SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, SEPTEMBER 25, 2024

5:00 pm Regular Session

Held in Person:

SVH Administrative Conference Room

To Participate Via Zoom Videoconferencing
use the link below:
https://sonomavalleyhospital-org.zoom.us/j/97100197319

Meeting ID: 971 0019 7319

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+16699009128,,97100197319#

AGENDA ITEM	RECOMMENDATION	
In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Board Clerk, Whitney Reese, at 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	*Kornblatt Idell*	
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.*	*Kornblatt Idell*	
3. CONSENT CALENDAR • Minutes 08.28.24	*Kornblatt Idell*	Action
4. IMAGING QA/PI	*David Young*	Inform
6. QUALITY INDICATOR PERFORMANCE & PLAN	*Jessica Winkler*	Inform
7. POLICIES AND PROCEDURES	*Jessica Winkler*	Inform
8. ADJOURN	*Kornblatt Idell*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
Wednesday, June 26, 2024, 5:00 PM
MINUTES
Via Zoom Teleconference

Members Present – In Person	Excused/Not Present	Public/Staff – Via Zoom
Susan Kornblatt Idell Howard Eisenstark, MD Michael Mainardi, MD, via zoom Kathy Beebe, RN PhD Carol Snyder Denise Kalos, via zoom Paul Amara, MD, FACOG, via zoom	Carl Speizer, MD	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Whitney Reese, Board Clerk Judy Bjorndal, MD, via zoom John Hennelly, CEO Marylou Ehret, RN, SVH Director of ED

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Kornblatt Idell*	
	Kornblatt Idell called meeting to order at 5:00pm. Announced that Kylie Cooper has accepted a position outside of SVH. Dr. Kidd is also departing SVH, moving out of state. Both will be missed.	
2. PUBLIC COMMENT SECTION	*Kornblatt Idell*	
	No public comments	
3. CONSENT CALENDAR Minutes 06.26.24	*Kornblatt Idell*	ACTION
		Motion to approve by Eisenstark, 2nd by Beebe
4. ED QA/PI	*Marylou Ehret, RN, SVH Director of ED* *Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM
Winkler & Ehret presented update for the Emergency Department:		

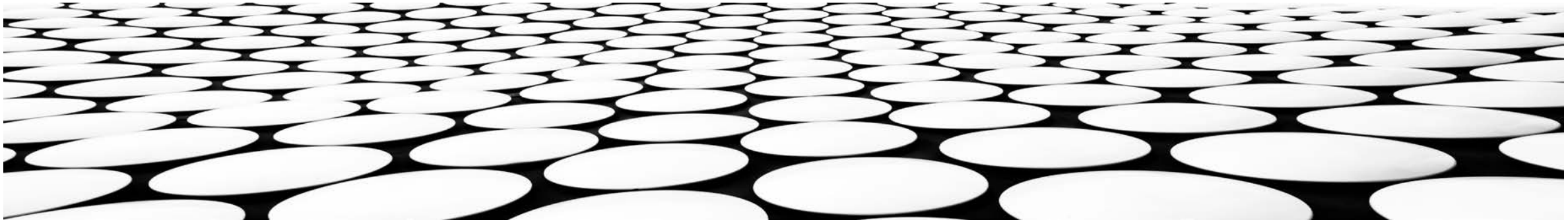
1. Key Performance Metrics:
   - Average patient admissions: 8.3%, transfers to higher care: 9%, left without being seen (LWBS): 1-2%, and against medical advice (AMA): 1%.
2. Quality Improvement Initiatives:
   - Stroke and sepsis bundles were emphasized, with a focus on prompt coordination with UCSF for stroke cases.
   - The sepsis bundle, blood culture contamination (currently at 3.5%), and continuous observation for high-risk patients were also discussed.
3. Challenges & Solutions:
   - Issues with blood culture contamination prompted reinforcement of best practices.
   - Length of stay for psychiatric patients remains a challenge, with efforts to improve collaboration with county services.
4. Process Improvements:
   - Patient throughput - reduced median time to triage to 9 mins and time to see physicians to 10-12 mins.
   - The new ED Director, Ehret, has focused on team building, training, and optimizing patient flow.
5. Future Plans:
   - Continued focus on reducing LWBS rates, improving throughput, and enhancing collaboration with EMS and fire departments through drills and shared competencies.

4. INPATIENT SERVICES QA/PI	*Jane Taylor, MSN RN CENP, SVH Director of Patient Care Services*	INFORM
Taylor, Director of Patient Care Services, discussed progress on four key quality improvement goals. These include creating individualized care plans for every patient, ensuring comprehensive discharge education, improving hand hygiene, and enhancing patient mobility. Significant progress has been made, particularly in individualized care, with 85-95% compliance. Hand hygiene remains a challenge, with compliance at 60-70%, despite monitoring efforts. Taylor emphasized the importance of ongoing staff education and collaboration across departments. Additional improvements include reduced use of patient restraints and decreased length of stay, particularly for female patients, enhancing overall care quality.		
6. QUALITY INDICATOR PERFORMANCE & PLAN	*Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM
Winkler presented the Quality department's May 2024 data. Key points included that mortality and readmission rates are within target, while one patient safety complication is still under review due to confusion about the timing of a pressure ulcer. Adverse events were minimal, with no significant medication errors or infections reported. Some falls occurred but without injury, and sepsis metrics showed a minor issue with order timing. Patient satisfaction scores (HCAHPS) reflect good communication with doctors but indicate areas for improvement in responsiveness and hospital environment. Overall, SVH maintains high ratings across outpatient and inpatient services.		
7. POLICIES AND PROCEDURES	*Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO*	INFORM
	Winkler presented for approval to the Board of Directors: • NEW: MRI Emergency Procedures – Quench and Emergency Stop	*Winkler presented to committee.*

	• NEW: MRI Safety • NEW: MRI-Quality Control of Equipment	
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Kornblatt Idell*	ACTION
	Motion to recommend to Board of Directors for approval Eisenstark, 2nd by Mainardi	
9. ADJOURN	*Kornblatt Idell*	
	Meeting adjourned at 6:18 pm	

DIAGNOSTIC SERVICES – QUALITY ASSURANCE

SEPTEMBER 2024



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2024 QUALITY MEASURES

CT Dose Tracking

J	F	M	A	M	J	J	A	S	O	N	D
0	0	0	5	1	2	0	0				

Contrast Complications (Extravasations / Reactions)

J	F	M	A	M	J	J	A	S	O	N	D
1	0	0	2	1	1	0	2				

Repeat Analysis (< 5%)

J	F	M	A	M	J	J	A	S	O	N	D

MRI Safety

J	F	M	A	M	J	J	A	S	O	N	D

CT Order to Begin Time for ED Patients (< 30 min.)

J	F	M	A	M	J	J	A	S	O	N	D
11	13	13	10	9	10	7	8				

Mammography Screening to Diagnostic Recall Rate (0% to 14%)

J	F	M	A	M	J	J	A	S	O	N	D
		6			7						

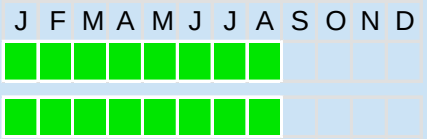
Medical Supply Outdates (100% qtr.)

