

**SVHCD QUALITY COMMITTEE**

**AGENDA**

**WEDNESDAY, MAY 22, 2024**

**5:00 pm Regular Session**

**Held in Person:**

**SVH Administrative Conference Room**

To Participate Via Zoom Videoconferencing  
use the link below:

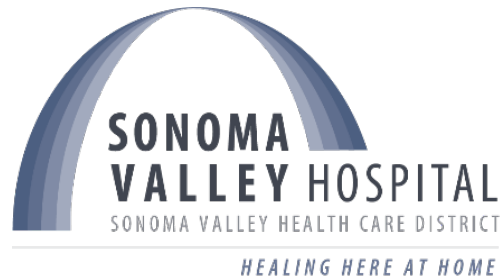
<https://sonomavalleyhospital-org.zoom.us/j/97100197319>

Meeting ID: 971 0019 7319

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+16699009128,,97100197319#

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Board Clerk, Whitney Reese, at <a href="mailto:wreese@sonomavalleyhospital.org">wreese@sonomavalleyhospital.org</a> , 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 04.24.24	<i>Kornblatt Idell</i>	Action: pg. 2-4
<b>4. PHARMACY QA/PI</b>	<i>Chris Kutza, PharmD</i>	Inform: pg. 5-18
<b>5. PATIENT CARE SERVICES DASHBOARD 1<sup>ST</sup> QTR</b>	<i>Winkler</i>	Inform: pg. 19
<b>6. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Cooper</i>	Inform: pg. 20-39
<b>7. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	Inform: pg. 40-49
<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**  
**Wednesday, April 24, 2024, 5:00 PM**  
**MINUTES**  
**Via Zoom Teleconference**

<b>Members Present – In Person</b>	<b>Excused</b>	<b>Public/Staff – Via Zoom</b>
Judith Bjorndal, MD (interim chair) Carl Speizer, MD Carol Snyder Howard Eisenstark, MD Michael Mainardi, MD	Susan Kornblatt Idell	Denise Kalos, via zoom Kylie Cooper, RN BSN CPHQ MBA, Director of Quality and Risk Mgmt. Stephanie Montecino, Infection Preventionist Paul Amara, MD, FACOG, via zoom Whitney Reese, Board Clerk

<b>AGENDA ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Bjorndal</i>	
	Bjorndal is filling in for Susan Kornblatt Idell, as Committee Chair, to run the meeting.	
<b>2. PUBLIC COMMENT SECTION</b>	<i>Bjorndal</i>	
	No public comments	
<b>3. CONSENT CALENDAR</b> Minutes 03.27.24	<i>Bjorndal</i>	<b>ACTION</b>
		<i>Motion to approve Speizer, 2<sup>nd</sup> by Snyder</i>

<b>4. INFECTION PREVENTION ANNUAL RISK ASSESSMENT / PLAN</b>	<i>Stephanie Montecino, Infection Preventionist</i>	INFORM
	<p>Montecino presented the following topics:</p> <ul style="list-style-type: none"> <li>• What does an Infection Preventionist do?</li> <li>• Infection Prevention 2023 Quality Metrics</li> <li>• Key Concepts to an (ICRA)</li> <li>• The updated ICRA with No Mitigation recommendation changes for 2024</li> <li>• What microorganisms are identified as a threat during construction</li> </ul> <p>Discussion highlighted the challenges in diagnosing community-acquired infections like C diff, especially when symptoms are not immediately visible. Montecino and Cooper discussed the hospital's improved testing protocols and low infection rates due to nurse-driven stool sample testing and antibiotic stewardship measures.</p> <p>A question was raised regarding comparing infection rates with other hospitals and it was suggested to focus on internal data when infection rates are low. Cooper explained the challenges in comparing data due to outdated information and discusses the hospital's successful strategies, including probiotic usage and nurse education. The use of a new drug, fidaxomicin, has been very successful at decreasing reoccurrence.</p> <p>Infection control during hospital construction is emphasized, detailing measures to minimize airborne contaminants and ensure staff and patient safety. Mitigation recommendations include portable hygiene stations, HVAC systems with filtration, partitions, negative pressure rooms, and hand hygiene protocols.</p>	<i>Stephanie Montecino presented the Quality department's Infection Prevention Annual Risk Assessment / Plan</i>
<b>5. QUALITY COMMITTEE CHARTER</b>	<i>Bjorndal</i>	ACTION
		<i>Motion to recommend to Board of Directors for approval by Speizer, 2<sup>nd</sup> by Eisenstark</i>
<b>6. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Cooper</i>	INFORM

	<p>Cooper presented data for March 2024. A few takeaways:</p> <ul style="list-style-type: none"> <li>• The PSI 90 showed significant improvement from the previous month.</li> <li>• One patient experienced a fall. Root cause analysis was conducted, and monitoring plans will be implemented to prevent similar incidents.</li> <li>• Readmissions significantly improved from February, with four cases. Efforts are being made to work with hospitalists to reduce readmissions and improve observation status admission.</li> <li>• Focus on geriatric care is emphasized, with plans for a nurse practitioner to provide care for patients over 65 in primary care offices.</li> <li>• Goals for stroke certification were met.</li> <li>• Efforts are underway to streamline processes in the Emergency Department, including reducing the time from arrival to discharge decision and improving bed placement.</li> <li>• Patient satisfaction scores were generally high across different departments, with hand and physical therapy receiving particularly high ratings.</li> </ul>	<p><i>Kylie Cooper presented the Quality department's March 2024 data</i></p>
<b>7. POLICIES AND PROCEDURES</b>	<i>Cooper</i>	INFORM
	<p>Cooper presented to the for approval to the Board of Directors:</p> <ul style="list-style-type: none"> <li>• AccuChek Inform II Glucose Monitoring System</li> <li>• Clozapine REMS Procedure</li> </ul>	<i>Cooper presented to committee</i>
<b>8. CLOSED SESSION:</b> a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Bjorndal</i>	ACTION
		<i>Motion to recommend to Board of Directors for approval Speizer, 2<sup>nd</sup> by Mainardi</i>
<b>9. ADJOURN</b>	<i>Bjorndal</i>	
	Meeting adjourned at 5:56 pm	

# Pharmacy Department

**Adverse Drug Events**  
**Antimicrobial Stewardship**  
**Controlled Substances**  
**Pyxis Utilization**  
**IV Room**  
**Pharmacy Services**

# Pharmacy Department

## Adverse Drug Events

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

# Pharmacy Department

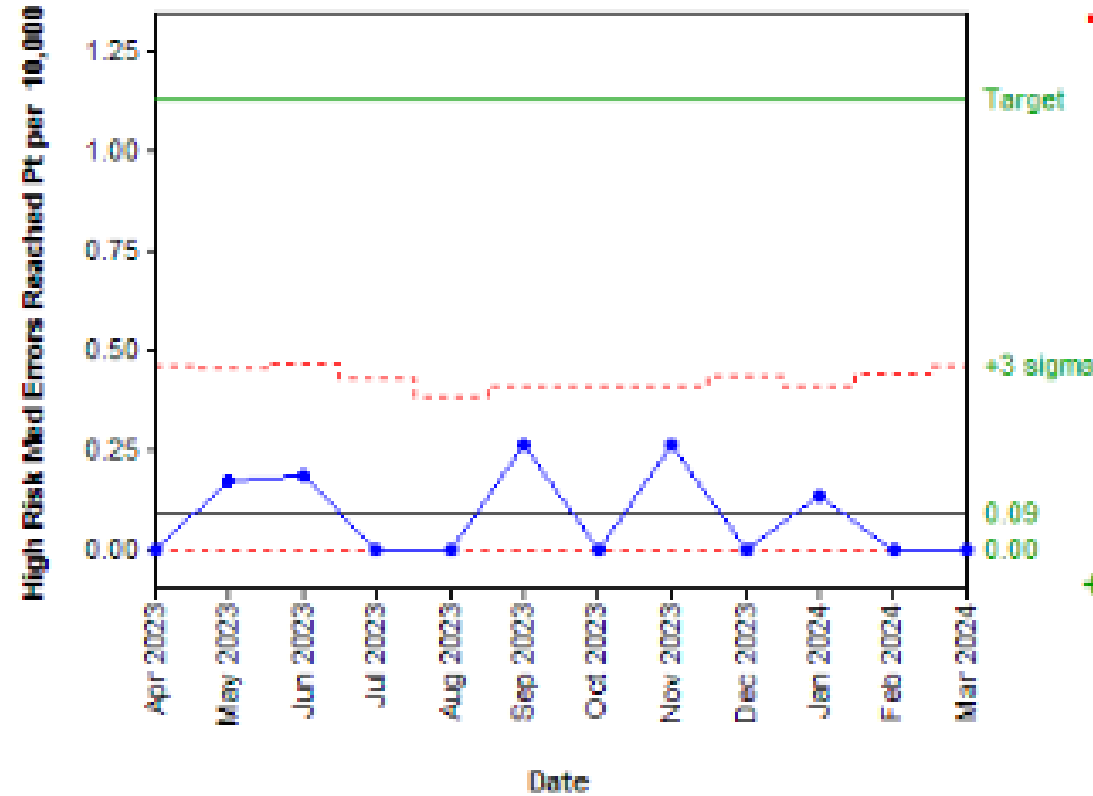
Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)



