboratory Report

## Current Review YTD

# Laboratory Staff

- Frederick Kretzschmar MD, Medical Director
- Nicolaos Hadjiyianni, Lab Manager
- Technical Supervisor, Open Position
- Clinical Lab Scientists (3 FT, 3 PT, 7 PD)
- Microbiologists (1 PT)
- Clinical Laboratory Assistants (2 FT, 5 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

- EPIC Beaker

# Upcoming Projects

- New Hematology Analyzers

# Challenges

- Staffing
- Aging Equipment

# Volumes













FY 2021	FY 2022	FY 2023 Annualized
136,204	161,924	150,682

<b>Monthly Covid-19 Testing 2023</b>			
Month	# of Tests	Positive Test	% Positive
January	243	14	5.8
February	233	17	7.3
March	201	15	7.5
April	205	10	4.9
May	122	3	2.5
June	129	3	2.3
July			
Totals	1133	62	5.5
*Note: Data from Laboratory PCR tests orders			

<b>Monthly Covid-19 Testing 2022</b>			
Month	# of Tests	Positive Test	% Positive
January	837	119	14.2
February	461	18	3.9
March	570	8	1.4
April	513	24	4.7
May	690	43	6.2
June	626	58	9.3
July	564	70	12.4
August	613	43	7.0
September	496	20	4.0
October	549	29	5.3
November	549	12	2.2
December	317	21	6.6
Totals	6785	465	6.9

# LAB QAPI

⬆ Lab

Indicator	Performance	Most Recent	Trend	Period	🕒	🚨	📊	📄
<b>Blood Cultures -Contamination Rate [LAB] (M)</b>		Target Met	1.4%	🔴 Deteriorated	Jun 2023	3.0%	4.0%	n/a
History			1/70					1.1%
<b>Lab   API Manual Test Entry Error (M)</b>		Target Met	0.0%	⚫ No Change	Jun 2023	0.0%	1.0%	n/a
History			0/30					0.5%
<b>Lab   Blood Admin Audit (Q)</b>		Target Met	100.0%	🟢 Improved	Q2-2023	100.0%	99.0%	n/a
History			2/2					70.0%
<b>Lab   Critical Values Communication per protocol (M)</b>		Breaches Alarm	89.1%	🔴 Deteriorated	Jun 2023	100.0%	99.0%	n/a
History			115/129					98.8%
<b>Lab   Manual Test Entry (Q)</b>		Target Met	100.0%	⚫ No Change	Q4-2022	100.0%	95.0%	n/a
History			573/573					100.0%
<b>Lab   Transfusion Effectiveness (M)</b>		Target Met	100.0%	⚫ No Change	Jun 2023	100.0%	99.0%	n/a
History			3/3					98.0%
<b>Lab   Transfusion Reaction (M)</b>		Target Met	0.0%	⚫ No Change	Jun 2023	0.0%	1.0%	n/a
History			0/20					0.3%

# Quality Indicator Performance & Plan

July Board Quality

Data for June 2023

# Mortality

⏪ Mortality







Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄
<b>Acute Care Mortality Rate (M)</b>		1.7% 1/58	📉 Deteriorated	Jun 2023	15.3%	n/a	n/a	2.5%
History	 							
<b>COPD Mortality Rate [M]</b>		0.0% 0/4	➡ No Change	Jun 2023	8.5%	n/a	n/a	0.0%
History	 							
<b>Congestive Heart Failure Mortality Rate [M]</b>		0.0% 0/3	➡ No Change	Jun 2023	11.5%	n/a	n/a	0.0%
History	 							
<b>Pneumonia Mortality Rate [M]</b>		0.0% 0/6	➡ No Change	Jun 2023	15.6%	n/a	n/a	4.3%
History	 							
<b>Ischemic Stroke Mortality Rate [M]</b>		0.0% 0/1	➡ No Change	Jun 2023	13.8%	n/a	n/a	0.0%
History	 							
<b>Hemorrhagic Stroke - Mortality Rate (M)</b>		0.0% 0/1	➡ No Change	Jun 2023	0.0%	1.0%	n/a	16.7%
History	 							

