SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, JANUARY 28, 2026

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/91652223647?from=addon

Meeting ID: 916 522 3647

One tap mobile
+17209289299,,91652223647#
+19712471195,,91652223647#

AGENDA ITEM		
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 wreese@sonomavalleyhospital.org, at least 48 hours prior to the meeting.		
MISSION STATEMENT *The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.*		
1. CALL TO ORDER/ANNOUNCEMENTS	*Daniel Kittleson, DDS*	
2. PUBLIC COMMENT SECTION *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.*		
3. CONSENT CALENDAR • Minutes 12.03.25	*Daniel Kittleson, DDS*	Action
4. PHARMACY QA/PI	*Chris Kutza, PharmD*	Inform
5. PATIENT CARE SERVICES DASHBOARD Q4 2025	*Jessica Winkler, DNP, RN, NEA-BC, CCRN*	
6. QUALITY INDICATOR PERFORMANCE & PLAN	*Louise Wyatt, RN JD*	Inform
7. POLICIES AND PROCEDURES	*Louise Wyatt, RN JD*	Inform
8. ADJOURN	*Daniel Kittleson, DDS*	
CLOSED SESSION: Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Daniel Kittleson, DDS*	Action

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
Wednesday, December 3, 2025, 5:00 PM
MINUTES

Members Present	Excused/Not Present	Public/Staff
Daniel Kittleson, DDS Susan Kornblatt Idell Michael Mainardi, MD Howard Eisenstark, MD Carol Snyder Carl Speizer, MD Kathy Beebe, RN PhD Wendy Lee Myatt, via zoom		Kelley Kaiser, SVH CEO Christopher J. Gallo, PT MSPT, SVH Director of Rehabilitation Services Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO, via zoom Whitney Reese, SVH Board Clerk Patrick Okolo III, MD MPH, SVH CMO, via zoom Louise Wyatt, RN JD, SVH Director of Quality, Risk Management & Patient Safety, Infection Prevention and Case Management Alex Rainow, MD, SVH Vice COS, via zoom Dave Chambers, public

AGENDA ITEM	**PRESENTER**	**ACTION**
1. CALL TO ORDER/ANNOUNCEMENTS	*Daniel Kittleson, DDS*	Called to order at 5:01pm
Welcome to Kelley Kaiser, our new CEO. Next meeting is not until January 2026.		
2. PUBLIC COMMENT SECTION	*Daniel Kittleson, DDS*	No public comments
3. CONSENT CALENDAR	*Daniel Kittleson, DDS*	ACTION
Minutes 10.26.25	*Motion to approve by Eisenstark, 2nd by Mainardi. All in favor.*	
4. PT/OT QA/PI	*Christopher J. Gallo, PT MSPT*	INFORM
Gallo reported a strong year highlighted by the completion of the expanded outpatient facility, which has boosted staff morale, recruitment, and patient capacity. Volumes increased significantly, especially in outpatient PT. The department offers a wide range of specialized services, maintains high patient satisfaction scores, and continues to focus on quality, safety, and community outreach. Key goals for 2026 include hiring additional staff, reducing wait times, expanding wellness and pre-op programs, and preparing for new CMS payment models that make the hospital accountable for 30 days of post-surgical care costs.		

5. QUALITY INDICATOR PERFORMANCE & PLAN	*Louise Wyatt, RN JD*	INFORM
Wyatt shared third-quarter results were very positive, with safety and quality metrics showing strong performance across the organization. Most reported events were minor and caused no patient harm. The hospital continues to excel in areas like hand hygiene, transfusion safety, stroke care, and length-of-stay management. Patient experience scores showed improvement in inpatient care, and overall results reflect ongoing. Discussion was had regarding SVH's misleading score with Leapfrog (a voluntary, pay-to-play, safety survey), which SVH does not participate in. The score is mainly due to factors common in small hospitals, not poor performance. The hospital does well on outcomes like infections, falls, and patient safety, but the score is lowered by labor-intensive process requirements and the lack of ICU intensivists. Because completing the survey requires significant resources with little benefit, the hospital has historically chosen not to fully participate, even though a score is still issued.		
7. POLICIES & PROCEDURES	*Louise Wyatt, RN JD*	INFORM
Wyatt presented and the committee reviewed.		
8. ADJOURN	*Daniel Kittleson, DDS*	Adjourned at 6:16 p.m.
CLOSED SESSION: Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Alex Rainow, MD*	ACTION
Motion to approve by Mainardi, 2nd by Eisenstark. All in favor		

Pharmacy Department

Adverse Drug Events

Antimicrobial Stewardship

Controlled Substances

Pyxis Utilization

IV Room

Pharmacy Services

MERP

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

Pharmacy Department

Adverse Drug Events

- Administration Errors Per 10,000 Doses
- High Risk Med Errors Per 10,000 Doses
- Smart Pump- No Drug Selected
- Smart Pump- Hard Alerts
- Smart Pump- Soft Alerts
- *New: Safe Use of Opioids