0.00 Target Met — No Change

0/55987

$\bar{x}$  0.09 n/a 2.00 1.13



Apr 8, 2024 11:04:43

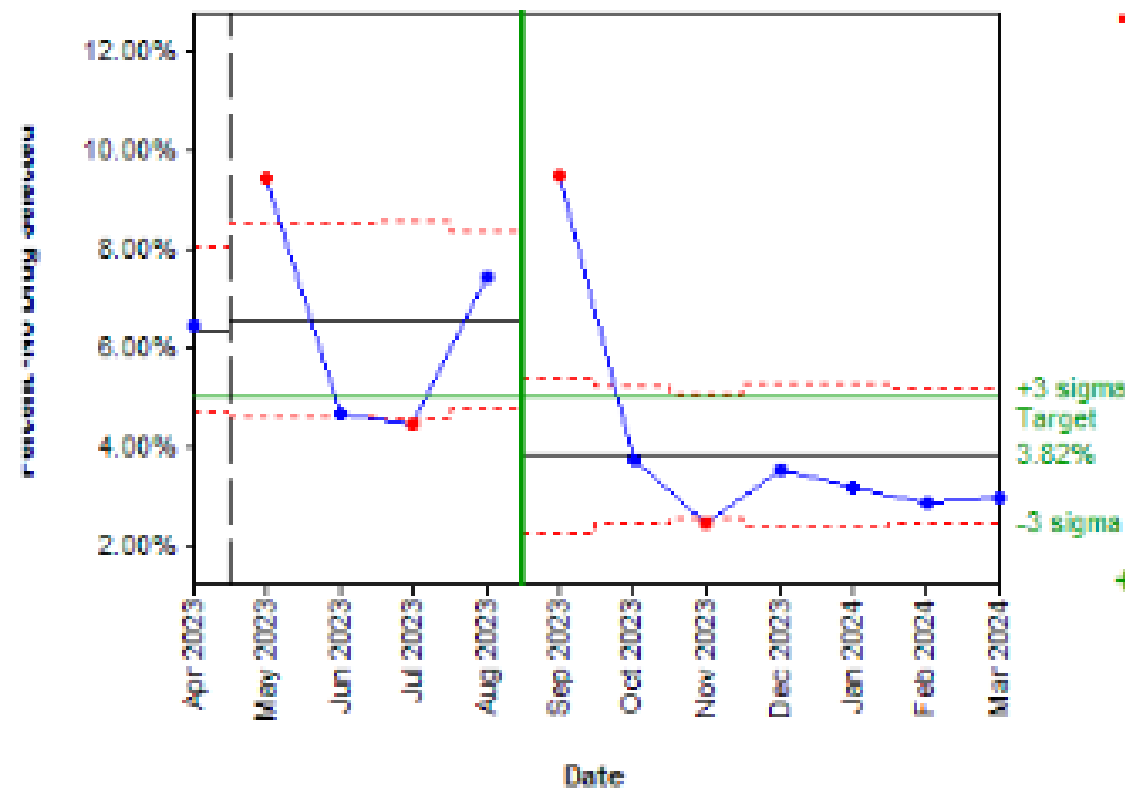
# Pharmacy Department

## Rx-Smart Pump- No Drug Selected

 2.97% Target Met 
  Deteriorated

53/1783

 3.82% 
  n/a 
  12.00% 
  5.00%



Apr 8, 2024 11:05:11



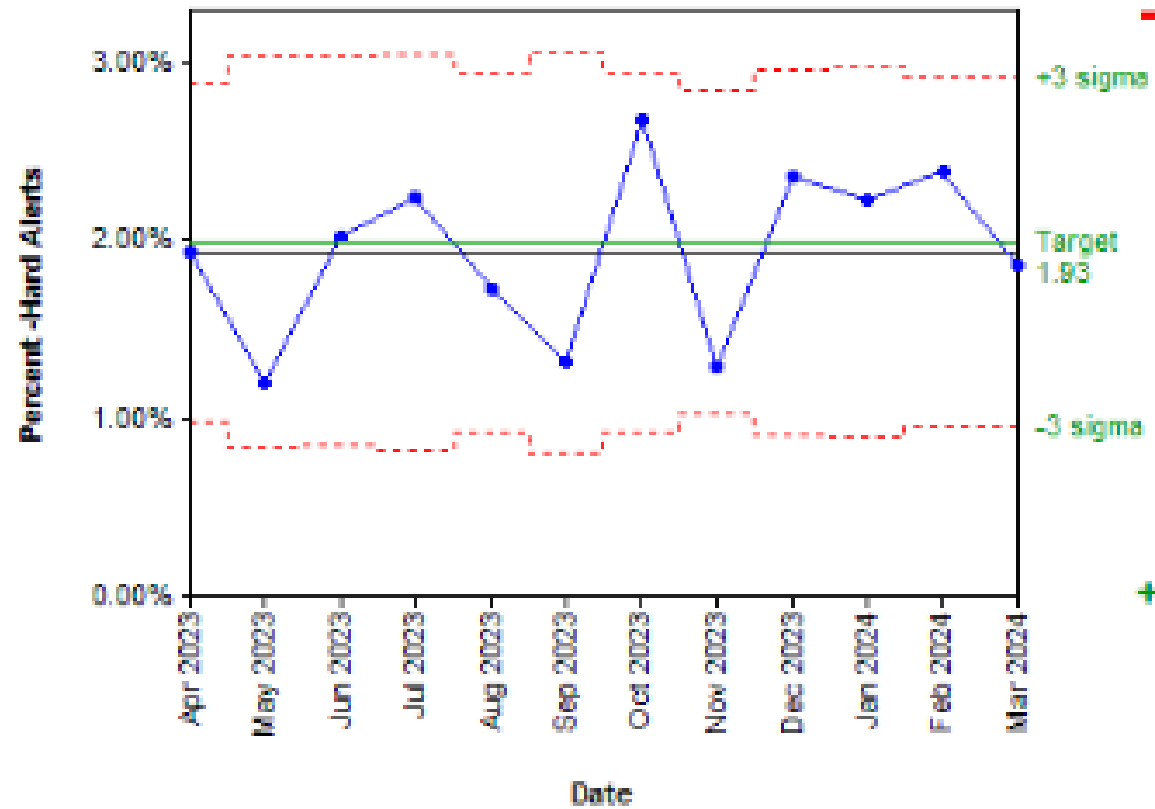
# Pharmacy Department

## Rx-Smart Pump- Hard Alerts

 1.85% Target Met  Improved

33/1783

$\bar{x}$  1.93%  n/a  5.00%  1.99%



Apr 8, 2024 11:04:53

# Pharmacy Department

## Antimicrobial Stewardship

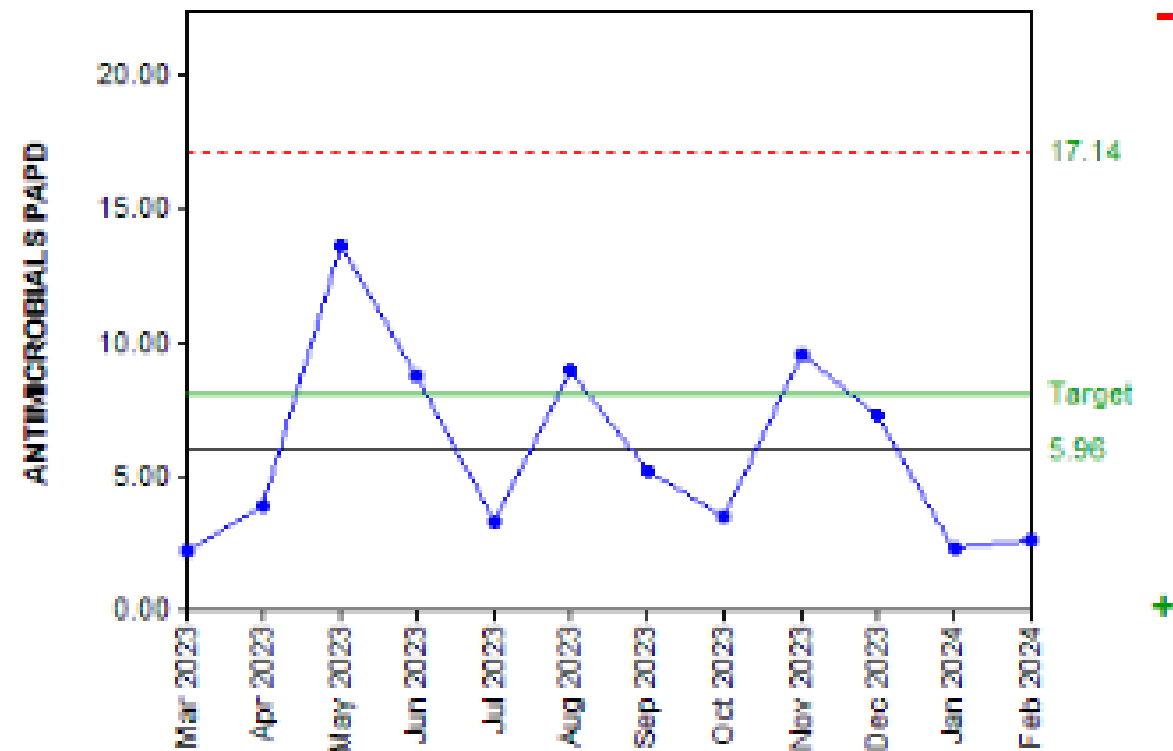
- Cefepime DOT
- Ertapenem DOT
- Levofloxacin DOT
- Meropenem DOT
- Pip-Tazo DOT
- Vancomycin DOT
- Antimicrobial Spend PAPD (\$)