J	F	M	A	M	J	J	A	S	O	N	D

2024 PERFORMANCE IMPROVEMENT

Stroke- Door to CT (< 25 min)

Stroke- Door to Radiologist Report (< 45 min)



Quality Indicator Performance & Plan

Board Quality Presentation for September 2024

Data For July 2024

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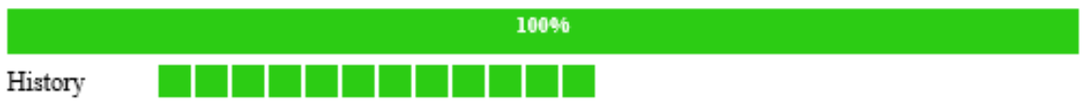
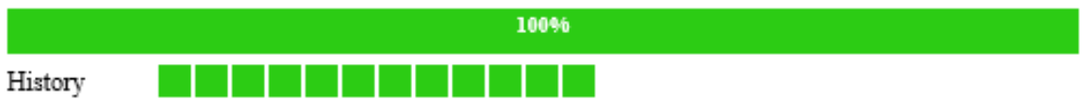
Mortality

Indicator	Performance	Most Recent	Trend	Period	⊙
Acute Care Mortality Rate (M)					
	Target Met	5.7% 3/53	Deteriorated	Aug 2024	15.3%
COPD Mortality Rate |M|					
	Target Met	0.0% 0/4	No Change	Aug 2024	8.5%
Congestive Heart Failure Mortality Rate |M|					
	Target Met	0.0% 0/1	No Change	Aug 2024	11.5%
Pneumonia Mortality Rate |M|					
	Target Met	0.0% 0/2	No Change	Aug 2024	15.6%
Ischemic Stroke Mortality Rate |M|					
	Target Met	0.0% 0/2	No Change	Aug 2024	13.8%
Hemorrhagic Stroke - Mortality Rate (M)					
	Target Met	0.0% 0/1	No Change	Apr 2024	0.0%
Sepsis, Severe - Mortality Rate (M)					
	Target Met	0.0% 0/3	No Change	Jul 2024	25.0%
Septic Shock - Mortality Rate (M)					
	Breaches Alarm	33.3% 1/3	Deteriorated	Aug 2024	25.0%

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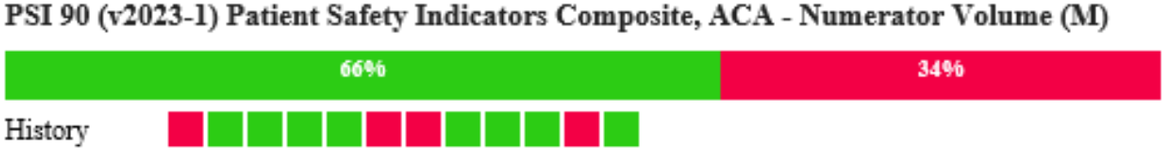
AHRQ Patient Safety Indicators

Indicator	Performance	Most Recent	Trend	Period	⊙
PSI 90 (v2023-1) Midas Patient Safety Indicators Composite, ACA (M)					
	Target Met	0.00 0/0.008	Improved	Aug 2024	0.00
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)					
	Target Met	0	Improved	Aug 2024	0

- *No PSI 90 events*

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Adverse Events Reporting

Indicator	Performance	Most Recent	Trend	Period	⊙
Adverse Event | SE (M) volume					
100% History	Target Met	0	— No Change	Aug 2024	0

- *No adverse events*

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Patient Falls

Indicator	Performance	Most Recent	Trend	Period	⊙
RM ACUTE FALL- All (M) per 1000 patient days					
	Target Met	0.00 0/208	Improved	Aug 2024	3.75
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days					
	Target Met	0.00 0/208	No Change	Aug 2024	3.75

- *No patient falls*

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Significant Medication Errors:
High Risk Meds and Administration Errors

Indicator	Performance	Most Recent	Trend	Period	
Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)					
100% History	Target Met	0.00 0/73538	Improved	Aug 2024	1.13
Rx-Administration Errors Per 10,000 Doses Dispensed					
83% 17% History	Target Met	0.27 2/73538	Improved	Aug 2024	1.00

- *No High Risk Medication Errors; Administration Error Rate well below target*

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Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	⊙
IC-Surveillance| HAI-C.DIFF Inpatient infections per 10k pt days |M|					
100% History	Target Met	0	— No Change	Aug 2024	1
IC-Surveillance| HAI-CAUTI Inpatient infections per 10k patient days |M|					
91% 9% History	Target Met	0	— No Change	Aug 2024	1
IC-Surveillance| HAI-CLABSI Inpatient infections per 10k patient days |M|					
100% History	Target Met	0	— No Change	Aug 2024	1
IC-Surveillance| HAI-MRSA Inpatient infections per 10k patient days |M|					
100% History	Target Met	0	— No Change	Aug 2024	1
IC-Surveillance| HAI-SSI infections per 10k pt days |M|					
100% History	Target Met	0	— No Change	Aug 2024	1
QA-02 | Hand Hygiene Practices Monitored |M|					
75% 16% 9% History	Bet. Target & Alarm	88% 44/50	Deteriorated	Aug 2024	90%

- *No HAI; HH below target*

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Blood Products: Transfusions

Indicator	Performance	Most Recent	Trend	Period	⊙
Lab | Transfusion Effectiveness (M)					
83% / 17%	Target Met	100.0% 6/6	— No Change	Aug 2024	100.0%
History					
Lab | Transfusion Reaction (M)					
91% / 9%	Target Met	0.0% 0/22	— No Change	Aug 2024	0.0%
History					

- *Transfusions effective; no transfusion reactions*

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Blood Culture Contamination

Indicator	Performance	Most Recent	Trend	Period	⊙
Blood Cultures -Total Contamination Rate (M)					
58% 33% 9% History	Bet. Target & Alarm	3.4% 5/145	Deteriorated	Aug 2024	3.0%
Blood Cultures -Contamination Rate |LAB| (M)					
75% 25% History	Bet. Target & Alarm	3.2% 2/63	Deteriorated	Aug 2024	3.0%
Blood Cultures -Contamination Rate |RN| (M)					
58% 17% 25% History	Bet. Target & Alarm	3.8% 3/78	Deteriorated	Aug 2024	3.0%