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

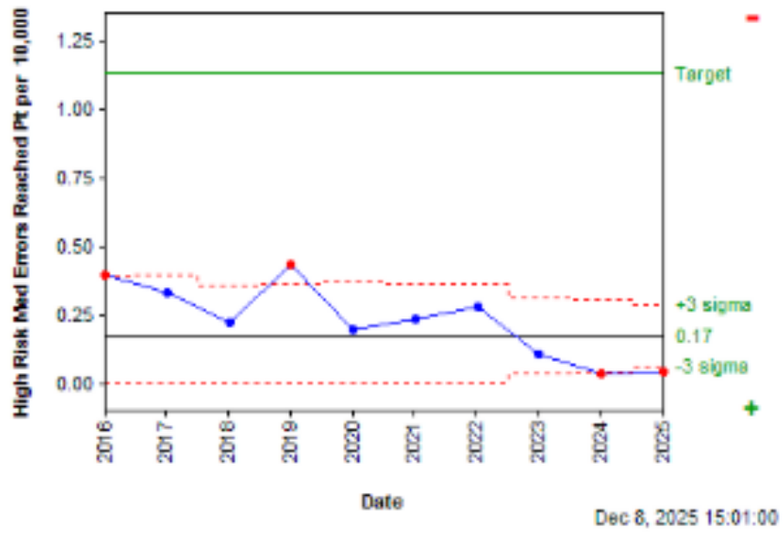
Pharmacy Department

Rx-High Risk Med Errors |A|

0.04 Target Met Deteriorated

5/1244774

0.17 n/a 2.00 1.13



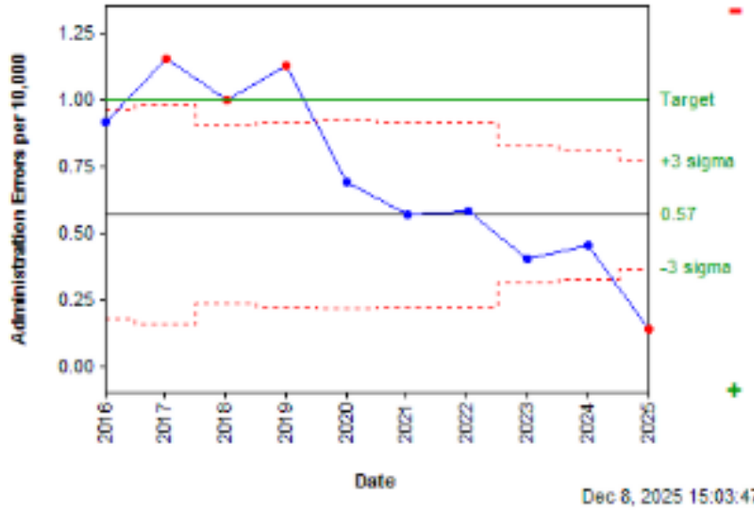
Dec 8, 2025 15:01:00

Rx Administration Errors |A|

0.14 Target Met Improved

17/1244774

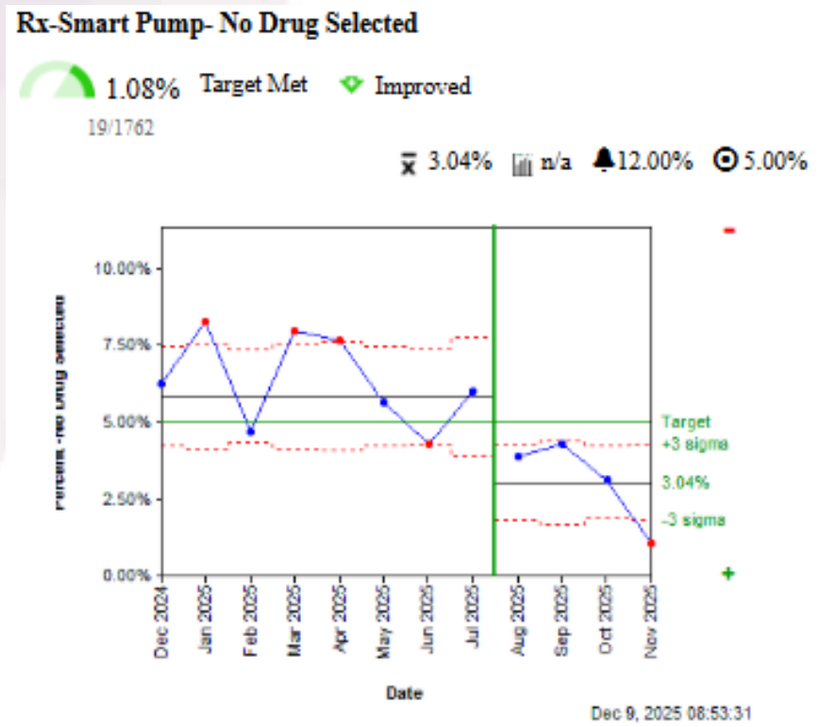
0.57 n/a 3.00 1.00

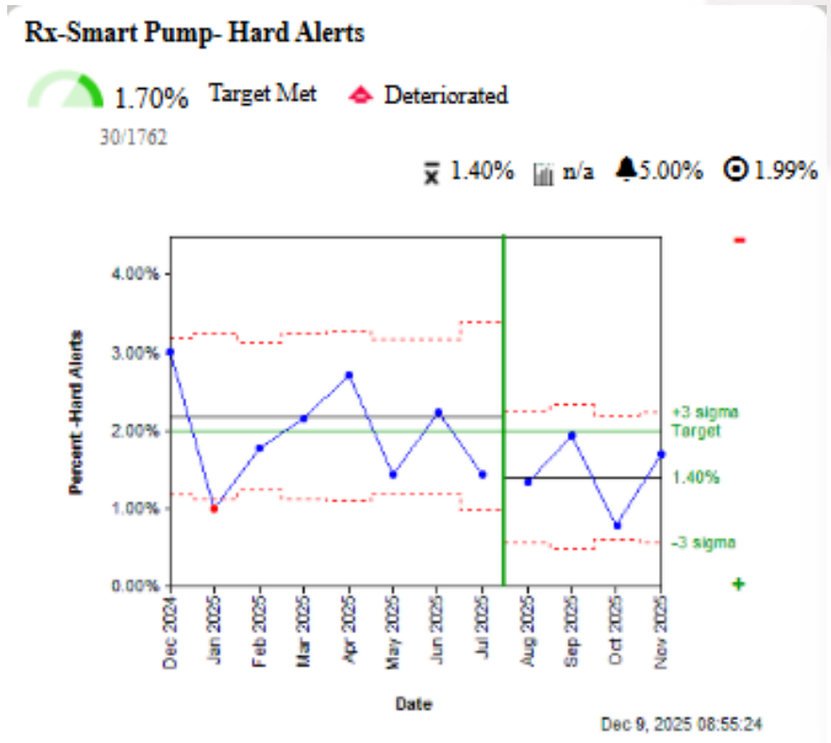


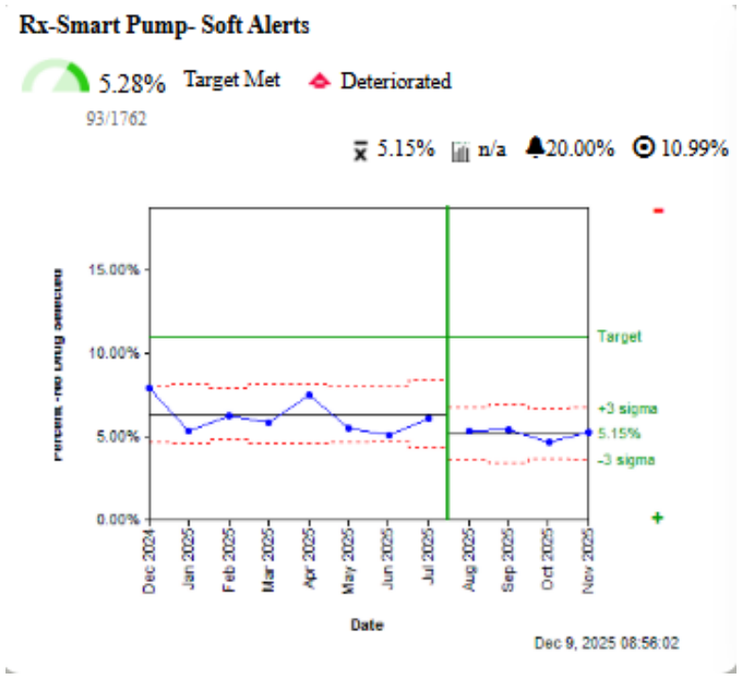
Dec 8, 2025 15:03:47

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

Pharmacy Department







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

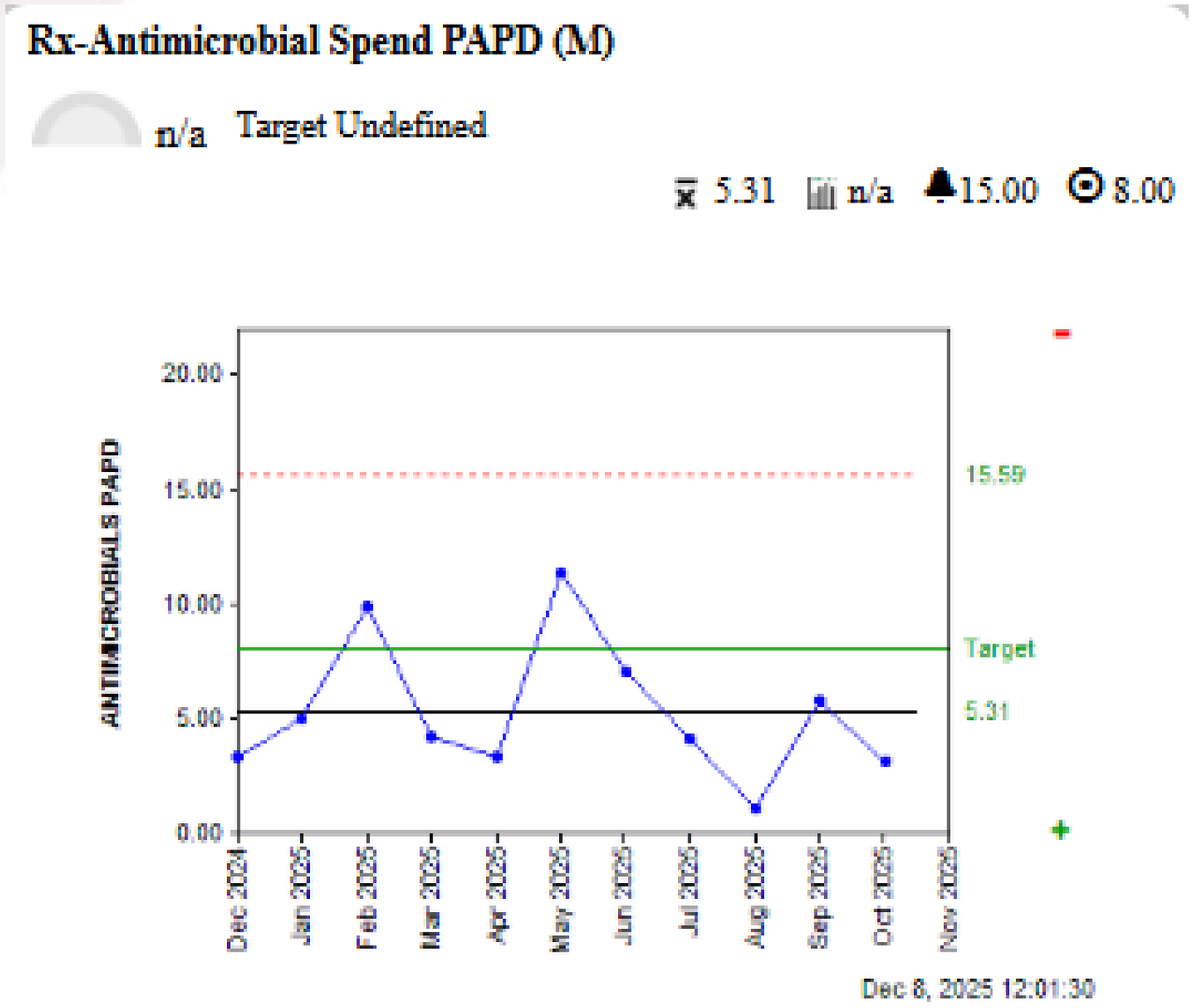
Pharmacy Department

Antimicrobial Stewardship

- Cefepime DOT
- Ertapenem DOT
- Levofloxacin DOT
- Meropenem DOT
- Pip-Tazo DOT
- Vancomycin DOT
- Antimicrobial Spend PAPD ($)
- *New: Daptomycin DOT

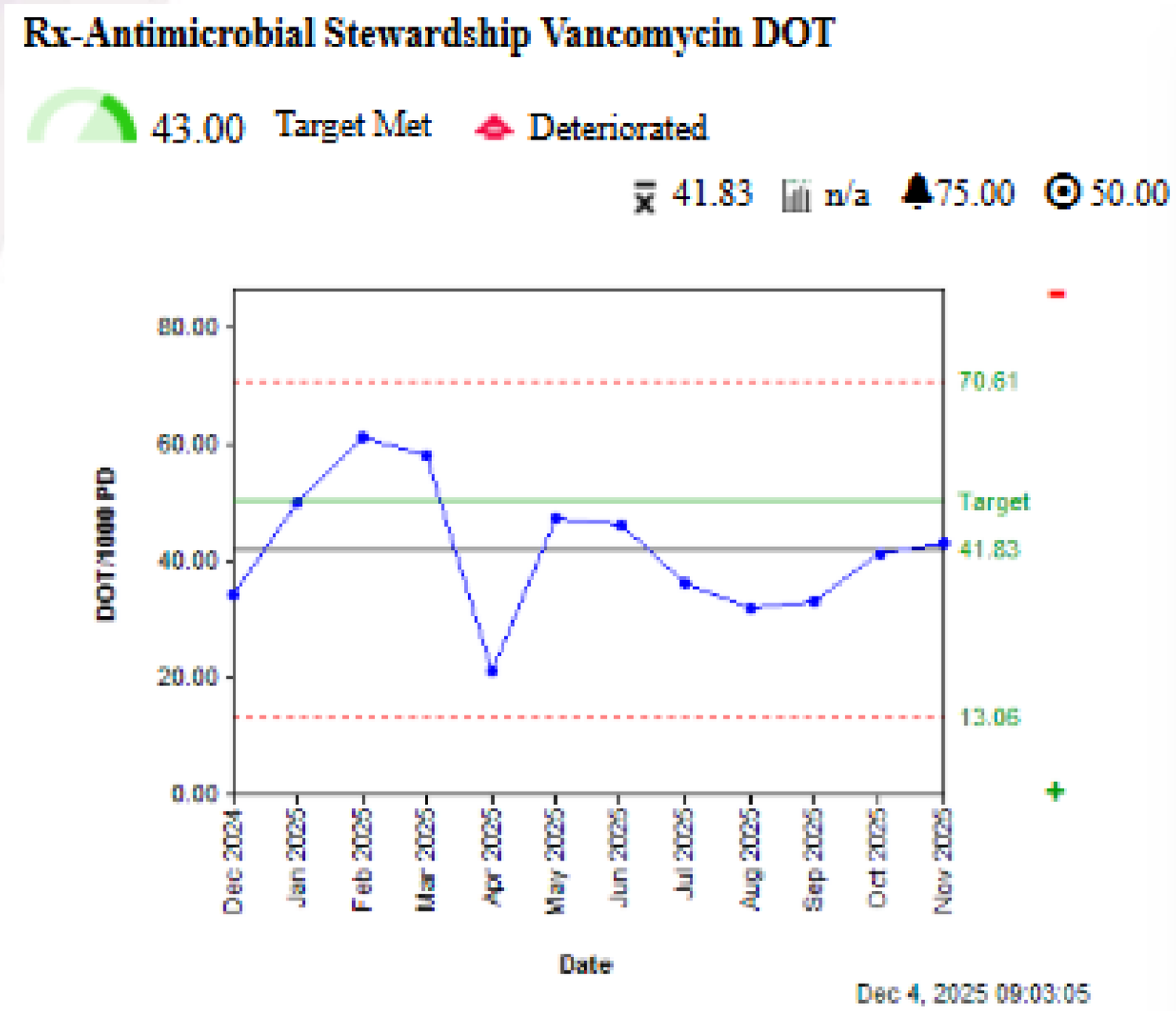
SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Pharmacy Department