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄
<b>Sepsis, Severe - Mortality Rate (M)</b>		0.0% 0/2	➡ No Change	Jun 2023	25.0%	n/a	n/a	2.6%
History	 							
<b>Septic Shock - Mortality Rate (M)</b>		0.0% 0/2	➡ No Change	Jun 2023	25.0%	n/a	n/a	14.3%
History	 							



# AHRQ Patient Safety Indicators

Quality > Patient Safety > AHRQ Patient Safety Indicators\_PSI

Indicator	Performance	Most Recent	Trend	Period	⊙	▲	📊	⌵	
<b>PSI 90 (v2021) Midas Patient Safety Indicators Composite, ACA (M)</b>		 Target Met	0.00 0/0.012	— No Change	Jun 2023	0.00	n/a	n/a	0.00
History									
<b>PSI 90 (v2021) Patient Safety Indicators Composite, ACA - Volume (M)</b>		 Target Met	0	— No Change	Jun 2023	0	n/a	n/a	0
History									

## 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

# Adverse Events Reporting

- Zero Adverse events including Pre-Op/Post Op discrepancies, adverse events from Anesthesia or operative adverse events

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄
Adverse Event   SE (M) volume	100%	Target Met	0	— No Change	Jun 2023	0	1	n/a
History								0

# Blood Products

## Lab | Transfusion Effectiveness (M)



100.0%  
3/3

No Change

Jun 2023

100.0%

99.0%

n/a

98.0%

## Lab | Transfusion Reaction (M)



0.0%  
0/20

No Change

Jun 2023

0.0%





1.0%

n/a

0.3%

# Significant Medication Errors and Adverse Drug Reactions

- No Adverse Drug Reactions

Indicator	Performance	Most Recent	Trend	Period	⊙	▲	▮	⌘
<b>Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)</b>	 History 	Target Met 0.18 1/54350	▲ Deteriorated	Jun 2023	1.13	2.00	n/a	0.09
<b>Rx-Administration Errors Per 10,000 Doses Dispensed</b>	 History 	Target Met 0.37 2/54350	▲ Deteriorated	Jun 2023	1.00	3.00	n/a	0.35







# Patient Falls

## Preventable Harm

Indicator	Performance	Most Recent	Trend	Period	⊕	🔔	📊	⌵	
RM ACUTE FALL- All (M) per 1000 patient days			0.00 0/241	No Change	Jun 2023	3.75	4.00	n/a	2.18
History									
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days			0.00 0/241	No Change	Jun 2023	3.75	4.00	n/a	0.00
History									



# Blood Culture Contamination

Indicator	Performance	Most Recent	Trend	Period	⊙	▲
<b>Blood Cultures -Contamination Rate  LAB  (M)</b>	 History 	Target Met 1.4% 1/70	Deteriorated	Jun 2023	3.0%	4.0%
<b>Blood Cultures -Total Contamination Rate (M)</b>	 History 	Target Met 2.4% 4/168	Deteriorated	Jun 2023	3.0%	4.0%
<b>Blood Cultures -Contamination Rate  RN  (M)</b>	 History 	Bet. Target & Alarm 3.1% 3/98	Deteriorated	Jun 2023	3.0%	3.1%

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Jun 2023	3	98	3.1%
May 2023	1	111	0.9%
Apr 2023	7	104	6.7%
Mar 2023	6	103	5.8%
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%

