



**SVHCD QUALITY COMMITTEE**

**AGENDA**

**WEDNESDAY, MARCH 25, 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 5222 3647

One tap mobile  
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<b>AGENDA ITEM</b>		
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>Daniel Kittleson, DDS</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>		
<b>3. CONSENT CALENDAR</b> <ul style="list-style-type: none"> <li>• QC Minutes 01.28.26</li> <li>• QC Minutes 02.25.26</li> </ul>	<i>Daniel Kittleson, DDS</i>	Action
<b>4. ANNUAL QUALITY REPORT 2025</b>	<i>Louise Wyatt, RN JD</i>	Inform
<b>5. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Louise Wyatt, RN JD</i>	Inform
<b>6. POLICIES AND PROCEDURES</b>	<i>Louise Wyatt, RN JD</i>	Inform
<b>7. ADJOURN</b>	<i>Daniel Kittleson, DDS</i>	
<b>CLOSED SESSION:</b> Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Alex Rainow, MD</i>	Action



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

**Wednesday, January 28, 2026, 5:00 PM**

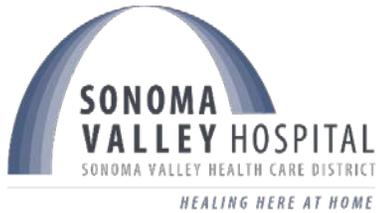
**MINUTES**

Members Present	Excused/Not Present	Public/Staff
Daniel Kittleson, DDS Susan Kornblatt Idell Carol Snyder Wendy Lee Myatt, via zoom	Michael Mainardi, MD Howard Eisenstark, MD Carl Speizer, MD Kathy Beebe, RN PhD Alex Rainow, MD, SVH Vice COS	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO, in person Whitney Reese, SVH Board Clerk, via zoom Monique Jervan, SVH Executive Assistant, in person Chris Kutza, PharmD, SVH Director of Pharmacy, via zoom Patrick Okolo III, MD MPH, SVH CMO, in person Louise Wyatt, RN JD, SVH Director of Quality, Risk Management & Patient Safety, Infection Prevention and Case Management, in person Leslie Petersen, SVH Foundation ED, in person Dawn Castelli, SVH Community Outreach & Marketing Mngr, via zoom

AGENDA ITEM	PRESENTER	ACTION
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Daniel Kittleson, DDS</i>	Called to order at 5:06pm
No quorum present so this will be an informational meeting only. Action items will be skipped.		
<b>2. PUBLIC COMMENT SECTION</b>	<i>Daniel Kittleson, DDS</i>	No public comments
<b>3. CONSENT CALENDAR</b>	<i>Daniel Kittleson, DDS</i>	ACTION
Minutes 12.03.25	<i>Minutes to proceed to Board for approval without QC's official approval.</i>	
<b>4. PHARMACY QA/PI</b>	<i>Chris Kutza, PharmD</i>	INFORM

Kutza highlighted downward trends in high-risk medication and administration errors, alongside stable performance in antimicrobial stewardship, controlled substance monitoring, and Pyxis utilization. Key updates included smart pump drug library adjustments, the annual Medication Error Reduction Plan (MERP) featuring a new Meds2Beds discharge program, Epic barcode scanning for IV prep, and tracking a new CMS metric for safe opioid prescriptions at discharge. Kutza answered Committee questions and clarified that the after-hours remote pharmacy service is utilized every day because the on-site pharmacy closes at 8:00 PM. He also explained that USP 797, which drove recent IV room policy changes, is a specific chapter from the United States Pharmacopeia that details the strict standards for sterile compounding in hospitals.

<b>5. PATIENT CARE SERVICES DASHBOARD Q4 2025</b>	<i>Jessica Winkler, DNP, RN, NEA-BC, CCRN</i>	INFORM
<p>Winkler presented the year-end PCS dashboard, highlighting a significant achievement in the ER where barcode scanning rates reached 90–92%, surpassing the adjusted 85% target. While high-risk patient observation and inpatient mobility metrics fell short of targets due to documentation frequency and logistical challenges, the team saw a marked improvement in on-time surgery starts, which was attributed to a collaborative cultural shift among staff and anesthesia. Winkler also noted that medication safety and organ referral rates remain strong, and nursing turnover is stable. IT has successfully automated chart audits, providing new data that shows a median admission-to-inpatient transfer time of 56 minutes; the team will now focus on increasing the percentage of transfers completed within 60 minutes to the 80% goal.</p>		
<b>6. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Louise Wyatt, RN JD</i>	INFORM
<p>SVH was recognized as a 2024-25 Top Performer in Partnership’s Hospital Quality Improvement Program (HQIP) for achieving a score of 90% or higher. SVH was one of two that received a 100% score. Performance data showed strong results in stroke care and sepsis management, with SEP-1 Early Management Bundle compliance reaching 100% in multiple months. To enhance governance, the 2026 Quality Plan shifts away from rate-based metrics in favor of raw numeric counts for safety events like falls and pressure ulcers, which provides more accurate data for low-volume facilities. While acknowledging a "PR issue" regarding Leapfrog safety grades, leadership is prioritizing CMS Star ratings and real-world clinical outcomes over Leapfrog’s methodology, which they believe often requires "gaming the game" rather than improving patient care. Moving forward, the hospital will focus on new CMS-aligned indicators, including Social Determinants of Health (SDOH) screenings, barcode medication scanning, and timely critical lab value reporting.</p>		
<b>7. POLICIES &amp; PROCEDURES</b>	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented and the committee reviewed.		
<b>8. ADJOURN</b>	<i>Daniel Kittleson, DDS</i>	Adjourned at 6:16 p.m.
<b>CLOSED SESSION:</b> Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Alex Rainow, MD</i>	ACTION
<i>Credentialing will proceed to Board for approval without QC’s official approval this month.</i>		



**SONOMA VALLEY HEALTH CARE DISTRICT  
QUALITY COMMITTEE**

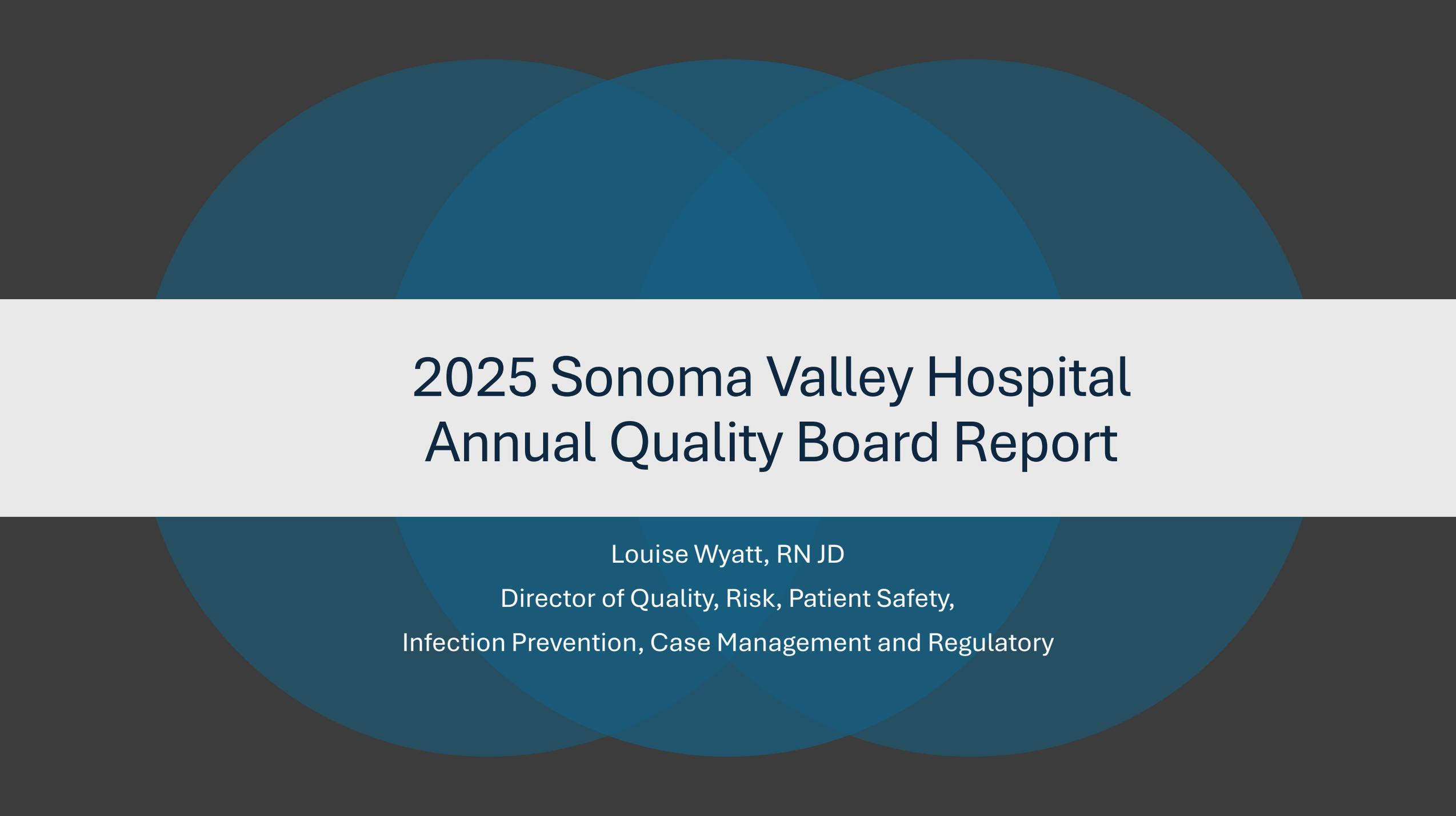
**Wednesday, February 25, 2026, 5:00 PM**

**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 Alex Rainow, MD, SVH Vice COS, via zoom	Wendy Lee Myatt, via zoom	Kelley Kaiser, SVH CEO Kelli Cornell, RN, SVH Director of Perioperative Services Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO Whitney Reese, SVH Board Clerk Louise Wyatt, RN JD, SVH Director of Quality, Risk Management & Patient Safety, Infection Prevention and Case Management Lynn McKissock, SVH Chief HR

AGENDA ITEM	PRESENTER	ACTION
<b>1. CALL TO ORDER/ANNOUNCEMENTS</b>	<i>Daniel Kittleson, DDS</i>	Called to order at 5:00pm
<b>2. PUBLIC COMMENT SECTION</b>	<i>Daniel Kittleson, DDS</i>	No public comments
<b>3. CONSENT CALENDAR</b>	<i>Daniel Kittleson, DDS</i>	ACTION
None – there wasn’t a quorum present at the last schedule meeting, so official minutes were not presented. Discussion concluded that minutes should be approved even when the meeting is not “official.” January and February’s meeting minutes will be presented in March.		
<b>4. PERIOPERATIVE SERVICES QA/PI</b>	<i>Kelli Cornell, RN</i>	INFORM
Cornell reported on steady departmental growth, highlighting a 20% year-over-year increase in outpatient infusions and the successful integration of new robotic and surgical equipment. She shared strong 2025 quality metrics, notably a 45% reduction in immediate-use sterilization cycles and an impressive increase in first-case on-time starts from 40% to 94%. Looking ahead to 2026, the department will focus on monitoring sterilization error rates, surgical site infections, and patient satisfaction, while anticipating increased gastroenterology volumes when Dr. Okolo begins operating in April. During discussion, Cornell clarified post-op pain management interventions and confirmed the hospital currently has ample operating room capacity to accommodate future growth.		
<b>5. QUALITY INDICATOR PERFORMANCE &amp; PLAN</b>	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt provided an update on the mock survey (survey window is March 9–May 9), noting that preparation is 75% complete with ongoing policy reviews, patient tracers, and staff readiness drills. January 2026 data showed 15 risk events with no significant trends, alongside strong performance in quality metrics, including a risk-adjusted mortality rate of 0.42 and 100% compliance with sepsis bundles. The committee		

discussed the implementation of new metrics for age-friendly mobility and social determinants of health (SDOH) screening, as well as a refined reporting format for falls and stroke measures to better align with national benchmarks and hospital volume.		
<b>7. POLICIES &amp; PROCEDURES</b>	<i>Louise Wyatt, RN JD</i>	INFORM
Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, presented new policy: <i>Prevention of CAUTI, Urinary Catheter Insertion, Maintenance &amp; Removal</i> The committee reviewed and minor revisions were agreed upon to clarify clinical language.		
<b>8. ADJOURN</b>	<i>Daniel Kittleson, DDS</i>	Adjourned at 6:12 p.m.
<b>CLOSED SESSION:</b> Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Alex Rainow, MD</i>	ACTION
<i>Motion to approve by Eisenstark, 2<sup>nd</sup> by Snyder. Seven in favor, Mainardi opposed.</i>		



# 2025 Sonoma Valley Hospital Annual Quality Board Report

Louise Wyatt, RN JD

Director of Quality, Risk, Patient Safety,  
Infection Prevention, Case Management and Regulatory

# 2025 QAPI Program Overview and Governance

## **Governance and Oversight**

The QAPI Program is overseen by the Board of Directors with operational accountability delegated to key committees and senior leaders.

## **Focus Areas and Outcomes**

The quality program targets high-risk, systems and processes emphasizing outcome measurement, regulatory readiness, and sustained improvements.

## **Multidisciplinary Engagement**

Nursing, medical staff, pharmacy, infection prevention, and quality leaders collaborate actively in performance review and improvement planning.

## **Safety and Transparency**

The program fosters safety culture through event reporting, risk identification, and focus reviews.





# Annual Patient Safety and Risk Management Report and Analysis

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# Patient Safety Organization (PSO) Update

CHPSO (California Hospital Patient Safety Organization) was disbanded as of December 19, 2025.

CHPSO purpose was to eliminate preventable patient harm by analyzing, disseminating, and archiving patient safety data.

SVH joined **Press Ganey** December 2, 2025 who will now manage our protected patient safety information.

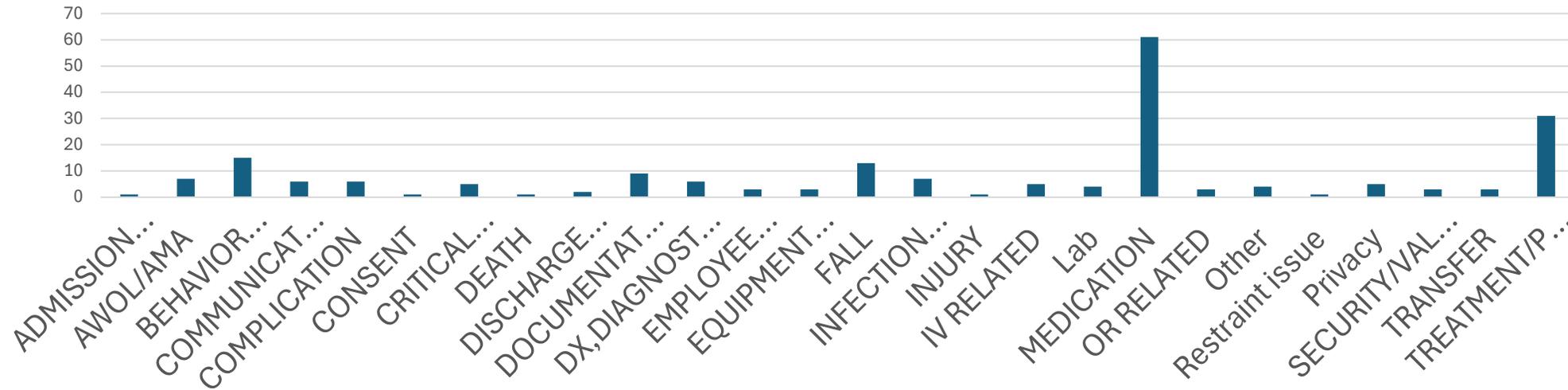
SVH Requirements include:

- Participation in monthly Safety Event Classification (SEC) Advisory Panel meetings and monthly cause analysis webinars.
- Participation in Safe Tables and High Reliability Learning webinars.
- Manage web application and users

The logo for Press Ganey, featuring a stylized 'P' icon in blue and red to the left of the text 'PressGaney' in a dark blue serif font.

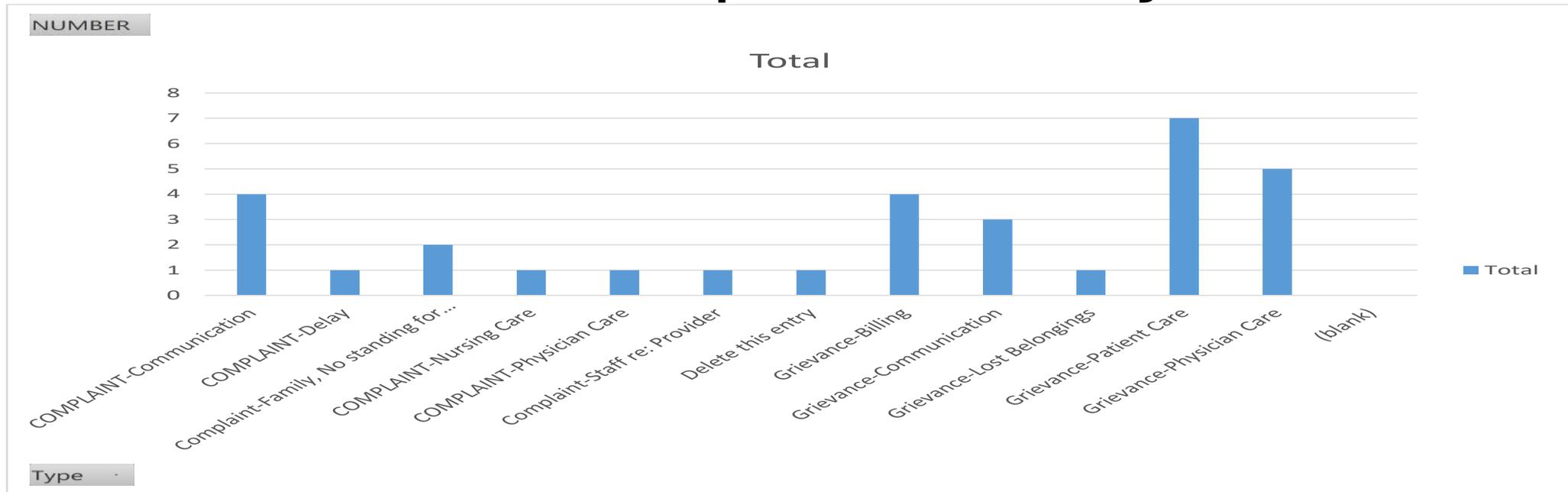
# 2025 Risk Management Report

Events



- 1. Medication-related events accounted for the largest volume of safety reports**, significantly higher than all other categories. This underscores the importance of existing medication-safety initiatives, including barcode scanning, pharmacy partnerships, and reconciliation workflows.
- 2. Treatment/Procedure-related events were the second-highest category**, suggesting workflow variation, documentation gaps, or delays that warrant deeper process mapping and targeted PDSA cycles.
- 3. Behavior-related and Fall events represented notable mid-frequency categories**, indicating staffing, patient monitoring, and behavior-response workflow opportunities—particularly for high-risk or complex-care patients.
- 4. Moderate clusters in Discharge, Infection-related, and Lab/IV-related events** point to opportunities in transitions of care, infection-prevention practices, and laboratory/IV reliability, aligning with ongoing committee work and collaborative initiatives.
- 5. Most other event categories occurred infrequently**, showing no systemic red flags; however, continued surveillance is essential to detect early signals of risk and sustain a culture of safety and reporting.

# 2025 Complaints Analysis



- 1. Physician Care–related grievances were the highest category**, representing the greatest share of formal grievances. This indicates a need for continued communication training, expectation-setting, and partnering with Medical Staff leadership to reinforce service standards.
- 2. Communication complaints (both complaint-level and grievance-level) were the next most common trend**, highlighting opportunities in bedside communication, discharge instructions, handoffs, and expectation alignment.
- 3. Patient Care–related grievances also reflected a mid-range frequency**, suggesting opportunities for improved responsiveness, care coordination, and clarity of care plans—consistent with themes commonly seen in small community hospitals.
- 4. Billing and Lost Belongings grievances showed a moderate pattern**, indicating cross-department process variability. These categories often signal workflow inconsistencies, handoff gaps, or unclear policies.
- 5. Low-frequency categories (Nursing Care, Delay, Provider-related, Staff-related) did not demonstrate systemic issues but will continue to be monitored to ensure they do not develop into emerging trends.**



# 2025 Quality Performance Measures

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# 2023-24 Partnership's Hospital Quality Improvement Program Award



**Sonoma Valley Hospital achieve a perfect 100% score out of 8 hospital.**

## Measures included:

- Readmissions
- Advance Care Planning
- Clinical Quality
- Patient Safety
- Operations and Efficiency
- Patient Experience

# 2025 Quality Improvement Initiatives

Updated the Medical Staff Peer Review Process to strengthen consistency, objectivity, and data-driven evaluation.

Implemented a Quality Scorecard to clearly identify trends, performance gaps, and opportunities for improvement.

Standardized organizational indicators and dashboards for Medical Staff Committees and the SVH Quality Board of Directors.

Implemented environmental departmental rounds in preparation of survey readiness.

Developed and implemented PDSA cycles focused on reducing readmissions for CHF and COPD patients.

Reinstated the Charity Medication Program to support medication access and adherence at discharge.

Established a Meds-to-Beds partnership with Adobe Pharmacy to improve medication management and reduce readmissions.

Implemented the Sepsis Committee and distributed sepsis “badge buddies” to clinical staff to improve early recognition and treatment.

Conducted quarterly collaboration meetings with community Skilled Nursing Facilities to strengthen care transitions and reduce readmissions.

Created and implemented a standardized reporting matrix to ensure consistent departmental reporting of quality indicators to the PI Committee.

Director of Quality & Risk attended national quality and risk-management conferences (HQIP Symposium, CHIQ, Beta Healthcare), bringing back best practices now being adopted.

Completed an annual department budget review identifying staffing/resource needs, resulting in an expansion of the Infection Preventionist position from 0.5 to 0.70 FTE approval of a part-time Quality Coordinator role.



# Key Performance Highlights and Patient Safety Outcomes

## **Strong Clinical Outcomes**

2025 showed excellent results in mortality, patient safety, stroke care, and sepsis management with benchmarks exceeded.

## **Infection Control Highlights**

CLABSI and MRSA infections were eliminated, while other infections met national benchmarks indicating opportunities for improvement.

## **Utilization and Coordination**

Effective care coordination led to better utilization metrics such as length of stay and reduced readmissions in 2025.

## **Improvement Opportunities**

Documentation and timely policy review compliance require focus in 2026 to strengthen regulatory readiness and care quality.

# Infection Prevention and HAI Performance

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## **Effective Infection Surveillance**

The QAPI program showed strong infection surveillance, reporting low infection rates compared to national benchmarks.

## **Infection Prevention Committee**

Quality established a multidisciplinary Infection Prevention committee in collaboration with Antimicrobial Stewardship Committee to review infection data and align practices with evidence-based guidelines.

## **Hand Hygiene Compliance**

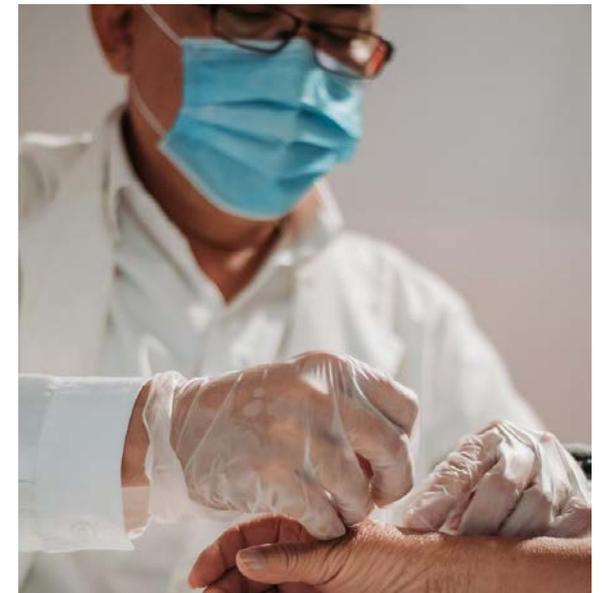
Hand hygiene compliance reached 93%, reinforcing essential infection control behaviors among staff.

## **Zero Infection Outcomes**

The hospital maintained zero cases of bloodstream, MRSA, and surgical site infections, demonstrating effective prevention. CLABSI and MRSA SIRs were zero, surpassing targets due to strong aseptic techniques and surveillance.

## **SIRs Meeting Benchmarks**

SVH reported one occurrence for *C. difficile*, CAUTI, and surgical site infection for 2025, but met national benchmarks, indicating steady infection prevention efforts.



# Sepsis Bundle Compliance and Outcomes

## **Sepsis Committee Governance**

A formal Sepsis Committee was established to oversee case review, education, and performance monitoring.

## **High Compliance Rates**

Sepsis care bundles showed strong compliance with SEP-1 at 84.6% and both three-hour and six-hour bundles at 98.2%, surpassing targets.

## **Effective Patient Outcomes**

Low sepsis mortality and readmission rates reflect effective early recognition and timely intervention in care.

## **Ongoing Improvement Focus**

Efforts on documentation accuracy, implementation of a sepsis checklist for both ED and inpatient units and provider education aim to improve full bundle compliance.



# Laboratory and Blood Safety Indicators



## **Blood Culture Contamination Rates**

Blood culture contamination remained below 3%, with laboratory rates as low as 0.7%, showing strong specimen collection and oversight.

## **Transfusion Effectiveness**

Transfusion effectiveness was 94%, slightly below the 100% target, highlighting the need for improved documentation and adherence. *Recommendation – Update target to meet AABB transfusion guidelines of  $\geq 90\%$ . Also, reviewing PP for appropriateness of a blood transfusion based on clinical criteria.*

## **Transfusion Reaction Rate**

Transfusion reaction rate was low at 0.40%, emphasizing importance of ongoing monitoring and rapid response protocols. *Recommendation – Update target to meet CDC NHSN hemovigilance and Oxford Academic national data to guidelines of  $\leq 0.4\%$*

## **Laboratory Quality and Safety**

Overall lab performance supports clinical decisions; focus on documentation and contamination monitoring will enhance patient safety.

# Stroke Core Measure Performance



## **Exceptional Door-to-CT Time**

Median door-to-CT time was 3 minutes, well below the 25-minute target, enabling rapid diagnosis.

## **Immediate Provider Evaluation**

Patients received immediate evaluation upon arrival, ensuring timely clinical assessment and treatment.

## **Timely TNK Decision and Administration**

Door-to-TNK decision and administration times of 29- and 48-minutes highlight rapid stroke treatment.

## **Sustained Stroke Care Excellence**

Continued staff training and stroke protocol maintenance are essential for sustaining high performance.

# Readmissions, Length of Stay, and Utilization Management

## **Length of Stay Performance**

Risk-adjusted length of stay ratios were below targets, reflecting efficient and shorter hospital stays.

## **Readmission Rates**

All-cause 30-day readmissions were significantly below target, indicating strong inpatient management and discharge planning.

## **Clinical Collaboration Impact**

Strong interdisciplinary teamwork and patient education contributed to improved outcomes and reduced readmissions.

## **Targeted Improvement Efforts**

PDSA focused on patient education, discharge planning, medication access, and follow-up to reduce CHF and COPD readmissions.

## **Care Transition Collaboration**

Quarterly meetings with community skilled nursing facilities to enhance patient transitions, identifying improvement opportunities using case studies to support reduced readmission risk, better care continuity and quality of care.

# Emergency Department and Outpatient Performance

## Efficient Emergency Department Flow

Left Without Being Seen rate of 0.30% indicates timely patient evaluation and effective throughput in the ED.

## Timely ED Arrival-to-Departure

Median ED arrival-to-departure time of 117.5 minutes reflects efficient care in a critical access environment.

## Stroke Imaging Performance

88% of stroke imaging completed within 45 minutes, exceeding the 80% target for timely care.

## Colonoscopy Follow-up Success

Colonoscopy follow-up for average-risk patients achieved 100%, surpassing the 88% benchmark, showing effective coordination



# Strategic Performance Improvement Initiatives

## **Enhanced Care Coordination**

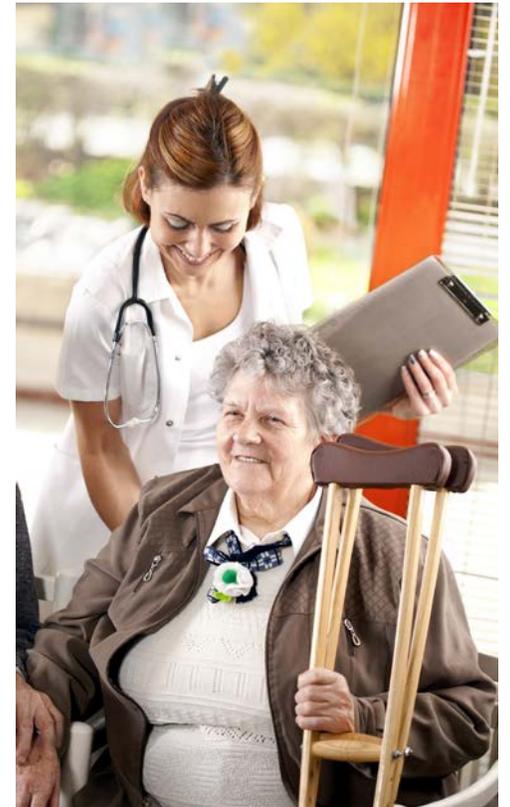
Mandated CMS TEAMS Program implemented to improve communication and coordination with healthcare providers for better patient outcomes.

## **Age-Friendly Health System Progress**

Overall, 4 M's are averaging 60%, with mobility at 100%. AFHS domain adherence will be reported on CMS Hospital Care Compare.

Consistent application of the 4Ms framework with strong focus on improving identifying what matters most and medication management for this vulnerable population.

**Charity Medication Program and Med-to-Bed** initiatives implemented to improve access to essential medications, reducing therapeutic delays and readmissions.





# Patient Satisfaction

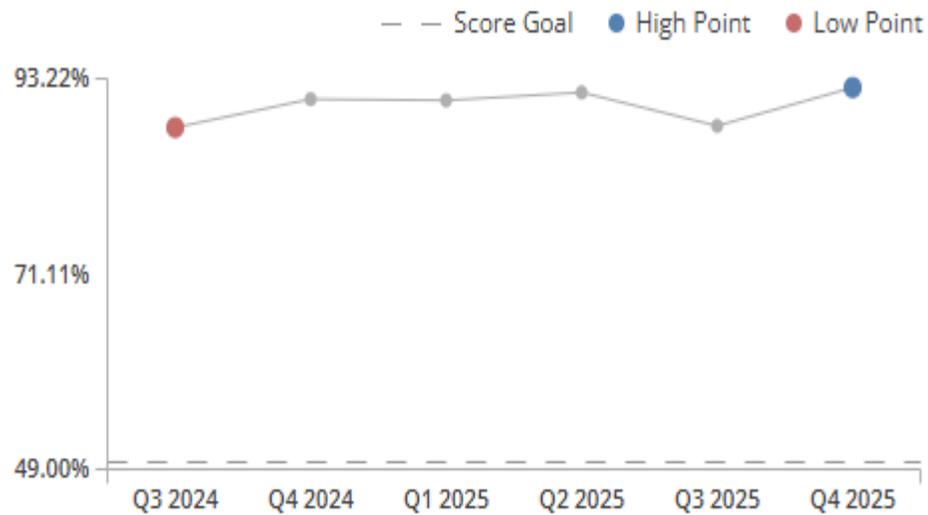
Press Gainey

Q Reviews

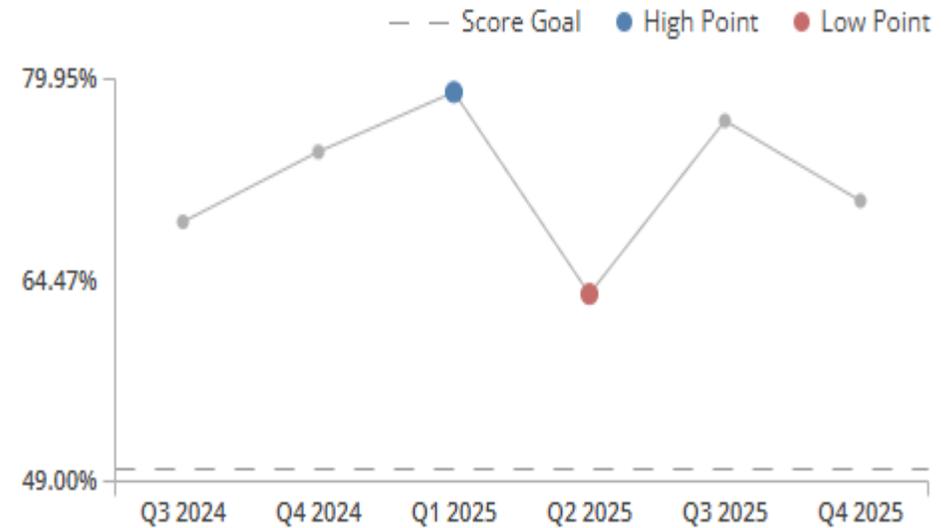


# Press Ganey 2025

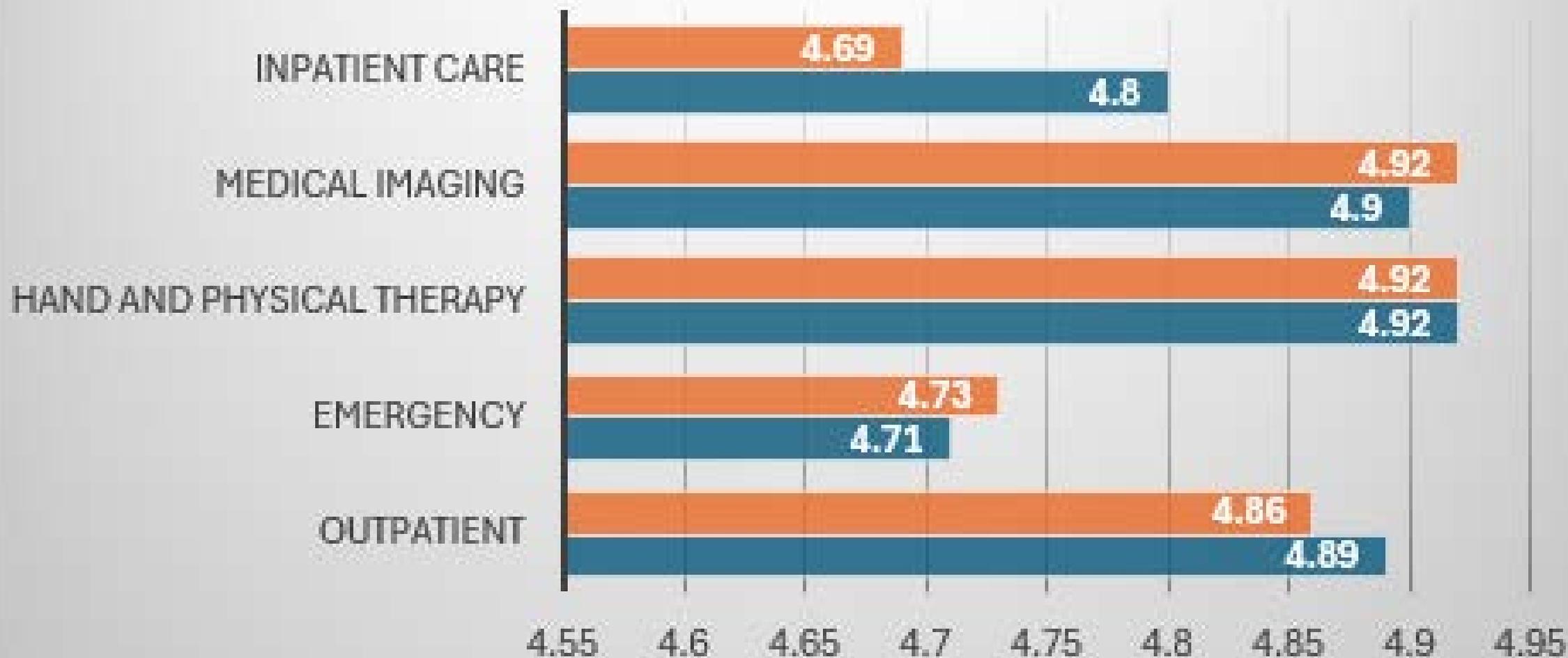
## Ambulatory 90.6%



## Inpatient 72.4%



# Q Reviews



# What' Ahead for 2026 Priorities

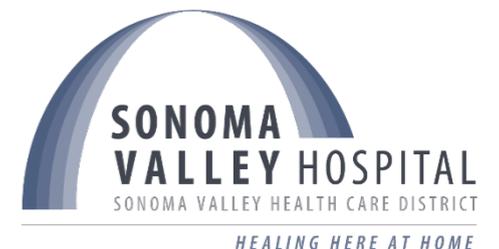
1. Enhancing Social Drivers of Health and Health-Related Social Needs (SDOH HRSN) screening
2. Improving documentation in high-risk workflows
3. Sustaining infection prevention
4. Maintain reduced ALOS and readmissions
5. Policy and procedures current and ready for migration to new system
6. Adhere to documentation compliance for high-risk patients
7. Implement culture of safety program
8. Onboard new Infection Preventionist and Quality Coordinator.
9. Maintain survey readiness
10. Maintain Quality of care with improved data analysis and collaboration with both hospital and medical staff

# **SVH Board Quality Report**

## **February 25, 2026**

**Louise Wyatt, RN JD**

Director of Quality, Risk Management, Patient Safety,  
Case Management, Infection Prevention and Regulatory



# 2024-25 Quality Award– February 25, 2026



## Measures

- Readmissions
- Advance Care Planning
- Clinical Quality
- Patient Safety
- Operations and Efficiency
- Patient Experience



# CIHQ Survey 2026 Readiness update

- Policy and Procedure Review and Renewal
- Cross-department tracers continues
- Environment of Care rounding
- Staff readiness drills
- Maintaining survey readiness

# February 2026 Risk Events

Row Labels	Count of Event No.
<b>AWOL/AMA</b>	<b>1</b>
AWOL/AMA	1
<b>BEHAVIOR ISSUES</b>	<b>1</b>
Behavior Issues, Non-patient/Non-staff	1
<b>CRITICAL RESPONSE</b>	<b>1</b>
CODE ARREST	1
<b>DX,DIAGNOSTIC TEST</b>	<b>1</b>
Imaging, wrong site scanned	1
<b>EQUIPMENT ISSUES</b>	<b>1</b>
EQUIP/MED DEVICE	1
<b>FALL</b>	<b>3</b>
Fall-With Injury	1
Fall-Without Injury	2
<b>LWBS</b>	<b>1</b>
LWBS	1
<b>MEDICATION</b>	<b>5</b>
MERP-Administration	1
MERP-Dispensing	1
MERP-Prescribing	2
MERP-Use	1
<b>SECURITY/VALUABLES</b>	<b>1</b>
SECURITY ISSUES	1
<b>TRANSFER</b>	<b>2</b>
Transfer, Issue with in-house resources	2
<b>TREATMENT/PROCEDURE ISSUE</b>	<b>7</b>
LAB	5
TREAT/PROCED, DELAYED	2
<b>(blank)</b>	
(blank)	
<b>Grand Total</b>	<b>24</b>

**QUESTIONS?**

**Thank you!**

Mortality Measures	2025 Results	2026 Targets	26-Jan	26-Feb
Risk Adjusted Acute Mortality Rate O/E [M]	0.7	≤ 0.95	0.42	0.83
<b>Patient Safety Measures</b>				
Age Friendly Mobility	98.35%	90%	98.76%	
SDOH Inpatient Screening	ND	≥ 70%	93.67%	91.89%
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	0	0	0	0
Bar Code Scanning Rate	94.60%	95%	96.80%	96.00%
Falls without injury (numeric value)	12	≤2	2	1
Falls with injury (numeric value)	0	≤2	0	1
Pressure Injuries ≥ Stage 2(numeric value)	0	0	0	0
Critical Lab Value Reporting (IP, OP, and ED Critical values Called within 30 minutes, read back and documented per	98.80%	≥ 93%	92%	96%
<b>HAI Disease Measures</b>				
IC-Surveillance  HAI-C.DIFF Inpatient infections  M	1	1	1	1
IC-Surveillance  HAI-CAUTI Inpatient infections  M	1	1	0	0
IC-Surveillance  HAI-CLABSI Inpatient infections  M	0	1	0	0
IC-Surveillance  HAI-MRSA Inpatient infections  M	0	1	0	0
IC-Surveillance  HAI-SSI infections  M	0	1	0	0
<b>Stroke Measures</b>				
CDSTK-05 Median- Door to CT Scanner  M elapsed time (mins)	3	≤ 25	10	4
CDSTK-06 Median- Neuro Consult Response  M elapsed time	ND	20 Mins	ND	2
CDSTK-12 Median-Door to tPA  M  elapsed time (mins)	48	≤ 60	48	45
<b>Utilization Review</b>				
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio  M	0.95	≤ 1.00	0.97	0.95
Observed/Expected Length of Stay	0.8	≤ 1.00	0.89	0.79
All cause Readm - % Readmit within 30 days, ACA (M)	10.92%	≤ 14%	9.9% (7/71)	3.6% (2/57)
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)	16.70%	≤ 22%	0% 0/9	0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	7.40%	≤ 20%	0% 0/4	0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	10.50%	≤ 17%	33.3% (2/6)	14.3% (1/7)
Sepsis, Simple - % Readmit within 30 Days (M)*	0.17%	≤ 20%	0.40% 2/5	0%
READM-30-Hip-Knee30-day readmission rate following elective primary Total Hip N/A Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	0%	≤ 0.95	0% 0/1	ND
<b>CoreOpMeasures</b>				
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)	0.30%	≤ 3.0%	0.2% (2/937)	0.1% (1/846)
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	94%	≥ 85%	ND	100%
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)	100%	≤ 0.90	100%	100%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)	117.5	≤ 260 min	110.32	132
<b>Sepsis Measures</b>				
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	85.20%	≥ 70%	100% (1/1)	100%
<b>CIHQ Action Plan Measures (2023)</b>				
Documentation Observation of High Risk Patients	74.30%	100%	100%	100%
Policies in Compliance for Reviews	78%	90%	ND	76%
QA-02   Hand Hygiene Practices Monitored % of compliance M	93%	≥ 90%	88%	92%

## 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: 03/21/2026 11:09 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: 64

**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
<b>Administration of Anesthesia</b> <i>Anesthesia Dept Policies</i>	Pending Approval	2/26/2026	23
Summary Of Changes: <b>Corrected anesthetist to anesthesiologists under purpose section. Reviewed, no other changes.</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Cornell, Kelli (kcornell)</b>			
Approvers: <b>Okolo, Patrick (pokolo) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Administration of Medications</b> <i>Medication Management Policies (MM)</i>	Pending Approval	3/13/2026	8
Summary Of Changes: <b>Updated reference website and date accessed</b>			
Moderators: <b>Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Kutza, Chris (ckutza)</b>			
Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Advanced Directives</b> <i>Patient Rights Policies (PR)</i>	Pending Approval	3/19/2026	2
Summary Of Changes: <b>Reviewed, no changes</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b>			
Approvers: <b>Winkler, Jessica (jwinkler) -&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>Aerosol Transmissible Disease Exposure Control</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	Pending Approval	3/13/2026	8
Summary Of Changes: <b>Added scope</b>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

**Updated references: to current code of regulations title 8 section 5199 ATD:  
website <https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/CDPH%20Document%20Library/ATD-Guidance.pdf>  
Updated header to reflect current date  
Deleted PI/P&T committee approval and added Infection Control Committee instead  
Reviewed and approved by ID Medical Director**

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)  
Lead Authors: Wilder, Ashley (awilder)  
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)

<b>Aminoglycoside Protocol</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Clarified language for timing of the aminoglycoside level: "timed from the start of the infusion of the initial dose." Corrected some formatting issues.		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Assessment and Reassessment (CM)</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>
<i>Discharge Planning (DP)</i>			
Summary Of Changes:	Updated to include scope and language for clarity		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Moreno, Mario (mmoreno)		
Approvers:	Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Authorized Access to Medication Storage Areas</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Removed yellow text highlight from section: "Radiology, Ultrasound, and Interventional Radiology Technologists (Includes retrieval of contrast and other non-controlled medications for the purpose of administration by practitioners licensed to do so)"  No other changes		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Automatic Stop Orders</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	Updated date accessed for website reference.		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Bio-Ethical Issues</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>
<i>Patient Rights Policies (PR)</i>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

Summary Of Changes:	<b>Dr. Okolo revised policy to include an update on its purpose, added definitions, removed reference to Bioethics committee since we do not have the bandwidth and updated the process to a structured Clinical Ethics Review, with the CMO acting as the Ethics Review Lead. Procedure outlined based on the new review process and reference updated to include CMS.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Okolo, Patrick (pokolo)</b>		
Approvers:	<b>01 P&amp;P 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>Bipap ST-D Ventilatory Support System</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Respiratory Therapy Dept</i>			
Summary Of Changes:	<b>Reviewed. Minor changes - replaced BI-PAP with NIV (non-invasive ventilation) as that also covers CPAP. Added section on patient use of own home CPAP. updated reference and reviewers list..</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b>		
Approvers:	<b>Winkler, Jessica (jwinkler) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Blood and Body Fluid Spills</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>
<i>Infection Prevention &amp; Control Policies (IC)</i>			
Summary Of Changes:	<b>cn: Deleted PI/P&amp;T committee approval and added Infection Control Committee instead. deleted section A3. Under the section labeled Procedure: deleted the bulk supplies location and edited for smaller spills w/Joseph's guidance. Added on Procedure 1a. prior to cleaning the spill...."proper instructions for steps for different clean up situations. Altered #4, 5, 6, 7 added language about safety with placing non-sharp debris into red-biohazard bags deleting "red lined bags" 9. added "To follow the directions on the disinfectant labels" 10.added "Secure red-biohazard bags while properly doffing used gloves." 12. Deleted "Clean up mop as needed" Updated all references and ordinances with current practice.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Wilder, Ashley (awilder)</b>		
Approvers:	<b>14-Infection Control 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>California Mandatory Reporting for Infection Control.</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Infection Prevention &amp; Control Policies (IC)</i>			
Summary Of Changes:	<b>Updated purpose, added scope and updated procedure to include devices. Reviewed and approved by ID Medical Director.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Wilder, Ashley (awilder)</b>		
Approvers:	<b>14-Infection Control 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>Case Management Intervention</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Discharge Planning (DP)</i>			
Summary Of Changes:	<b>Added a scope and updated to reflect current practices.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Moreno, Mario (mmoreno)</b>		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

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

<b>Communicable Disease Reporting to Public Health</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	<b>Pending Approval</b>	3/19/2026	2
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Summary Of Changes: **added scope, reporting procedure, staff training. Updated references and owner/approval of policy. Reviewed and approved by ID Medical Director.**

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

Lead Authors: **Wilder, Ashley (awilder)**

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)**

<b>Compounding Policies, Annual Review</b> <i>Medication Management Policies (MM)\Compounding Policies</i>	<b>Pending Approval</b>	2/26/2026	23
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Summary Of Changes: **Updated verbiage regarding staff attestation of changes to include electronic attestation as allowable. Removed line stating that attestation statements need to be attached to the policy**

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

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

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

<b>Condition Code 44 Inpatient to Observation Status</b> <i>Case Management/UM Dept</i>	<b>Pending Approval</b>	3/19/2026	2
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Summary Of Changes: **added Scope**

**updated owner of policy**

**added Manager of Patient Access to Reviewer**

**Updated Policy to reflect actual practice in EMR. No longer are notifications made to departments. The Order by the physician now drives the notification and automatically updates the Patient Class from Inpatient to Observation (or outpatient) status**

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

Lead Authors: **Moreno, Mario (mmoreno)**

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

<b>Discharge Planning for the Homeless Patient</b> <i>Discharge Planning (DP)</i>	<b>Pending Approval</b>	3/19/2026	2
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Summary Of Changes: **Updated language to more accurately reflect the definition of "homelessness" as described in CA state code.**

**updated policy to more accurately reflect the process and procedures of notifying CM/SW and how to document appropriate interventions.**

**updated policy on how to notify CM/SW, through EMR ordering and SW cell phone.**

**updated policy on where to locate forms in the intranet portal.**

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

Lead Authors: **Moreno, Mario (mmoreno)**

Approvers: **Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical**

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

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

Document Title	Status	Effective Date	Count
<b>Dispensing of Medication</b> <i>Medication Management Policies (MM)</i>	Pending Approval	2/26/2026	23
Summary Of Changes:	<b>Added section as follows:</b>		
	<ul style="list-style-type: none"> <li>The pharmacy will use discharge and transfer notices to ensure that patient medications stored in patient drawers are transferred to the new hospital location, returned to the patient, or returned to pharmacy in a timely manner.</li> </ul>		
Moderators:	Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Kutza, Chris (ckutza)		
Approvers:	01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Documentation in the Intensive Care Unit</b> <i>ICU Dept</i>	Pending Approval	3/19/2026	2
Summary Of Changes:	reviewed, no changes		
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) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Equipment Cleaning Policy</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	Pending Approval	3/19/2026	2
Summary Of Changes:	<p>Changes for update and proper formatting include, The purpose statement, scope, I added a section for definitions: each department needs to understand their responsibilities for cleanliness and the disinfection process.</p> <p>Change to Policy statement: Explaining which department holds what role and responsibility.</p> <p>Changes to approved cleaning agents and approved disinfectants.</p> <p>Created a area for general cleaning steps and special procedure cleaning steps.</p> <p>Finally changes and updates to reflect all current references and regulations.</p> <p>Reviewed and approved by IC Medical Director 1.6.26</p>		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Wilder, Ashley (awilder)		
Approvers:	14-Infection Control Committee -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Expedited Review of Continued Hospital Stay</b> <i>Case Management/UM Dept</i>	Pending Approval	3/19/2026	2
Summary Of Changes:	<p><b>Added Scope to policy</b></p> <p><b>updated owner of policy</b></p> <p><b>updated reviewers</b></p>		
Moderators:	Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)		
Lead Authors:	Moreno, Mario (mmoreno)		
Approvers:	Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)		
<b>Falls-Management</b> <i>Targeted Quality &amp; Safety Initiatives Policies (QS)</i>	Pending Approval	3/13/2026	8
Summary Of Changes:	Spelled out acronyms; clarified frequency of fall risk assessments; added INTERDISCIPLINARY prevention strategies, clarified the steps to take post-fall; added "Special Considerations: section on Older Adults and Behavioral Health. Updated		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

### References

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)

<b>Formulary Management</b> <i>Medication Management Policies (MM)</i>	Pending Approval	2/26/2026	23
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Summary Of Changes: Updated reference internet link and date accessed

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

<b>Good Catch Program</b> <i>Governance and Leadership Policies</i>	Pending Approval	2/25/2026	24
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Summary Of Changes: Reviewed. Updated Risk Manager to Director of Quality, Patient Safety and Risk Management.

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)  
 Lead Authors: Wyatt, Louise (lwyatt)  
 Approvers: Okolo, Patrick (pokolo) -> 01 P&P Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Hot Lab Requirements</b> <i>Diagnostic Services Dept Policies</i>	Pending Approval	3/13/2026	8
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Summary Of Changes: 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)

<b>Infection Prevention and Control Training for Healthcare Workers</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	Pending Approval	3/19/2026	2
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Summary Of Changes: Updated Purpose to include CDC/CAL/OSHA guidance and recommendations for Infection Control and Prevention training for Healthcare workers, Including Covid-19 guidance,  
 Updated references to website:  
<https://www.jointcommission.org/resources/patient-safety-topics/infection-prevention-and-control/>  
 California Code of Regulations, Cal/OSHA Title 8, Section 5193 Bloodborne  
<https://www.osha.gov/coronavirus/control-prevention/healthcare-workers>  
 Guidelines on website updated as recent as Sept. 2023.  
 Header updated 12/25  
 Policy reviewed and approved by ID Medical Director

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)  
 Lead Authors: Wilder, Ashley (awilder)  
 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)

<b>Infection Prevention Program</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	Pending Approval	3/19/2026	2
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## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

Summary Of Changes:	<b>Grammatical and punctuation changes to for clearer understanding, added to Authors/Reviewers: Added; Infectious Disease Physician. Reviewed and approved by ID physician Dr. Andrew Desruisseau.</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Wilder, Ashley (awilder)</b>		
Approvers:	<b>14-Infection Control 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>Intensity of Service Severity of Illness Screening Process</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Case Management/UM Dept</i>			
Summary Of Changes:	<b>Added Scope to Policy</b>		
	<b>updated owner of policy</b>		
	<b>updated language</b>		
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Moreno, Mario (mmoreno)</b>		
Approvers:	<b>Wyatt, Louise (lwyatt) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Investigational Drug Use</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Updated date accessed for reference website.</b>		
Moderators:	<b>Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Lipid Rescue for Local Anesthetic Toxicity</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Reviewed, no changes</b>		
Moderators:	<b>Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		
<b>Malignant Hyperthermia</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			
Summary Of Changes:	<b>Pharmacy changes:</b>		
	<b>Updated website for North American Malignant Hyperthermia Registry</b>		
	<b>Updated MHAUS phone number</b>		
	<b>Updated reference websites with date accessed</b>		
	<b>Minor formatting corrections</b>		
	<b>Expert review performed by Dr. Andrew Solomon (anesthesia) and Kelli Cornell (Surgical Services)</b>		
Moderators:	<b>Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>		
Lead Authors:	<b>Kutza, Chris (ckutza)</b>		
Approvers:	<b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>		

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

<p><b>Management of Patients in Corridor Locations</b> <i>Emergency Services Policies (ED)</i></p>	Pending Approval	3/19/2026	2
<p>Summary Of Changes: <b>Added purpose statement, reiterated this is a process of last resort always; added ED leaders - RN and MD - as reviewers.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b></p> <p>Lead Authors: <b>Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)</b></p> <p>Approvers: <b>01 P&amp;P 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>Mechanical Ventilator</b> <i>Respiratory Therapy Dept</i></p>	Pending Approval	3/19/2026	2
<p>Summary Of Changes: <b>reviewed, Added section on "Indications for Mechanical Ventilation" Reorganized sections for reader flow. Updated some procedure steps to reflect new updated equipment requirements. Added documentation requirements; Updated reference and approvers (to include medical director of RT services)</b></p> <p><b>Reviewed and Approved MD Solomon, and RT</b></p> <p>Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b></p> <p>Lead Authors: <b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b></p> <p>Approvers: <b>Winkler, Jessica (jwinkler) -&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>Menu Analysis</b> <i>Food &amp; Nutrition Services Dept Policies</i></p>	Pending Approval	3/19/2026	2
<p>Summary Of Changes: <b>Policy reviewed by Director of Nutritional Services and Registered Dietician. No changes needed.</b></p> <p>Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b></p> <p>Lead Authors: <b>Finn, Bridget (bfinn)</b></p> <p>Approvers: <b>Drummond, Kimberly (kdrummond) -&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>MRI With Contrast - Containing Gadolinium</b> <i>Diagnostic Services Dept Policies</i></p>	Pending Approval	3/13/2026	8
<p>Summary Of Changes: <b>No changes</b></p> <p>Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b></p> <p>Lead Authors: <b>Kutza, Chris (ckutza), Ashford, Troy (tashford)</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>Multi-Dose and Single-Dose Vials</b> <i>Medication Management Policies (MM)</i></p>	Pending Approval	2/26/2026	23
<p>Summary Of Changes: <b>Updated reference website and date accessed Updated USP 797 Chapter version in references</b></p> <p>Moderators: <b>Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b></p> <p>Lead Authors: <b>Kutza, Chris (ckutza)</b></p> <p>Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b></p>			
<p><b>Multidisciplinary Teams Participation</b> <i>Case Management/UM Dept</i></p>	Pending Approval	3/13/2026	8

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

Summary Of Changes:	<b>added Scope of Policy</b>			
	<b>Updated Owner of policy</b>			
	<b>Updated reviewers of policy</b>			
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors:	<b>Moreno, Mario (mmoreno)</b>			
Approvers:	<b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Nourishment Between Meal Snacks</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>	
	<i>Food &amp; Nutrition Services Dept Policies</i>			
Summary Of Changes:	<b>No changes needed</b>			
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors:	<b>Finn, Bridget (bfinn)</b>			
Approvers:	<b>Winkler, Jessica (jwinkler) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Nuclear Medicine Equipment Calibrations</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>	
	<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>No changes OTHER THAN DATE 2/26</b>			
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors:	<b>Ashford, Troy (tashford)</b>			
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Nuclear Medicine Procedures</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>	
	<i>Diagnostic Services Dept Policies</i>			
Summary Of Changes:	<b>no changes other that date 2/26</b>			
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors:	<b>Ashford, Troy (tashford)</b>			
Approvers:	<b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Nutritional Products</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>	
	<i>Food (Nutrition) Services Policies (NU)</i>			
Summary Of Changes:	<b>No changes needed</b>			
Moderators:	<b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors:	<b>Finn, Bridget (bfinn)</b>			
Approvers:	<b>Drummond, Kimberly (kdrummond) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Observation Status</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>	
	<i>Case Management/UM Dept</i>			
Summary Of Changes:	<b>added Scope</b>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

### updated Owner of Policy

Added policy changes to reflect current practice in EMR currently.

Added language to reflect such changes.

Policy updated to reflect current practice and proper description of status in EMR.

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

Lead Authors: Moreno, Mario (mmoreno)

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

<b>Ordering and Prescribing</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Reviewed, no changes

Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)

Lead Authors: Kutza, Chris (ckutza)

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

<b>Outpatient Infusion Service</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: Defined abbreviation for Sonoma Valley Hospital as SVH.  
 Added "as applicable" to line describing orders for management of acute infusion reaction.  
 Minor formatting corrections.  
 Added "home" to describe patient medication list.  
 Deleted "using the EHR download" phrase from section on medication list  
 Updated attachments to be currently used versions  
 Rearranged bullet points to be in a more logical order  
 Changed update to H&P to be every 12 months to coincide with requirement for a new order  
 Removed workflow from body of policy and made it a separate attachment.

Moderators: Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)

Lead Authors: Kutza, Chris (ckutza)

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

<b>Oxygen Protocol</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Respiratory Therapy Dept</i>			

Summary Of Changes: Spelled out acronyms; grammatical corrections; moved sections around for better reader flow; removed a duplicated section; removed references to paper documents and changed to Electronic Health Record (as in EPIC). Added reference with link to Clinical Practice Guidelines

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) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

<b>Patient Pregnancy Inquiry</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>
<i>Diagnostic Services Dept Policies</i>			

Summary Of Changes: Added Policy Scope - This policy applies to all Medical Imaging Department personnel involved in X-ray and nuclear medicine procedures and to all female patients from the onset of menstruation through age 55 who may be exposed to ionizing radiation. It includes inpatient, outpatient, and emergency imaging services performed within the facility.

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

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)

<b>Patient Status Determination</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Utilization Review Policies (UR)</i>			

Summary Of Changes: **added Scope to Policy- outlines who is responsible for following this policy in practice.**  
  
**updated Observation, Outpatient, Outpatient Surgery, Extended Recovery definitions of status based on Epic EMR orders and CMS guidelines for these terms.**  
  
**updated Owner of Policy to Manager of Case Management from CMO**

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

<b>Patient Transportation</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Case Management/UM Dept</i>			

Summary Of Changes: **added Scope**  
  
**updated owner of policy**  
  
**updated Policy to reflect Nursing Supervisor role.**  
  
**updated language to more accurately reflect practice.**

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

<b>Pharmaceutical Waste Management</b>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
<i>Medication Management Policies (MM)</i>			

Summary Of Changes: **Updated reference web links and date accessed**  
**Removed embedded attachment and added as a separate document on policy portal**

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

<b>Post-Mortem Procedures PC8610-160</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Patient Care Policy</i>			

Summary Of Changes: **Added language to support consideration of cultural aspect of death and dying, and the need to provide culturally sensitive care to the family and the deceased. Clarified Nursing is to complete SVH "Record of Death" form and who is to notify whom when a patient passes. Added special considerations - that staff may need support, that Social Work (when available) may need to be contacted to provide family support, etc.**

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)

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

### -> 09 BOD-Board of Directors - (Committee)

<b>Prevention of Surgical Site Infections</b> <i>Infection Prevention &amp; Control Policies (IC)</i>	<b>Pending Approval</b>	3/19/2026	2
Summary Of Changes: <b>No changes made.</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Wilder, Ashley (awilder)</b>			
Approvers: <b>14-Infection Control Committee -&gt; 01 P&amp;P Committee - (Committee) -&gt; 03 MS-Surgery Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Pulmonary Function Testing</b> <i>Respiratory Therapy Dept</i>	<b>Pending Approval</b>	3/13/2026	8
Summary Of Changes: <b>There will be no changes made to this policy.</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Ashford, Troy (tashford)</b>			
Approvers: <b>Kuwahara, Dawn (dkuwahara) -&gt; 01 P&amp;P Committee - (Committee) -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Pyxis Medstation, Management and Use</b> <i>Medication Management Policies (MM)</i>	<b>Pending Approval</b>	2/26/2026	23
Summary Of Changes: <b>Updated the number of ED department Pyxis stations to be one (1)</b>			
Moderators: <b>Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Kutza, Chris (ckutza)</b>			
Approvers: <b>01 P&amp;P Committee -&gt; 04 MS-Performance Improvement/Pharmacy &amp; Therapeutics Committee - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>RETIRE Maggot (Larvae) Debridement Therapy</b> <i>Wound Care Dept</i>	<b>Pending Approval</b>	3/13/2026	8
Summary Of Changes: <b>Retire, no longer offer service.</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Winkler, Jessica (jwinkler)</b>			
Approvers: <b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Scope of Service-Respiratory Therapy</b> <i>Respiratory Therapy Dept</i>	<b>Pending Approval</b>	3/19/2026	2
Summary Of Changes: <b>Reviewed. No changes other than updated reference.</b>			
Moderators: <b>Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</b>			
Lead Authors: <b>Winkler, Jessica (jwinkler), Taylor, Jane (jtaylor)</b>			
Approvers: <b>01 P&amp;P Committee -&gt; 02 MS-Medicine Department - (Committee) -&gt; 05 MS-Medical Executive - (Committee) -&gt; 07 BOD-Quality (P&amp;P Review) - (Committee) -&gt; 09 BOD-Board of Directors - (Committee)</b>			
<b>Scope of Services-Diagnostic Services</b> <i>Diagnostic Services Dept Policies</i>	<b>Pending Approval</b>	3/13/2026	8
Summary Of Changes: <b>No Changes</b>			

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

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)**

<b>Self Administration of Medications</b> <i>Medication Management Policies (MM)</i>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
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Summary Of Changes: **Reviewed, no changes**  
 Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Kutza, Chris (ckutza)**  
 Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Skilled Level of Care Criteria</b> <i>Case Management/UM Dept</i>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
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Summary Of Changes: **Scope added to policy  
owner of policy updated.  
Reviewers updated  
language updated**  
 Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Moreno, Mario (mmoreno)**  
 Approvers: **Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Social Work Referrals</b> <i>Discharge Planning (DP)</i>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
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Summary Of Changes: **added Scope. updated language to reflect proper usage. updated social services availability.**  
 Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Moreno, Mario (mmoreno)**  
 Approvers: **Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Storage of Medications</b> <i>Medication Management Policies (MM)</i>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
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Summary Of Changes: **Reviewed, no changes**  
 Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Kutza, Chris (ckutza)**  
 Approvers: **01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Use of Medication Not Procured by the Facility</b> <i>Medication Management Policies (MM)</i>	<b>Pending Approval</b>	<b>2/26/2026</b>	<b>23</b>
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Summary Of Changes: **Reviewed, no changes**  
 Moderators: **Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**  
 Lead Authors: **Kutza, Chris (ckutza)**

## Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 03/21/2026 11:09 AM

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

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

<b>Utilization Review Plan</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Utilization Review Policies (UR)</i>			

Summary Of Changes: **Reviewed and revised:  
Removed redundant or outdated practices. Revised to reflect UM/UR practices based on hospital organizational flow, current committees and regulatory/accreditation rules and guidelines**

**mm.cn**

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

Lead Authors: **Moreno, Mario (mmoreno)**

Approvers: **Wyatt, Louise (lwyatt) -> Okolo, Patrick (pokolo) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Vapotherm High Flow System</b>	<b>Pending Approval</b>	<b>3/19/2026</b>	<b>2</b>
<i>Respiratory Therapy Dept</i>			

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

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) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

<b>Visitor Policy in the Intensive Care Unit</b>	<b>Pending Approval</b>	<b>3/13/2026</b>	<b>8</b>
<i>ICU Dept</i>			

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

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) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**