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

Pharmacy Department



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

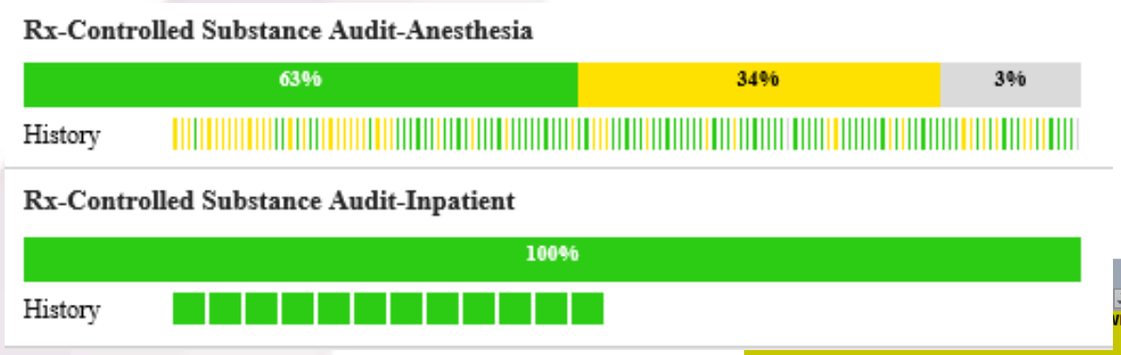
Pharmacy Department

Controlled Substances

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

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

Pharmacy Department



	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
VN				62	62	0	0			0.00
cocaine (GOPRELTO) 40 mg/1 mL (4 mL) Bottle				1	1	2	2			0.00
Dexmethylphenidate 5mg for Rattay, Paul (PATIENTS OWN CONTROLLED DRUG 2) EA				192	192	0	0			0.00
fentaNYL 100 mcg/hr 72 Hour (DURAGESIC) Patch				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%

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

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

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

Pharmacy Department

USP 797

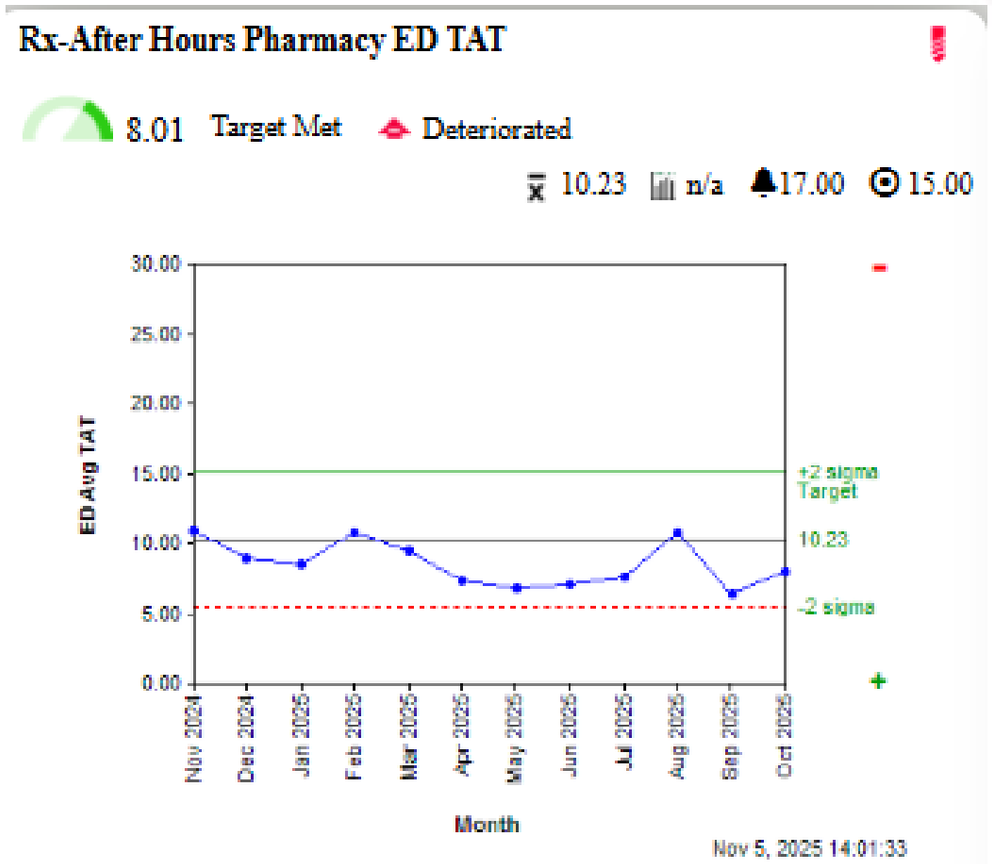
- Changes in how we use different hoods
- Changes in training requirements
- Changes in competency requirements

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

Pharmacy Department

Pharmacy Services

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

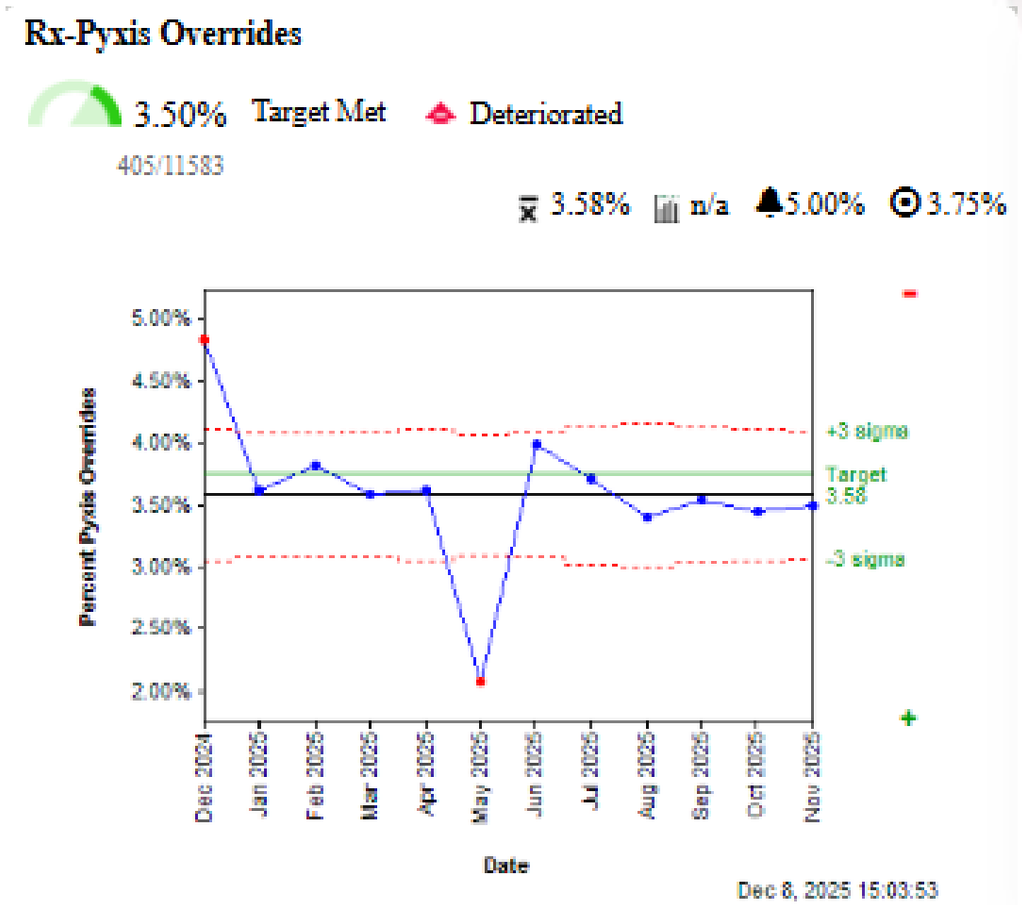


SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
Healing Here at Home

Pharmacy Department

Pyxis

- ER Pyxis Overrides
- Pyxis Overrides
- Pyxis Stockouts



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

Pharmacy Department

MERP

Annual Review 2025 Medication Error Reduction Plan

Tactic	Process	Responsible Parties	Implemented Date	Status	Methodology for Monitoring
					➢ Surveillance of medication error reports relating to Pyxis use.
Review Pyxis Overrides	➢ Pyxis Overrides are monitored on a daily basis	Clinical Services Nursing, Pharmacy, Medical Staff	12/2007	Ongoing	➢ PI Reporting ➢ QAPI plan includes monitoring of key Pyxis metrics. ➢ Surveillance of medication error reports relating to Pyxis use.
Utilize Bar-Coding technology and point of care administration	➢ Activate bar coding as part of the Paragon EHR project. ➢ Add barcode scan on refill at Pyxis for problematic medications	Clinical Services Nursing Pharmacy I.T.	Implemented 5/2012	Updated 3/2016 added barcode scan on restock for key items	➢ Audits of bar-code scanning compliance.
Meds-to-beds program	➢ Implement a process in which discharge prescriptions are sent to a contracted pharmacy which fills and delivers the medications prior to discharge ➢ Medications are dispensed directly to the patient and applicable education is provided	Clinical Services Nursing Pharmacy	Implemented 6/2025	Ongoing	➢ Readmission rate monitoring
	Distribution Strategies				
Ensure control and security of medications.	➢ Utilize Pyxis for the majority of medication distribution. ➢ Pharmacy management of user access to Pyxis via biometric security system.	Pharmacy I.T. Nursing Respiratory Therapy	5/2007	Ongoing	➢ Monitoring of overrides and stockouts for patterns of use to optimize stock levels. ➢ Surveillance of medication error reports relating to Pyxis use.
Inspect Nursing Stations at least monthly	➢ Check for expired, damaged, and recalled medications	Pharmacy Nursing	1/2002	Ongoing	➢ Unit Station Inspection Reports are given to RN Manager and Pharmacy Director for