# CIHQ Stroke Certification Measures

Stroke > Code Stroke Elapsed Time

Indicator	Performance	Most Recent	Trend	Period	🕒	📈	📊	📄
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)	 Breaches Alarm	12	📉 Deteriorated	Jun 2023	10	11	n/a	3
History								
CDSTK-04 Median- Door to Phys Eval [M] minutes	 Target Met	6.00	📉 Deteriorated	Jun 2023	10.00	11.00	n/a	1.00
History								
CDSTK-05 Median- Door to CT Scanner [M] elapsed time (minutes)	 Target Met	15.00	📉 Deteriorated	Jun 2023	25.00	26.00	n/a	7.50
History								
CDSTK-06 Median- Neuro Consult Contacted [M] minutes	 Target Met	27.00	📉 Deteriorated	Jun 2023	30.00	31.00	n/a	16.00
History								
CDSTK-07 Median- CT Read by Radiology [M] minutes	 Target Met	35.00	📉 Deteriorated	Jun 2023	45.00	46.00	n/a	29.00
History								
CDSTK-08 Median- Lab Results Posted [M] minutes	 Target Met	29.00	📉 Deteriorated	Jun 2023	45.00	46.00	n/a	25.50
History								
CDSTK-10 Median- Door to EKG Complete [M] minutes	 Target Met	36.00	📉 Deteriorated	Jun 2023	60.00	61.00	n/a	36.50
History								
CDSTK-11 Median-Door to tPA Decision [M] minutes	 Target Met	42.00	📉 Deteriorated	Jun 2023	60.00	61.00	n/a	42.50
History								
CDSTK-12 Median-Door to tPA [M] minutes	 Target Undefined	n/a		Jun 2023	60.00	61.00	n/a	54.00
History								



# Utilization Management

Utilization Management









Indicator	Performance	Most Recent	Trend	Period	Target	Alert	Bar Chart	Avg	
<b>1 Day Stay Rate Medi-Cal [M]</b>		Target Met	0.00% 0/15	No Change	Jun 2023	2.61%	5.00%	n/a	2.50%
<b>1 Day Stay Rate-Medicare [M]</b>		Target Met	0.00% 0/28	No Change	Jun 2023	8.10%	10.00%	n/a	3.25%
<b>Acute Care - Geometric Mean Length of Stay [M]</b>		Bet. Target & Alarm	2.99 29.8862/10	Improved	Jun 2023	2.75	3.23	n/a	3.32
<b>MS-DRG Case Mix Index (CMI) [M]</b>		Bet. Target & Alarm	1.42	Deteriorated	Jun 2023	1.55	1.40	n/a	1.42
<b>MS-DRG Case Mix Index (CMI) MEDICARE [M]</b>		Target Met	1.62	Improved	Jun 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.



# Core Measures

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
<b>Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)</b>		Target Met	100.0% 10/10	— No Change	Jun 2023	88.0%	50.0%	n/a	100.0%
History									
Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
<b>Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)</b>		Target Met	117.50	📈 Improved	Jun 2023	132.00	140.00	n/a	152.00
History									
Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
<b>Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)</b>		Target Met	0.2% 2/843	📈 Improved	Jun 2023	2.0%	2.5%	n/a	1.4%
History									
Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
<b>Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)</b>		Target Undefined	n/a		Jun 2023	72.0%	70.0%	n/a	66.7%
History									

# Core Measures Sepsis

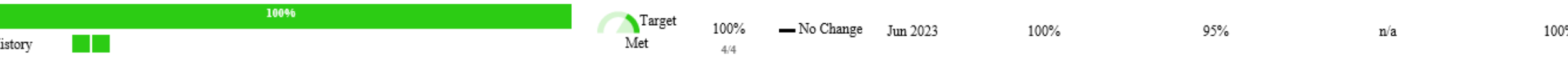
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	⌵
<b>SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)</b>	 History	Breaches Alarm 50.0% 3/6	⬇️ Deteriorated	Jun 2023	81.0%	80.0%	n/a	58.5%
<b>SEPa - Severe Sepsis 3 Hour Bundle (M)</b>	 History	Breaches Alarm 66.7% 4/6	⬇️ Deteriorated	Jun 2023	94.0%	90.0%	n/a	81.9%
<b>SEPB - Severe Sepsis 6 Hour Bundle (M)</b>	 History	Breaches Alarm 50.0% 1/2	⬇️ Deteriorated	Jun 2023	100.0%	90.0%	n/a	88.0%

# Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	⊕	▲	📊	☰	
IC-Surveillance  HAI-C.DIFF Inpatient infections per 10k pt days [M]	 91% 9%	 Target Met	0	— No Change	Jun 2023	1	1	n/a	0
History									
IC-Surveillance  HAI-CAUTI Inpatient infections per 10k patient days [M]	 91% 9%	 Target Met	0	— No Change	Jun 2023	1	1	n/a	0
History									
IC-Surveillance  HAI-CLABSI Inpatient infections per 10k patient days [M]	 95% 5%	 Target Met	0	— No Change	Jun 2023	1	1	n/a	0
History									
IC-Surveillance  HAI-MRSA Inpatient infections per 10k patient days [M]	 100%	 Target Met	0	— No Change	Jun 2023	1	1	n/a	0
History									
IC-Surveillance  HAI-SSI infections per 10k pt days [M]	 100%	 Target Met	0	— No Change	Jun 2023	1	1	n/a	0
History									
QA-02   Hand Hygiene Practices Monitored [M]	 8% 9% 83%	 Bet. Target & Alarm	87% 135/155	⬆ Improved	Jun 2023	90%	85%	n/a	77%
History									

