



**SVHCD QUALITY COMMITTEE**

**AGENDA**

**WEDNESDAY, OCTOBER 25, 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=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 08.23.23	<i>Kornblatt Idell</i>	Action
<b>4. CREDENTIALING PROCESSES</b>	<i>Finn</i>	Inform
<b>5. LAB POLICIES</b>	<i>Kuwahara</i>	Inform
<b>6. PT/OT QA/PI</b>	<i>Gallo</i>	Inform
<b>7. QUALITY INDICATOR PERFORMANCE AND PLAN</b>	<i>Cooper</i>	Inform
<b>8. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	Inform
<b>9. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Kornblatt Idell</i>	Action
<b>10. ADJOURN</b>	<i>Kornblatt Idell</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT**  
**QUALITY COMMITTEE**  
**August 23, 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 Carl Speizer, MD Carol Snyder Kathy Beebe, RN PhD Judith Bjorndal, MD Michael Mainardi, MD		Howard Eisenstark, MD Ingrid Sheets, EdD, MS, RN	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Kylie Cooper, RN, BSN, CPHQ, MBA, Quality and Risk Mgmt. Chris Kutza, Pharmacy Director John Hennelly, CEO Paul Amara, MD 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. Ms. Kornblatt Idell announced that the Lown Institute had recently recognized SVH as one of the most socially responsible hospitals in America, receiving “A” grades in Health Equity, Value, and Outcomes on	

	the 2023-24 Lown Institute Hospital Index. Ms. Kornblatt Idell thanked all the hard-working staff and volunteers for this incredible achievement.	
<b>2. PUBLIC COMMENT</b>	<i>Kornblatt Idell</i>	
	None	
<b>3. CONSENT CALENDAR</b>	<i>Kornblatt Idell</i>	ACTION
<ul style="list-style-type: none"> <li>QC Minutes 07.26.23</li> </ul>	Minutes of the 07.26.23 meeting were approved as presented.	<b>MOTION:</b> by Mainardi to approve, 2 <sup>nd</sup> by Snyder. All in favor.
<b>4. PHARMACY QA/PI</b>	<i>Kutza</i>	INFORM
	Mr. Kutza presented the Pharmacy QA/PI Report. He noted that the Epic transition is currently 8 months in, and that staff have become comfortable with how to use the EPIC system. There is also work to move on to mining the large amount of data available for QA. High Risk Drug Events and High-Risk Med Errors numbers are low. He then highlighted Antimicrobial Stewardship, Controlled Substances, Pyxis Utilization, IV Room and Pharmacy Services metrics, all of which have met or exceeded their target areas.	
<b>5. QUALITY INDICATOR PERFORMANCE PLAN</b>	<i>Cooper</i>	INFORM
	Ms. Cooper shared the quality indicator performance for the month of July 2023. Mortality deteriorated, although one patient passed away on comfort measures. No Patient Safety Indicator Events. No Adverse Events. Lab Transfusion Effectiveness was 100%. There was one transfusion reaction on a weekly patient. That patient will be pre-medicated going forward. No significant medication errors or adverse drug events. There have been no patient falls in eight months. There was an improvement in re-admission rates at 4.5 %, which is well below the CMH 15% benchmark. Blood Culture contamination met target. A hospital ED nurse will be completing a master's degree program with a particular project focused on blood contamination. We	

	<p>are hopeful that this well further add to the education that is being provided in ED. Stroke Certification measures improved on all metrics in July. Most codes were EMS related, and we were pre-warned that the patient would be brought in. Utilization Management improved on length of stay at 2.89, a little dip in case mix index. Core Measures were 100% with colonoscopy follow-up within 10 years. ED met goal of less then 132 minutes of ED turnaround time. This will be the last metrics of the old ED group. Next month the metrics of the new ED group will be reported. Left without being seen metrics were met and Head CT/MRI results within 45 min met goal. Sepsis, one-fall out of 4 patients due to lack of physician documentation. Infection prevention met goal. Hand hygiene took a little dip. Will be re-educating staff. Condition leveling findings are at 100%. Still struggling with continuous observation of high-risk patients. New ED group are open to educating staff members to improve the metrics. Lastly, Rate My Hospital scores for the quarter was presented by Ms. Winkler.</p>	
<p><b>6. POLICIES AND PROCEDURES</b></p>	<p><i>Cooper</i></p>	<p>INFORM</p>
	<p>Summaries of changes were reviewed for the following policies:</p> <ul style="list-style-type: none"> <li>Access to Patient Information for Medication Management</li> <li>Adverse Drug Events-Quality Assurance</li> <li>Approved Panel List 7500-04</li> <li>Clozapine REMS Procedure 8390-08</li> <li>Controlled Substance Distribution for Anesthesia</li> <li>Fentanyl Patch</li> <li>Floorstock Medications</li> <li>Herbal and Natural Product Use</li> <li>High Alert Medications</li> <li>Intravenous Contrast Admin</li> <li>Monitoring Medication Storage Temperature</li> </ul>	