- *Total of 5 contaminated out of 145 samples*

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CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period	⊙
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)					
100%	Target Met	9	Deteriorated	Aug 2024	10
History					
CDSTK-04|Median- Door to Phys Eval |M| minutes					
100%	Target Met	4	Deteriorated	Aug 2024	10
History					
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (minutes)					
91% 9%	Target Met	14	Improved	Aug 2024	25
History					
CDSTK-06|Median- Neuro Consult Contacted |M| minutes					
83% 17%	Target Met	29	Deteriorated	Aug 2024	30
History					
CDSTK-07|Median- CT Read by Radiology |M| minutes					
91% 9%	Target Met	26	Improved	Aug 2024	45
History					
CDSTK-08|Median- Lab Results Posted |M| minutes					
91% 9%	Target Met	28	Improved	Aug 2024	45
History					
CDSTK-10|Median- Door to EKG Complete |M| minutes					
100%	Target Met	36	Deteriorated	Aug 2024	60
History					
CDSTK-11|Median-Door to tPA Decision |M| minutes					
91% 9%	Target Met	14	Improved	Aug 2024	60
History					
CDSTK-12|Median-Door to tPA |M| minutes					
25% 25% 50%	Breaches Alarm	98		Aug 2024	60
History					

Utilization Management

Indicator	Performance	Most Recent	Trend	Period	⊙
MS-DRG Case Mix Index (CMI) [M] 33% 67% History	Bet. Target & Alarm	1.42	Improved	Aug 2024	1.55
MS-DRG Case Mix Index (CMI) MEDICARE [M] 16% 17% 67% History	Bet. Target & Alarm	1.45	Improved	Aug 2024	1.55
1 Day Stay Rate Medi-Cal [M] 100% History	Target Met	0.00% 0/7	No Change	Aug 2024	2.61%
1 Day Stay Rate-Medicare [M] 100% History	Target Met	0.00% 0/42	No Change	Aug 2024	8.10%
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio [M] 91% 9% History	Target Met	0.84 213/254.1	Deteriorated	Aug 2024	0.99
Inpatients Risk-adjusted Average Length of Stay, O/E Ratio [M] 91% 9% History	Target Met	0.84 220/261.65	Deteriorated	Aug 2024	0.99
Medicare Risk-adjusted Average Length of Stay, O/E Ratio [M] 91% 9% History	Target Met	0.81 104/127.83	Deteriorated	Aug 2024	0.99
Acute Care - Geometric Mean Length of Stay [M] 33% 67% History	Breaches Alarm	3.48 38.3099/11	Deteriorated	Aug 2024	2.75

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Readmissions

Indicator	Performance	Most Recent	Trend	Period	⊙
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M)					
100% / History	Target Met	4.17% 2/48	Improved	Aug 2024	15.30%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)					
58% / 34% / 8% / History	Target Met	0.0% 0/3	Improved	Aug 2024	19.5%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)					
66% / 34% / History	Target Met	0.0% 0/1	No Change	Aug 2024	21.6%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)					
50% / 50% / History	Target Undefined	n/a 0/0		Aug 2024	4.0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)					
83% / 8% / 9% / History	Target Met	0.0% 0/1	Improved	Aug 2024	16.6%
Sepsis, Severe - % Readmit within 30 Days (M)					
75% / 25% / History	Target Undefined	n/a		Aug 2024	12.0%
Septic Shock - % Readmit within 30 Days (M)					
100% / History	Target Met	0.5% 1/2	Deteriorated	Aug 2024	13.3%

- *Readmission rates below targets*

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Core Measures

Indicator	Performance	Most Recent	Trend	Period	⊙
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)					
100% History	Target Met	100.0% 19/19	— No Change	Aug 2024	88.0%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)					
25% 8% 67% History	Target Met	118.00	Deteriorated	Aug 2024	132.00
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)					
100% History	Target Met	0.0% 0/859	Improved	Aug 2024	2.0%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)					
50% 17% 33% History	Target Met	100.0% 2/2		Aug 2024	80.0%

- *All core measures met target*

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Core Measures: Sepsis

Indicator	Performance	Most Recent	Trend	Period	⊙
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)					
41% 9% 50%	Target Met	100.0% 1/1	Improved	Aug 2024	81.0%
History					
SEPa - Severe Sepsis 3 Hour Bundle (M)					
58% 42%	Target Met	100.0% 1/1	Improved	Aug 2024	94.0%
History					
SEPb - Severe Sepsis 6 Hour Bundle (M)					
75% 25%	Target Met	100.0% 1/1	No Change	Aug 2024	100.0%
History					

- *Sepsis core measures met target*

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CIHQ Corrective Action Plan Monthly Compliance Condition Level Findings:
Continuous Observation of High Risk of Self Harm Patients

Full bundle compliance from Jan 2024

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HCHAPS Patient Satisfaction:

Inpatient Ambulatory Surgery

Reported Quarterly

(please refer to August report for Q2)

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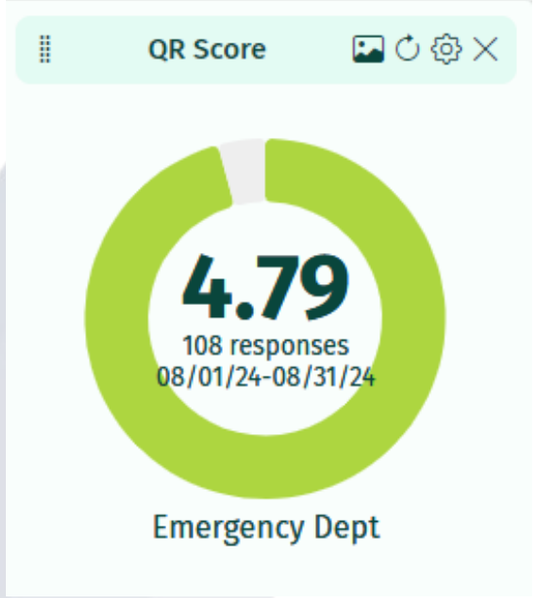
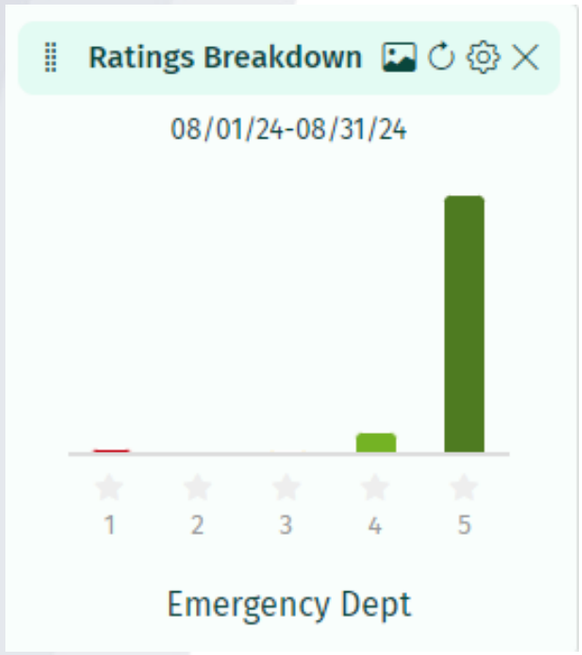
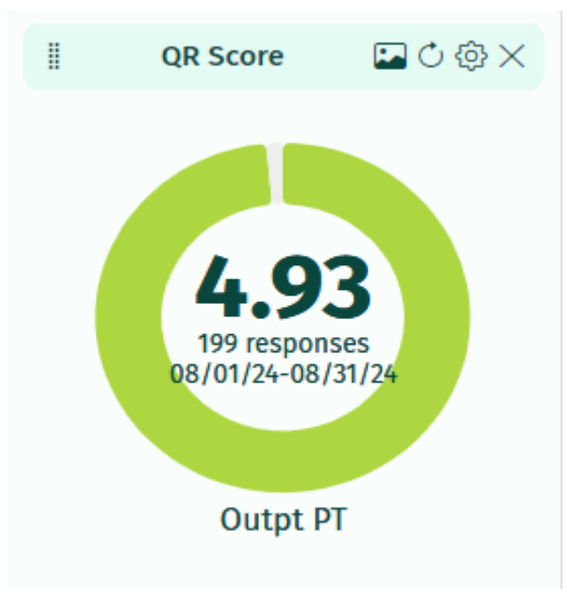
Q Reviews: Rate My Hospital
August 2024