# CIHQ Corrective Action Plan Monthly Compliance Condition Level Findings

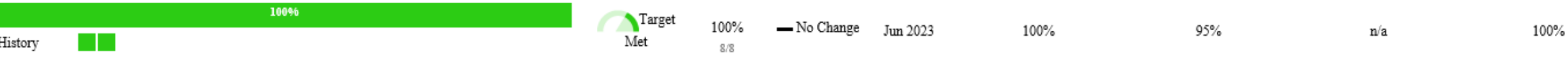
## GL-04 | Condition Level Findings Reported to BQC [M]



## IC-03 | Hair Clippers and Base Clean [M]



## MM-24 | Pill Crushers Clean [M]



## QS-10 | Documentation: Continuous Observation of High Risk Pts [M]



# CIHQ Corrective Action Plan

## Standard Findings

### Quarterly Report

#### IC-03 | Ice Machines Cleaned[M]



History



100.0%

3/3

— No Change

Jun 2023

100.0%

95.0%

n/a

100.0%

#### IC-03 | OP Rehab Deep Clean Complete [M]



History



100.0%

1/1

— No Change

Jun 2023

100.0%

95.0%

n/a

100.0%

#### IC-03 | Pt Care Floors Clean[M]



History



100.0%

21/21

— No Change

Jun 2023

100.0%

95.0%

n/a

100.0%

#### CE-03 | Pull Cord Compliance [M]



History



96%

64/67

▲ Improved

Jun 2023

90%

85%

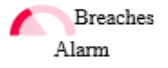
n/a

94%

#### CE-07 | Presence of spill kit where formalin used[M]



History



0.0%

0/11

— No Change

Jun 2023

100.0%

95.0%

n/a

0.0%

#### CE-09 | Appropriate Storage of Supplies (Bio-Hazard Bag Use) [M]



History



100%

8/8

— No Change

Jun 2023

90%

85%

n/a

100%

#### CE-09 | Expiration of Hand Sanitizer Stored Supplies[M]



History



100%

36/36

— No Change

Jun 2023

100%

95%

n/a

100%

# CIHQ Corrective Action Plan

## Standard Findings

### CE-09 | Opened EKG electrodes dated [M]



History



Target  
Met

100%

8/8

— No Change

Jun 2023

90%

85%

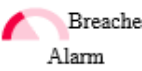
n/a

100%

### CE-11 | Monitoring Temperature and Humidity Logs[M]



History



Breaches  
Alarm

11.1%

20/180

⚠ Deteriorated

Jun 2023

100.0%

95.0%

n/a

30.3%

### DC-04 | Patient Choice Form Completion [M]



History



Target  
Met

94%

17/18

Jun 2023

90%

85%

n/a

94%

### IC-09 | Safe Transport of Used Surgical Supplies [M]



History



Target  
Met

100%

3/3

⬆ Improved

Jun 2023

100%

95%

n/a

89%

### IC-10 | MedStaff Antimicrobial Stewardship Training Monitoring [M]



History



Breaches  
Alarm

0%

0/30

Jun 2023

100%

90%

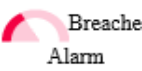
n/a

0%

### MM-11 | Dextrose 10% in Broselow Carts [M]



History



Breaches  
Alarm

0.0%

0/2

— No Change

Jun 2023

100.0%

95.0%

n/a

0.0%

### MM-21 | Albuterol Orders Complete [M]



History



Target  
Met

100.00%

8/8

Jun 2023

90.00%

85.00%

n/a

100.00%