# Pharmacy Department

## Rx-Antimicrobial Spend PAPD (M)

 2.57 Target Met  Deteriorated

 5.96  n/a  10.00  8.00



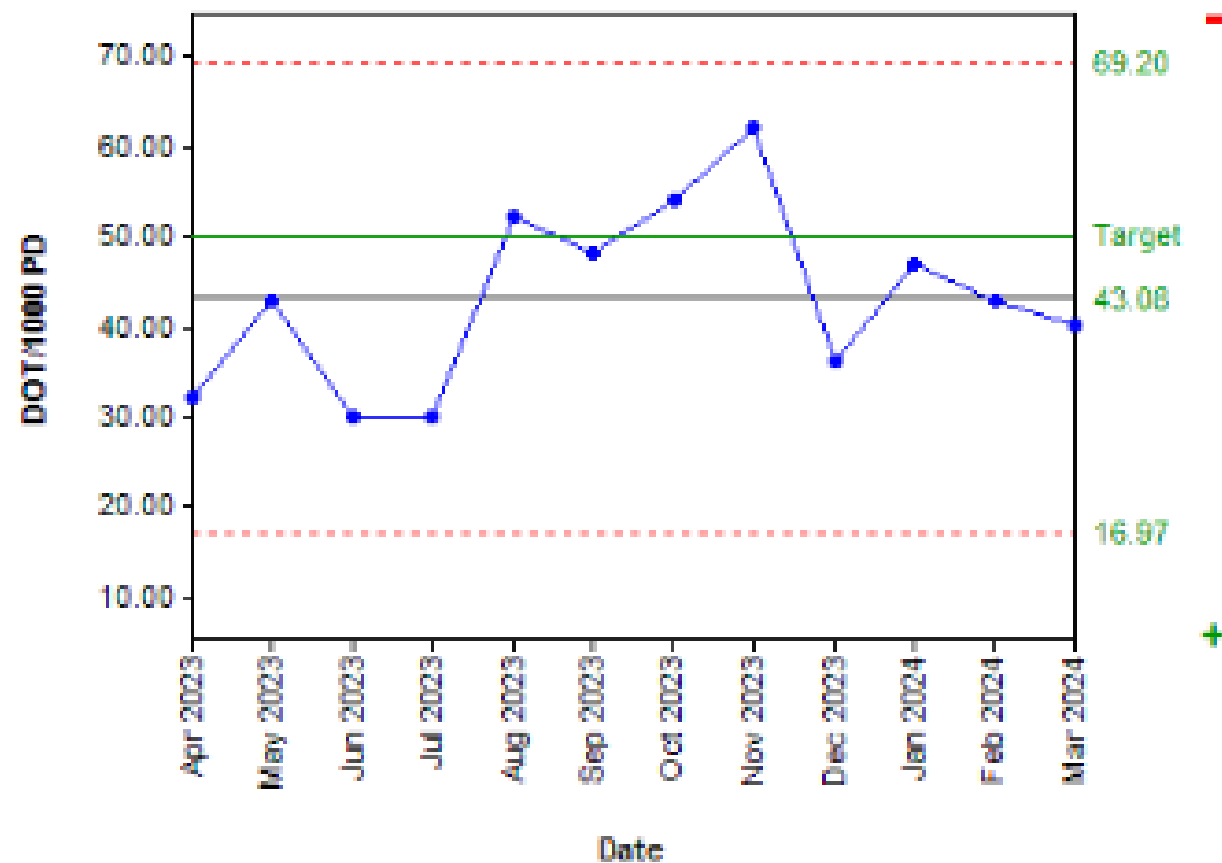
Apr 8, 2024 11:04:49

# Pharmacy Department

## Rx-Antimicrobial Stewardship Vancomycin DOT

 40.00 Target Met  Improved

$\bar{x}$  43.08  n/a  90.00  50.00



Apr 8, 2024 11:05:08

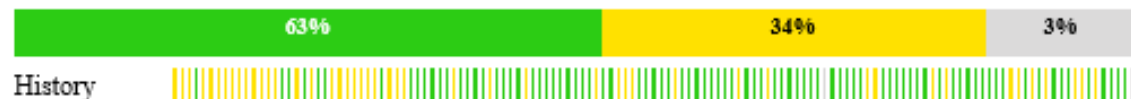
# Pharmacy Department

## Controlled Substances

- **Controlled Substance Audit-Anesthesia**
- **Controlled Substance Audit-Inpatient**
- **C2 Safe Reconciliation**
- **Nursing Unit Pyxis Reconciliation**

# Pharmacy Department

## Rx-Controlled Substance Audit-Anesthesia



## Rx-Controlled Substance Audit-Inpatient



Med Class	Drawer	Subdrawer	Pocket	Quantity	Additions to Stock	Deductions from Stock	Total Pyxis Beginning Inventor	Total Pyxis Ending Inventor	Actual Begin Count	End Count	Reconciliation Total
					62	62	0	0			0.00
					1	1	2	2			0.00
					192	192	0	0			0.00
					0	0	4	4			0.00
					0	0	3	3			0.00
					1	1	2	2			0.00
					303	303	70	70			0.00
					30	26	20	24			0.00
					4	4	2	2			0.00

INVENTORY RECONCILIATION WORKSHEET FOR DATE RANGE:											
Reconciliation Performed By (Signature):	Christopher Kutza										
PIC Signature:											
Date/Time	4/5/2023 10:20am through 6/1/2023 09:08am										
WORKSHEET INSTRUCTIONS											
Data collection is based on a minimum 90-day look back period. Enter data fields for the selected period below to determine % variance. Investigate and resolve variances. Enter findings/justification below.											
DEFINITIONS											
Starting Inventory	Inventory based on known physical inventory										
Units Purchased	Additions to inventory based on purchase history reports and invoices, including acquisition from wholesaler, 340B, other entities, direct, etc.										
Units Distributed / Utilized	Deletions from inventory based on distribution reports										
Units Returned	Additions to inventory based on records of returns to the pharmacy										
Units Removed to the Expired / Unusable Inventory	Deletions from inventory based on expired medications										
Recorded Sales /Transfers	Deletions from inventory based on documentation of sales / transfer to entities outside hospital										
Calculated Inventory based on Records	Starting Physical Inventory + Purchases - Utilization + Returns - Outdates and Transfers										
CONTROLLED SUBSTANCE INVENTORY CONTROL AUDIT WORKSHEET											
Drug Description	Starting Physical Inventory Count 4/5/2023	Units Purchased	Units Distributed / Utilized	Units Compounded In-House	Units Delivered to Clinics	Units Returned to the Physical Inventory	Units Removed to the Expired Inventory	Units Sold or Transferred	Calculated Inventory based on Records	Ending Physical Inventory Count 6/1/2023	% Variance
Belladonna and Opium 60mg supp	0	0	0	0	0	0	0	0	0	0	
Cocaine 4% soln	2	1	1	0	0	1	1	0	2	2	0.00%
Dextroamphet-Amphet 10mg tab	94	0	0	0	0	0	0	0	94	94	0.00%
Fentanyl 100mcg patch	4	0	1	0	0	0	0	0	3	3	0.00%
Fentanyl 1000mcg/20ml vial	42	0	14	0	0	0	0	0	28	28	0.00%
Fentanyl 12mcg patch	2	0	0	0	0	0	0	0	2	2	0.00%
Fentanyl 25mcg patch	3	0	1	0	0	0	0	0	2	2	0.00%



# Pharmacy Department

## IV Room

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

# Pharmacy Department

## USP 797

- Changes in how we use different hoods
- Changes in training requirements
- Changes in competency requirements