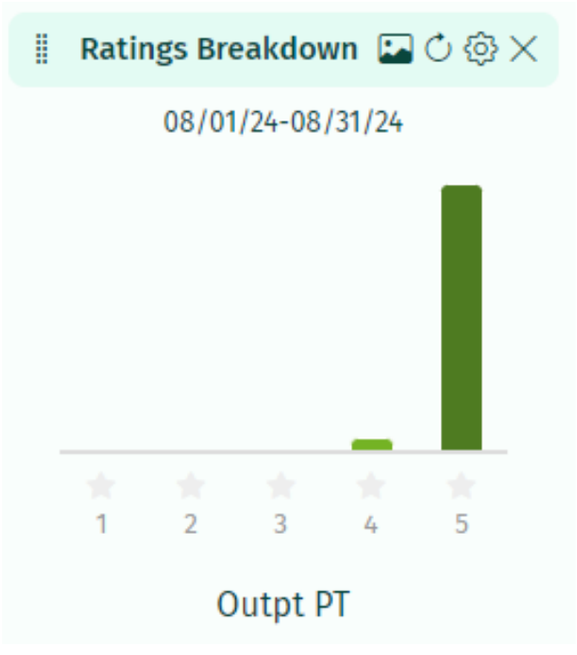
Emergency Department



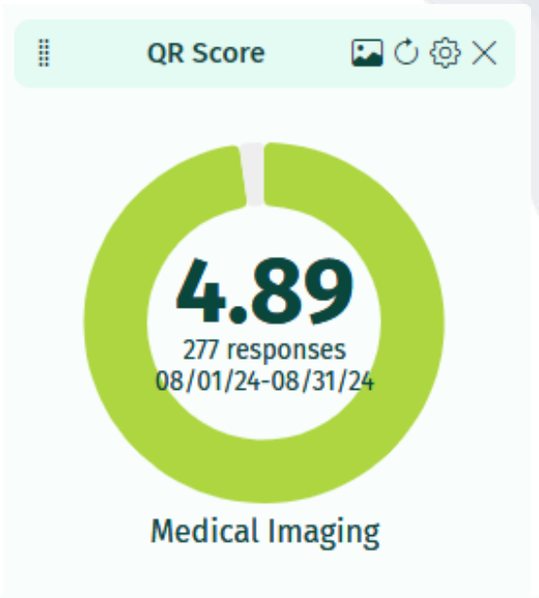


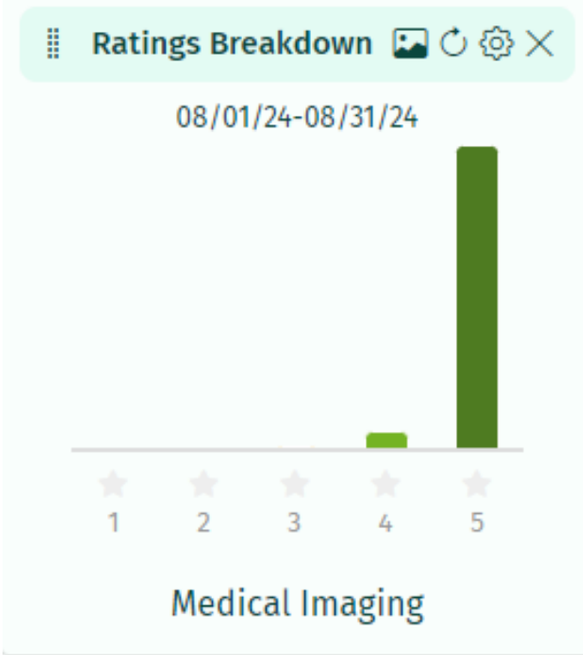
Outpatient Physical Therapy





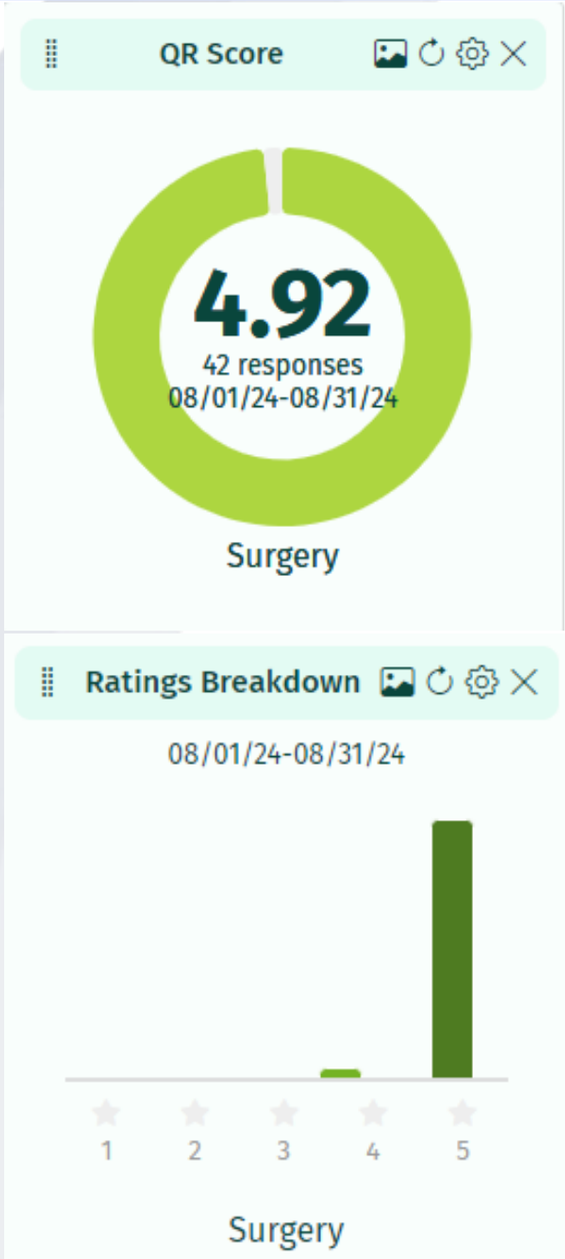
Medical Imaging

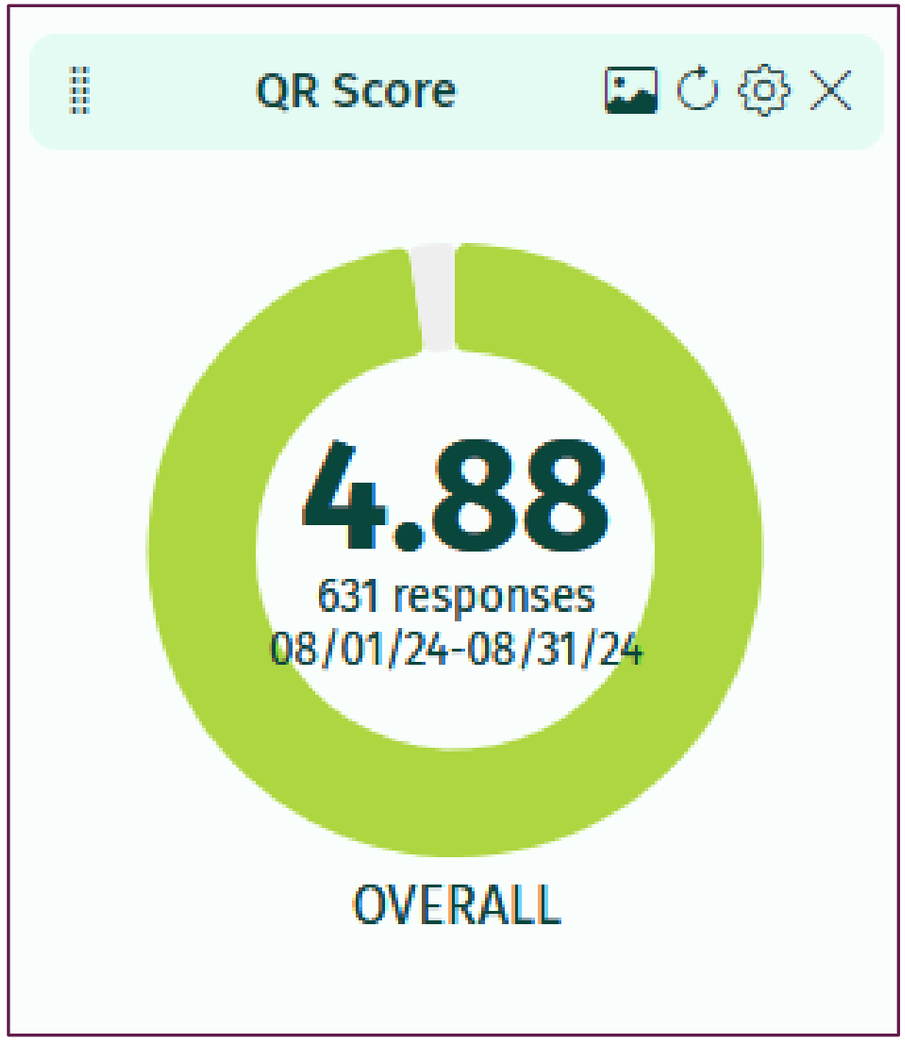




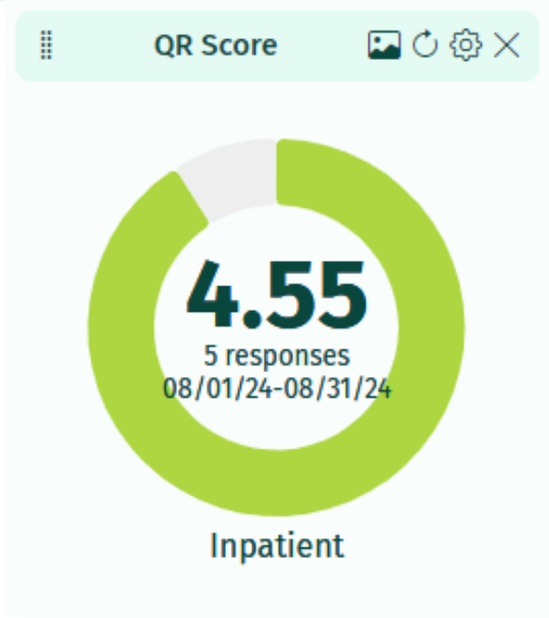
Q Reviews: Rate My Hospital
July 2024

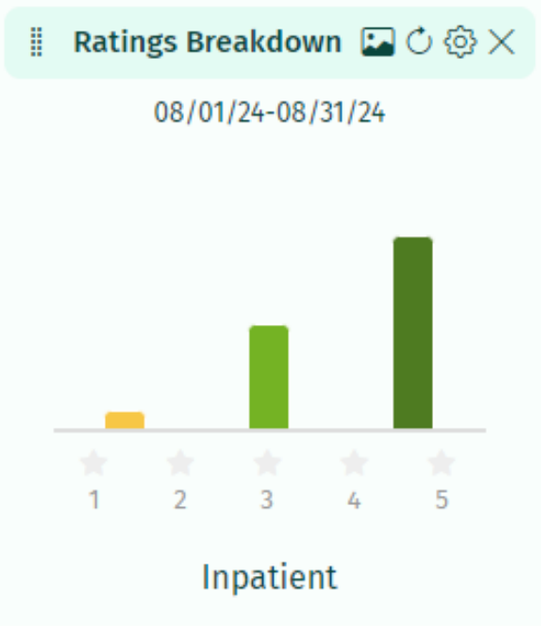
Outpatient Surgery





Inpatient Care





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: 09/19/2024 11:02 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: 39

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

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Anesthesia Scope of Service *Anesthesia Dept Policies*	**Pending Approval**	9/19/2024	0

Summary Of Changes: **Reviewed, removed previous anesthesia report time of 30 min from when anesthesia were housed at a hotel in Sonoma on weekends to cover OB call to current required 60 minute report time.**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Kidd, Sabrina (skidd), Medical Director-Anesthesia**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

ASA Classification *Anesthesia Dept Policies*	**Pending Approval**	9/19/2024	0

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

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Medical Director-Anesthesia**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Aseptic Technique *Surgical Services/OR Dept*	**Pending Approval**	9/19/2024	0

Summary Of Changes: **Reviewed, Updated Reference**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Cornell, Kelli (kcornell)**
ExpertReviewers: **Medical Director-Surgical Services**
Approvers: **Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Assessing and Managing Patients at Risk for Suicide | **Pending Approval** | 9/19/2024 | 0

Patient Care Policy

Summary Of Changes: **Updated references with CIHQ and APA guidelines.**

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

Lead Authors: **Taylor, Jane (jtaylor)**

ExpertReviewers: **00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services**

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)**

Autotransfusion | **Pending Approval** | 9/19/2024 | 0

Patient Care Policy

Summary Of Changes: **Removed instructions to reinfuse multiple times within the first 6 hours. Only to be reinfused ONCE during the first 6 hours y.**

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

Lead Authors: **Taylor, Jane (jtaylor)**

ExpertReviewers: **00 Clinical P&P multidisciplinary review, Medical Director-Patient Care Services**

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)**

Bullets-Evidence for Police Matters | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed, Updated References.**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Director, QUALITY (QDIR), Medical Director-Surgical Services**