	Pharmacy and Therapeutics Committee Placenta Disposition Remote Pharmacist Services Sterile Compounding Procedures Surge Planning- Pharmacy Vaccine Screening-Pneumococcal and Influenza Vancomycin Protocol Warming Fluids for IV and Irrigation Purposes, Storage and Handling	
<b>7. CLOSED SESSION/REPORT ON CLOSED SESSION</b>	<i>Kornblatt Idell</i>	ACTION
a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	Dr. Amara presented the Medical Staff Credentialing for review and approval.	<b>MOTION:</b> by Speizer to approve, 2nd by Snyder. All in favor.
<b>9. ADJOURN.</b>	<i>Kornblatt Idell</i>	
	Meeting adjourned at 5:48 p.m. Next meeting will take place on October 25 <sup>th</sup> at 5:00 pm. No September meeting.	

# Rehab Services Report

Current YTD Review

# Therapy Staff

- Rehab Services Manager
- Lead Physical Therapist
- Physical Therapists
  - ❖ OP - 4.4 + 1.0 traveler
  - ❖ IP - 1.4
- OP PT Assistants - 2.0
- Speech Therapy - .75
- OP Occupational Therapy - 1.2
- Support Staff – 3.0

# Scope of Services

## Physical Therapy

- Rehab
- Movement
- Pelvic health
- Pilates
- Vestibular/Concussion
- Pediatric



# Speech Therapy

- Speech and language
- Swallow
- Cognition
- LSVT
- Dementia
- Pediatric speech and language delay/disorders

# Occupational Therapy

- Rehab
- Post-op care including wound care
- Static and dynamic splinting
- Neurologic
- ADL training

# Accomplishments

**Staffing Addition of needed staff including:**

- **1 Outpatient physical therapist**
- **1 Outpatient PTA**
- **1 Occupational therapist-per diem**
- **Vestibular/Concussion Specialist**
- **Pelvic Health Specialist**
- **Pediatric Physical Therapy**
- **Certified Hand Therapist**
- **EPIC Integration**
- **Rate My Hospital last quarter- 4.94 , 175 comments**

# Challenges

- **Managing the space issues and volume during the coming expansion**
- **EPIC**
- **OP-Volume of patients continues to be greater than our capacity- wait time 6 wks.**
- **Staffing**

# Volumes

■ OP Rehab Visits			Pre Epic	EPIC	Total
	FY 2021	FY 2022	FY 2023		
■ PT	10059	11523	4853	5372	10225
■ OT	1321	870	429	1191	1620
■ ST	455	631	222	352	574
<b>Totals</b>	<b>11835</b>	<b>13024</b>			<b>12419</b>
■ IP Visits					
■ PT	1534	1758	798	1082	1880
■ ST	414	415	185	222	407

# 2023 Rehab Services Quality Data

Indicator	Performance	Most Recent	Trend	Period	Target	Alarm	History	Bar Chart	Avg
Rehab Services  Distance Ambulated Per plan of care [M]			Improved	Sep 2023	90%	80%	n/a	63%	
History		89% 8/9							
Rehab Services  Inpatient Knee Extensor Range of Motion [M]			Deteriorated	Sep 2023	80%	75%	n/a	71%	
History		67% 6/9							
Rehab Services  Inpatient Knee Flexion Range of Motion [M]			Improved	Sep 2023	90%	80%	n/a	72%	
History		78% 7/9							
Rehab Services  Outpatient Chart Audits [M]			Deteriorated	Sep 2023	90%	80%	n/a	92%	
History		93% 26/28							

# Goals for 2024

- **Expansion**
- **Reduced wait time for OP**
- **Active participation in Age-friendly initiative across spectrum of care**
- **Develop Aquatic Program in conjunction with Sonoma Splash**
- **Wellness-based community offerings- Pilates, Golf, Transitional training**

# Quality Indicator Performance & Plan



**October Board Quality**

Data for August/September 2023





# AHRQ Patient Safety Indicators




Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⚖	SPC	
<b>PSI 90 (v2021) Midas Patient Safety Indicators Composite, ACA (M)</b>			11.44	🔴 Deteriorated	Sep 2023	0.00	n/a	n/a	0.95	
History			0.183/0.016							
<b>PSI 90 (v2021) Patient Safety Indicators Composite, ACA - Volume (M)</b>			1	🔴 Deteriorated	Sep 2023	0	n/a	n/a	0	
History										