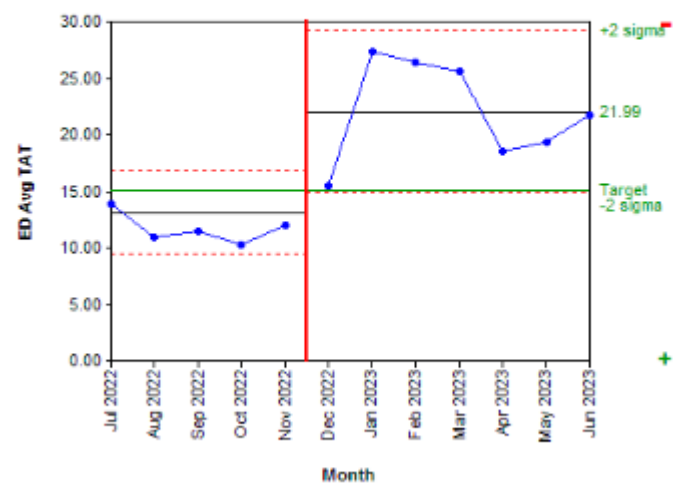
# Pharmacy Department

## Pharmacy Services

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

Rx-After Hours Pharmacy ED TAT

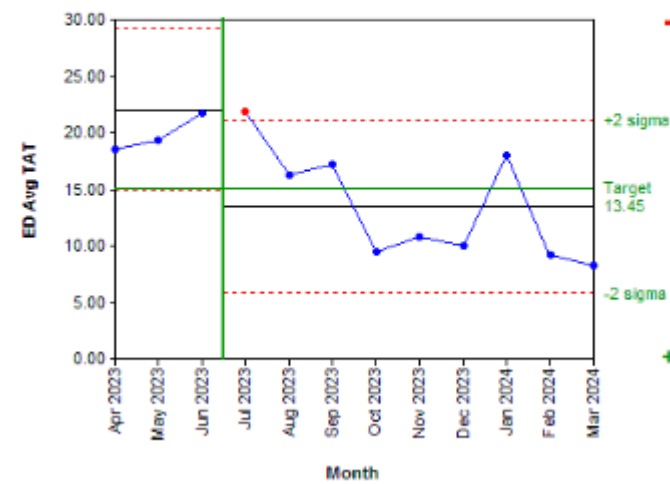
21.69 Breaches Alarm Deteriorated  
 $\bar{x}$  21.99 n/a 17.00 15.00



Aug 7, 2023 08:15:23

Rx-After Hours Pharmacy ED TAT

8.21 Target Met Improved  
 $\bar{x}$  13.45 n/a 17.00 15.00



May 9, 2024 13:22:00

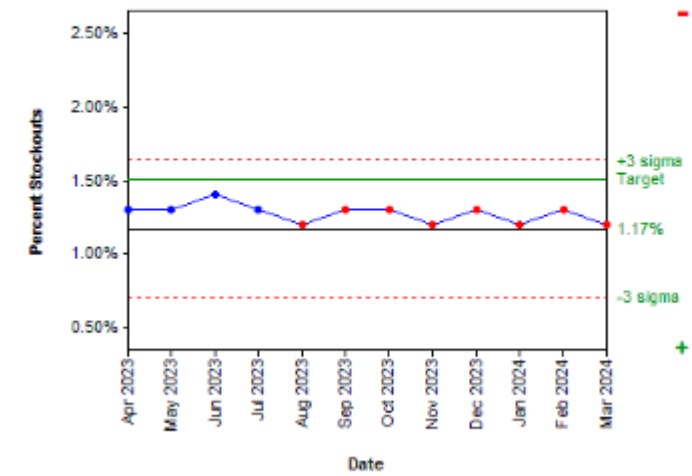
# Pharmacy Department

## Pyxis

- ER Pyxis Overrides
- Pyxis Overrides
- Pyxis Stockouts

Rx-Pyxis Stockouts

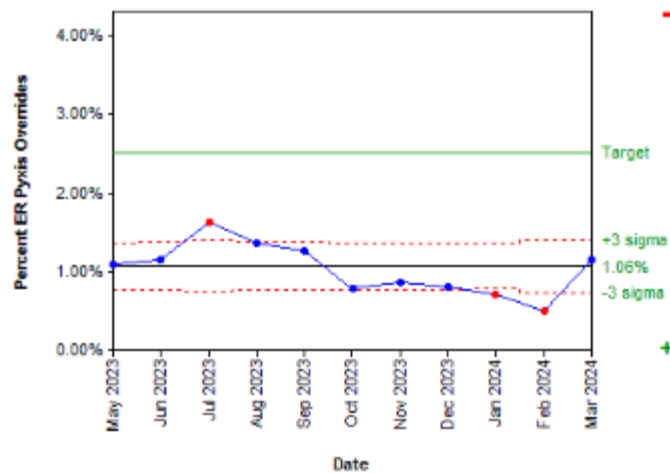
1.20% Target Met Improved  
 1.17% n/a 4.00% 1.50%



Apr 8, 2024 11:04:48

Rx-ER Pyxis Overrides

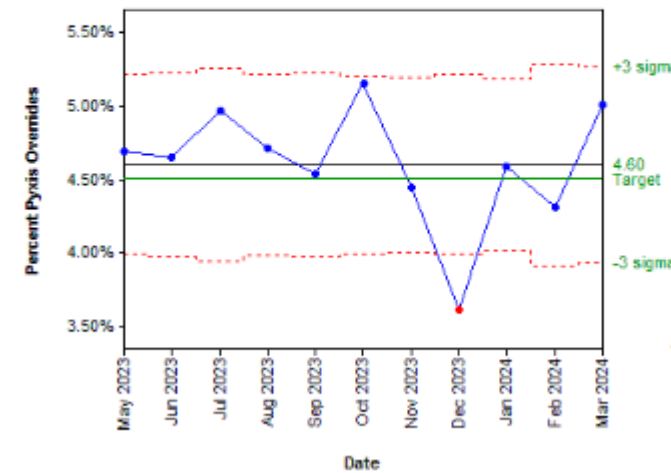
1.14% Target Met Deteriorated  
 100/8742  
 1.06% n/a 5.00% 2.50%



Apr 8, 2024 11:04:44

Rx-Pyxis Overrides

5.01% Bet. Target & Alarm Deteriorated  
 438/8742  
 4.60% n/a 6.00% 4.50%



Apr 8, 2024 11:04:47

# Patient Care Services Dashboard Q1 2024

Medication Scanning Rate	2024					Nursing Turnover	2024 Staff/Quarter				
	Q2	Q3	Q4	Q1	Goal	# of RNs	Q2	Q3	Q4	Q1	Goal
Inpatient (ICU/MS)	96%	96%	96%	96%	≥90%	RNs, >0.5FTE (n=64)	3 (4.8%)	2 (3.4%)	4 (6.6%)	4 (8.1%)	≤5
Pre/Post Op	94%	96%	97%	92%	≥90%						
ED	78%	83%	84%	85%	≥90%	Patient Experience: Reviews					
Preventable med errors R/T Med Scanning	0	2	0	0	≤2	2023	Q2 4.78	Q3 4.78	Q4 4.81	Q1 4.83	Goal
Quality Indicators (QAPI) 2024						RATE MY HOSPITAL- PHYSICAL THERAPY					
	Q2	Q3	Q4	Q1	Goal	Overall score	4.92	4.94	4.92	4.94	≥4.75
						RATE MY HOSPITAL-OUTPATIENT SURGERY					
Antibx admin within 30"-M/S and ICU	93%	94%	92%		≥90%	Overall Score	4.81	4.83	4.88	4.9	≥4.75
Cont. OBS for Psych Pt-ED**New Bundle Q2, May-June	20%	34%	67%	89%	100%	RATE MY HOSPITAL - ED					
Drug Admin Errors-Pharmacy (per 10000)	0.12 (n=19)	0.35 (n=18)	0.64 (n=22)	0.41 (n=22)	<1	Overall score	4.6	4.61	4.61	4.6	≥4.75
Case Management 2024						RATE MY HOSPITAL - MEDICAL IMAGING					
	Q2	Q3	Q4	Q1	Goal	Overall score	4.87	4.81	4.87	4.91	≥4.75
						RATE MY HOSPITAL-INPATIENT					
Patient Choice Form Completed	94%	93%	93%	91%	90%	Overall score	4.83	4.83	4.67	4.78	≥4.75
Nurse Staffing Effectiveness: Transfers r/t staffing/beds						2023 - 2024					
	Q2	Q3	Q4	Q1	Goal	Q2	Q3	Q4	Q1	Goal	
						1	0	1	0	≤0	
Green = Goal Met Yellow = Below goal Red = Continues below goal or significantly below goal											

