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

Care of Pediatric Patient in Surgical Care Unit (SCU) | **Pending Approval** | 9/19/2024 | 0

SCU (Surgical Care Unit Dept

Summary Of Changes: **Reviewed, Updated References**

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

Lead Authors: **Cornell, Kelli (kcornell)**

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

Cartilage Biopsy and Transplant | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed no changes**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Medical Director-Surgical Services**

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

Code Red-OR | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed, Updated Reference**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Medical Director-Surgical Services, Tarca, Joseph (jtarca)**

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

Code Stroke Paging | **Pending Approval** | 9/19/2024 | 0

Nursing Services Policies (NS)

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

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

Lead Authors: **Winkler, Jessica (jwinkler)**

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

Counts Sponges, Sharps and Instruments | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed, Updated References**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Medical Director-Surgical Services**

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

Direct Admissions to ICU from Surgery | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed, Reference updated**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Kidd, Sabrina (skidd), Medical Director-Surgical Services, Taylor, Jane (jtaylor)**

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

Discharge Referral Process for Home Care | **Pending Approval** | 9/19/2024 | 0

Case Management/UM Dept

Summary Of Changes: **Reviewed. Updated policy to due to change in electronic health record. Changed sections that mention faxing home health/SNF/DME/Hospice agencies to either faxing or sending the records electronically via electronic health record to agencies. Updated to state that patient should sign the patient choice form that indicates preference of agencies and this form is scanned into medical record.**

No other content changes

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

Lead Authors: **Director, QUALITY (QDIR)**

Approvers: **Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical**

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

Documentation | **Pending Approval** | 9/19/2024 | 0

SCU (Surgical Care Unit Dept

Summary Of Changes: **Reviewed, Updated verbiage to refer to electronic health record rather than paper health record. Updated reference**

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

Lead Authors: **Cornell, Kelli (kcornell)**

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

Documentation in Surgery | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed, Updated References**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Medical Director-Surgical Services**

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

Draping of the Patient in Surgery | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed, Updated References**

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

Lead Authors: **Cornell, Kelli (kcornell)**

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

Electrical Equipment Safety | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

Summary Of Changes: **Reviewed no changes**

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

Lead Authors: **Cornell, Kelli (kcornell)**

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

Emergency Department Nurse Initiated Order sets | **Pending Approval** | 9/19/2024 | 0

Nursing Services Policies (NS)

Summary Of Changes: **Replaced term "Nursing Protocols" with "Nurse Initiated Order sets". Clarified the orders are MD orders but may be initiated by RN based on patient chief complaint (such as chest pain, or "nausea and vomiting") in the interest of timely and efficient care. Also added that orders must be signed by MD. Deviation from an order set must be approved by MD. Grammatical changes and updated reference**

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

Lead Authors: **Winkler, Jessica (jwinkler)**

ExpertReviewers: **Medical Director-Emergency Dept.**

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

Emergency Initial Assessment Triage | **Pending Approval** | 9/19/2024 | 0

Emergency Dept

Summary Of Changes: **spelled out acronyms. removed reference to an ED staffing policy as this policy is about the process of triaging a patient, not staffing the ED. Removed that pediatric patients will be weighed using kilograms and updated that all patients are weighed in KG and height is documented in CM. Updated reference to the Emergency Nurse Association Emergency Severity Index rating system for triage. Updated author/reviewer list**

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

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

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

Event Related Shelf Life Policy | **Pending Approval** | 9/19/2024 | 0

Surgical Services/OR Dept

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

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

Lead Authors: **Cornell, Kelli (kcornell)**

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

Handling of Anesthetic Drugs in Secure Anesthetizing Locations | **Pending Approval** | 9/19/2024 | 0

Anesthesia Dept Policies

Summary Of Changes: **Reviewed, Updated Reference**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Kutza, Chris (ckutza), Medical Director-Anesthesia**

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

HumidityTemperature Surgical Areas OI8610-102 | **Pending Approval** | 9/19/2024 | 0

Operative & Invasive Services Policies (OI)

Summary Of Changes: **Reviewed, removed all reference to Birthplace. Engineering department now monitors and reports daily temperature and humidity updated to reflect current workflow. References updated.**

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

Lead Authors: **Cornell, Kelli (kcornell)**

ExpertReviewers: **Medical Director-Surgical Services**

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

Legal Blood Draws | **Pending Approval** | 9/19/2024 | 0

Emergency Dept

Summary Of Changes: **Added purpose statement. "There are times the Sonoma Police Department (SPD) may request assistance with a legal blood draw for analysis of Blood Alcohol Content (BAC) for an individual in their custody. The purpose of this policy is to describe the process for the Emergency Department (ED) staff in this instance."**

Updated the procedure to reflect use of the Sonoma County biological specimen blood alcohol collection kit, and to follow specific instructions provided in the kit. Updated process for registration to reflect the process in Epic. Updated reference to specific California Vehicle Code

Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
Approvers:	**00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Medication Reconciliation — **Pending Approval** — 9/19/2024 — 0

Medication Management Policies (MM)

Summary Of Changes:	**Updated procedure section regarding obtaining medication lists to include the language specific to CMS/CIHQ standards. This includes clarifying what is required of diagnostic areas such as medical imaging: "For diagnostic and/or procedural-based outpatient settings, the list need only include those medications pertinent and relevant to the safe rendering of care to the patient."**
Moderators:	**Kutza, Chris (ckutza), Newman, Cindi (cnewman)**
Lead Authors:	**Kutza, Chris (ckutza)**
ExpertReviewers:	**Young, Dave (dyoung)**
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)**

Menu Planning — **Pending Approval** — 9/19/2024 — 0

Food (Nutrition) Services Policies (NU)

Summary Of Changes:	**Changed to indicate 4 week menu cycle is used and removed location that menu changes are recorded, changed to indicate notes of changes are kept in department rather than in a specific location**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Finn, Bridget (bfinn)**
Approvers:	**Drummond, Kimberly (kdrummond) -> 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)**

New: Delirium Screening Protocol — **Pending Approval** — 9/19/2024 — 0

Patient Care Policy

Summary Of Changes:	**NEW POLICY This new hospital policy addresses the serious and common syndrome of delirium among hospitalized older adults, characterized by sudden and severe confusion due to rapid changes in brain function. Aligned with the Age-Friendly Health System's "Mentation" component, it includes a delirium screening protocol, essential for becoming a certified Geriatric Emergency Department, and aims to improve care through specialized, compassionate, and evidence-based interventions. The policy outlines protocols specific to the Emergency Department and the Medical/Surgical and ICU departments for screening patients for delirium risk, conducting a CAM assessment to identify those with delirium and a delirium nursing order set.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Taylor, Jane (jtaylor), Spear, Becky (rspear)**
ExpertReviewers:	**Medical Director-Emergency Dept., Medical Director-Patient Care Services**
Approvers:	**Winkler, Jessica (jwinkler) -> 00 Clinical P&P multidisciplinary review - (Committee) -> 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)**