## The Patient Safety Indicators 90 (PSIs)

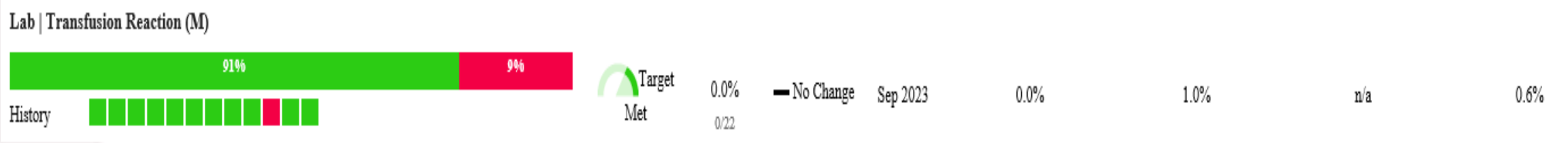
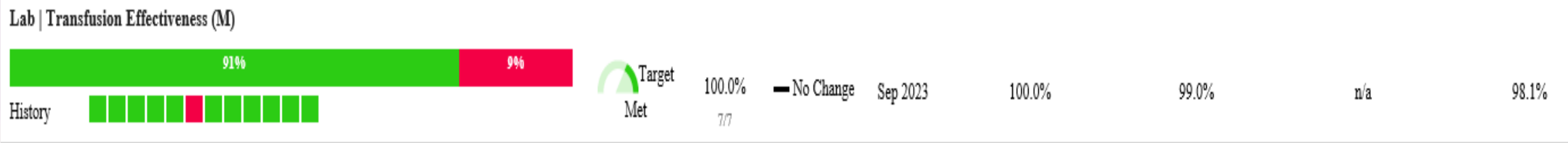
- PSI 03 Pressure Ulcer
- PSI 06 Iatrogenic Pneumothorax Rate
- PSI 08 In Hospital Fall with Hip Fracture
- PSI 09 Perioperative Hemorrhage or Hematoma
- PSI 10 Postoperative Acute Kidney Injury Requiring Dialysis
- PSI 11 Postoperative Respiratory Failure
- PSI 12 Perioperative Pulmonary Embolism or 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	Sep 2023	0	1	n/a	0
History									

# Blood Products



# 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>	 100%	Target Met	0.26 2/76225	▲ Deteriorated	Sep 2023	1.13	2.00	n/a	0.10
History									
<b>Rx-Administration Errors Per 10,000 Doses Dispensed</b>	 100%	Target Met	0.39 3/76225	▼ Improved	Sep 2023	1.00	3.00	n/a	0.31
History									

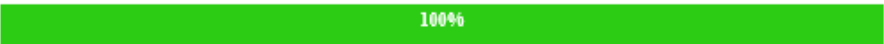





# Patient Falls

## Preventable Harm

Indicator	Performance	Most Recent	Trend	Period	📍	🔔	📊	⌵	
RM ACUTE FALL- All (M) per 1000 patient days	 91%	 Bet. Target & Alarm	3.97 1/252	 Deteriorated	Sep 2023	3.75	4.00	n/a	0.63
History	 100%	 Target Met	0.00 0/252	 No Change	Sep 2023	3.75	4.00	n/a	0.00



# Blood Culture Contamination

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	
<b>Blood Cultures -Contamination Rate  LAB  (M)</b>		Target Met	0.0% 0/87	↓ Improved	Sep 2023	3.0%	4.0%
History							
<b>Blood Cultures -Total Contamination Rate (M)</b>		Target Met	0.5% 1/186	↓ Improved	Sep 2023	3.0%	4.0%
History							
<b>Blood Cultures -Contamination Rate  RN  (M)</b>		Target Met	1.0% 1/97	↓ Improved	Sep 2023	3.0%	3.1%
History							

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Sep 2023	1	97	1.0%
Aug 2023	5	94	5.3%
Jul 2023	2	89	2.2%
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%









# Utilization Management

Indicator	Performance	Most Recent	Trend	Period	Target	Alert	Bar Chart	Value	
1 Day Stay Rate Medi-Cal [M]	 History	Target Met	0.00% 0/12	No Change	Sep 2023	2.61%	5.00%	n/a	0.67%
1 Day Stay Rate-Medicare [M]	 History	Target Met	0.00% 0/39	No Change	Sep 2023	8.10%	10.00%	n/a	0.61%
Acute Care - Geometric Mean Length of Stay [M]	 History	Target Met	2.64 31.6963/12	Improved	Sep 2023	2.75	3.23	n/a	3.30
MS-DRG Case Mix Index (CMI) [M]	 History	Breaches Alarm	1.36	Deteriorated	Sep 2023	1.55	1.40	n/a	1.40
MS-DRG Case Mix Index (CMI) MEDICARE [M]	 History	Breaches Alarm	1.37	Deteriorated	Sep 2023	1.55	1.40	n/a	1.48