# Quality Indicator Performance & Plan

Board Quality Presentation May 2024

Data For April 2024

# Mortality

⏪ Mortality

Indicator	Performance	Most Recent	Trend	Period	🎯	🚨	📊	⚖️	
<b>Acute Care Mortality Rate (M)</b>	 100%	Target Met	2.9% 2/70	Improved	Apr 2024	15.3%	n/a	n/a	3.3%
History									
<b>COPD Mortality Rate [M]</b>	 75% 17% 8%	Breaches Alarm	20.0% 1/5	Improved	Apr 2024	8.5%	n/a	n/a	6.1%
History									
<b>Congestive Heart Failure Mortality Rate [M]</b>	 100%	Target Met	0.0% 0/3	No Change	Apr 2024	11.5%	n/a	n/a	0.0%
History									
<b>Pneumonia Mortality Rate [M]</b>	 91% 9%	Target Met	0.0% 0/7	No Change	Apr 2024	15.6%	n/a	n/a	3.0%
History									
<b>Ischemic Stroke Mortality Rate [M]</b>	 100%	Target Met	0.0% 0/3	No Change	Apr 2024	13.8%	n/a	n/a	0.0%
History									
<b>Hemorrhagic Stroke - Mortality Rate (M)</b>	 87% 13%	Target Met	0.0% 0/1	No Change	Apr 2024	0.0%	1.0%	n/a	12.5%
History									
Indicator	Performance	Most Recent	Trend	Period	🎯	🚨	📊	⚖️	
<b>Sepsis, Severe - Mortality Rate (M)</b>	 83% 17%	Target Met	0.0% 0/3	No Change	Apr 2024	25.0%	n/a	n/a	9.8%
History									
<b>Septic Shock - Mortality Rate (M)</b>	 75% 25%	Target Met	0.0% 0/1	No Change	Apr 2024	25.0%	n/a	n/a	25.0%
History									

# AHRQ Patient Safety Indicators

Quality > Patient Safety > AHRQ Patient Safety Indicators\_PSI

Indicator	Performance	Most Recent	Trend	Period	🎯	🔔	📊	⌵	
PSI 90 (v2023-1) Midas Patient Safety Indicators Composite, ACA (M)	 75% 25%	 Target Met	0.00 0/0.007	 Improved	Apr 2024	0.00	n/a	n/a	4.07
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	 75% 25%	 Target Met	0	 Improved	Apr 2024	0	n/a	n/a	0

# Adverse Events Reporting

Indicator	Performance	Most Recent	Trend	Period	🎯	🔔	📊	✖	
Adverse Event   SE (M) volume	 100%	 Target Met	0	— No Change	Apr 2024	0	1	n/a	0
History									



# Blood Products

## Lab | Transfusion Effectiveness (M)



Target Met

100.0%  
13/13

No Change

Apr 2024

100.0%

99.0%

n/a

97.1%

## Lab | Transfusion Reaction (M)



Target Met

0.0%  
0/27

No Change

Apr 2024

0.0%

1.0%






n/a

0.8%



# 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% History 	Target Met 0.00 <small>0/75656</small>	— No Change	Apr 2024	1.13	2.00	n/a	0.08
<b>Rx-Administration Errors Per 10,000 Doses Dispensed</b>	 83%  17% History 	Bet. Target & Alarm 1.06 <small>8/75656</small>	⬇ Deteriorated	Apr 2024	1.00	3.00	n/a	0.48

# Patient Falls

Indicator	Performance	Most Recent	Trend	Period	⊙	🔔	📊	⌵	
<b>RM ACUTE FALL- All (M) per 1000 patient days</b>	 75% 16% 9%	0.00 0/230	 Target Met	Improved	Apr 2024	3.75	4.00	n/a	1.33
History									
<b>RM ACUTE FALL- WITH INJURY (M) per 1000 patient days</b>	 91% 9%	0.00 0/230	 Target Met	Improved	Apr 2024	3.75	4.00	n/a	0.33
History									

# Readmissions



















Indicator	Performance	Most Recent	Trend	Period					
<b>30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)</b>		Target Met	1.56% 1/64	Improved	Apr 2024	15.30%	15.50%	n/a	5.10%
<b>COPD, CMS Readm - % Readmit within 30 Days, ACA (M)</b>		Target Met	0.0% 0/3	No Change	Apr 2024	19.5%	20.0%	n/a	12.0%
<b>HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)</b>		Target Met	0.0% 0/2	Improved	Apr 2024	21.6%	22.0%	n/a	9.1%
<b>Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)</b>		Target Undefined	n/a 0/0		Apr 2024	4.0%	5.0%	n/a	0.0%
<b>PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)</b>		Target Met	0.0% 0/7	Improved	Apr 2024	16.6%	17.0%	n/a	1.6%
<b>Sepsis, Severe - % Readmit within 30 Days (M)</b>		Target Met	0.0% 0/2	No Change	Apr 2024	12.0%	13.0%	n/a	0.0%
<b>Septic Shock - % Readmit within 30 Days (M)</b>		Target Met	0.0% 0/1	Improved	Apr 2024	13.3%	14.0%	n/a	0.1%

# Blood Culture Contamination

Indicator	Performance	Most Recent	Trend	Period	🎯	🔔	📊	📄
<b>Blood Cultures -Contamination Rate [LAB] (M)</b>		Target Met	1.1%	Improved	Apr 2024	3.0%	4.0%	n/a
History		1/94						1.4%
<b>Blood Cultures -Total Contamination Rate (M)</b>		Target Met	1.0%	Improved	Apr 2024	3.0%	4.0%	n/a
History		2/200						2.0%
<b>Blood Cultures -Contamination Rate [RN] (M)</b>		Target Met	1.0%	Improved	Apr 2024	3.0%	3.1%	n/a
History		1/105						2.6%

Month	RN-Contaminated Culture Reports (num)	Blood Cultures Drawn by RN (den)	Percent
Apr 2024	1	105	1.0%
Mar 2024	5	113	4.4%
Feb 2024	5	86	5.8%
Jan 2024	1	93	1.1%
Dec 2023	3	112	2.7%
Nov 2023	2	134	1.5%
Oct 2023	3	122	2.5%
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%









# CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period				
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)	 91%	2	Improved	Apr 2024	10	11	n/a	4
History								
CDSTK-04 Median- Door to Phys Eval [M] minutes	 100%	1	Deteriorated	Apr 2024	10	11	n/a	2
History								
CDSTK-05 Median- Door to CT Scanner [M] elapsed time (minutes)	 91%	2	Improved	Apr 2024	25	26	n/a	8
History								
CDSTK-06 Median- Neuro Consult Contacted [M] minutes	 83%	26	Deteriorated	Apr 2024	30	31	n/a	22
History								
CDSTK-07 Median- CT Read by Radiology [M] minutes	 91%	20	Improved	Apr 2024	45	46	n/a	26
History								
CDSTK-08 Median- Lab Results Posted [M] minutes	 91%	21	Improved	Apr 2024	45	46	n/a	24
History								
CDSTK-10 Median- Door to EKG Complete [M] minutes	 100%	24	Improved	Apr 2024	60	61	n/a	34
History								
CDSTK-11 Median-Door to tPA Decision [M] minutes	 91%	22	Deteriorated	Apr 2024	60	61	n/a	35
History								
CDSTK-12 Median-Door to tPA [M] minutes	 33%	n/a	Undefined	Apr 2024	60	61	n/a	58
History								

# Utilization Management

Indicator	Performance	Most Recent	Trend	Period	🕒	📌	📊	📈	
<b>MS-DRG Case Mix Index (CMI) [M]</b>		Breaches Alarm	1.35	📈 Improved	Apr 2024	1.55	1.40	n/a	1.39
History									
<b>MS-DRG Case Mix Index (CMI) MEDICARE [M]</b>		Breaches Alarm	1.34	📈 Improved	Apr 2024	1.55	1.40	n/a	1.43
History									
<b>1 Day Stay Rate Medi-Cal [M]</b>		Target Met	0.00%	— No Change	Apr 2024	2.61%	5.00%	n/a	0.00%
History			0/5						
<b>1 Day Stay Rate-Medicare [M]</b>		Target Met	0.00%	— No Change	Apr 2024	8.10%	10.00%	n/a	0.00%
History			0/43						
<b>Acute Care Risk-adjusted Average Length of Stay, O/E Ratio [M]</b>		Target Met	0.92	📉 Deteriorated	Apr 2024	0.99	1.00	n/a	0.92
History			257/278.27						
<b>Inpatients Risk-adjusted Average Length of Stay, O/E Ratio [M]</b>		Target Met	0.92	📉 Deteriorated	Apr 2024	0.99	1.00	n/a	0.89
History			260/284.04						
<b>Medicare Risk-adjusted Average Length of Stay, O/E Ratio [M]</b>		Target Met	0.81	📉 Deteriorated	Apr 2024	0.99	1.00	n/a	0.87
History			117/144.54						
<b>Acute Care - Geometric Mean Length of Stay [M]</b>		Bet. Target & Alarm	3.17	📈 Improved	Apr 2024	2.75	3.23	n/a	3.44
History			41.2732/13						