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

Pharmacy Department

MERP

Weaknesses Identified and Actions Taken					
Compounding:	3/2025	Sterile compounding process and record keeping was a paper process.	Implemented Epic feature “Dispense Prep” to utilize barcode scanning of components and automate record keeping	3/2025	TBD
Dispensing:	6/2025	Initiative implemented to reduce readmission rates identified reducing barriers for patients receiving discharge prescriptions as a step that could improve patient medication compliance	Implemented a meds-to-beds program by working with Adobe Drugs in Sonoma. Prescription are sent to Adobe Drugs who fills and delivers the prescriptions to the hospital prior to the patient being discharged.	7/2025	Monitor error reports
Dispensing:	7/2025	Near miss report of staff preparing Kcentra dose incorrectly. Kcentra must not be further diluted after preparation and dose was injected into a bag of normal saline. Error caught and new dose was prepared.	Changed process to have instructions for preparation included on outside of boxes as well as a Pyxis alert notifying users to not further dilute the product after preparation.	7/2025	Monitor error reports
Distribution:	5/2025	It was reported that some high-risk medications were not clearly labeled as high alert and/or were not stored in a manner that mitigates the risk of mispicking	It was found that a recent Pyxis update removed alerts previously in place, these were re-activated. In addition, pharmacy storage locations for high alert medications were updated to include a notice to affix a high alert sticker on all items before dispensing. Pyxis inventory of high alert medications was screened to optimize storage locations.	5/2025	Monitor error reports for high alert mispick errors; spot check to ensure proper labeling is present

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

Patient Care Services Dashboard 2025

Emergency Department	Quality Assurance				
	Q1	Q2	Q3	Q4	Target
Barcode Scanning Rate	**82%**	**87%**	**91%**	92%	>85%
1:1 Obs of High Risk Patients	**75%**	**80%**	**75%**	**75%**	100%
RN Bld Cx Contamination Rate	**2.95%**	**1.95%**	**1.80%**	**3.40%**	<3%
Inpatient	**Quality Assurance**				
Patient Discharge Education (AVS) related to diagnosis	Q1	Q2	Q3	Q4	Target
	72%	**87%**	91%	84%	90%
Mobility: OOB for Breakfast	**67%**	**48%**	**50%**	50%	90%
Surgical Services	**Quality Assurance**				
	Q1	Q2	Q3	Q4	Target
Day of Surgery Cx' Cases	2.86%	**4.85%**	4%	3.80%	<4%
First Case On-Time Start	58%	60%	92%	94%	80%
All	**Medication Safety**				
	Q1	Q2	Q3	Q4	Target
Drug Admin Error Rate (per 10,000 admins)	0.14 (n=3)	0.18 (n=6)	0.05 (n=2)	0.16 (n=6)	<1
All	**Organ and Tissue Donation Referrals**				
	Q1	Q2	Q3	Q4	Target
Missed referral	1	2	0	0	0
Referral not Timely	0	0	2	0	0

	Nursing Divison Turnover				
	Q1	Q2	Q3	Q4	Target
ED	0	2	0	1	≤2
Inpatient	0	1	3	0	≤2
Surgical Services	0	0	1	0	≤2
TOTAL	0	3	4	1	≤4
	Overall Patient Experience				
Emergency Dept	Q1	Q2	Q3	Q4	Target
Q-Reviews	4.72	4.7	4.73	4.77	4.5
Inpatient	Q1	Q2	Q3	Q4	Target
Q-Reviews	4.74	4.7	4.69	4.65	4.5
Surgical Services	Q1	Q2	Q3	Q4	Target
Q-Reviews	4.79	4.83	4.9	4.9	4.5
ED-Inpt	**Throughput- Admit Order to Admit Time (Ed-Inpt)**				
	Q1	Q2	Q3	Q4	Target
Measure #mins **90** or less	**63% n=35**	**65% n=65**	**78% n=52**	**71% n=298**	
Measure #mins **60** or less	**51% n=35**	**48% n=65**	**50% n=52**	**52% n=298**	80%
Avg / Median Mins	88.49 57	156 65	80 54.5	73 56	

SONOMA VALLEY HOSPITAL
QUALITY BOARD REPORT

January 28, 2026

LOUISE WYATT, RN JD

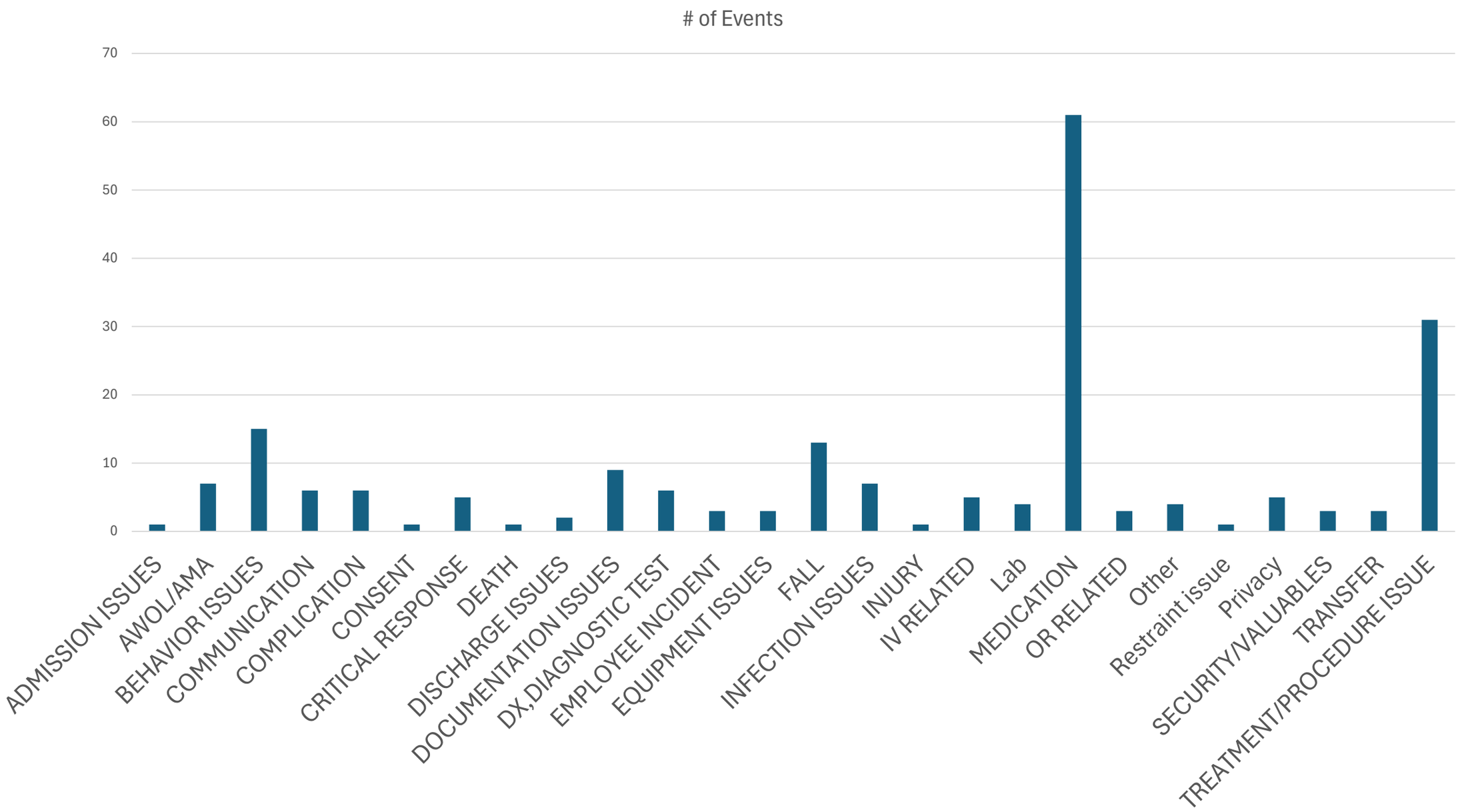
Director of Quality, Risk Management, Patient Safety, Infection Control, Case Management & Regulatory

Sonoma Valley Hospital Top Performer Recognition and Award

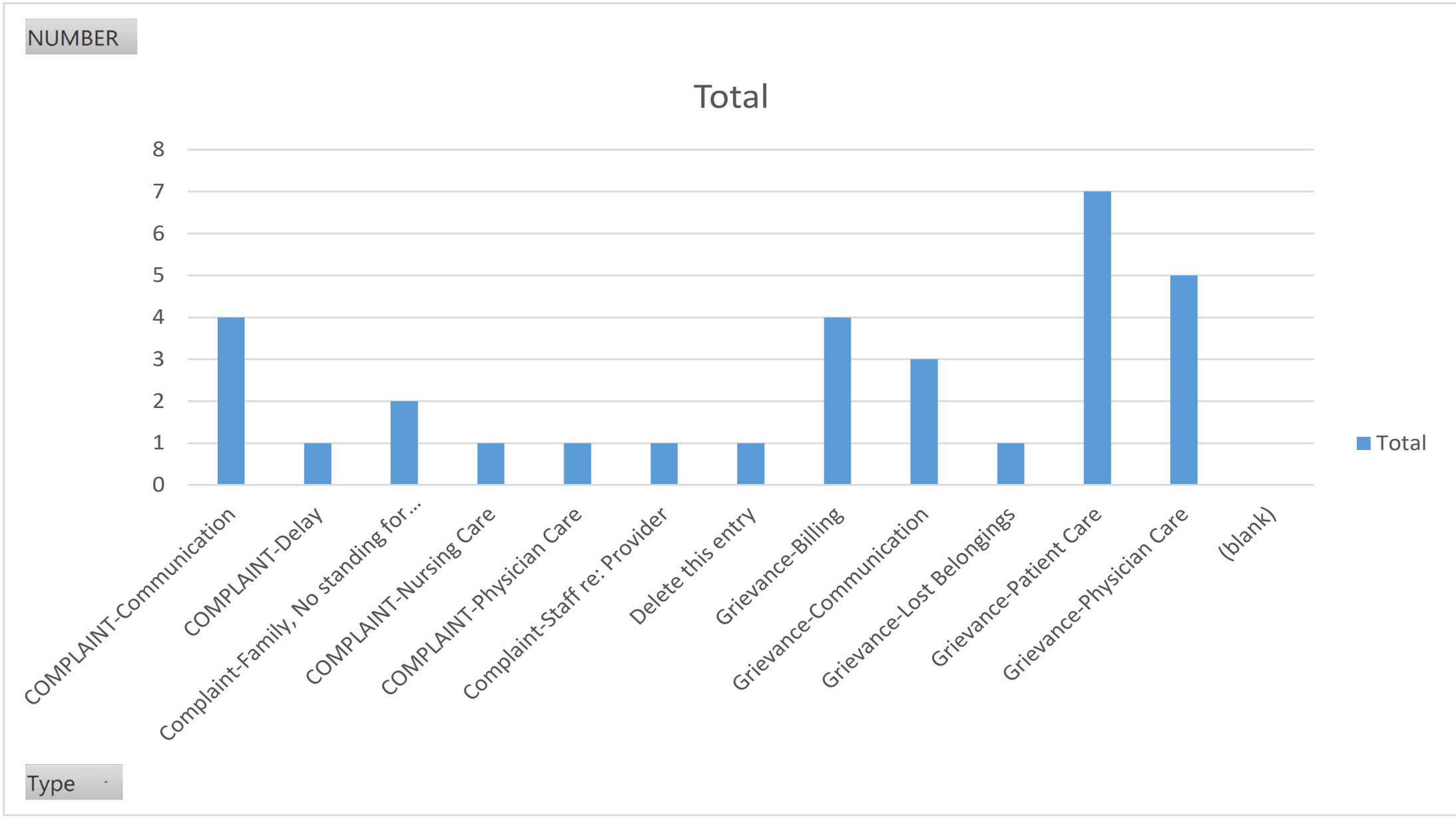
Sonoma Valley Hospital is one of the eight hospitals being recognized as 2024-25 Top Performers that achieved a score of 90% or higher in Partnership's Hospital Quality Improvement Program (HQIP).

Plaques and awards will be presented to SVH at Partnership's February Board Meeting on February 25, 2026.

2025 Risk Management Report



2025 Complaints



QUALITY SCORECARD 2025

(see handout)

2026 Proposed New Quality Measures

Dr. Patick Okolo, CMO

Mortality Measures
Risk Adjusted Acute Mortality Rate O/E [M]
Patient Safety Measures
Age Friendly Mobility
SDOH Inpatient Screening
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)
Bar Code Scanning Rate
Falls (numeric value)
Pressure Ulcers (numeric value)
Critical Lab Value Reporting (IP, OP, and ED Critical values Called within 30 minutes, read back and documented per policy)

HAI Infectious Disease Measures
IC-Surveillance| HAI-C.DIFF Inpatient infections SIRs |M|
IC-Surveillance| HAI-CAUTI Inpatient infections SIRs |M|
IC-Surveillance| HAI-CLABSI Inpatient infections SIRs|M|
IC-Surveillance| HAI-MRSA Inpatient infections SIRs|M|
IC-Surveillance| HAI-SSI infections SIRs|M|
QA-02 | Hand Hygiene Practices Monitored % of compliance|M|
Stroke Measures
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (mins)
CDSTK-06|Median- Neuro Consult Contacted |M| elapsed time (mins)
CDSTK-12|Median-Door to tPA |M| elapsed time (mins)

Utilization Review
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio |M
Observed/Expecteed Length of Stay
All cause Readm - % Readmit within 30 days, ACA (M)
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M
Sepsis, Simple - % Readmit within 30 Days (M)*
READM-30-Hip-Knee30-day readmission rate following elective primary Total Hip N/A Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)

CoreOpMeasures
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M
Sepsis Measures
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)
CIHQ Action Plan Measures (2023)
Documentation Observation of High Risk Patients
Policies in Compliance for Reviews
HCAHPS Measures
Inpatient
Ambulatory
Q-Reviews
Inpatient
Outpatient Surgery
Medical Imaging
Emergency Department
Hand & Physical Therapy

PROPOSAL RATIONALE AND EXPLANATION

Removal of Inpatient Measures Not Applicable to SVH

1. Misalignment of Inpatient Measures

Inpatient metrics include services SVH does not provide, causing reporting misalignment with actual care offered, such as SNF and OB services.

2. Problems with Length of Stay Metric

Length of stay assumes complex inpatient care, misleading for SVH's outpatient and limited acute care focus.

3. Benefits of Measure Removal

Removing irrelevant inpatient measures streamlines reporting and improves focus on relevant outpatient and chronic care indicators.

Consolidation of Sepsis Measures

1. SEP-1 as Comprehensive Measure

SEP-1 consolidates all essential sepsis care elements, including antibiotics, fluids, and lactate monitoring.

2. Eliminate Reporting Duplication

Reporting individual sepsis bundle components alongside SEP-1 creates redundancy and reporting complexity.

3. Benefits of Measure Consolidation

Consolidation simplifies reporting, aligns with national standards, and improves clarity for stakeholders.

4. Supports Quality Improvement

Focusing on SEP-1 enhances compliance and drives quality initiatives with a standardized metric.

Alignment with CMS-Monitored Outcomes

1. Comprehensive Performance Reporting
Reporting mortality and ALOS for all patients presents a complete view of hospital quality beyond Medicare data.

2. Importance of Mortality and ALOS
Mortality and ALOS are key indicators of care quality, efficiency, and resource use influencing reputation and reimbursement.

3. Alignment with CMS Standards
Aligning hospital metrics with CMS supports benchmarking, regulatory compliance, and strategic decision-making.

4. Strategic Impact on Patient Care
Focusing on CMS outcomes helps prioritize initiatives that improve patient safety, care quality, and financial sustainability.

Clarification of PSI-90 and Falls Reporting

1. Limitations of Rate-Based Metrics
Rate-based calculations can be misleading in low census scenarios, inflating safety metrics disproportionately.

2. Benefits of Reporting Raw Counts
Reporting numerical counts provides clearer, more transparent, and contextually accurate safety data.

3. Improved Stakeholder Understanding
Presenting counts with narrative explanations helps stakeholders interpret safety events effectively.

4. Alignment with Best Practices
Using absolute numbers aligns with best practices for low-volume healthcare facilities, improving data integrity.

Removal of Measures Not Monitored by CMS

1. **Non-CMS Metrics Limitations**

Metrics like lab performance and medication errors are valuable internally but lack impact on external compliance or benchmarking.

2.Impact on Board Reporting

Including non-CMS metrics in board reports dilutes focus and adds complexity, hindering strategic decision-making.

3.Recommendation for Governance Efficiency

Removing non-monitored measures streamlines reports, focusing leadership on actionable, CMS-aligned strategic indicators.

4. Continued Internal Monitoring

Though removed from board reports, internal tracking of these metrics supports continuous operational improvement.

Focus on CMS-Tracked Chronic Disease Measures

1. CMS Monitored Chronic Diseases

CMS tracks COPD, Heart Failure, and Hip/Knee Replacement as critical chronic disease measures impacting healthcare quality.

2. Strategic Reporting Focus

Focusing on CMS measures aligns SVH with national standards and targets areas with greatest improvement potential.

3. Benefits of Targeted Metrics

Targeted measures reduce reporting burden and improve clarity, enhancing care coordination and resource allocation.

Removal of Transfusion Measures

- **1. Low Frequency Limits Validity**
- Infrequent transfusions reduce statistical significance and can distort performance trends if reported at the board level.

- **2. Complexity Reduction Benefits**
- Removing transfusion measures simplifies reporting, allowing leadership to focus on meaningful quality and safety indicators.

- **3. Continued Internal Monitoring**
- Despite removal from reports, internal monitoring of transfusions ensures compliance with clinical guidelines and patient safety.

- **4. Governance Efficiency**
- Streamlining metrics aligns with governance principles of relevance and efficiency, improving decision-making clarity

WRAP UP/ QUESTIONS

Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
Risk Adjusted Acute Mortality Rate O/E [M]	0.70%	0.89	0.72%	0.69%	0.81%	0.74%	0.42%	0.83%	0.00%	0.58	0.87%	0.23%	0.56%	0.59	0.47	0.62	0.24	0.45
Medicare Risk Adjusted Acute Mortality Ra	0.70%	0.89	0.71%	0.79%	0.47%	0.71%	0.62%	0.79%	0.00%	0.71%	0.99	0.52	0.71%	0.77	0.53	0.56	0	0.38
COPD Mortality Rate |M| 5.6	8.10%	8.5	0%	0%	0%	0%	0%	0%	0%	0%	0%	ND	0%	0%	0%	0%	0%	0%
Congestive Heart Failure Mortality Rate	0.00%	11.5	0%	0%	0%	0%	0%	20%	0%	8.30%	0%	0%	0%	0%	0%	0%	0%	0%
Pneumonia Mortality Rate |M|	4.80%	15.60%	0%	22%	0%	7.10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Ischemic Stroke Mortality Rate |M|	0.00%	13.80%	0%	0%	0%	0%0.0	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Hemorrhagic Stroke - Mortality Rate (M)	33.30%	0%	ND	ND	ND	ND	0%	100%	0%	33%	ND	ND	ND	ND	ND	ND	ND	ND
Sepsis, Severe - Mortality Rate (M)	0.00%	25%	25%	0%	0%	10%	0%	0%	0%	0%	50%	0%	0%	0%	0%	0%	0%	0%
Septic Shock - Mortality Rate (M)	30%	25%	43%	20%	0%	28.60%	ND	33%	0%	0%	0%	33.3% (1/3) admitted with pneumonia, septic shock, COVID-19, and elevated troponin	0%	14.30%	16.7% (1/6) 95 YO - moved to comfort care	25% (1/4) 79 YO admitted with Resp.Failure & SS. Passed w/in 24 hours of admission.	0%	13.30%

Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
PSI 90 (v2023-1) Midas Patient Safety Indicators Composite, ACA per 1000 pt	0	0	0.01	0	0	0.0004	0	0	0	0	0	0	0	0	0	0	0	0
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0

Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
RM ACUTE FALL- All (M) per 1000 patient days	2.94	3.75	3.17	3.25	0	2.08	0%	0%	0%	0%	3.75 (1/267)	8.47 (2/237)	0	4.05 (3/740)	0	0	0	0
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	1.1	3.75	0	0	0	0	0%	0%	0%	0%	0	0	0	0	0	0	0	0
Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)	0.03	1.13	0%	0%	0%	0%	0%	0.08	0.9	0.9	0	0	0.8	0.3	0.8	0%	0%	0.03
Rx-Administration Errors Per 10,000 Doses Dispensed	0.45	1	0.1	0.1	0.19	0.14	0%	0.33	0%	0.18	0.08	0.09	0	0.06	0.23	0.25	0	0.16

Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
IC-Surveillance| HAI-C.DIFF Inpatient infections SIRs |M|	2	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
IC-Surveillance| HAI-CAUTI Inpatient infections SIRs |M|	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
IC-Surveillance| HAI-CLABSI Inpatient infections SIRs|M|	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IC-Surveillance| HAI-MRSA Inpatient infections SIRs|M|	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IC-Surveillance| HAI-SSI infections	0	1	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0
QA-02 | Hand Hygiene Practices Monitored % of compliance|M|	90%	90%	98	92	82%	91%	96%	92%	94%	94%	88%	94%	96%	93%	0.96%	94%	ND	95%

Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
Lab | Transfusion Effectiveness (M)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	ND	100%	100%
Lab | Transfusion Reaction (M)	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	2..4%	0%	1.20%	0%	0%	0%	0%
Blood Cultures -Contamination Rate |ED	3%	3%	2.70%	1.30%	5%	3%	4.20%	1.90%	2.40%	2.90%	1.50%	0%	3.40%	1.80%	3.90%	3.50%	3.50%	3.60%
Blood Cultures -Contamination Rate	2%	3%	0%	0%	0%	0%	1.20%	2.90%	0%	1.50%	2.80%	0%	0%	0.60%	1.20%	0%	0%	0.40%
Blood Cultures -Total Contamination	3%	3%	1.80%	1.00%	3.30%	2.00%	2.80%	2.30%	2.40%	2.50%	2.30%	0%	2.20%	1.50%	2.70%	1.40%	2.90%	2.40%

Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)	5	10	1	8	8	2	1	6	1	2	2	1	3	2	4	2	7	2
CDSTK-04|Median- Door to Phys Eval |M| elapsed time (mins)	1	10	0	2	0	0	0	2	1	0	1	0	0	0	2	0	0	0
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (mins)	9	25	1	8	11	6	2	8	2	3	4	2	3	3	9	2	2	3
CDSTK-06|Median- Neuro Consult Contacted |M| elapsed time (mins)	25	30	8	14	20	14	12	24	7	12	23	23	20	24	29	15	38	30
CDSTK-07|Median- CT Read by Radiology |M| elapsed time (mins)	26	45	15	30	31	22	19	26	18	20	20	15	22	19	28	18	15	20

CDSTK-08|Median- Lab Results Posted |M| elapsed time (mins)	25	45	20	21	26	21	19	34	16	22	16	15	26	19	26	16	21	24
CDSTK-10|Median- Door to EKG Complete |M| elapsed time (mins)	29	60	21	28	25	25	22	30	22	22	19	24	28	23.6	43	28	31	31
CDSTK-11|Median-Door to tPA Decision |M| elapsed time (mins)	31	60	19	34	30	30	14	36	24	24	42	29	19	30	48	12	12	25
CDSTK-12|Median-Door to tPA |M| elapsed time (mins)	74	60	48	ND	ND	48	41	ND	29	39	51	46	49	48.6	52	66	ND	62
Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio |M	0.86	0.99	0.9	0.99	1.01	0.97	1.01	1.02	1.11	1.04	0.87	0.9	0.82	0.85	0.92	0.89	0.97	0.93
Inpatients Risk-adjusted Average Length of Stay, O/E Ratio |M	0.86	0.99	0.9	0.98	0.97	0.93	1.01	0.97	1.11	0.91	0.88	0.9	0.83	0.91	0.91	0.87	0.96	0.9
Medicare Risk-adjusted Average Length of Stay, O/E Ratio |M	0.79	0.99	0.82	0.97	0.97	0.9	1.09	0.92	0.97	0.99	0.83	0.83	0.75	0.8	0.83	0.8	0.87	0.83
Acute Care - Geometric Mean Length of Stay |M	3.59	2.75	4.15	2.85	3.26	3.22	3.4	2.94	2.97	3.1	2.69	3.14	2.97	2.96	3.06	2.44	3.7	3.02
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M	6.39	15.30%	13.43%	6.35%	7.14%	9.00%	4.41%	8.93%	7.58%	7.41%	8.11%	3.33%	7.46%	6.47%	8.70%	9%	8.54%	9.21%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M	7.10%	19.50%	0.00%	40%	0.00%	22.20%	0%	16.7	50%	16.70%	100% (1/1)	ND	0%	25% (1/4)	0%	0%	0%	0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	13.50%	21.60%	0%	0%	0%	0%	0%	0%	33.30%	10% (1/10)	10%	0%	ND	20% (1/5)	0%	0%	0%	0%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M	0%	4.00%	0%	0%	ND	0%	ND	ND	0%	0%	0%	0%	0%	0%	0%	ND	0%	0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M	7.10%	13.60%	8.30%	0%	0%	8.70%	0%	20%	12.50%	12.50%	0%	0%	0%	0%	50% (1/2)	0%	16.70%	16.70%
Sepsis, Simple - % Readmit within 30	0.03%	0.00%	0.27%	0%	0%	0.14%	0.14%	0.20%	0.08%	0.12%	0.90%	0.10%	0.20%	0.15%	0.20%	0.33%	0.17%	0.27%
Sepsis, Severe - % Readmit within 30	0%	12%	0%	0%	0.30%	0.10%	0.50%	0%	0.00%	0.20%	0.00%	0%	0%	0%	0%	0%	0%	0%
Septic Shock - % Readmit within 30 Days	0.20%	13.30%	0%	0%	0.50%	0.20%	0%	0%	0.20%	0.20%	0.00%	0.50%	0%	0%	0%	0%	0%	0%
Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M	0.30%	2.00%	0.40%	0.40%	0.40%	0.40%	0.60%	0.60%	0.10%	0.40%	0.30%	0.20%	0%	0.20%	0.7% (6/866)	0.1% (1/827)	0.10%	0.30%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	97%	80%	100%	100%	ND	100%	100%	100%	100%	100%	100%	100%	100%	100%	ND	ND	50%	50%
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M	100%	88%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M	140	132	154	120	105.5	126	76	113	107	106	118	127.5	116	116	81	133	121.5	125
Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	80%	81%	100%	100%	50%	93.80%	100%	100%	80%	78.60%	100%	80% (4/5)	81% (9/11)	84.20%	33.3% (1/3)	100%	100%	81.80%
SEPa - Severe Sepsis 3 Hour Bundle (M	89.30%	94%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	87.50%	92.90%	100%	100%	100%	100%
SEPb - Severe Sepsis 6 Hour Bundle (M)	89.30%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	87.50%	92.90%	100%	100%	100%	100%
Measures	2024 Results	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025	25-Apr	25-May	25-Jun	Q2.2025	Jul-25	Aug-25	Sep-25	Q3 2025	Oct. 25	Nov-25	25-Dec	Q4 2025
Documentation Observation of High Risk Patients	100%	100%	67%	75%	75%	72%	0%	83%	83%	71%	75%	100%	60%	73%	100%	67%	56%	62%
Policies in Compliance for Reviews	90%	90%				73%				72%				71%			78%	78%

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: 01/23/2026 10:41 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: 42

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

Committee Members: **Newman, Cindi (cnewman), Reese, Whitney (wreese), Wyatt, Louise (lwyatt)**

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Alcoholic Beverages Policy *Patient Care Policy*	**Pending Approval**	1/19/2026	4

Summary Of Changes: **Added purpose statement and scope. Clarified language and process. Added contraindications,and special considerations, including care team assessments/responsibilities.**

Reviewed by/revised with Medical Dir of Inpatient Svcs (Dr Walther) 12/30/2025

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**
Approvers: **Winkler, Jessica (jwinkler) -> 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)**

Audiograms *Occupational Health Dept*	**Pending Approval**	1/19/2026	4

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

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Blood and Body Fluid Exposures *Occupational Health Dept*	**Pending Approval**	1/19/2026	4

Summary Of Changes: **Updated Reference Date and Reviewed/Revised Date.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Breath Alcohol Testing | **Pending Approval** | 1/19/2026 | 4

Occupational Health Dept

Summary Of Changes: **Reviewed No Changes**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

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

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

Cancellation No Show | **Pending Approval** | 1/19/2026 | 4

Rehabilitation Services Dept

Summary Of Changes: **Changes made to be consistent with SVH Rehab Services Attendance Agreement and with P+P 7770-111, Title Correction.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

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)**

Declotting Central Venous Access Devices | **Pending Approval** | 1/19/2026 | 4

Patient Care Policy

Summary Of Changes: **Added interventions to attempt prior to use of thrombolytics; separated partially occluded vs totally occluded process; added special considerations and relative contraindications and updated reference to EBSCO and cathflo website. Reviewed by Dr A Walther,**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

Lead Authors: **Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**

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

Department of Transportation Physical Exams | **Pending Approval** | 1/19/2026 | 4

Occupational Health Dept

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

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

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

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

Drug Testing for Minors | **Pending Approval** | 1/19/2026 | 4

Occupational Health Dept

Summary Of Changes: **Reviewed No changes.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**

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

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

Examination Orders | **Pending Approval** | 1/19/2026 | 4

Diagnostic Services Dept Policies

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

Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Ashford, Troy (tashford)**
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)**

Hand Hygiene — **Pending Approval** — 1/19/2026 — 4

Infection Prevention & Control Policies (IC)

Summary Of Changes:	**Updated department from organizational to Infection Prevention, updated purpose, added scope definitions, and references. Added additional indications for hand washing and product usage for surgical hand antisepsis, how often monitoring hand hygiene compliance and procedure.**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Preventionist, Infection (ipsvh)**
Approvers:	**14-Infection Control Committee -> 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)**

Infection Control Committee — **Pending Approval** — 1/19/2026 — 4

Infection Prevention & Control Policies (IC)

Summary Of Changes:	**Added Scope, updated membership and functions of the committee, owners and approvers.**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Preventionist, Infection (ipsvh)**
Approvers:	**14-Infection Control Committee -> 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)**

Influenza Vaccination — **Pending Approval** — 1/19/2026 — 4

Occupational Health Dept

Summary Of Changes:	**Policy sent to Chris Kutza for review: Contraindication references added, added process for precautions, reference to age taken out of other considerations. Dosage in ML removed as not all vaccines are 0.5ml. Reference to VAERS added and site to get VIS added.**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Kuwahara, Dawn (dkuwahara)**
Approvers:	**01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Lactating People and Intravenous Contrast Administration — **Pending Approval** — 1/19/2026 — 4

Diagnostic Services Dept Policies

Summary Of Changes:	**Reviewed No Changes.**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Ashford, Troy (tashford)**
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)**

Leaving Against Medical Advice — **Pending Approval** — 1/19/2026 — 4

Patient Care Policy

Summary Of Changes:	**Clarified scope and language on who is able to make decision for AMA; laid out procedure, added special considerations, added that only the certified medical interpreter may be used in AMA discussions and discharge paperwork (AMA form).** **Reviewed/Revised with MDs Cusick and Walther, Dir of Qlty/RM. December 2025**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**
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)**

Medical Emergencies in the Physician Practice | **Pending Approval** | 1/6/2026 | 17

Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)

Summary Of Changes: **Existing policy never submitted to policy committee.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Rodney, Jennifer (jrodney)**
Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Medicinal Cannabis Use in the Terminally Ill | **Pending Approval** | 12/12/2025 | 42

Patient Rights Policies (PR)

Summary Of Changes: **Reviewed, no changes. Dr. Walther reviewed and approved with no changes as well.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kutza, Chris (ckutza), Wyatt, Louise (lwyatt)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

MRSA Work Status | **Pending Approval** | 1/19/2026 | 4

Occupational Health Dept

Summary Of Changes: **Reviewed, no changes.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

NEW: Outpatient Rehabilitation Services | **Pending Approval** | 1/19/2026 | 4

Rehab Services Policies (RB)

Summary Of Changes: **New Policy to comply with California Code of Regulations Tittle 22 §§70525-70529, §70531, §70533**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Gallo, Christopher (cgallo)**
Approvers: **Kuwahara, Dawn (dkuwahara) -> 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)**

NEW: Prevention of CAUTI, Urinary Catheter Insertion, Maintenance & Removal | **Pending Approval** | 12/23/2025 | 31

Patient Care Policy

Summary Of Changes: **This is a new policy which combined insertion policy with IC Policy Prevention of CAUTI in order to replace and RETIRE stand alone Insertion Policy**

- **Specifies indications for urinary catheterization based on location of care (Med-Surg/ICU vs Perioperative vs ED)**
- **Reorganized the flow of information to assist with decision making**
- **Allows for insertion and removal to be guided by physician order OR nurse driven protocol**
- **Includes more detail in the proper technique of urinary catheter insertion**
- **Addition of steps for specimen collection and urinary catheter removal**

- **Addition of troubleshooting urinary catheters for both males and females**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**
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)**

Plan for the Assessment and Provision of Individual patient Family Needs — **Pending Approval** — 1/19/2026 — 4
Patient Care Policy

Summary Of Changes: **Clarified Scope; incorporated language referencing the Interdisciplinary Team, added that Social Determinants of Health are also assessed; Special Populations section added to reflect Older Adults in line with Age Friendly Health System principles; formatting changes to make it easier to read; updated references**

Reviewed/Approved by CMO 11/28/2025 & Dir of Qlty/RM 11/28/2025

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Winkler, Jessica (jwinkler), Spear, Becky (rspear)**
Approvers: **Winkler, Jessica (jwinkler) -> 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)**

Pre Placement Physicals — **Pending Approval** — 1/19/2026 — 4
Occupational Health Dept

Summary Of Changes: **Reviewed, no changes**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

QuantiFERON IGRA Testing — **Pending Approval** — 1/19/2026 — 4
Occupational Health Dept

Summary Of Changes: **Reviewed, punctuation addressed. No other changes.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Rabies Post-Exposure Vaccination — **Pending Approval** — 1/19/2026 — 4
Occupational Health Dept

Summary Of Changes: **Added reviewed revised date, no changes.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Radioactive Material Emergency Procedures — **Pending Approval** — 1/19/2026 — 4
Diagnostic Services Dept Policies

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

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Ashford, Troy (tashford)**
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)**

Release of Blood Products to Nursing — **Pending Approval** — 1/19/2026 — 4
Laboratory Services Policies (LB)

Summary Of Changes: **Reviewed, Title Corrected.**
Policy reviewed with Lab Manager and Lab Technical Supervisor
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Veal, Laurie (lveal)**
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)**

RETIRE: Fluidotherapy Usage — **Pending Approval** — 1/19/2026 — 4
Rehabilitation Services Dept

Summary Of Changes: **Recommend Retire, obsolete- No longer using device.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
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)**

RETIRE: Prevention of Catheter Associated Urinary Tract Infections — **Pending Approval** — 12/23/2025 — 31
Infection Prevention & Control Policies (IC)

Summary Of Changes: **RETIRE this stand-alone policy replacing with Policy updated and consolidated with the Patient Care policy for insertion and maintenance.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Preventionist, Infection (ipsvh)**
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)**

RETIRE: Sports Physicals — **Pending Approval** — 1/19/2026 — 4
Occupational Health Dept

Summary Of Changes: **The department no longer offers this service, please retire.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE: Visits, Admissions, Readmissions, Transfers Through the Emergency Department — **Pending Approval** — 1/19/2026 — 4
Emergency Services Policies (ED)

Summary Of Changes: **Recommend retiring this policy. It is not comprehensive of anything specific. It is also redundant as the same info is contained in the Transfer of Patients and ED Log policies we just put through approvals**

Reviewed and in agreement: Dr Okolo (CMO) Dr Cusick (Med Dir of Emergency Services) M. Ehret (Nursing Director of Emergency Services) 12/31/2025

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)**
Approvers: **Okolo, Patrick (pokolo) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE: Yellow Fever Vaccination | **Pending Approval** | 1/19/2026 | 4

Occupational Health Dept

Summary Of Changes: **Please retire, this policy is no longer relevant. We do not have access to the Yellow Fever Vaccine.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Review of Test Results | **Pending Approval** | 1/6/2026 | 17

Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)

Summary Of Changes: **Existing policy being added to portal**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Rodney, Jennifer (jrodney)**
Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Rho-Gam Administration | **Pending Approval** | 1/19/2026 | 4

Patient Care Policy

Summary Of Changes: **Added purpose statement, scope and definitions. Clarified role of blood bank and role of nursing. Added special considerations section, indications that reflect clinical practice guidelines updates from ACOG.**

Reviewed and approved by Drs Cusick and Amara, Lab Director, pharm and surgical services director.
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)**
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)**

Sample Medications | **Pending Approval** | 1/6/2026 | 17

Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)

Summary Of Changes: **Existing Policy added to Portal**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Rodney, Jennifer (jrodney)**
Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Scope of Practice for Medical Assistants (MAs) | **Pending Approval** | 1/6/2026 | 17

Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)

Summary Of Changes: **Existing Policy added to the portal**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Rodney, Jennifer (jrodney)**
Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Test Tracking and Follow-Up	**Pending Approval**	1/6/2026	17
Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)			

Summary Of Changes: **Existing Policy added to portal**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Rodney, Jennifer (jrodney)**
Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Transfer of Instruments for Sterilization	**Pending Approval**	1/6/2026	17
Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)			

Summary Of Changes: **Existing Policy added to portal**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Rodney, Jennifer (jrodney)**
Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Transfer of Patients for Diagnostic Imaging	**Pending Approval**	1/19/2026	4
Occupational Health Dept			

Summary Of Changes: **Reviewed no changes.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Transfer of Patients to the Emergency Room from Occupational Health	**Pending Approval**	1/19/2026	4
Occupational Health Dept			

Summary Of Changes: **Reviewed, no changes.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Travel Medicine	**Pending Approval**	1/19/2026	4
Occupational Health Dept			

Summary Of Changes: **Reviewed, no changes.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**
Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Tuberculosis Screening 7775-12	**Pending Approval**	1/19/2026	4
Occupational Health Dept			

Summary Of Changes: **Reviewed no changes.**
Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors: **Kuwahara, Dawn (dkuwahara)**

Approvers:	**01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**			
Urine Drug Screening		**Pending Approval**	1/19/2026	4
Occupational Health Dept				
Summary Of Changes:	**Reviewed, no changes.**			
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**			
Lead Authors:	**Kuwahara, Dawn (dkuwahara)**			
Approvers:	**01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**			
Vaccination Policy		**Pending Approval**	1/19/2026	4
Occupational Health Dept				
Summary Of Changes:	**Removed reference to Yellow Fever Vaccine, we no longer offer it.**			
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**			
Lead Authors:	**Kuwahara, Dawn (dkuwahara)**			
Approvers:	**01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**			

NEW POLICY

WHY: CDPH has general requirements as to Outpatient Services. This policy answers those requirements regarding OP Rehabilitation Services at Sonoma Valley Hospital.

OWNER: Chief Ancillary Officer

AUTHORS/REVIEWERS: Christopher Gallo

Policy Name Outpatient Rehabilitation Services		Policy#: RB8610-2501 Origination Date: 10/24/2025
Department: Rehabilitation Services	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

PURPOSE:
The purpose of this policy is to define the Outpatient Services provided by the Rehabilitation department at Sonoma Valley Hospital and to delineate the Outpatient Service staff, equipment, supplies and service space and ensure compliance.

POLICY:
Sonoma Valley Hospital will provide Outpatient Services including Physical Therapy, Occupational Therapy and Speech/Language Therapy in compliance with state regulatory guidelines.

PROCEDURE:
The Director of Rehabilitation Services , in coordination with the Chief of Ancillary Services, will ensure that Sonoma Valley Hospital comply with the following guidelines:
Outpatient service means the rendering of nonemergency health care services to patients who remain in the hospital less than 24 hours with the appropriate staff, space, equipment and supplies. The outpatient service shall have a person designated to direct and coordinate the service, the Director of Rehabilitation Services
Healthcare professionals providing services in outpatient settings shall meet the same qualifications as those professionals providing services in inpatient services.
There shall be sufficient other personnel to provide the scope of services offered.
There shall be sufficient and appropriate equipment and supplies related to the scope and nature of the anticipated needs and services.
The number of examination and treatment rooms shall be adequate in relation to the volume and nature of work performed.
Waiting areas shall be readily accessible to patients and personnel. Restrooms, drinking water and a telephone for public use shall be provided.

REFERENCES:
California Code of Regulations (CCR) Title 22 §§70525 - §70527, §70531, §70533

Policy Name Outpatient Rehabilitation Services		Policy#: RB8610-2501 Origination Date: 10/24/2025
Department: Rehabilitation Services	Review Dates: Revision Dates:	
Scope: Organizational	Effective Date: BOD Approval Dates:	

OWNER:
Chief Ancillary Officer

AUTHORS/REVIEWERS:
Director of Rehabilitation Services

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

SUBJECT: Urinary Catheter Insertion, Maintenance & Removal	POLICY# PC/IC8610-172.25
	PAGE 1 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 12/25
REVIEW/REVISED:	

PURPOSE:

A. To provide evidence-based guidelines that address urinary catheter use, insertion, maintenance and removal.
B. To prevent catheter-associated urinary tract infections by placing catheters only when medically necessary and by removing them promptly when the medical necessity no longer exists.

(These guidelines do not cover suprapubic urinary catheters

Supportive Data

CAUTI – Catheter Associated Urinary Tract Infection. UTI is the most common hospital acquired infection and 80% of these UTIs are attributable to indwelling catheters. The duration of catheterization is the most important risk factor for development of a UTI.

PROCEDURE:

Catheter insertion:

Insertion of a urinary catheter requires a physician order.

A. Every urinary catheter is evaluated for necessity prior to insertion
B. The following are NOT valid indications for a urinary catheter:
    - Incontinence that does not require accurate I & O
    - Prolonged post-operative use (generally beyond 24 hours)
    - Immobility
    - Confusion or dementia
    - Urine output monitoring outside of the ICU
    - Morbid obesity
    - Patient request

D. Consider alternatives to urinary catheter insertion/continuation:
    - Condom catheter
    - Intermittent catheterization
    - Assessment of urinary retention by bedside bladder ultrasound
    - Consultation with wound care nurse
    - Programmed toileting, which consists of placing the patient on the bedpan or commode every 2-4 hours while awake.
    - Use of absorbent pads for incontinent patients
    - Consultation with pharmacy for review of any medications that cause urinary retention

SUBJECT: Urinary Catheter Insertion, Maintenance & Removal	POLICY# PC/IC8610-172.25
	PAGE 2 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 12/25
REVIEW/REVISED:	

Appropriate Urinary Catheter Use

A. Insert urinary catheters only for appropriate indications and leave in place only as long as needed.
- Minimize urinary catheter use and duration of use in all patients, particularly those at higher risk for Catheter Associated Urinary Tract Infection (CAUTI) or mortality from catheterization such as women, the elderly, and patients with impaired immunity.
- Avoid use of urinary catheters in patients and nursing home residents for management of incontinence.
- Use urinary catheters in operative patients only as necessary, rather than routinely.
- For operative patients who have an indication for a urinary catheter, remove the catheter as soon as possible postoperatively, preferably within 24 hours but no longer than 48 without documented indication by physician, unless there are appropriate indications for continued use.

B. Criteria for placing or continuing a urinary catheter include:
- Patient has acute urinary retention, or bladder outlet obstruction such as:
  - Unable to void because of an enlarged prostate, blood clots or an edematous scrotum/penis
  - Unable to empty the bladder because of neurologic disease/medication effect
- Need for accurate measurements of urinary output in critically ill patients
- Need for accurate measurement of urinary output in an incontinent patient.
- Perioperative use for selected surgical procedures:
  - Urologic surgery, bladder injury, pelvic surgery (i.e., colorectal, GYN or recent surgery involving structures contiguous with the bladder/ genitourinary tract)
  - Anticipated prolonged duration of surgery and operative patients with urinary incontinence. Urinary catheters inserted for this reason should be removed in the Post Anesthesia Care Unit (PACU)
  - Anticipated need for intra-operative monitoring of urinary output, need for intra-operative large volume infusions or diuretics or hemodynamic monitoring.
- Post surgical procedures, within 24 hours
- Required immobilization for trauma or surgery. Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
- To assist in healing of open wounds in incontinent patient with stage 3 or 4 perineal or sacral pressure ulcer
- Epidural catheter in place
- Chronic indwelling catheter on admission
- To improve comfort for end-of-life care if needed

Proper Techniques for Urinary Catheter Insertion

A. Perform hand hygiene immediately before and after insertion or any manipulation of the urinary catheter device or site.
B. Ensure that only properly trained persons (e.g., hospital personnel, family members, or patients themselves) who know the correct technique of aseptic urinary catheter insertion and maintenance are given this responsibility.
C. In the acute care hospital setting, insert urinary catheters using aseptic technique and sterile equipment.
    1. Use sterile gloves, drape, sponges, an appropriate antiseptic or sterile solution for periurethral cleaning, and a single-use packet of lubricant jelly for insertion.
    2. Routine use of antiseptic lubricants is not necessary.
D. Properly secure urinary catheters after insertion to prevent movement and urethral traction.
E. Unless otherwise clinically indicated, consider using the smallest bore urinary catheter possible, consistent with good drainage, to minimize bladder neck and urethral trauma.
F. If intermittent urinary catheterization is used, perform it at regular intervals to prevent bladder over-distension.

Daily assessment

Upon admission and transfer, the criteria for continued need of the urinary catheter is assessed, remains valid and is discussed with physician who then documents medical necessity

A. Indications for continued need are assessed every shift and the results are documented in the patient's EHR
B. RN will notify the physician to obtain an order for removal for any urinary catheter not meeting criteria.
C. Criteria for continuing use of the urinary catheter
    - Is listed under catheter insertion
    - Requires a specific physician order that catheter is to remain in place

Proper Techniques for Urinary Catheter Maintenance

A. Following aseptic insertion of the urinary catheter, maintain a closed drainage system.
    1. If breaks in aseptic technique, disconnection, or leakage occur, replace the urinary catheter and collection system using aseptic technique and sterile equipment.
    2. Consider using urinary catheter systems with pre-connected, sealed catheter-tubing junctions.
    3. Secure the catheter to the patient's leg and the tubing to the sheet. Securing the catheter to the sheet keeps the tubing from touching the floor.
B. Maintain unobstructed urine flow.
    1. Keep the urinary catheter and collection tube free from kinking and dependent loops.

2. *Keep the collection bag below the level of the bladder at all times.* Do not rest the bag on the floor. Do not put the collection bag on the bed during transport.
3. Empty the collection bag regularly each shift using a separate, clean collection container for each patient; avoid splashing and prevent contact of the drainage faucet with the non-sterile collection container.

C. Use Standard Precautions, including the use of gloves (and gown if splashing is anticipated), during any manipulation of the urinary catheter or collection system**.**
D. Complex urinary drainage systems (utilizing mechanisms for reducing bacterial entry such as antiseptic-release cartridges in the drain port) are not necessary for routine use.
E. Changing urinary catheters or drainage bags at routine, fixed intervals is **not** recommended. Rather, it is suggested to change urinary catheters and drainage bags based on clinical indications such as symptoms of infection (fever, urgency, frequency, dysuria, and suprapubic tenderness), obstruction, or when the closed system is compromised.
F. Do not clean the periurethral area with antiseptics to prevent CAUTI while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate.
G. Unless obstruction is anticipated (e.g., as might occur with bleeding after prostatic or bladder surgery) bladder irrigation is not recommended.
    1. If obstruction is anticipated, closed continuous irrigation is suggested to prevent obstruction**.**
H. Routine irrigation of the bladder with antimicrobials is not recommended**.**
I. Routine instillation of antiseptic or antimicrobial solutions into urinary drainage bags is **not** recommended.
J. Clamping urinary catheters prior to removal is **not** necessary.
K. If obstruction occurs and it is likely that the urinary catheter material is contributing to obstruction, change the urinary catheter.

Specimen Collection

A. Obtain urine samples aseptically.
    - If a small volume of fresh urine is needed for examination (i.e., urinalysis or culture), aspirate the urine from the needleless sampling port with a sterile syringe/cannula adapter after cleansing the port with alcohol.
    - Obtain large volumes of urine for special analyses aseptically from the drainage bag. This technique is NEVER used for a culture.

SUBJECT: Urinary Catheter Insertion, Maintenance & Removal	POLICY# PC/IC8610-172.25
	PAGE 5 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 12/25
REVIEW/REVISED:	

Urinary Catheter Removal Guidelines

A. The RN will promptly obtain a physician order to remove the urinary catheter when established criteria is no longer met or will obtain an order to continue urinary catheterization despite absence of criteria.
B. When catheter removal is ordered:
    - Remove urinary catheter as early in the day as possible
    - Assess patient frequently. Encourage mobilization, fluids as appropriate, and assist with toileting
    - If patient spontaneously voids ≥ 250 ml within 6 hours, continue to measure urinary output for 24 hours
    - If the patient has not voided within 6 hours, or sooner if the patient complains of bladder distention or the need to void but is unable, scan the bladder for urine volume:
        - Volume ≤ 350ml – recheck via bladder scanner in 2 hours or PRN
        - If urine volume is ≥ 350ml notify the physician.
C. I&O will be maintained for a minimum of 24 hours after discontinuation of the catheter

Infection Prevention Measures

A. Infection Prevention Implements quality improvement (QI) programs or strategies to enhance appropriate use of indwelling catheters and to reduce the risk of CAUTI based on a facility risk assessment.
B. The purposes of QI/IP programs should be:
    - To assure appropriate utilization of urinary catheters
    - To identify and remove urinary catheters that are no longer needed (e.g., daily review of their continued need)
    - To ensure adherence to hand hygiene and proper care of urinary catheters
C. Education and Training
   Infection Prevention and the Educator ensure that healthcare personnel and others who take care of urinary catheters are given periodic in-service training regarding techniques and procedures for urinary catheter insertion, maintenance, and removal. Provide education about CAUTI, other complications of urinary catheterization, and alternatives to urinary catheters.
D. Supplies
   Infection Prevention ensures that supplies necessary for aseptic technique for urinary catheter insertion are readily available.

SUBJECT: Urinary Catheter Insertion, Maintenance & Removal	POLICY# PC/IC8610-172.25
	PAGE 6 OF 6
DEPARTMENT: Organizational	EFFECTIVE: 12/25
REVIEW/REVISED:	

Infection Prevention and Surveillance

A. Infection Prevention uses standardized methodology for performing CAUTI surveillance.
B. Routine screening of catheterized patients for asymptomatic bacteriuria (ASB) is not recommended.
C. Infection Prevention prepares a CAUTI report quarterly. Quarterly feedback of unit-specific CAUTI rates are provided to nursing staff through their manager.

REFERENCES:
IHI Improvement Map, Prevent Catheter-Associated Urinary Tract Infections How-to Guide.
HICPAC, Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009
Quality Improvement Organizations, Nurse Driven Foley Catheter Removal Protocol

OWNER:
Chief Nursing Officer

AUTHORS/REVIEWERS:
Chief Nursing Officer
Director of Patient Care Services
Infection Preventionist
Board Quality Committee

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