**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>									
History		Target Met	100.0% 8/8	No Change	Sep 2023	88.0%	50.0%	n/a	100.0%
<b>Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)</b>									
History		Breaches Alarm	187.00	Deteriorated	Sep 2023	132.00	140.00	n/a	149.00
<b>Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)</b>									
History		Target Met	0.7% 6/809	Deteriorated	Sep 2023	2.0%	2.5%	n/a	0.8%
<b>Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)</b>									
History		Breaches Alarm	50.0% 1/2	Improved	Sep 2023	72.0%	70.0%	n/a	58.3%

# Core Measures Sepsis

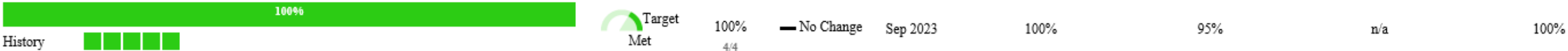
Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	⌵
<b>SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)</b>	 History	Target Met 100.0% 6/6	Improved 	Sep 2023	81.0%	80.0%	n/a	59.2%
<b>SEPa - Severe Sepsis 3 Hour Bundle (M)</b>	 History	Target Met 100.0% 6/6	Improved 	Sep 2023	94.0%	90.0%	n/a	80.6%
<b>SEPB - Severe Sepsis 6 Hour Bundle (M)</b>	 History	Target Met 100.0% 5/5	No Change 	Sep 2023	100.0%	90.0%	n/a	89.1%

# Infection Prevention

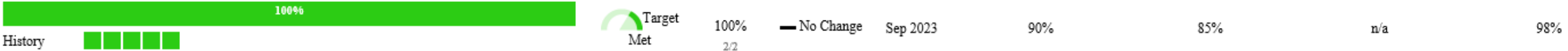
Indicator	Performance	Most Recent	Trend	Period	🕒	📌	📊	🔍	
IC-Surveillance  HAI-C.DIFF Inpatient infections per 10k pt days [M]	 88% 12%	 Target Met	0	Improved	Sep 2023	1	1	n/a	0
IC-Surveillance  HAI-CAUTI Inpatient infections per 10k patient days [M]	 92% 8%	 Target Met	0	No Change	Sep 2023	1	1	n/a	0
IC-Surveillance  HAI-CLABSI Inpatient infections per 10k patient days [M]	 96% 4%	 Target Met	0	No Change	Sep 2023	1	1	n/a	0
IC-Surveillance  HAI-MRSA Inpatient infections per 10k patient days [M]	 100%	 Target Met	0	No Change	Sep 2023	1	1	n/a	0
IC-Surveillance  HAI-SSI infections per 10k pt days [M]	 91% 9%	 Target Met	0	Improved	Sep 2023	1	1	n/a	0
QA-02   Hand Hygiene Practices Monitored [M]	 8% 8% 25% 59%	 Breaches Alarm	84%	Deteriorated	Sep 2023	90%	85%	n/a	82%
History			67/80						

# CIHQ Corrective Action Plan Monthly Compliance Condition Level Findings

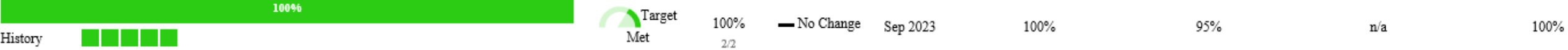
## GL-04 | Condition Level Findings Reported to BQC [M]



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



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



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



# Standard Level Deficiencies Quarterly Report

CIHQ -Survey

Indicator	Performance	Most Recent	Trend	Period	⊖	▲	⏪	⏩
GL-04   Policies in Compliance for Review [M]	 100%	Breaches Alarm 65% 635/976	Improved	Sep 2023	90%	85%	n/a	66%
History								
GL-04   Condition Level Findings Reported to BQC [M]	 100%	Target Met 100% 4/4	No Change	Sep 2023	100%	95%	n/a	100%
History								
IC-03   Hair Clippers and Base Clean [M]	 100%	Target Met 100% 2/2	No Change	Sep 2023	90%	85%	n/a	98%
History								
IC-03   Ice Machines Cleaned[M]	 100%	Target Met 100.0% 3/3	No Change	Sep 2023	100.0%	95.0%	n/a	100.0%
History								
IC-03   OP Rehab Deep Clean Complete [M]	 100%	Target Met 100.0% 1/1	No Change	Sep 2023	100.0%	95.0%	n/a	100.0%
History								
IC-03   Pt Care Floors Clean[M]	 100%	Target Met 100.0% 21/21	No Change	Sep 2023	100.0%	95.0%	n/a	100.0%
History								
MM-24   Pill Crushers Clean [M]	 100%	Target Met 100% 2/2	No Change	Sep 2023	100%	95%	n/a	100%
History								
CE-03   Pull Cord Compliance [M]	 100%	Target Met 100%	No Change	Sep 2023	90%	85%	n/a	95%
History								

<b>CE-07   Presence of spill kit where formalin used[M]</b>										
			Target Met	100.0%	No Change	Sep 2023	100.0%	95.0%	n/a	60.0%
History				11/11						
<b>CE-09   Appropriate Storage of Supplies (Bio-Hazard Bag Use) [M]</b>										
			Target Met	100%	Improved	Sep 2023	90%	85%	n/a	95%
History				6/6						
<b>CE-09   Expiration of Hand Sanitizer Stored Supplies[M]</b>										
			Target Met	100%	No Change	Sep 2023	100%	95%	n/a	100%
History				17/17						
<b>CE-09   Opened EKG electrodes dated [M]</b>										
			Target Met	100%	No Change	Sep 2023	90%	85%	n/a	100%
History				2/2						
<b>CE-11   Monitoring Temperature and Humidity Logs[M]</b>										
			Bet. Target & Alarm	97.1%	Improved	Sep 2023	100.0%	95.0%	n/a	47.3%
History				204/210						
<b>DC-04   Patient Choice Form Completion [M]</b>										
			Target Met	94%	Improved	Sep 2023	90%	85%	n/a	94%
History				16/17						
<b>IC-09   Safe Transport of Used Surgical Supplies [M]</b>										
			Target Met	100%	No Change	Sep 2023	100%	95%	n/a	94%
History				2/2						
<b>IC-10   MedStaff Antimicrobial Stewardship Training Monitoring [M]</b>										
			Breaches Alarm	4%	No Change	Sep 2023	100%	90%	n/a	5%
History				5/130						



<b>MM-11   Dextrose 10% in Broselow Carts [M]</b>										
				100.0%	— No Change	Sep 2023	100.0%	95.0%	n/a	50.0%
History				2/2						
<b>MM-21   Albuterol Orders Complete [M]</b>										
				100.00%	— No Change	Sep 2023	90.00%	85.00%	n/a	100.00%
History				12/12						
<b>MM-21   Medication/Contrast Protocol Usage [M]</b>										
				100.00%	— No Change	Sep 2023	90.00%	85.00%	n/a	100.00%
History				30/30						
<b>MM-22   PRN Pain Parameter Instructions [M]</b>										
				96.6%	🔻 Deteriorated	Sep 2023	100.0%	95.0%	n/a	96.0%
History				28/29						
<b>MM-26   Unlabeled lidocaine multidose vials [M]</b>										
				0.00%	— No Change	Sep 2023	0.00%	0.05%	n/a	0.00%
History				0/4						
<b>MR-05   Vital Signs for TNK Patients [M]</b>										
				100%	— No Change	Sep 2023	100%	95%	n/a	100%
History				1/1						
<b>MS-09   Privileges for Telehealth Providers Monitored [M]</b>										
				100%	— No Change	Sep 2023	100%	90%	n/a	100%
History				10/10						
<b>NU-03   Monitor Exp Dates in Patient Nutrition Areas [M]</b>										
				100%	— No Change	Sep 2023	90%	85%	n/a	100%
History				2/2						
<b>PR-02   IMM Signed Within 48 hours [M]</b>										
				100.0%	— No Change	Sep 2023	90.0%	85.0%	n/a	100.0%
History				65/65						
<b>PR-03   Family Notification of Hospitalization [M]</b>										
				70.8%	🟢 Improved	Sep 2023	90.0%	85.0%	n/a	72.7%
History				46/65						

<b>PR-03   Provider Notification of Hospitalization [M]</b>										
			Target Met	98.5%	Deteriorated	Sep 2023	90.0%	85.0%	n/a	99.6%
History				64/65						
<b>QA-01   Contracted Services QAPI Review [M]</b>										
			Target Met	90%	No Change	Sep 2023	90%	85%	n/a	88%
History				9/10						
<b>QA-02   Hand Hygiene Practices Monitored [M]</b>										
			Breaches Alarm	84%	Deteriorated	Sep 2023	90%	85%	n/a	82%
History				67/80						
<b>QA-02   Monitor &amp; Report High Risk Problem Prone areas [M]</b>										
			Target Met	100%	No Change	Sep 2023	90%	85%	n/a	100%
History				1/1						
<b>QS-07   Accuracy in Patient Identification [M]</b>										
			Target Met	100%	No Change	Sep 2023	90%	85%	n/a	95%
History				8/8						
<b>QS-10   Documentation: Continuous Observation of High Risk Pts [M]</b>										
			Breaches Alarm	33%	Deteriorated	Sep 2023	100%	95%	n/a	27%
History				2/6						
<b>RS-07   Timely MD Order for Restraint [M]</b>										
			Breaches Alarm	75%	Deteriorated	Sep 2023	90%	85%	n/a	89%
History				6/8						
<b>RS-12   MedStaff Restraint Policy Review Monitoring [M]</b>										
			Bet. Target & Alarm	92%	Improved	Sep 2023	100%	90%	n/a	48%
History				46/50						

# Patient Satisfaction

- HCAHPS reported Quarterly

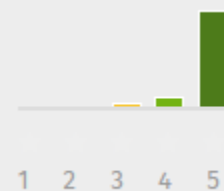
# Rate My Hospital Scale 1-5 September Data

Sonoma Valley Hospital / Emergency Department

97

4.662

95% CI:  
4.610—4.714

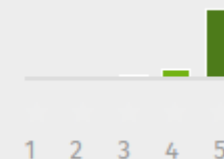


Sonoma Valley Hospital / Inpatient Care

5

4.765

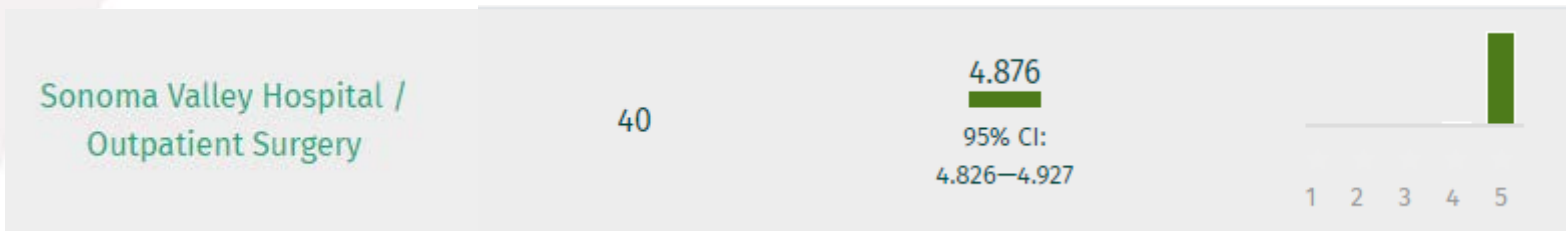
95% CI:  
Not enough samples



# Rate My Hospital Scale 1-5



# Rate My Hospital Scale 1-5



## 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: 10/20/2023 8:20 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: 47

**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>Adverse Event Reporting</b> <i>Governance and Leadership Policies</i>	Pending Approval	9/7/2023	43
Summary Of Changes: <b>Reviewed. Title Changes only</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Cooper, Kylie (kcooper)</b> Approvers: <b>Hennelly, John (jhennelly) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Clinical Competency</b> <i>Rehabilitation Services Dept</i>	Pending Approval	9/21/2023	29
Summary Of Changes: <b>Reviewed, no changes.</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Gallo, Christopher (cgallo)</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>Cold Pack Usage</b> <i>Rehabilitation Services Dept</i>	Pending Approval	9/21/2023	29
Summary Of Changes: <b>Update references, personnel clarifications, description of packs and usage, contraindications</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Gallo, Christopher (cgallo)</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>Contested Decision to Discontinue Skilled Rehab Services</b> <i>Rehabilitation Services Dept</i>	Pending Approval	9/21/2023	29
Summary Of Changes: <b>Reviewed. Staff Title Changed</b>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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>Fluidotherapy Usage</b> <i>Rehabilitation Services Dept</i>	<b>Pending Approval</b>	9/21/2023	29
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Summary Of Changes: **Update reference, and temperatures, clarify personnel**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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>Frequently Used Terminology &amp; Abbreviations</b> <i>Rehabilitation Services Dept</i>	<b>Pending Approval</b>	9/21/2023	29
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Summary Of Changes: **Update reference**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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>Hot Pack Heating Pad Usage</b> <i>Rehabilitation Services Dept</i>	<b>Pending Approval</b>	9/21/2023	29
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Summary Of Changes: **Clarify purpose, update reference**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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>Ice massage</b> <i>Rehabilitation Services Dept</i>	<b>Pending Approval</b>	9/21/2023	29
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Summary Of Changes: **Clarify purpose, update contraindications, Update Reference**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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>Imaging the Critically Ill Patient</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	9/21/2023	29
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Summary Of Changes: **Updated title to "Imaging the" critically ill patient.  
 Reviewed Policy.  
 Updated author/reviewers/owner.  
 Added reference to SVH Policy PC8610-168 Transporting of Monitored Patients.**

**This policy is intended to compliment the hospital policy on Transporting of Monitored Patients to further define the role of the radiology technologist being able to focus on imaging the patient while other caregivers (nursing and respiratory therapists) care for the patient.**



## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

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)**

**Infection Control during Imaging Procedures** Pending Approval 9/21/2023 29  
*Diagnostic Services Dept Policies*

Summary Of Changes: **Added reference to organizational Contact Isolation Precautions.**

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)**

**Initial Evaluation** Pending Approval 9/21/2023 29  
*Rehabilitation Services Dept*

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

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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)**

**Intravenous Administration of Radiopharmaceuticals** Pending Approval 9/21/2023 29  
*Diagnostic Services Dept Policies*

Summary Of Changes: **Title change- removed "intravenous" since radioactive materials can be administered orally or subcutaneous too. Update California Title 17 references for technologists and physicians. Changed title of Radiologist to Nuclear Medicine Physician to match CA code of regulation wording. Updated reviewers and 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)**

**Iontophoresis** Pending Approval 9/21/2023 29  
*Rehabilitation Services Dept*

Summary Of Changes: **Additional contraindications, Updated reference**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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)**

**Mammographic Compliance** Pending Approval 9/21/2023 29  
*Diagnostic Services Dept Policies*

Summary Of Changes: **Added new Purpose and Policy statements. Added Reference. Updated Authors/Reviewers.**

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

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)

**Medical Imaging Operational Hours and Support Services 7630-109** Pending Approval 9/21/2023 29  
*Diagnostic Services Dept Policies*

Summary Of Changes: Reviewed Policy. Updated ultrasound on-call coverage.  
 Updated author/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)

**MRI Safety** Pending Approval 9/21/2023 29  
*Diagnostic Services Dept Policies*

Summary Of Changes: Updated Code Blue section to include Rapid Response.  
 Updated references.  
 Updated authors 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)

**Non radiologist & Fluoroscopic Procedures** Pending Approval 9/21/2023 29  
*Diagnostic Services Dept Policies*

Summary Of Changes: Updated policy with new CDPH Radiology Health Board details on physicians obtaining temporary fluoroscopy permits.  
 Updated Authors/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)

**Paid Time Off** Pending Approval 9/21/2023 29  
*Diagnostic Services Dept Policies*

Summary Of Changes: Changed references for Medical Imaging to Diagnostic Services.  
 Changed references for Manager to Director.  
 Added clarification to the request for PTO process.  
 Removed wording for sick calls since sick call procedures are part of the hospital attendance policy.  
 Updated reference to hospital policy.  
 Update authors/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-

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Paraffin Use</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Rehabilitation Services Dept</i>			
Summary Of Changes:	<b>Grammatical errors, Temperatures adjusted, clarifications Update references</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Gallo, Christopher (cgallo)</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>Patient Education</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Rehabilitation Services Dept</i>			
Summary Of Changes:	<b>Add References</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Gallo, Christopher (cgallo)</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>Patient Identification</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>Updated policy with reference to and language from the hospital policy on Patient Identification #QS8610-122. Added wording about "asking the patient their name and date of birth" and reference to performing a time-out procedure before invasive procedures are started. Updated Authors/Reviewers.</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>Patient Pregnancy Inquiry 7630-193</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>Reviewed Policy, no content changes made Updated author/reviewers</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>Patient Transport</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>No changes made to policy. Updated Authors/Reviewers.</b>		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

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)

<b>Phonophoresis</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Rehabilitation Services Dept</i>			

Summary Of Changes: **Added contraindications and identified staff who can perform this procedure. Updated Reference..**

Moderators: Newman, Cindi (cnewman)  
 Lead Authors: Gallo, Christopher (cgallo)  
 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>Physician Orders-Verbal and Written</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Updated policy to reference and follow the organizations policies for Verbal and Telephone Orders and Ordering of Outpatient Services.  
 Added reference to the American Society of Radiology Technology Practice Standards that include receiving and documenting verbal orders in their Scope of Practice.  
 Updated Authors/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)

<b>Pregnant Worker in a Radiation Environment</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Reviewed Policy.  
 Updated Author/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)

<b>Premedication Protocol</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Reviewed policy, no changes made to content.  
 Updated authors/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)

<b>Radiation Physicist</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

Summary Of Changes: **Updated physicist contact information.  
Updated reviewers/authors.**

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)**

<b>Radiation Safety Instructions</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Reviewed Policy.  
Updated Author/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)**

<b>Radiation Safety-Staff</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Added CIHQ as one of our regulatory agencies that monitor radiation safety.  
Changed our physicist and consulting services to West Physics.  
Updated Author/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)**

<b>Reporting Critical Results</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Updated the process of documenting the Critical Result notification to the caregiver in the exam report.  
Updated authors/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)**

<b>RETIRE: Clinical Information on Request</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Retire policy.  
Clinical information on order requests is covered in the Examination Orders policy 7630-143.**

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: 10/20/2023 8:20 AM

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

<b>RETIRE: Criteria for PES PC7010-13</b> <i>Emergency Dept</i>	<b>Pending Approval</b>	10/19/2023	1
Summary Of Changes:	<b>Recommend sunseting this policy, the items/criteria outlined are the policies of another institution, not SVH</b>		
Moderators:	<b>Newman, Cindi (cnewman)</b>		
Lead Authors:	<b>Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)</b>		
Approvers:	<b>Winkler, Jessica (jwinkler) -&gt; Medical Director-Emergency Dept. - (Committee) -&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: Critical Tests_med imaging 7630-127</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	9/21/2023	29
Summary Of Changes:	<b>Retire Policy, this is a duplicate of policy QS8610-158</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: Duties of Medical Director of Medical Imaging</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	9/21/2023	29
Summary Of Changes:	<b>Retire policy. Medical Director responsibilities are outlined in their contracts.</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: MRI Screening</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	9/21/2023	29
Summary Of Changes:	<b>Retire policy. Patient screening procedures are covered in the MRI Safety policy.</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: Personal Protective Equipment_Technologist Safety</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	9/21/2023	29
Summary Of Changes:	<b>Retire policy. This department policy isn't needed. Everything about PPE is outlined in the hospital Infection Prevention policies.</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>		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

<b>RETIRE: Quality Control Procedures in Nuclear Medicine</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	9/21/2023	29
Summary Of Changes:	<b>Retire policy.</b> We no longer have a nuclear camera requiring QC. All other QC and safety procedures are included in our Nuclear Medicine/Radioactive Material Safety policy.		
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)		
<b>RETIRE: Records Management</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	9/21/2023	29
Summary Of Changes:	<b>Retire policy.</b> Policy is outdated and the organization has one for records management.		
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)		
<b>RETIRE:: Fentanyl Patch Pharmacist Verification 8390-13</b> <i>Pharmacy Dept</i>	<b>Pending Approval</b>	10/19/2023	1
Summary Of Changes:	<b>Recommend deleting this department policy. It speaks to processes that were only required due to Paragon limitations.</b>  Built in to EPIC, no policy needed.		
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)		
<b>RETIRE:: Medication History Review Standard Work 8390-12</b> <i>Pharmacy Dept</i>	<b>Pending Approval</b>	10/19/2023	1
Summary Of Changes:	<b>Recommend deleting this department policy. It speaks to processes that were only required due to Paragon limitations. No longer needed.</b>  New procedure being written for 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)		
<b>RETIRE:: Pharmacist Patient Discharge Medication Counseling 8390-11</b> <i>Pharmacy Dept</i>	<b>Pending Approval</b>	10/19/2023	1
Summary Of Changes:	<b>Recommend deleting this department policy. It speaks to processes that were only required due to Paragon limitations. No longer needed.</b>  New p&p being written for Epic.		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

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)**

<b>Routine Department Disinfection Procedure 7630-229</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Added policy purpose.  
 Added references to our organizational Equipment Cleaning and Contact Isolation policies.  
 Updated Authors/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)**

<b>Sign Posting Requirements</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Reviewed policy, no content changes.  
 Updated reviewers and authors.**

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)**

<b>Transcutaneous Electrical Nerve Stimulation</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Rehabilitation Services Dept</i>			

Summary Of Changes: **Clarify Purpose, clarify contraindications, Update reference, Staff Title Change**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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>Ultrasound</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Rehabilitation Services Dept</i>			

Summary Of Changes: **Clarify purpose, Update contraindications, Update reference  
 Updated title to Ultrasound \*in Rehab Services\* to avoid confusion of scope.**

Moderators: **Newman, Cindi (cnewman)**  
 Lead Authors: **Gallo, Christopher (cgallo)**  
 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>Use and Cleaning of Gait Belts</b>	<b>Pending Approval</b>	9/21/2023	29
<i>Rehabilitation Services Dept</i>			

Summary Of Changes: **Identification of which patients will use gait belts, removal of cloth gait belts, added reference and clarified cleaning process.**



## Document Tasks by Committee

**Sonoma Valley Hospital**

Run by: Newman, Cindi (cnewman)

Run date: 10/20/2023 8:20 AM

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

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

Lead Authors: **Gallo, Christopher (cgallo)**

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

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