# 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% 9/9	No Change	Apr 2024	88.0%	50.0%	n/a	100.0%
History									
<b>Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)</b>		Breaches Alarm	157.00	Improved	Apr 2024	132.00	140.00	n/a	149.75
History									
<b>Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)</b>		Target Met	0.2% 2/805	Deteriorated	Apr 2024	2.0%	2.5%	n/a	0.5%
History									
<b>Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)</b>		Target Undefined	n/a		Apr 2024	72.0%	70.0%	n/a	80.0%
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 66.7% 2/3	⬇️ Deteriorated	Apr 2024	81.0%	80.0%	n/a	75.8%
<b>SEPa - Severe Sepsis 3 Hour Bundle (M)</b>	 History	Breaches Alarm 66.7% 2/3	⬇️ Deteriorated	Apr 2024	94.0%	90.0%	n/a	84.8%
<b>SEPB - Severe Sepsis 6 Hour Bundle (M)</b>	 History	Target Met 100.0% 1/1	— No Change	Apr 2024	100.0%	90.0%	n/a	95.6%



# Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	🕒	🔔	📊	📄
IC-Surveillance  HAI-C.DIFF Inpatient infections per 10k pt days [M]	 History	0	— No Change	Apr 2024	1	1	n/a	0
IC-Surveillance  HAI-CAUTI Inpatient infections per 10k patient days [M]	 History	0	— No Change	Apr 2024	1	1	n/a	0
IC-Surveillance  HAI-CLABSI Inpatient infections per 10k patient days [M]	 History	0	— No Change	Apr 2024	1	1	n/a	0
IC-Surveillance  HAI-MRSA Inpatient infections per 10k patient days [M]	 History	0	— No Change	Apr 2024	1	1	n/a	0
IC-Surveillance  HAI-SSI infections per 10k pt days [M]	 History	0	— No Change	Apr 2024	1	1	n/a	0
QA-02   Hand Hygiene Practices Monitored [M]	 History	94% 47/50	📉 Deteriorated	Apr 2024	90%	85%	n/a	86%

# CIHQ Corrective Action Plan Monthly Compliance Condition Level Findings

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



80%  
4/5

▼ Deteriorated

Apr 2024

100%

95%

n/a

59%

DATE	1:1 Observation for High Risk Patie		Percent
Apr 2024	4	5	80%
Mar 2024	8	9	89%
Feb 2024	9	11	82%
Jan 2024	6	6	100%
Dec 2023	5	8	62%
Nov 2023	4	4	100%
Oct 2023	3	6	50%
Sep 2023	2	6	33%
Aug 2023	2	4	50%
Jul 2023	1	5	20%
Jun 2023	2	6	33%
May 2023	1	9	11%

# Patient Satisfaction

**HCAHPS in separate report**

# Rate My Hospital

## Scale 1-5

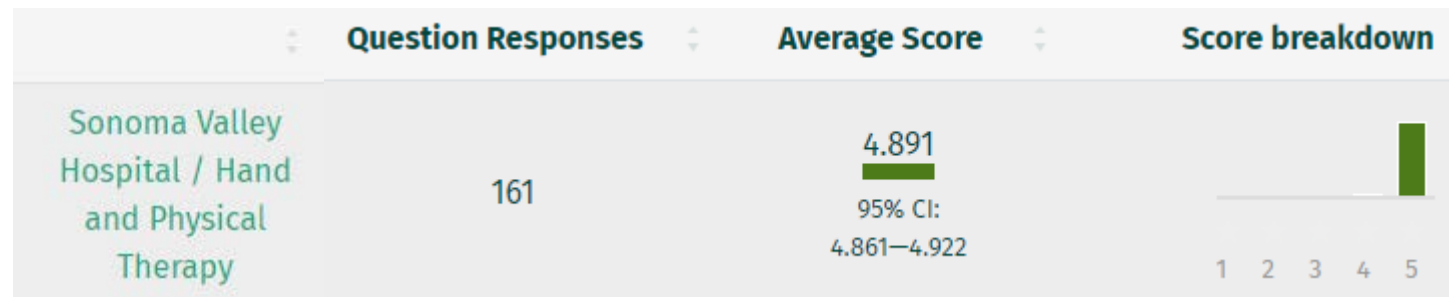
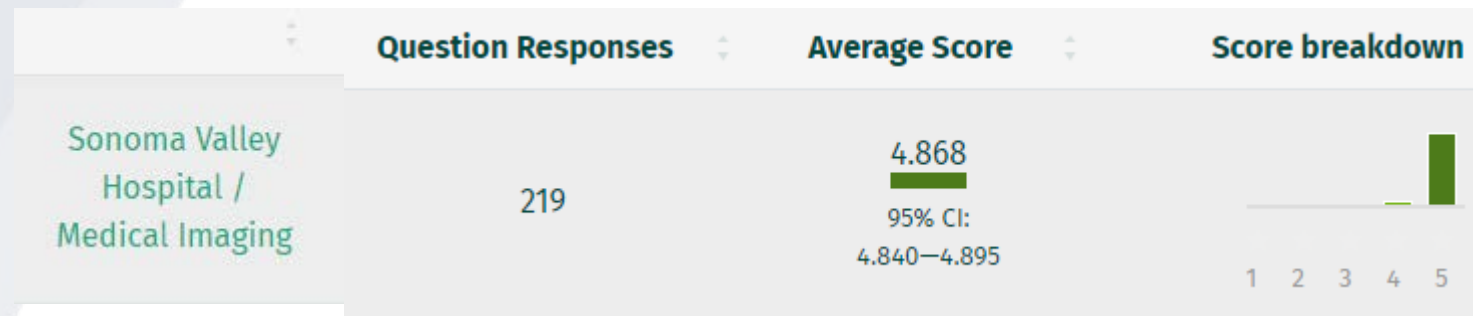
### April Data



# Rate My Hospital

## Scale 1-5

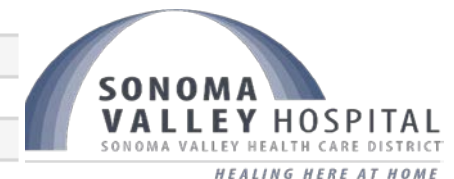
### April Data



# Patient Satisfaction: HCAHPS Q1 2024

## Inpatient

Questions	Top Box	n	STATE CA Score	All PG Database Score
<b>*Rate hospital 0-10</b>	<b>71.43</b>	35	71.48	69.35
<b>*Recommend the hospital</b>	<b>71.43</b>	35	72.45	68.55
<b>*Comm w/ Nurses Domain Performance</b>	<b>84.76</b>	35	77.54	78.49
*Nurses treat with courtesy/respect	91.43	35	84.17	85.27
*Nurses listen carefully to you	82.86	35	74.85	75.99
*Nurses expl in way you understand	80.00	35	73.61	74.19
<b>*Response of Hosp Staff Domain Performance</b>	<b>77.16</b>	32	61.87	62.51
*Call button help soon as wanted it	79.31	29	60.61	60.97
*Help toileting soon as you wanted	75.00	24	63.30	63.52
<b>*Comm w/ Doctors Domain Performance</b>	<b>84.65</b>	35	78.53	78.89
*Doctors treat with courtesy/respect	88.24	34	83.66	85.03
*Doctors listen carefully to you	82.86	35	77.48	77.49
*Doctors expl in way you understand	82.86	35	74.46	74.16
<b>*Hospital Environment Domain Performance</b>	<b>72.31</b>	35	62.42	64.92
*Cleanliness of hospital environment	82.86	35	72.74	71.40
*Quietness of hospital environment	61.76	34	52.08	58.39
<b>*Comm About Medicines Domain Performance</b>	<b>58.93</b>	28	61.07	59.77
*Tell you what new medicine was for	75.00	28	73.59	73.56
*Staff describe medicine side effect	42.86	28	48.56	45.94
<b>*Discharge Information Domain Performance</b>	<b>89.00</b>	33	86.95	86.22
*Staff talk about help when you left	90.91	33	85.11	84.57
*Info re symptoms/prob to look for	87.10	31	88.81	87.89
<b>*Care Transitions Domain Performance</b>	<b>50.99</b>	35	52.75	51.78
*Hosp staff took pref into account	44.12	34	46.95	46.24
*Good understanding managing health	57.14	35	51.85	50.94
*Understood purpose of taking meds	51.72	29	59.47	58.10