NEW: Hypersensitivity Reaction Medications/Treatment Protocol-Adult — **Pending Approval** — 9/19/2024 — 0

Medication Management Policies (MM)

Summary Of Changes:	**New policy to allow for entering medications and treatments for hypersensitivity reactions per protocol using existing Epic CPOE order sets for this purpose.**

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

Nurse to Patient Ratio — **Pending Approval** — 9/19/2024 — 0

SCU (Surgical Care Unit Dept

Summary Of Changes:	**Reviewed, Updated Reference**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Cornell, Kelli (kcornell)**
Approvers:	**Winkler, Jessica (jwinkler) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nursing Services Education Plan — **Pending Approval** — 9/19/2024 — 0

Nursing Services Policies (NS)

Summary Of Changes:	**Added purpose statement that the policy outlines the strategy for building and maintaining a strong nursing workforce. Removed "Nursing Educator" and changed it to clinical Education Coordinator. Added that nursing unit leadership works with the education coordinator to identify needs and implement training. Added that staff meetings may be utilized to facilitate in-services/education. Removed section on "Tools and Methods" as it was redundant. Clarified that evaluation of effectiveness of training may be done in multiple ways, such as written tests, return demonstrations, etc. Added the education coordinator to the reviewers list. Updated reference.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
Approvers:	**00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Nursing Staffing Floating and Call-Off — **Pending Approval** — 9/19/2024 — 0

Nursing Services Policies (NS)

Summary Of Changes:	**Reviewed, no changes**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
ExpertReviewers:	**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)**

Patient Elopement — **Pending Approval** — 9/19/2024 — 0

Patient Care Policy

Summary Of Changes:	**Minor grammatical changes. Also, added options for "increased monitoring, to include a room near the nurses station or a designated bedside companion." Updated reference to include California Health Safety Code**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
ExpertReviewers:	**Medical Director-Patient Care Services, 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 Provision of Nursing Care — **Pending Approval** — 9/19/2024 — 0

Nursing Services Policies (NS)

Summary Of Changes:	**Removed specific policy links/referrals for the Nurse Staffing plan section. Language is more generalized to comply with**

accreditation standards and best practice without need for additional referrals. Otherwise, no other revisions.

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Winkler, Jessica (jwinkler)**
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)**

Proctoring | **Pending Approval** | 9/19/2024 | 0

Medical Staff Dept

Summary Of Changes: **Reviewed, no changes**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Finn, Stacey (sfinn), Salcido, Melissa (msalcido)**
Approvers: **Kidd, Sabrina (skidd) -> 01 P&P Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Rapid Response Team-Unexpected Clinical Deterioration | **Pending Approval** | 9/19/2024 | 0

Targeted Quality & Safety Initiatives Policies (QS)

Summary Of Changes: **Minor grammatical changes; Clarified the role of the hospitalist is to take the lead and determine either direct admission, transfer to ICU or urgent transfer to ED for further work up and management. Also added that if RR is called during hospitalist on-call hours, the ED MD will be called by supervisor. Added the supervisor must also contact registration as soon as possible to update patient status**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Taylor, Jane (jtaylor)**
ExpertReviewers: **Medical Director-Patient Care Services, Winkler, Jessica (jwinkler)**
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)**

Restraint Use | **Pending Approval** | 9/19/2024 | 0

Restraint & Seclusion Policies (RS)

Summary Of Changes: **Delineated reporting requirements for deaths associated with the use of restraint. Must report to both CMS and CDPH**

- **Addition of Indications for Use of Restraints**
- **Addition of considerations for Special Populations**
- **Addition of alternatives to consider specifically for ED and Medical/Surgical units**

Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Spear, Becky (rspear), Director, QUALITY (QDIR)**
ExpertReviewers: **Director, QUALITY (QDIR), Medical Director-Patient Care Services**
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)**

Retire- Oximetry Post Exercise | **Pending Approval** | 9/19/2024 | 0

Cardio Dept

Summary Of Changes: **Retire- this is an outdated policy dating back to when the Cardiopulmonary department included inpatient (respiratory therapy) and outpatient care.**
Moderators: **Newman, Cindi (cnewman)**
Lead Authors: **Young, Dave (dyoung)**
Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

RETIRE: Chest Physiotherapy	**Pending Approval**	9/19/2024	0
Cardio Dept			

Summary Of Changes:	**Reviewed and recommend RETIRING, this is a procedure not a policy. to be replaced with EBSCO procedure: Performing Manual Chest Physiotherapy in Adults: Respiratory Therapy, © 2024 EBSCO**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**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)**

RETIRE: Intraossseous Infusion	**Pending Approval**	9/19/2024	0
Emergency Dept			

Summary Of Changes:	**Reviewed. I recommend retiring this policy as EBSCO Dynamic Health has this information, complete with video demonstration.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
Approvers:	**00 Clinical P&P multidisciplinary review -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Safe Baby Surrender Policy	**Pending Approval**	9/19/2024	0
Emergency Services Policies (ED)			

Summary Of Changes:	**Spelling/grammatical changes; added purpose statement. Added instruction for registration to print two ID bands, one for the infant and one for the surrendering individual; added information on the Baby Safe Hotline and CA Office of Child Abuse and Prevention. Changed the Appendix to have links to baby medical questionnaire and BabySafe Fact sheet in multiple languages (as per the Ca Dept of Social Services) and added language that hard copies are available at the ED Tech station. Added that the SVH Social Worker may be contacted if available. Updated reference to the CA Dept of Social Services.**
Moderators:	**Newman, Cindi (cnewman)**
Lead Authors:	**Winkler, Jessica (jwinkler), MANAGER, ED (edmanager)**
ExpertReviewers:	**Medical Director-Emergency Dept.**
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)**

SUBJECT: Delirium Screening Protocol	POLICY: PC8610-2402
	Page 1 of 6
DEPARTMENT: Organizational	EFFECTIVE:
REVISED:	

NEW POLICY
WHY:

Delirium is a serious and common syndrome among hospitalized older adults, characterized by sudden and severe confusion due to rapid changes in brain function. This condition is not only prevalent but also associated with high rates of return to Emergency Department visits, readmissions, and morbidity and mortality rates, significantly impacting the health and wellbeing of patients.

This policy alights with the principles of an Age-Friendly Health System, particularly emphasizing the “Mentation” component. The 4Ms framework is designed to ensure that care for older adults is tailored to their specific needs and circumstances, promoting better outcomes and enhancing quality of life.

Additionally, this policy and the implementation of a delirium screening protocol is a crucial step in becoming a certified Geriatric Emergency Department. This certification signifies a commitment to providing specialized care that meets the unique needs of older adults. A Geriatric Emergency Department focuses on creating a safe, effective, and compassionate environment for older adults, addressing common geriatric syndromes such as delirium with appropriate, evidence-based interventions.