### MM-21 | Medication/Contrast Protocol Usage [M]



History



Target  
Met

100.00%

30/30

Jun 2023













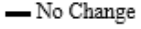







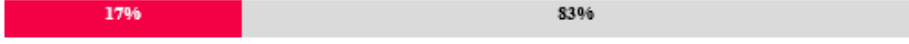


90.00%

85.00%

n/a

100.00%

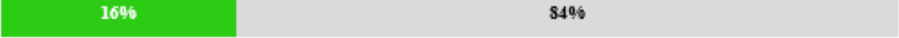















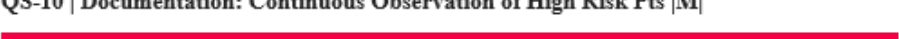









# CIHQ Corrective Action Plan Standard Findings

<b>MM-22   PRN Pain Parameter Instructions [M]</b>				92.5%		Jun 2023	100.0%	95.0%	n/a	92.5%
History				37/40						
<b>MM-26   Unlabeled lidocaine multidose vials [M]</b>				0.00%		Jun 2023	0.00%	0.05%	n/a	0.00%
History				0/4						
<b>MR-05   Vital Signs for TNK Patients [M]</b>						n/a				
History										
<b>MS-09   Privileges for Telehealth Providers Monitored [M]</b>				100%		Jun 2023	100%	90%	n/a	100%
History				10/10						
<b>NU-03   Monitor Exp Dates in Patient Nutrition Areas [M]</b>				100%		Jun 2023	90%	85%	n/a	100%
History				8/8						
<b>NU-06   Nutrition Orders by MD Only [M]</b>				82%		Jun 2023	90%	85%	n/a	82%
History				14/17						
<b>PR-02   IMM Signed Within 48 hours [M]</b>				100.0%		Jun 2023	90.0%	85.0%	n/a	100.0%
History				67/67						
<b>PR-03   Family Notification of Hospitalization [M]</b>				79.1%		Jun 2023	90.0%	85.0%	n/a	79.1%
History				53/67						



# CIHQ Corrective Action Plan

## Standard Findings

PR-03   Provider Notification of Hospitalization [M]										
			 Target Met		100.0%	Jun 2023	90.0%	85.0%	n/a	100.0%
History 					67/67					
QA-01   Contracted Services QAPI Review [M]										
			 Breaches Alarm		80%	Jun 2023	90%	85%	n/a	80%
History 					8/10					
QA-02   Hand Hygiene Practices Monitored [M]										
			 Bet. Target & Alarm		87%	Jun 2023	90%	85%	n/a	77%
History 			 Improved		135/155					
QA-02   Monitor & Report High Risk Problem Prone areas [M]										
			 Target Met		100%	Jun 2023	90%	85%	n/a	100%
History 					1/1					
QS-07   Accuracy in Patient Identification [M]										
			 Target Met		100%	Jun 2023	90%	85%	n/a	100%
History 					6/6					
QS-10   Documentation: Continuous Observation of High Risk Pts [M]										
			 Breaches Alarm		33%	Jun 2023	100%	95%	n/a	20%
History 			 Improved		2/6					
RS-07   Timely MD Order for Restraint [M]										
			 Target Met		100%	Jun 2023	90%	85%	n/a	100%
History 					8/8					
RS-12   MedStaff Restraint Policy Review Monitoring [M]										
			 Breaches Alarm		0%	Jun 2023	100%	90%	n/a	0%
History 					0/30					

# Patient Satisfaction

- HCAHPS reported Quarterly

# Rate My Hospital

## Scale 1-5

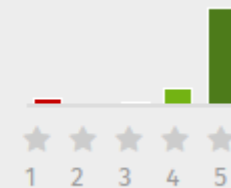
### June Data

Sonoma Valley Hospital / Emergency Department

99

4.512

95% CI:  
4.445-4.580

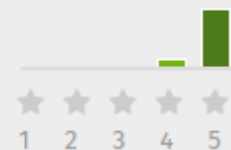


Sonoma Valley Hospital / Inpatient Care

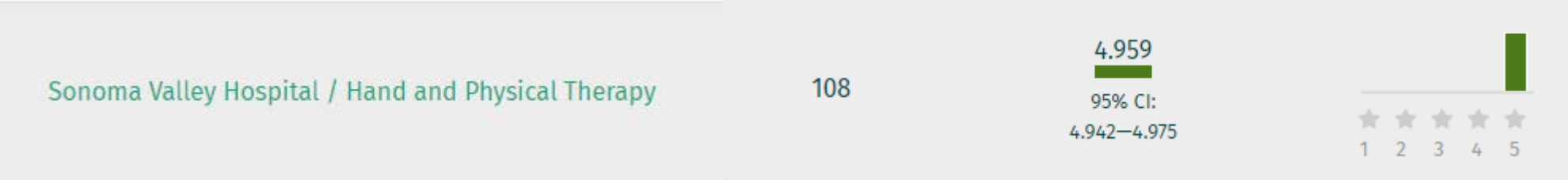
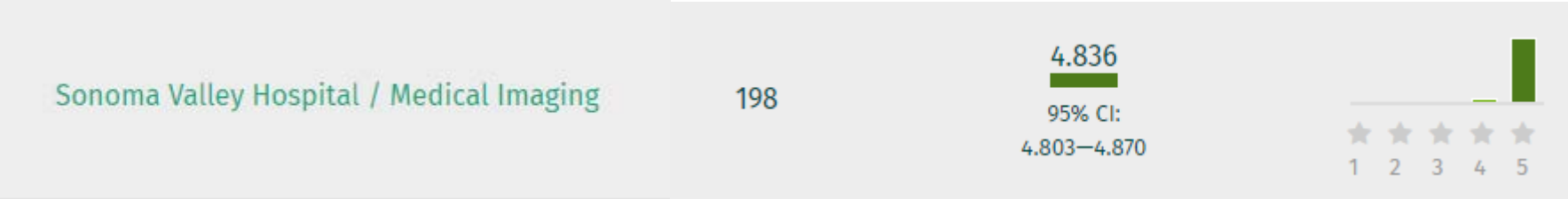
2

4.857

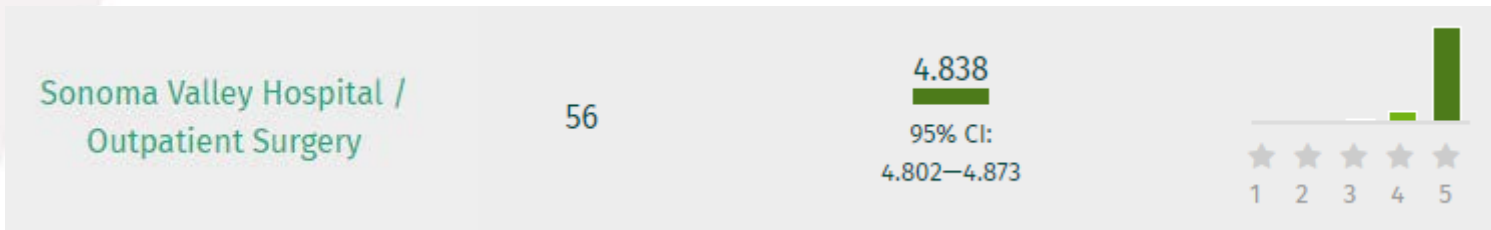
95% CI:  
Not enough samples



# Rate My Hospital Scale 1-5



# Rate My Hospital Scale 1-5



Medication Scanning Rate	2023				
	Q3	Q4	Q1	Q2	Goal
Inpatient (ICU/MS)	98.0%	96%	95%	96%	≥90%
Pre/Post Op			98%	94%	≥90%
ED	85.0%	83.0	80%	78%	≥90%
Preventable med errors R/T Med Scanning	1	0	0	0	≤2
Quality Indicators (QAPI) 2023					
	Q3	Q4	Q1	Q2	Goal
Antibx admin within 30" M/S and ICU	93%	91%	91%	93%	≥90%
Cont. OBS for Psych Pt- ED**New Bundle Q2, May-June	100%	100%	100%	20%	100%
Drug Admin Errors- Pharmacy (per 10000 doses)	0.59	0.37	0.43 (n=19)	0.12 (n=19)	<1
Case Management 2023					
	Q3	Q4	Q1	Q2	Goal
Patient Choice Form Completed				94%	90%

Nursing Turnover	2023 Staff/Quarter				
# of RNs	Q3	Q4	Q1	Q2	Goal
RNs, >0.5FTE (n=64)	4 (6.6%)	1 (1.6%)	2 (3.1%)	3 (4.8%)	≤5
Patient Experience: Q-Reviews	2022				
2023	Q3	Q4	Q1	Q2	Goal
			4.74	4.78	
RATE MY HOSPITAL- PHYSICAL THERAPY					
Overall score	4.87	4.9	4.91	4.92	≥4.75
RATE MY HOSPITAL-OUTPATIENT SURGERY					
Overall Score	4.83	4.83	4.84	4.81	≥4.75
RATE MY HOSPITAL - ED					
Overall score	4.66	4.63	4.5	4.6	≥4.75
RATE MY HOSPITAL - MEDICAL IMAGING					
Overall score	4.76	4.82	4.85	4.87	≥4.75
RATE MY HOSPITAL-INPATIENT					
Overall score	4.79	4.66	4.74	4.69	≥4.75
Nurse Staffing Effectiveness: Transfers r/t staffing/beds					
2022 - 2023	Q3	Q4	Q1	Q2	Goal
	1	6	1	1	≤0

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

## 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: 07/20/2023 3:37 PM

### 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: 21

**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
<b>Administration of Medications</b> <i>Medication Management Policies (MM)</i>	Pending Approval	7/20/2023	0
<p>Summary Of Changes: <b>Added verbiage to better define the role of radiology and ultrasound technicians</b></p> <ul style="list-style-type: none"> <li>o Radiology and ultrasound technicians may access medications not included above for the purpose of retrieving them for administration by other practitioners licensed to do so</li> </ul> <p><b>Clarified role of medical assistant to be supervised by an LIP</b></p> <p><b>Removed references to skilled nursing facility</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Kutza, Chris (ckutza)</b></p> <p>Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b></p>			
<b>Advanced Directives</b> <i>Patient Rights Policies (PR)</i>	Pending Approval	7/20/2023	0
<p>Summary Of Changes: <b>Reviewed. No content changes, updated references to most current year.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Cooper, Kylie (kcooper)</b></p> <p>Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b></p>			
<b>Contrast Reactions 7630-125</b> <i>Diagnostic Services Dept Policies</i>	Pending Approval	7/20/2023	0
<p>Summary Of Changes: <b>Reviewed policy. Made a small change about documenting allergy reaction in patients medical record.</b></p> <p><b>Updated authors/reviewers.</b></p> <p><b>Pharmacy-updated wording to include only the crash cart for emergency medications</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Kutza, Chris (ckutza), Young, Dave (dyoung)</b></p>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/20/2023 3:37 PM

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

ExpertReviewers: **Kutza, Chris (ckutza), 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)**

<b>Infection Prevention Program</b>	<b>Pending Approval</b>	<b>7/20/2023</b>	<b>0</b>
<i>Infection Prevention &amp; Control Policies (IC)</i>			

Summary Of Changes: **Reviewed. Added Monthly infection control rounds in all departments to aligned with CIHQ findings. No other content changes**

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

Lead Authors: **Montecino, Stephanie (smontecino), Cooper, Kylie (kcooper)**

ExpertReviewers: **Sankaran, Sujatha (ssankaran)**

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

<b>Infection Prevention Risk Assessment</b>	<b>Pending Approval</b>	<b>7/20/2023</b>	<b>0</b>
<i>Infection Prevention &amp; Control Policies (IC)</i>			

Summary Of Changes: **Updated areas include: 2023 Goals, Construction goals in 2023 Inpatient, OP and Ambulatory care is increased to M in all 3 areas due to upcoming construction areas and changes made to scoring for Candida Auris to M for all areas**

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

Lead Authors: **Montecino, Stephanie (smontecino), Cooper, Kylie (kcooper)**

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)**

<b>Management of Radiographic Contrast Media</b>	<b>Pending Approval</b>	<b>7/20/2023</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **No changes to policy.  
Updated owner, authors/reviewers titles.**

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

Lead Authors: **Kutza, Chris (ckutza), Young, Dave (dyoung)**

ExpertReviewers: **Kutza, Chris (ckutza), 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)**

<b>MRI Code Blue Procedure</b>	<b>Pending Approval</b>	<b>7/20/2023</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Updated title to reflect rapid response in addition to code blue.  
Added clarification to procedure steps to include only MRI technologists, screened individuals and screened equipment are allowed in scanner room (Zone 4).  
Added reference to Rapid Response policy.  
Added CNO as reviewer.**

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)**



## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/20/2023 3:37 PM

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

Committee	Status	Effective Date	Count
<b>MRSA Active Surveillance Culture (ASC)</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Updated the document, Changed Paragon to Electronic Health Records X3 in the text. Changed grammatical corrections. Fixed Acronyms</b>  <b>Reviewed policy and it is consistent with other local and national organizations and guidelines. Updated to most current guidelines from CDC in 2020 and confirmed by UCSF current policy.</b>  Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Montecino, Stephanie (smontecino)</b> ExpertReviewers: <b>Sankaran, Sujatha (ssankaran)</b> Approvers: <b>Cooper, Kylie (kcooper) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Cardiac Exercise Testing Precautions, Indications and Complications</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Please Retire this policy. This is a department procedure, not a hospital policy.</b>  Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Young, Dave (dyoung)</b> Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Cardiac Stress Testing Addendum Cardiolite Testing</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Retire- this is a department protocol/procedure, not a hospital policy.</b>  Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Young, Dave (dyoung)</b> Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Echocardiogram Procedure</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Retire- this is a department protocol/exam, not a hospital policy.</b>  Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Young, Dave (dyoung)</b> Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Echocardiography with Contrast</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Retire- this is a department protocol/exam, not a hospital policy.</b>  Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Kutza, Chris (ckutza), Young, Dave (dyoung)</b> Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/20/2023 3:37 PM

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

<b>RETIRE:: Fire Safety - Imaging Dept</b> <i>Diagnostic Services Dept Policies</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Reviewed Policy,</b> <b>Recommend retire: redundant to organizational policy, no special instructions for imaging specifically.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Young, Dave (dyoung)</b>			
ExpertReviewers: <b>Medical Director-Diagnostic Radiology</b>			
Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Fire Safety - MRI</b> <i>Diagnostic Services Dept Policies</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Reviewed Policy,</b> <b>CN-Recommend Retire as redundant to the organizational policy, titles changed</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Young, Dave (dyoung)</b>			
ExpertReviewers: <b>Medical Director-Diagnostic Radiology</b>			
Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Myocardial Perfusion Testing LexiscanTreadmill Test</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Retire- this is a department protocol/procedure, not a hospital policy.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Young, Dave (dyoung)</b>			
Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Pediatric Electrocardiogram</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>RETIRE this is a department protocol/procedure, not a hospital policy.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Young, Dave (dyoung)</b>			
Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Performing Complete Transthoracic Echocardiograms, Protocol for</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0
Summary Of Changes: <b>Retire- this is a department protocol/procedure, not a hospital policy.</b>			
Moderators: <b>Newman, Cindi (cnewman)</b>			
Lead Authors: <b>Young, Dave (dyoung)</b>			
Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE:: Stress Echocardiogram</b> <i>Cardio Dept</i>	Pending Approval	7/20/2023	0

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 07/20/2023 3:37 PM

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

Summary Of Changes: **Retire- this is a department protocol/exam procedure, not a hospital policy.**  
 Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Young, Dave (dyoung)**  
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>RETIRE::Dobutamine Stress Imaging</b>	<b>Pending Approval</b>	<b>7/20/2023</b>	<b>0</b>
<i>Cardio Dept</i>			

Summary Of Changes: **Retire- we don't perform this test anymore.**  
 Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Young, Dave (dyoung)**  
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>RETIRE::ECG Interpretation</b>	<b>Pending Approval</b>	<b>7/20/2023</b>	<b>0</b>
<i>Cardio Dept</i>			

Summary Of Changes: **Retire- this is a department protocol/procedure, not a hospital policy.**  
 Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Young, Dave (dyoung)**  
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Venipuncture by Technologists 7630-237</b>	<b>Pending Approval</b>	<b>7/20/2023</b>	<b>0</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Updated name of policy and minor wording changes for clarification purposes. Updated author/reviewer/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)**