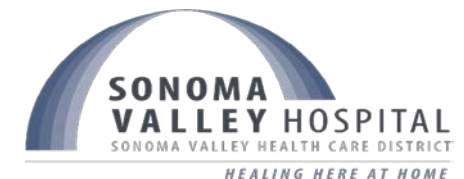




# Patient Satisfaction: OAS CAPS Q1 2024

## Ambulatory Surgery

Questions	Top Box	n	All PG Database Score	State of California Score
*Facility rating 0-10	87.06	85	87.92	87.02
*Recommend the facility	86.90	84	85.23	84.90
<b>*Communication Domain Performance</b>	<b>93.11</b>	85	92.42	91.22
*Provided needed info re procedure	96.43	84	92.67	91.56
*Instructions good re preparation	96.34	82	94.45	93.43
*Procedure info easy to understand	96.47	85	93.98	93.09
*Anesthesia info easy to understand	95.06	81	94.59	93.28
*Anes side effect easy to understand	81.25	80	86.43	84.78
<b>*Facility/Personal Trtment Domain Performance</b>	<b>96.05</b>	85	97.07	96.32
*Check-in run smoothly	95.29	85	95.59	94.40
*Facility clean	97.65	85	97.88	97.37
*Clerks and receptionists helpful	94.12	85	96.27	95.29
*Clerks and reception courteous	96.47	85	97.62	96.90
*Staff treat w/ courtesy, respect	98.82	85	98.11	97.65
*Staff ensure you were comfortable	93.98	83	96.96	96.31
<b>*Discharge Domain Performance</b>	<b>97.13</b>	85	96.88	96.22
*Written discharge instructions	94.94	79	97.71	97.57
*Instructions regarding recovery	93.98	83	87.98	85.67
*Information re subsequent pain	97.26	73	98.51	98.12
*Information re subsequent nausea	98.25	57	98.53	98.08
*Information re subsequent bleeding	100.00	62	99.01	98.50
*Info on response to infection	98.33	60	99.54	99.38
<b>Nurses Overall</b>	<b>89.75</b>	83	89.09	87.52
Nurses concern for comfort	87.50	80	89.60	87.94
Info nurses gave to prep for proc	90.36	83	88.53	86.89
Nurses response concerns/questions	91.36	81	89.16	87.59
<b>Care Provider Overall</b>	<b>84.69</b>	82	84.34	80.91
CP explanation about proc	85.19	81	84.98	81.67
Info CP shared re how proc went	82.72	81	83.27	78.50
CP response to concerns/questions	87.18	78	86.89	84.12
CP expln why proc important	83.75	80	82.26	79.34
Staff worked together care for you	90.36	83	90.24	88.64



## Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/17/2024 11:05 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: 20

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

**Committee Members:** Finn, Stacey (sfinn), Newman, Cindi (cnewman), Reese, Whitney (wreese)

### Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
<b>Accountability &amp; Responsibility in Case Management</b> <i>Case Management/UM Dept</i>	Pending Approval	5/16/2024	1
Summary Of Changes: <b>Reviewed. Changed Chief Quality Officer to Director of Quality. No other changes made.</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Cooper, Kylie (kcooper)</b> Approvers: <b>Kidd, Sabrina (skidd) -&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>Department Specific Performance Improvement (PI) Plan</b> <i>Quality Assessment &amp; Performance Imp. Policies (QA)</i>	Pending Approval	4/25/2024	22
Summary Of Changes: <b>Reviewed. Removed reference to Annual PI Fair which no longer occurs. Updated staff titles.</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Cooper, Kylie (kcooper)</b> ExpertReviewers: <b>00 Clinical P&amp;P multidisciplinary review</b> Approvers: <b>Kidd, Sabrina (skidd) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Discharge Planning</b> <i>Discharge Planning (DP)</i>	Pending Approval	5/16/2024	1
Summary Of Changes: <b>Added information regarding Patient Choice form for selecting a SNF or Home Health Agency and documentation within the medical record</b> Moderators: <b>Newman, Cindi (cnewman)</b> Lead Authors: <b>Cooper, Kylie (kcooper)</b> Approvers: <b>Winkler, Jessica (jwinkler), 00 Clinical P&amp;P multidisciplinary review - (Committee) -&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>			
<b>Flexible Endoscopes-Reprocessing</b> <i>Central Sterile Dept</i>	Pending Approval	5/16/2024	1



## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/17/2024 11:05 AM

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

Summary Of Changes:	<b>Per CIHQ include reprocessing of Bronchoscopes only prior to use on an as needed basis.</b>  <b>Removed from flexible endoscope reprocessing cleaning "every 7-14 days". added clean "prior to use". Per manufacturers recommendations.</b>			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Cornell, Kelli (kcornell)			
Approvers:	Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
<b>Instrument, Cleaning and Processing of</b> <i>Central Sterile Dept</i>	<b>Pending Approval</b>	5/16/2024		<b>1</b>
Summary Of Changes:	<b>Removed any reference to Cidex/Cidex OPA- which is no longer used in surgery department. Updated reference, owner, authors. Under "Procedure", #7- removed the words "pipe cleaner" as we do not use those. Added line number 5, that states "Prior to decontamination the instruments should be sprayed with approved moisture agent to keep the gross soil moist for easier manual cleaning." Removed procedure line 13 as it unnecessarily singles out laryngeal blade cleaning (including soaking in Cidex OPA), but the entire policy describes such cleaning processes.</b>			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Cornell, Kelli (kcornell)			
Approvers:	Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)			
<b>NEW: Fire Safety - MRI 7630.24-147</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	5/16/2024		<b>1</b>
Summary Of Changes:	<b>Replaces old version with much more detailed information</b>  <b>Updated Purpose to emphasize that the "Magnet is always on".</b> <b>Added Definitions for MR Zones and MR safe/conditional/unsafe objects.</b> <b>Updated procedure section with current guidelines from the American College of Radiology and MRI Safety website.</b> <b>Updated References.</b>			
Moderators:	Newman, Cindi (cnewman)			
Lead Authors:	Young, Dave (dyoung)			
ExpertReviewers:	Medical Director-Diagnostic Radiology, Tarca, Joseph (jtarca)			
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>NEW: MRI Safety and Pregnancy</b> <i>Radiology Services Policies (RD)</i>	<b>Pending Approval</b>	5/16/2024		<b>1</b>
Summary Of Changes:	<b>New policy--Guidance and information for performing MRI on pregnant patients.</b> <b>WHY:</b> <b>Medical Imaging using ionizing radiation should be avoided on pregnant patients, particularly in the 1st trimester. In some cases, MRI is an option that is accepted as safer for a developing fetus. Patients should be informed and consented for these procedures which are performed under specific guidelines.</b>			
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>Patient Resuscitation Code Status</b> <i>Targeted Quality &amp; Safety Initiatives Policies (QS)</i>	<b>Pending Approval</b>	5/16/2024		<b>1</b>

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/17/2024 11:05 AM

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

Summary Of Changes: **Updated code status categories to match options available in EPIC.**

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

Lead Authors: **Kidd, Sabrina (skidd)**

ExpertReviewers: **Cooper, Kylie (kcooper), Winkler, Jessica (jwinkler)**

Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Patient Safety Evaluation System</b>	<b>Pending Approval</b>	<b>5/16/2024</b>	<b>1</b>
<i>Quality Assessment &amp; Performance Imp. Policies (QA)</i>			

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

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

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

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

Approvers: **Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Patient Transport</b>	<b>Pending Approval</b>	<b>5/16/2024</b>	<b>1</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: **Revised title to reflect policy is for all Diagnostic Services department. Added purpose, Added definitions for MR Zones and MR safe objects. Added procedures specific for patients being transported to MRI.**

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>Performance Improvement Plan</b>	<b>Pending Approval</b>	<b>4/25/2024</b>	<b>22</b>
<i>Quality Assessment &amp; Performance Imp. Policies (QA)</i>			

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

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

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

ExpertReviewers: **00 Clinical P&P multidisciplinary review, Newman, Cindi (cnewman)**

Approvers: **Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Protective and Advocacy Services</b>	<b>Pending Approval</b>	<b>5/16/2024</b>	<b>1</b>
<i>Case Management/UM Dept</i>			

Summary Of Changes: **Changed "the social worker will work with patient, judicial agency and healthcare team in identifying the specific needs of the patient" to "the social worker, or member of the case management team, will work with patient, judicial agency and healthcare team in identifying the specific needs of the patient".**

**No other changes made. References up to date.**

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

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

Approvers: **Kidd, Sabrina (skidd) -> 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)**