The purpose of this policy is to systematically identify and assess delirium in patients presenting to the Emergency Department (ED) and those who are admitted to the medical/surgical or intensive care units and initiate appropriate follow-up actions

OWNER:
Chief Nursing Officer

AUTHORS/REVIEWERS:
Chief Nursing Officer
Geriatric Nurse Practitioner
Director of Emergency Services
Medical Director of Emergency Services
Medical Director of Patient Care Services
Board Quality Committee

PURPOSE:

To systematically identify and assess delirium in patients presenting to the Emergency Department (ED) and those who are admitted to the medical/surgical (Med/Surg) or intensive care units (ICU) and initiate appropriate follow-up actions.

POLICY:
Sonoma Valley Hospital is committed to the recognition and treatment of delirium in all patients by screening appropriately in the ED, ICU and Med/Surg units. *All patients meeting the outlined criteria will be assessed for delirium using the Confusion Assessment Method (CAM) or Confusion Assessment Method – ICU (CAM-ICU). Care for patients with active delirium will include the Delirium Order Set for comprehensive management.*

PROCEDURE:

EMERGENCY DEPARTMENT

Screening Criteria

- All patients aged 65 years and older with,
    - a known history of cognitive impairment, dementia, or delirium,
    - altered mental status or acute changes in behavior,
    - common geriatric emergency conditions that are known risk factors for delirium, including:
    - Urinary tract infection (UTI)
    - Pneumonia
    - Dehydration
    - Acute pain or fractures
    - Electrolyte imbalances
    - Polypharmacy
    - Recent surgery or anesthesia
    - Severe illness or infection

Training and Education

- All healthcare providers in the emergency department will receive training on recognizing and managing delirium.
- All Emergency Department Registered Nurses will receive training on the use of the Confusion Assessment Method (CAM) and will be familiar with the criteria for delirium.

NEW

- **Initial Assessment**
- The assigned RN will conduct a brief initial assessment of all eligible patients to identify those who may be at risk for delirium using the screening criteria above during the initial assessment. It will be documented in the initial progress note.

Structured Delirium Screening

- For patients identified as at risk, the RN will conduct a structured delirium screening using the Confusion Assessment Method (CAM) upon initial assessment of a patient and as needed for change in mental status.

Follow-Up Actions

- If a patient is CAM positive, initiate the following follow-up actions:
  - Notify the attending physician of the positive CAM assessment.
  - Initiate the Nursing Delirium Order Set for comprehensive non-pharmacologic nurse-driven management of delirium.
- If a patient is CAM negative, resume usual care.

MEDICAL/SURGICAL AND INTENSIVE CARE UNITS

Screening Criteria

- All patients aged 65 years and older.
- Patients with a known history of cognitive impairment, dementia, or delirium.
- Patients with altered mental status or acute changes in behavior.

Training and Education

- All healthcare providers involved in the care of patients will receive training on delirium.
- All registered nurses will receive training on the use of the Confusion Assessment Method (CAM) and will be familiar with the criteria for delirium.

Initial Assessment

- The assigned RN will conduct a brief initial assessment of all eligible patients to identify those who may be at risk for delirium using the screening criteria above upon admission to the Medical/Surgical or Intensive Care Unit. This will be documented in the initial RN assessment progress note.

Structured Delirium Screening

- For patients identified as at risk, the RN will conduct a structured delirium screening using the Confusion Assessment Method (CAM) will be conducted upon initial assessment of a patient, once every shift, and as needed for change in mental status.

NEW

Follow-Up Actions

- If a patient is CAM positive, initiate the following follow-up actions:
  - Notify the attending physician of the positive CAM assessment.
  - Initiate the Nursing Delirium Order Set for comprehensive non-pharmacologic nurse-driven management of delirium.
- If a patient is CAM negative, resume usual care.

Nurse-Driven Delirium Order Set:

- ☑ Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Update care board every shift; Ensure personal assistive devices (hearing aids, glasses, dentures) are accessible every shift
- ☑ Delirium assessment - CAM score
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified
- ☑ Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Daytime: Blinds open and lights on; prevent/minimize daytime napping; no caffeine after 1200 Nighttime: Close blinds and turn off lights; earplugs/eye masks at bedtime; turn off TV; Cluster care at night; Promote uninterrupted sleep for 4-6 hours every night shift
- ☑ Activity
  activity level: progressive mobility
- ☑ Fall precautions
  Order details
- ☑ Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Evaluate need for foley, IV, restraints and monitors every shift
- ☑ Misc nursing order (specify)
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, Assess for and treat pain
- ☑ Notification parameters -
  When to notify provider: if no bowel movement in greater than 48 hours
- ☑ Bladder scan: when: inability to void; straight cath if PVR greater than: 300
  when: inability to void
  straight cath if PVR greater than: 300
- ☑ Insert indwelling urinary catheter
  insertion indication: chronic urinary retention/obstruction
- ☑ Encourage fluids
  Routine, UNTIL DISCONTINUED, Starting today at 1221, Until Specified, If cleared for PO liquids, encourage fluids/oral intake

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Medical Director of Patient Care Services
Board Quality Committee

NEW

SUBJECT: Delirium Screening Protocol	POLICY: PC8610-2402
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DEPARTMENT: Organizational	EFFECTIVE:
REVISED:	

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

NEW

SUBJECT: Hypersensitivity Reaction Medications/Treatment Protocol-Adult	POLICY: #MM8610-2407.12
	Page 1 of 2
DEPARTMENT: Organizational	EFFECTIVE:
REVISED:	

PURPOSE:

To define the process in which medications and treatments to manage hypersensitivity reactions can be ordered per protocol.

DEFINITIONS:

- **Infusion Reaction:** symptoms or side effects that occur when the immune system reacts to an intravenous medication infusion.
- **Hypersensitivity Reaction:** when a particular condition or substance causes the immune system to overreact.
- **MAR:** Medication Administration Record
- **CPOE:** Computerized Physician Order Entry
- **Order Set:** a standardized group of patient care orders

POLICY:

- When a prescriber orders hypersensitivity reaction medications and /or treatment per protocol, a standard set of medication orders will be placed on the patient's MAR for use by healthcare providers in the case of a hypersensitivity reaction or infusion reaction.

PROCEDURE:

- Outpatient infusion visits: When hypersensitivity reaction medications/treatment per protocol is ordered by a prescriber for an outpatient infusion visit, the pharmacist will activate the CPOE hypersensitivity reaction order set that is embedded in the infusion specific order set and assign it in the medical record to the prescriber's name. This order set contains medications and treatments needed to manage a patient having a hypersensitivity reaction.

- When hypersensitivity reaction medications/treatment per protocol is ordered by a prescriber for any other circumstance, the pharmacist will enter the medication orders included in the order set specific to Adult Hypersensitivity Reactions and assign it in the medical record to the prescriber's name. This order set contains medications and treatments needed to manage a patient having a hypersensitivity reaction.

NEW

SUBJECT: Hypersensitivity Reaction Medications/Treatment Protocol-Adult	POLICY: #MM8610-2407.12
	Page 2 of 2
DEPARTMENT: Organizational	EFFECTIVE:
REVISED:	

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APPROVALS:
Policy & Procedure Team:
Performance Improvement:
Pharmacy & Therapeutics Committee:
Medical Executive Committee:
The Board of Directors:

NEW