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/17/2024 11:05 AM

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

<p><b>Resources Available for Managing the Labor and Delivery Patient in the ED 7010-22</b> <i>Emergency Dept</i></p>	<b>Pending Approval</b>	5/16/2024	1
<p>Summary Of Changes: <b>Removed call the OB/GYN for consultation as we no longer have OB in house</b> <b>Updated transfer facilities and phone numbers</b></p> <p><b>Updated the statement "ED physician shall assess the patient for safe transfer" to "the ED physician shall assess the patient for stabilization up to the capabilities of the hospital and if needed a safe transfer within the EMTALA guidelines" to meet EMTALA compliance</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)</b></p> <p>Approvers: <b>00 Clinical P&amp;P multidisciplinary review -&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></p>			
<p><b>RETIRE 24 Hour Cardiac Monitor Scanning</b> <i>Cardio Dept</i></p>	<b>Pending Approval</b>	5/16/2024	1
<p>Summary Of Changes: <b>Retire Policy</b> <b>We don't perform these tests.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Young, Dave (dyoung)</b></p> <p>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></p>			
<p><b>Retire Cardiac Exercise Test (Treadmill)</b> <i>Cardio Dept</i></p>	<b>Pending Approval</b>	5/16/2024	1
<p>Summary Of Changes: <b>Retire Policy</b> <b>This is an procedure, not a policy.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Young, Dave (dyoung)</b></p> <p>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></p>			
<p><b>Routine Department Disinfection Procedure 7630-229</b> <i>Diagnostic Services Dept Policies</i></p>	<b>Pending Approval</b>	5/16/2024	1
<p>Summary Of Changes: <b>Updated title to reflect policy is for all Diagnostic Services areas.</b> <b>Added details to Procedure for specifics about cleaning and waste removal for MRI.</b> <b>Added reference to the hospital's terminal clean policy for isolation patients.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman)</b></p> <p>Lead Authors: <b>Young, Dave (dyoung)</b></p> <p>ExpertReviewers: <b>Medical Director-Diagnostic Radiology</b></p> <p>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></p>			
<p><b>Scheduling of Staff Nursing</b> <i>Nursing Services Policies (NS)</i></p>	<b>Pending Approval</b>	5/16/2024	1
<p>Summary Of Changes: <b>Added language that the nurse manager "or their designee" will create the schedule; added that scheduling requests should be submitted three weeks prior to start of schedule; added reference to HR policy on PTO; removed language about the "S Drive" and changed it to the "Sharepoint site"; removed reference to employees making change requests via a paper form on the obsolete scheduling tab on the intranet and instead added that this should be done via email. Removed language</b></p>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/17/2024 11:05 AM

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

that open shifts will be posted; Added CIHQ reference.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Winkler, Jessica (jwinkler)

Approvers: 00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

**Storage of Food for Patients Brought in from Non-Facility Source**

Pending Approval

5/16/2024

1

*Food (Nutrition) Services Policies (NU)*

Summary Of Changes: Reviewed, no changes.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Taylor, Jane (jtaylor)

ExpertReviewers: Finn, Bridget (bfinn), Tremain, Alesha (atremain)

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

**Telephone Advice PC7010-05**

Pending Approval

5/16/2024

1

*Emergency Dept*

Summary Of Changes: Added language from the American College of Emergency Physicians (ACEP) on why it is not advisable to provide medical advice over the phone; clarified that the SVH policy is not to give medical advice over the phone; clarified that such calls must be given to a licensed practitioner (ie. MD or RN) to assess the nature of the call; clarified that callers should see PCP for simple, non-urgent issues or call 911 for urgent concerns. Added ACEP reference.

Moderators: Newman, Cindi (cnewman)

Lead Authors: Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)

Approvers: 00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

**Weekend Coverage**

Pending Approval

5/16/2024

1

*Nursing Services Policies (NS)*

Summary Of Changes: One spelling correction. Removed reference to mandated staffing ratio as that is implied- this policy outlines weekend and holiday commitment from staff on patient care units

Moderators: Newman, Cindi (cnewman)

Lead Authors: Winkler, Jessica (jwinkler)

Approvers: 00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

## **PURPOSE:**

To provide guidelines and direction for safe and effective action in the event of fire

## **PROCEDURE:**

- In the event of fire on the unit, practice R-A-C-E (Rescue-Alarm-Contain-Evacuate or Extinguish). The first priority is the safe evacuation of the patient and other personnel.
  - Close the door between the patient scan room and the fire.
  - Remove the patient from the unit, by the most direct safe route.
  - Take the patient to a safe area.
- Second priority is to sound the alarm to initiate the proper fire fighting safety procedures.
- Third priority is to contain or extinguish the fire, if possible. DO NOT allow yourself to be endangered in an attempt to extinguish the fire.
- Finally, return to the area of the unit to offer information about the equipment (magnetic fringe field, cryogenics, etc.) as needed by the fire fighting professionals.
- Proper use of on-board fire extinguishers includes the following:
  - Determine if the fire can be fought using fire extinguishers without endangering personal safety.
  - The fire extinguishers in the MRI units are of the Halon or dry chemical type and can be used for Class A, B and C fires.
    - To operate the fire extinguisher, remove it from the quick-release bracket, hold it upright in either hand by the handgrip, with the spray nozzle pointing forward. Slide the red safety catch down with the thumb, direct the nozzle towards the base of the fire source, squeeze the lever with the palm of the hand.

- When you squeeze the lever, an indicator disc will fall off from the rear of the operating head of the extinguisher and the extinguisher is released in a wide flat pattern.
- Maximum extinguishing effect is obtained if the fire-fighter keeps moving towards the base of the fire source as it is extinguished.
- All extinguishers are to be inspected periodically and all certifications shall be kept current. Any extinguisher which has been wholly or partially discharged shall be recharged and re-certified or shall be replaced.

**OWNER:**

Director of Ancillary Services

**AUTHORS/REVIEWERS:**

Sonya Todorova, Medical Imaging Manager  
Adam Nevitt, MD, Radiology Medical Director

**APPROVALS:**

Policy & Procedure Team: 7/17/18  
Surgery Committee: 9/13/18  
Medical Executive Committee: 9/20/18  
Board Quality Committee: 9/26/18  
The Board of Directors: 11/1/18

## **NEW POLICY**

Guidance and information for performing MRI on pregnant patients.

### **WHY:**

Medical Imaging using ionizing radiation should be avoided on pregnant patients, particularly in the 1<sup>st</sup> trimester. In some cases, MRI is an option that is accepted as safer for a developing fetus. Patients should be informed and consented for these procedures which are performed under specific guidelines.

### **OWNER:**

Chief Ancillary Officer

### **AUTHORS/REVIEWERS:**

Chief Ancillary Officer  
Director of Diagnostic Services  
Medical Director of Diagnostic Services  
Board Quality Committee

## **PURPOSE:**

To provide information and clarification for performing MRI imaging on pregnant patients.

## **POLICY:**

Pregnant patients can undergo MRI scans at any stage of pregnancy if, in the judgement of the attending radiologist and/or the referring physician, the risk-benefit ratio to the patient warrants that the study be performed.

1. Pregnant patients undergoing MRI will require written informed consent to document that they understand the potential risks/benefits of the MRI procedure, know the available alternatives and that they wish to proceed with MRI.
2. Gadolinium-based contrast agents should not be routinely given to pregnant patients. A risk-benefit assessment should be discussed between the patient, the attending radiologist and the referring physician. The radiologist will give final approval and dosage for any gadolinium administration.

Females of reproductive age will be screened for pregnancy before permitting them access to MR imaging Zones 3 and 4.

## **PROCEDURE:**

### **SCREENING AND CONSENT OF PREGNANT MRI PATIENTS**

To date, there has been no indication that the use of clinical MR imaging during pregnancy has produced any adverse effects on the fetus. Pregnant patients can be accepted to undergo an MR exam at any stage of pregnancy if it is determined by the referring clinician and/or attending radiologist that the risk – benefit ratio warrants that the study be performed.

1. The referring physician will screen the patient for pregnancy and obtain informed written consent.
  - a. The patient must provide written informed consent to document that they understand the risks/benefits of the MR procedure to be performed, the alternative diagnostic options available to them (if any), and that they wish to proceed.
  - b. The signed informed consent will be given to the MRI Technologist and scanned into the EMR and PACS.



2. MRI Technologist is to scan pregnant patient in NORMAL operating mode for no more than 30 minutes at 3T or less unless directed differently by the radiologist.
3. MR contrast should not be routinely administered to pregnant patients. The radiologist will determine if contrast will be given and what dose to administer.

*\*\* The preponderance of research studies has failed to demonstrate any reproducible harmful effects of exposure of the mother or developing fetus to the 3T or weaker magnetic fields used in routine clinical MR practice. Theoretical concerns include time-varying gradient and RF magnetic fields, potential acoustically related safety issues, and heat deposition in tissue, respectively. There is not much peer-reviewed literature regarding the acoustic safety of fetal scanning, but the majority of published material on this topic has failed to find deleterious effects on newborn hearing if exposed to MRI in utero. The thermally related theoretical concerns are mitigated by results from experiments in pregnant pigs exposed to standard MR sequences commonly used in clinical practice that are associated with relatively high specific absorption rate (SAR) levels (i.e., half-Fourier single-shot spin echo). Such studies failed to demonstrate substantial heating in fetal tissues or amniotic fluid when imaging at 3T with normal-operating-mode SAR levels and a maximum scan time of 30 minutes. Therefore, 3T MR examinations performed within Normal Operating Mode should be considered safe in pregnant patients. At this point, the safety of imaging pregnant patients at field strengths greater than 3T (i.e., 7T) is unclear.*

**REFERENCES:**

MRI Guidance Document on MRI Safe Practices (draft): 2023  
Center for Improvement in Healthcare Quality, Standard RD-1

**OWNER:**

Chief Ancillary Officer

**AUTHORS/REVIEWERS:**

Chief Ancillary Officer  
Director of Diagnostic Services  
Medical Director of Diagnostic Services  
Board Quality Committee

**APPROVALS:**

Policy & Procedure Team:  
Surgery Committee:  
Medical Executive Committee:  
The Board of Directors: