

SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, DECEMBER 11, 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/97747322695>

Meeting ID: 977 4732 2695

Passcode: 770498

One tap mobile
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+12133388477,,97747322695#

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 <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kittleson</i>	
2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i>	<i>Kittleson</i>	
3. CONSENT CALENDAR • Minutes 10.23.24	<i>Kittleson</i>	Action
4. PHARMACY QA/PI	<i>Kutza</i>	Inform
5. 2024 YEAR IN REVIEW	<i>Winkler</i>	Inform
6. 2025 WORK PLAN: QUALITY COMMITTEE	<i>Kittleson</i>	Action
7. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Winkler</i>	Inform
8. POLICIES AND PROCEDURES	<i>Winkler</i>	Inform
9. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Kittleson</i>	Action
10. ADJOURN	<i>Kittleson</i>	



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

Wednesday, October 23, 2024, 5:00 PM

MINUTES

Via Zoom Teleconference

Members Present – In Person	Excused/Not Present	Public/Staff – Via Zoom
Denise Kalos Wendy Myatt Lee (Board sub) Kathy Beebe, RN PhD Carol Snyder Paul Amara, MD, FACOG, via zoom Michael Mainardi, MD	Susan Kornblatt Idell Carl Speizer, MD Howard Eisenstark, MD	Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, CNO Whitney Reese, Board Clerk Judy Bjorndal, MD, via zoom Christopher J. Gallo, PT MSPT

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Kalos</i>	
	Kalos called meeting to order at 5:00pm. Susan Kornblatt Idell was not able to attend this meeting, as her final meeting as Quality Committee Chair. Committee members expressed deep appreciation for her tenure and are pleased that she will continue to be a member of the committee, even after her term on the Board of Directors concludes in December.	
2. PUBLIC COMMENT SECTION	<i>Kalos</i>	
	No public comments	
3. CONSENT CALENDAR Minutes 09.25.24	<i>Kalos</i>	ACTION
	<i>Motion to approve by Mainardi, 2nd by Snyder</i>	
4. PT/OT QA/PI	<i>Christopher J. Gallo, PT MSPT</i>	INFORM
Gallo presented an update regarding the Physical Therapy department. PT is working to improve patient outcomes through education and monitoring. The team aims for 100% documentation of orthostatic responses to ensure safe discharges, though challenges remain in balancing		

<p>readiness assessments, especially for younger patients. Speech therapy efforts are supported by the use of the Functional Oral Intake Scale (FOIS) to track improvements in oral intake, with data collection helping to validate progress during patient stays. Regular chart audits involving all staff ensure compliance with Medicare and internal standards, maintaining high-quality documentation and outcomes. Expansion plans include increasing therapy spaces and staff to meet patient demand, while exploring community-focused wellness programs such as Pilates, transitional training, and a lymphedema program to address unmet needs. Staffing challenges persist, though successful recruitment has brought in skilled therapists. While home occupational therapy services are limited due to staffing and liability constraints, the team remains committed to exploring ways to support patients transitioning home safely. Positive patient feedback underscores the dedication and effectiveness of the team, highlighting their impact within the community.</p>		
<p>5. PATIENT CARE SERVICES DASHBOARD 3RD QTR</p>	<p><i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i></p>	<p>INFORM</p>
<p>Winkler reported strong performance in most areas: medication scanning rates exceed 90% except in the ER (low 80% due to workflow issues) with zero preventable errors. Nursing turnover was 6.3%, mainly due to career moves, but average tenure remains high at 8–10 years. Patient experience scores averaged 4.85 stars, with outpatient surgery leading at 4.86 and ER at 4.74. Despite salary competitiveness challenges, staff retention is strong, supported by professional development programs and preceptorship opportunities.</p>		
<p>6. QUALITY INDICATOR PERFORMANCE & PLAN</p>	<p><i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i></p>	<p>INFORM</p>
<p>Winkler presented quality metrics for September, noting mortality within targets, no adverse events, and two hospital-acquired C Diff cases under investigation. Blood culture contamination and ED throughput delays were addressed, while stroke certification challenges stemmed from atypical presentations. Readmission rates and patient satisfaction scores exceeded targets, and no severe sepsis cases met criteria.</p>		
<p>7. POLICIES AND PROCEDURES</p>	<p><i>Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO</i></p>	<p>INFORM</p>
	<p>No policy and procedure changes</p>	
<p>8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report</p>	<p><i>Kalos</i></p>	<p>ACTION</p>
	<p><i>Motion to recommend to Board of Directors for approval by Mainardi, 2nd by Snyder. Beebe abstained.</i></p>	
<p>9. ADJOURN</p>	<p><i>Kalos</i></p>	
	<p>Meeting adjourned at 5:50 pm</p>	

Pharmacy Department

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

Pharmacy Department

Adverse Drug Events

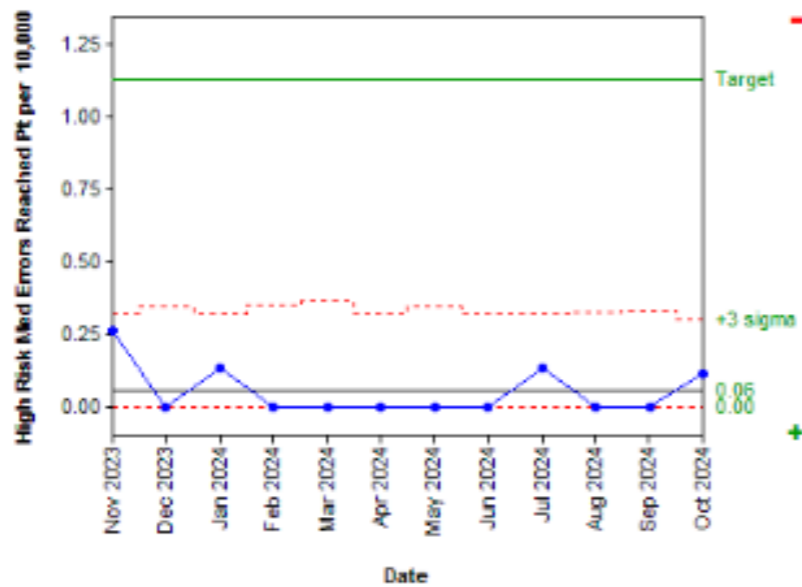
- Administration Errors Per 10,000 Doses
- High Risk Med Errors Per 10,000 Doses
- Near Miss %
- Smart Pump- No Drug Selected
- Smart Pump- Hard Alerts
- Smart Pump- Soft Alerts

Pharmacy Department

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

0.11 Target Met ▲ Deteriorated
1/90554

\bar{x} 0.06 |||| n/a ▲ 2.00 ● 1.13

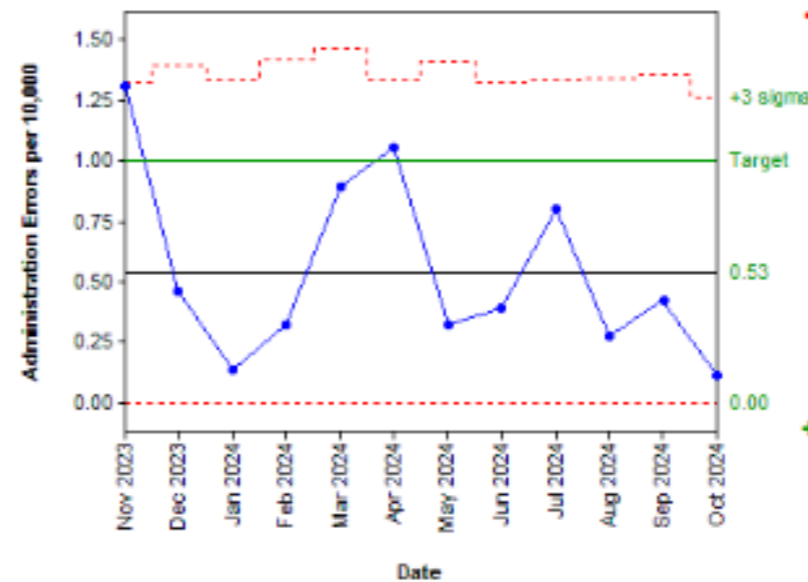


Nov 29, 2024 11:17:20

Rx-Administration Errors Per 10,000 Doses Dispensed

0.11 Target Met ▲ Improved
1/90554

\bar{x} 0.53 |||| n/a ▲ 3.00 ● 1.00



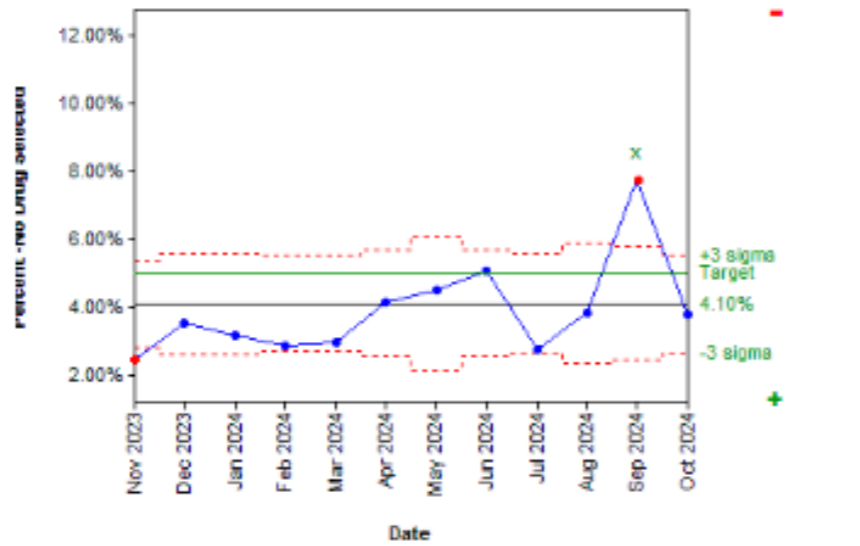
Nov 29, 2024 11:16:22

Pharmacy Department

Rx-Smart Pump- No Drug Selected

3.76% Target Met Improved
65/1727

4.10% n/a 12.00% 5.00%

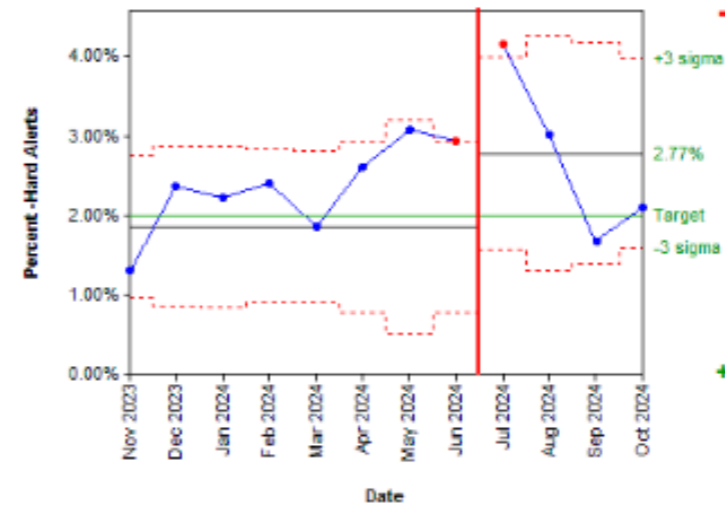


Dec 6, 2024 08:55:53

Rx-Smart Pump- Hard Alerts

2.08% Bet. Target & Alarm Deteriorated
36/1727

2.77% n/a 5.00% 1.99%

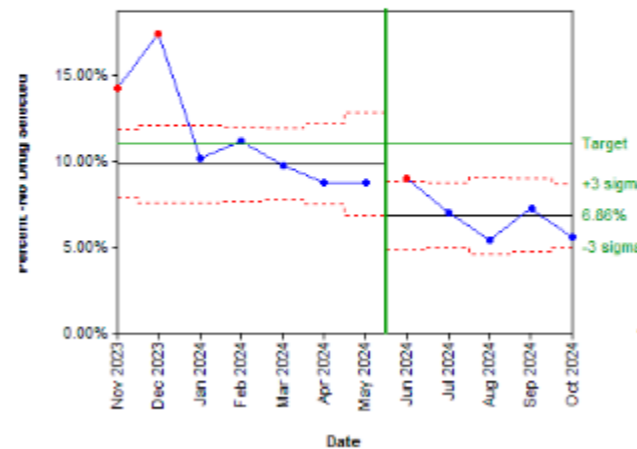


Dec 6, 2024 08:54:07

Rx-Smart Pump- Soft Alerts

5.56% Target Met Improved
96/1727

6.86% n/a 20.00% 10.99%



Dec 6, 2024 08:56:37

Pharmacy Department

Antimicrobial Stewardship

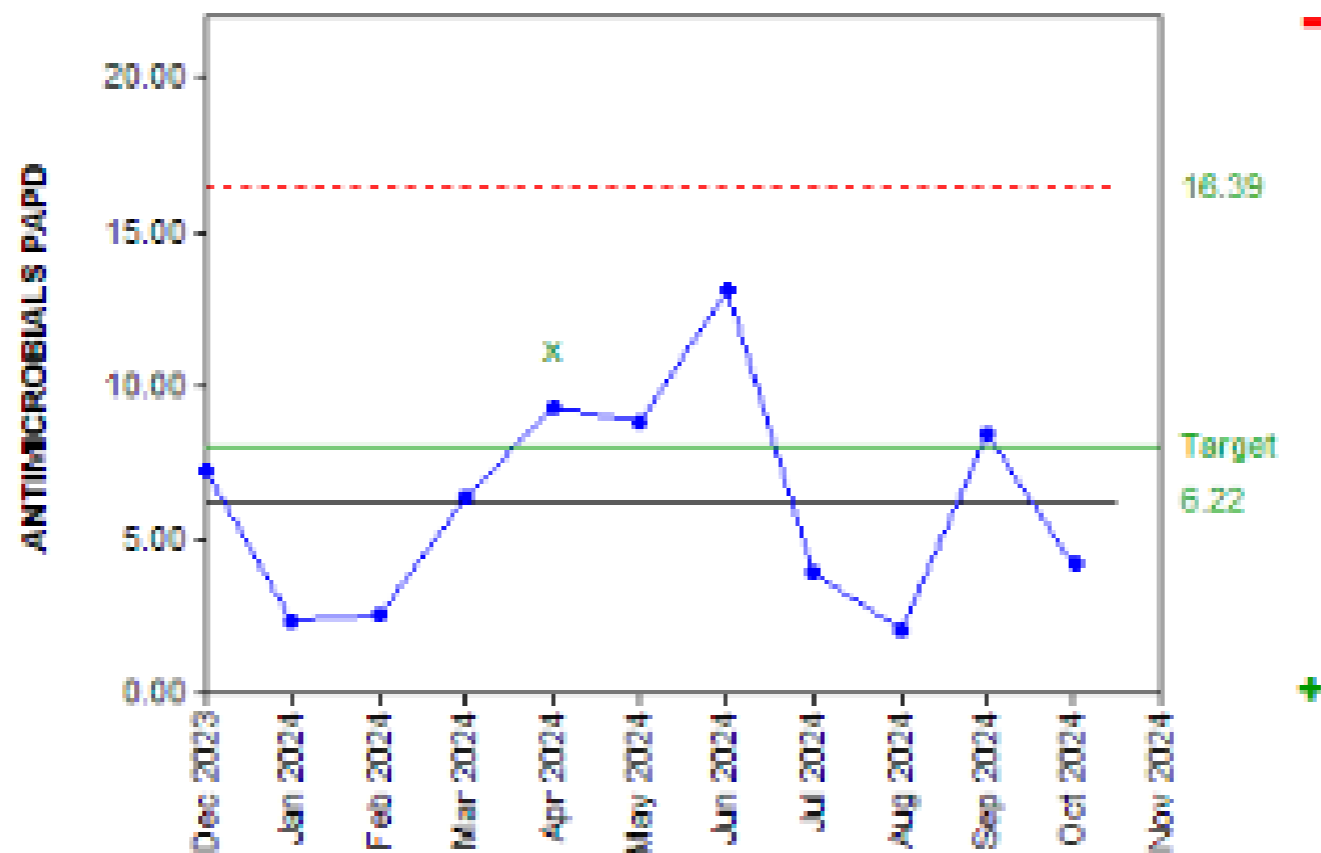
- Cefepime DOT
- Ertapenem DOT
- Levofloxacin DOT
- Meropenem DOT
- Pip-Tazo DOT
- Vancomycin DOT
- Antimicrobial Spend PAPD (\$)

Pharmacy Department

Rx-Antimicrobial Spend PAPD (M)

n/a Target Undefined

\bar{x} 6.22  n/a  10.00  8.00



Dec 4, 2024 14:03:09

Pharmacy Department

Rx-Antimicrobial Stewardship Vancomycin DOT



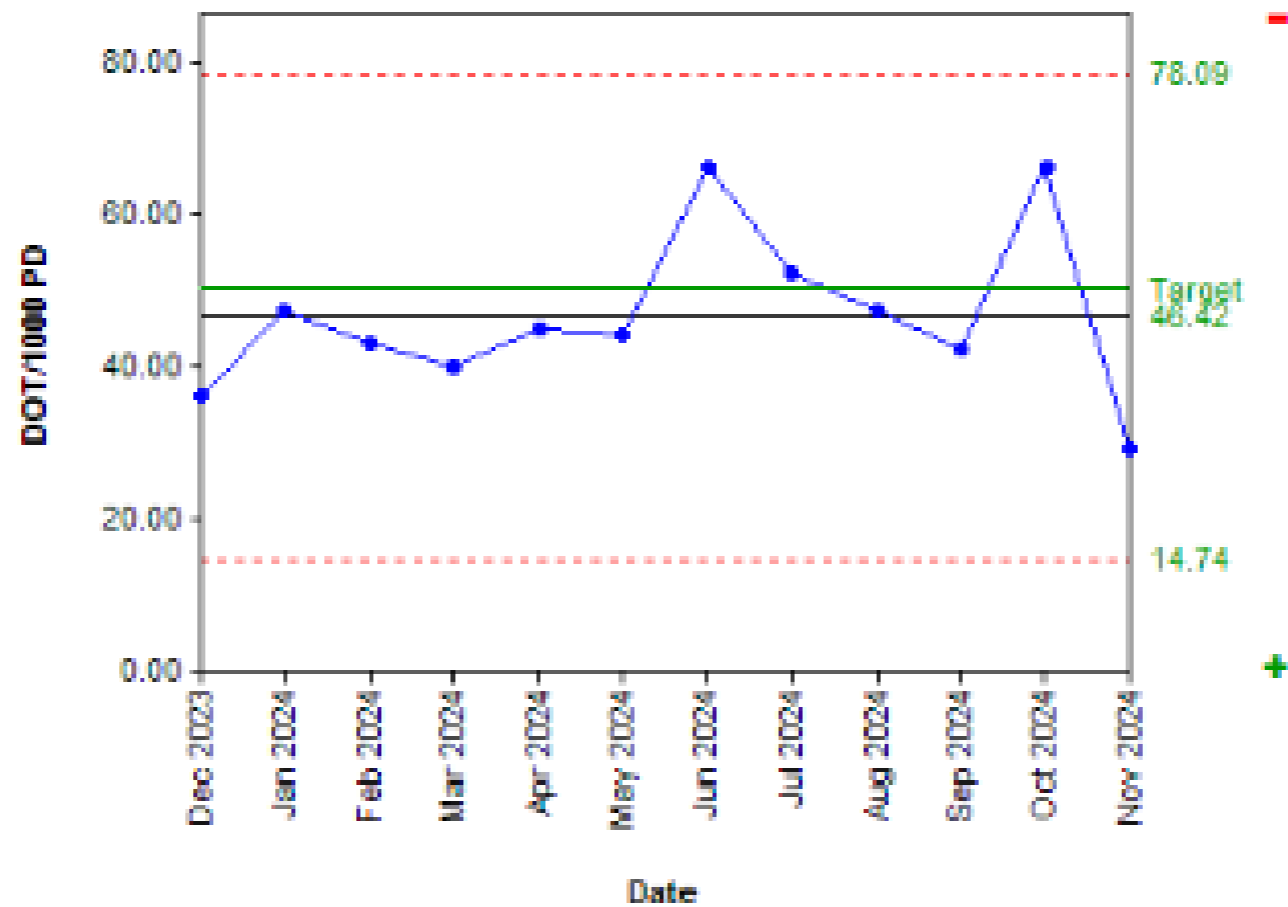
29.00

Target Met



Improved

\bar{x} 46.42 σ n/a Δ 90.00 \odot 50.00



Dec 4, 2024 14:03:21

Pharmacy Department

Controlled Substances

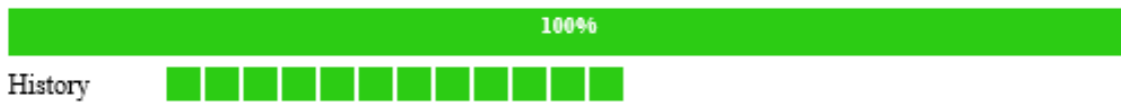
- **Controlled Substance Audit-Anesthesia**
- **Controlled Substance Audit-Inpatient**
- **C2 Safe Reconciliation**
- **Nursing Unit Pyxis Reconciliation**

Pharmacy Department

Rx-Controlled Substance Audit-Anesthesia



Rx-Controlled Substance Audit-Inpatient



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

INVENTORY RECONCILIATION WORKSHEET FOR DATE RANGE:

Reconciliation Performed By (Signature): Christopher Kutza

PIC Signature:

Date/Time: 4/5/2023 10:20am through 6/1/2023 09:08am

WORKSHEET INSTRUCTIONS
 Data collection is based on a minimum 90-day look back period.
 Enter data fields for the selected period below to determine % variance.
 Investigate and resolve variances.
 Enter findings/justification below.

DEFINITIONS

Starting Inventory	Inventory based on known physical inventory
Units Purchased	Additions to inventory based on purchase history reports and invoices, including acquisition from wholesaler, 340B, other entities, direct, etc.
Units Distributed / Utilized	Deletions from inventory based on distribution reports
Units Returned	Additions to inventory based on records of returns to the pharmacy
Units Removed to the Expired / Unusable Inventory	Deletions from inventory based on expired medications
Recorded Sales /Transfers	Deletions from inventory based on documentation of sales / transfer to entities outside hospital
Calculated Inventory based on Records	Starting Physical Inventory + Purchases - Utilization + Returns - Outdates and Transfers

CONTROLLED SUBSTANCE INVENTORY CONTROL AUDIT WORKSHEET

Drug Description	Starting Physical Inventory Count 4/5/2023	Units Purchased	Units Distributed / Utilized	Units Compounded In-House	Units Delivered to Clinics	Units Returned to the Physical Inventory	Units Removed to the Expired Inventory	Units Sold or Transferred	Calculated Inventory based on Records	Ending Physical Inventory Count 6/1/2023	% Variance
Belladonna and Opium 60mg supp	0	0	0	0	0	0	0	0	0	0	
Cocaine 4% soln	2	1	1	0	0	1	1	0	2	2	0.00%
Dextroamphet-Amphet 10mg tab	94	0	0	0	0	0	0	0	94	94	0.00%
Fentanyl 100mcg patch	4	0	1	0	0	0	0	0	3	3	0.00%
Fentanyl 1000mcg/20ml vial	42	0	14	0	0	0	0	0	28	28	0.00%
Fentanyl 12mcg patch	2	0	0	0	0	0	0	0	2	2	0.00%
Fentanyl 25mcg patch	3	0	1	0	0	0	0	0	2	2	0.00%



Pharmacy Department

IV Room

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

Pharmacy Department

USP 797

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

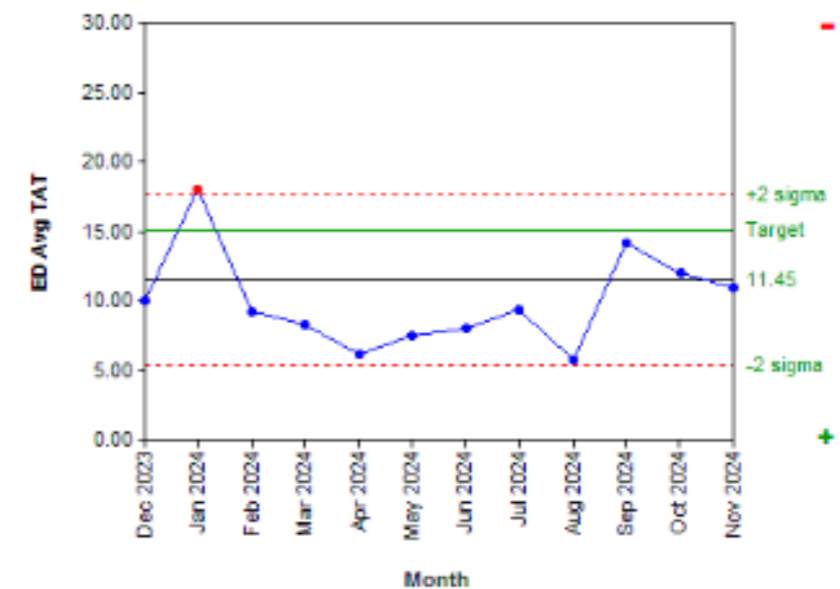
Pharmacy Department

Pharmacy Services

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

Rx-After Hours Pharmacy ED TAT

10.95 Target Met Improved
x̄ 11.45 n/a 17.00 15.00

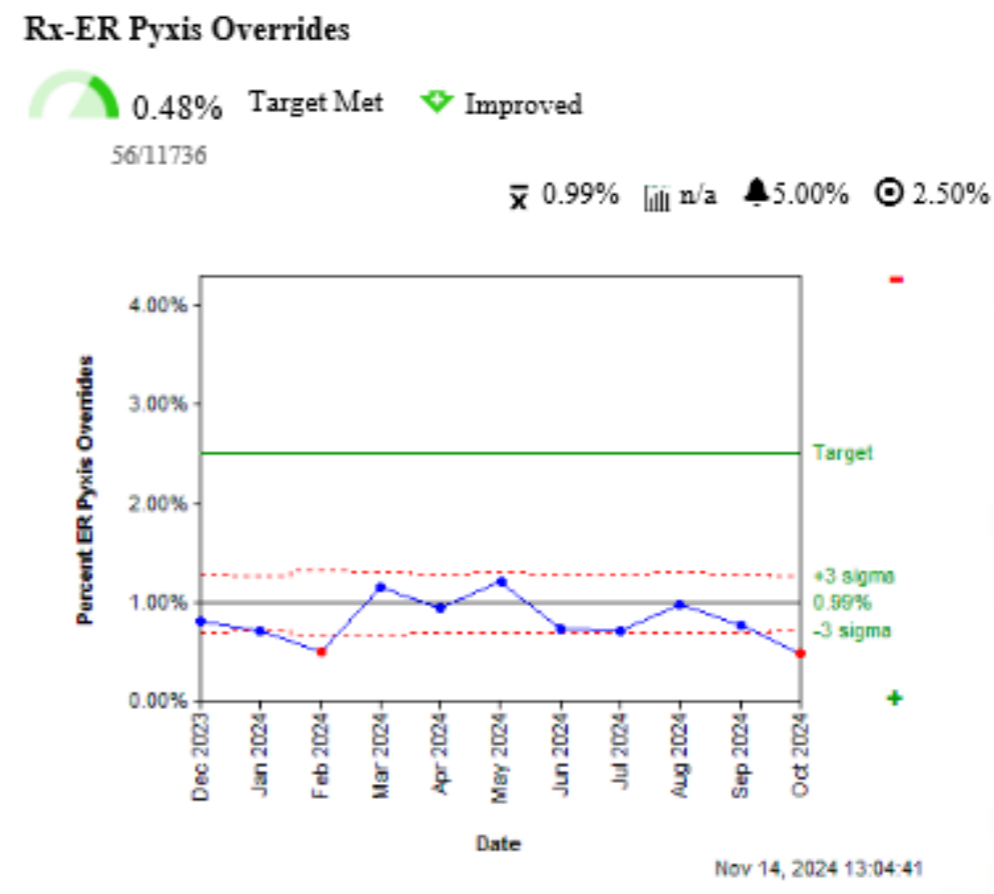


Dec 3, 2024 11:03:11

Pharmacy Department

Pyxis

- ER Pyxis Overrides
- Pyxis Overrides
- Pyxis Stockouts



Pharmacy Department

MERP



Annual Review 2024 Medication Error Reduction Plan

Tactic	Process	Responsible Parties	Implemented Date	Status	Methodology for Monitoring
Review Pyxis Overrides	<ul style="list-style-type: none"> Pyxis Overrides are monitored on a daily basis 	Clinical Services Nursing, Pharmacy, Medical Staff	12/2007	Ongoing	<ul style="list-style-type: none"> PI Reporting QAPI plan includes monitoring of key Pyxis metrics. Surveillance of medication error reports relating to Pyxis use.
Utilize Bar-Coding technology and point of care administration	<ul style="list-style-type: none"> Activate bar coding as part of the Paragon EHR project. Add barcode scan on refill at Pyxis for problematic medications 	Clinical Services Nursing Pharmacy I.T.	Implemented 5/2012	Updated 3/2016 added barcode scan on restock for key items	<ul style="list-style-type: none"> Audits of bar-code scanning compliance.
Distribution Strategies					
Ensure control and security of medications.	<ul style="list-style-type: none"> Utilize Pyxis for the majority of medication distribution. Pharmacy management of user access to Pyxis via biometric security system. 	Pharmacy I.T. Nursing Respiratory Therapy	5/2007	Ongoing	<ul style="list-style-type: none"> Monitoring of overrides and stockouts for patterns of use to optimize stock levels. Surveillance of medication error reports relating to Pyxis use.
Inspect Nursing Stations at least monthly	<ul style="list-style-type: none"> Check for expired, damaged, and recalled medications 	Pharmacy Nursing	1/2002	Ongoing	<ul style="list-style-type: none"> Unit Station Inspection Reports are given to RN Manager and Pharmacy Director for review. Daily monitoring of med rooms during deliveries.
Minimize use of non-formulary drugs	<ul style="list-style-type: none"> Implement medical staff approved therapeutic substitutions Contact prescribers for formulary alternatives when clinically applicable 	Pharmacy Medical Staff Nursing	1/2002	Ongoing	<ul style="list-style-type: none"> Monitoring of drug use and spending trends
Pyxis barcoding	<ul style="list-style-type: none"> Initiative to ensure all medications stored in Pyxis that have a readable barcode are set to scan upon restock or loading. Separate Pyxis fill items into separate baggies to avoid comingling of items 	Pharmacy	4/2019 11/2023	New 4/2019	<ul style="list-style-type: none"> Monitor error reports documenting wrong medications restocked or loaded into wrong Pyxis location

Pharmacy Department

MERP

Weaknesses Identified and Actions Taken					
Procedure or system:	Date identified:	Weakness identified:	Action Taken:	Date initiated:	Follow-up assessment done:
Administration:	5/2012	Error report regarding phenylephrine drip emergency preparation	"Drip Kits" developed that contain materials needed and instructions for preparation for RNs	5/2012	12/2012-no new error reports
Administration:	7/2017	Nurses do not have an updated reference tailored specifically to the hospital formulary relating to administration of injectable medications	IV Administration Guidelines were updated to include formulary medications and the input of nursing to identify key details to be included.	7/2017	9/2017-no error reports relating to injectable drug administration
Packaging and nomenclature:	9/2023	ISMP released alert regarding Evenity packaging and needlestick risk.	Shared alert with impacted nursing staff to ensure they were aware and take appropriate precautions.	9/2023	stock Monitor incident reports for Evenity related needlesticks
Packaging and nomenclature:	5/2024	ISMP released alert regarding Calcium chloride ACLS syringe packaging changes that resulted in errors at other facilities due to new look.	Shared alert with clinical staff to ensure they were aware and take appropriate precautions.	5/2024	Monitor incident reports for related events
Prescribing:	7/2018	FDA warning posted regarding	Reviewed the FDA warning at P&T	7/2018	9/2018-no

Quality: Sonoma Valley Hospital

Departmental Recap and Review 2024

December 2024

Emergency Department

January 24 & and July 24

■ 2024

- New ED Nursing Director
- Roughly 11,500 visits (projected)
- Maintained high quality stroke program
- Education/Drills with SVFD
- Nurse Initiated Orders (NIOs)

■ 2025

- Focus on LWBS and efficient throughput
- Continue focus on QAPI for sepsis, SI observation, and blood cx contamination
- Redefine nursing roles to improve communication and flow
- Strengthen relations with SV FD/PD

Surgical Services

February 28

■ 2024

- New orthopedic surgeon up and running!
- 1724 surgeries year to date
- Added Clinical Coordinator in Pre/Post-op & OR
- Consolidation of supplies saving up to \$54,000/yr.
- Patient Satisfaction:
 - Q reviews: 4.89

■ 2025

- Incorporate Age Friendly Health System into peri-operative space
- Maintain patient satisfaction and high quality care delivery through on-time starts and reducing same day cancellations
- Implement pre-operative protocols for Nurse Navigator

Quality & Risk Mgmt Dept

March 27

■ 2024

- Fostering Culture of Safety
- Engaged new ED team in Quality
- Weekly reviews of all:
 - Readmissions, HAIs, Midas events, etc..
- Monthly data review

■ 2025

- Hire new Director
- CMS changes to comply with:
 - Age Friendly Health
 - Equity
- Readiness for CDPH survey

Infection Prevention

April 24

■ 2024

- Established Infection Metrics reporting: Comparing HAIs from 2023 to 2024.
- Monitored SSI rates
 - 1 in 2023 to 0 in 2024.
- Revised Risk Assessment from CT project in 2023 to the MRI Construction project in 2024, monitoring safety, quality and risk for patients and HCW.
- Empowerment of staff and promotion of wellness via hand hygiene efforts.
- Employee vaccination clinics

■ 2025

- Decrease/eliminate HAI-C diff infections
- Maintain zero HAI-SSI into 2025.
- Focus IP education efforts for all staff
- Monitor MRI/ICU construction project: air, dust, water mitigation
- Continue to empower staff and promote hand hygiene

Pharmacy

May 22 & December 11

■ 2024

- New pharmacy technician hired
- Established new quarterly Antimicrobial Stewardship newsletter with the ASP Committee
- Updated IV room to comply with new standards
- Participated in code blue and malignant hyperthermia drills
- Pharmacist discharge medication education

■ 2025

- Implement Dispense Prep in Epic (electronic IV mixing recordkeeping)
- Grow and streamline outpatient infusion processes
- Continue to work on HCAHPS medication and discharge scores

Laboratory Services

June 26

■ 2024

- New Lab Technical Supervisor
- Increased Communication with ED Director, ED Medical Director, and Registration
- Managed Test Volume Increases
- Signed and Submitted Contracts for New Instrumentation

■ 2025

- New Microbiology CLS
- Modernization of Hematology and Chemistry Analyzers
- Expand PCR assays
- CLIA Inspection

Inpatient Services

August 28

■ 2024

- Emergency Drills: Code Blue and Stroke
- 4 Eyes in 4 Hours: skin assessments and follow up care
- New patient furniture: recliner chairs
- Maintained low rate of hospital acquired infections
- Q Reviews: 4.79
 - 90 responses

■ 2025

- Discharge education
- Continue focus on Age Friendly care
- Staff readiness and education: grow our own
- Increase patient survey responses

Medical Imaging

September 25

■ 2024

- Met all safety & quality metrics
 - Stroke; IV contrast complications, mammography screening...
- Opened new MRI
 - New protocols, safety drills, etc..
- Hired new Director of Medical Imaging!

■ 2025

- Bring CTDI dose tracking alarms to no more than (<5%).
- Continue MRI Safety metric no incidents (100%).
- Get all Rad Techs trained on how to perform DEXA exam.
- Increase MRI volume by 30 %
- Increase CT annual volume by 30%
- Implement Epic Radiologist Protocols.

Physical Therapy

October 23

■ 2024

- Added 1.6 PTs
- 12,419 OP visits – 23% increase YOY
- Maintained high quality of OP services – 4.927 Rate My Hospital
- Grew Vestibular, Pelvic Health and Pediatrics programs
- Provided mentorship/Internships- led to new PT on Staff
- Participated in AFHS program

■ 2025

- OP Rehab Expansion to be successfully completed
- Continue to add staffing
- Reduce wait time for OP services
- Initiate Lymphedema program
- Continue to build specialized programs- Vestibular, Pelvic Health and Pediatrics

Rosa Robotics

Rosa Robotics for Total Joint Replacements:

- Fully robotic workflow for increased consistency and precision
- Preoperative 3D imaging for detailed surgical planning
- Robotic arm for precise bone resections and implant positioning.
- Advanced alignment and balancing tools that combine preoperative and intraoperative data.
- Potential for shorter OR time and faster recovery with less pain
- Potential for better long-term outcomes due to greater surgical accuracy.



Age Friendly Health System

■ 2024

- Inpatient: the 4Ms
 - Mobility & Mentation
 - What Matters
 - Medication Review
- Outcomes:
 - Restraints use reduction
 - 50% fewer
 - Reduced LOS
 - Age 85+: 4.6 to 3.8 days
 - More discharges to home or hospice vs SNF compared to 2023

■ 2025

- Geriatric Emergency Department Accreditation (GEDA)
- Geriatric Surgical Program
- Family Practice: Become Age Friendly System



SVHCD Quality Committee Work Plan 2025































<p>JANUARY 1/22</p> <ul style="list-style-type: none"> • ED QA/PI - Marylou Ehret • Patient Care Services Dashboard 4th Qtr (2024) • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>FEBRUARY 2/26</p> <ul style="list-style-type: none"> • Surgical Servies QA/PI - Kelli Cornell • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>MARCH 3/26</p> <ul style="list-style-type: none"> • Infection Prevention Annual Risk Assessment / Plan - Stephanie Montecino • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>APRIL 4/23</p> <ul style="list-style-type: none"> • Lab QA/P – Alfred Lugo • Patient Care Services Dashboard 1st Qtr (2025) • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i>
<p>MAY 5/28</p> <ul style="list-style-type: none"> • Annual Quality Department Review - new Director of Quality • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>JUNE 6/25</p> <ul style="list-style-type: none"> • Pharmacy QA/PI - Chris Kutza • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>JULY 7/23</p> <ul style="list-style-type: none"> • ED QA/PI - Marylou Ehret • Patient Care Services Dashboard 2nd Qtr (2025) • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>AUGUST 8/27</p> <ul style="list-style-type: none"> • Inpatient Services QA/PI - Jane Taylor • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i>
<p>SEPTEMBER 9/24</p> <ul style="list-style-type: none"> • Imaging QA/PI – Troy Ashford • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>OCTOBER 10/22</p> <ul style="list-style-type: none"> • PT/OT QA/PI - Chris Gallo • Patient Care Services Dashboard 3rd Qtr (2025) • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i> 	<p>NOVEMBER</p> <p style="text-align: center;">No meeting</p>	<p>DECEMBER TBD</p> <ul style="list-style-type: none"> • Pharmacy QA/PI - Chris Kutza • <i>Quality Indicator Performance and Plan</i> • <i>Policies and Procedures</i> • <i>Credentialing</i>

Quality Indicator Performance & Plan



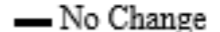



Board Quality Presentation for December 2024

Data For October 2024

Mortality

Indicator	Performance	Most Recent	Trend	Period	
Acute Care Mortality Rate (M)  History 	 Target Met	3.4% 2/58	 Improved	Oct 2024	15.3%
COPD Mortality Rate [M]  History 	 Target Met	0.0% 0/1	 Improved	Oct 2024	8.5%
Congestive Heart Failure Mortality Rate [M]  History 	 Target Met	0.0% 0/2	 No Change	Oct 2024	11.5%
Pneumonia Mortality Rate [M]  History 	 Target Met	0.0% 0/4	 No Change	Oct 2024	15.6%
Ischemic Stroke Mortality Rate [M]  History 	 Target Met	0.0% 0/1	 No Change	Oct 2024	13.8%
Hemorrhagic Stroke - Mortality Rate (M)  History 	 Target Undefined	n/a		Oct 2024	0.0%
Sepsis, Severe - Mortality Rate (M)  History 	 Target Met	0.0% 0/3	 No Change	Oct 2024	25.0%
Septic Shock - Mortality Rate (M)  History 	 Target Met	0.0% 0/2		Oct 2024	25.0%

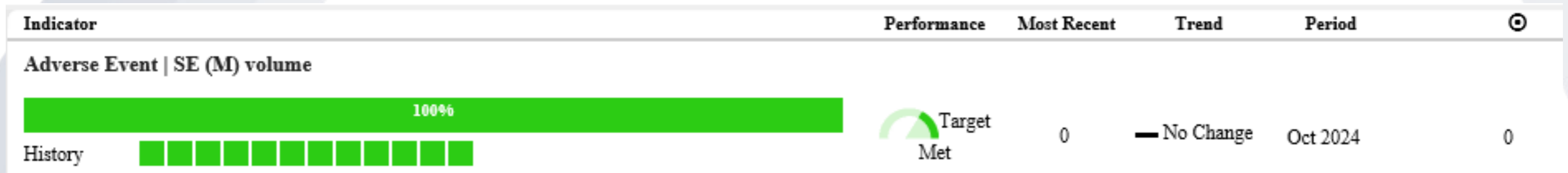
AHRQ Patient Safety Indicators

Indicator	Performance	Most Recent	Trend	Period	
PSI 90 (v2023-1) Midas Patient Safety Indicators Composite, ACA (M)	 75% 25%	0.00 0/55	 Target Met  No Change	Oct 2024	0.00
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	 75% 25%	0	 Target Met  No Change	Oct 2024	0

- **No PSI 90 events**

- CMS Patient Safety & Adverse Events Composite is a summary of varying patient safety events across multiple indicators, monitors performance over time, and facilitates comparative reporting and quality improvement. (<https://www.cms.gov/priorities/innovation/files/fact-sheet/bpciadvanced-fs-psi90.pdf>)









Adverse Events Reporting



- *No adverse events*









(Severe/Sentinel events; Not PSI 90 events)

Patient Falls

Indicator	Performance	Most Recent	Trend	Period	
RM ACUTE FALL- All (M) per 1000 patient days  History 	 Target Met	3.66 1/273	 Deteriorated	Oct 2024	3.75
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days  History 	 Target Met	3.66 1/273	 Deteriorated	Oct 2024	3.75

- *Patient fall rate below target.*

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)	 History 	 Target Met	0.11 1/90554	 Deteriorated	Oct 2024	1.13
Rx-Administration Errors Per 10,000 Doses Dispensed	 History 	 Target Met	0.11 1/90554	 Improved	Oct 2024	1.00





- *High Risk Medication Error and Administration Error Rates below target*

Infection Prevention

Indicator	Performance	Most Recent	Trend	Period	🕒	
IC-Surveillance HAI-C.DIFF Inpatient infections per 10k pt days [M]	 83% 17%	Breaches Alarm	1	Improved	Oct 2024	1
IC-Surveillance HAI-CAUTI Inpatient infections per 10k patient days [M]	 91% 9%	Target Met	0	No Change	Oct 2024	1
IC-Surveillance HAI-CLABSI Inpatient infections per 10k patient days [M]	 100%	Target Met	0	No Change	Oct 2024	1
IC-Surveillance HAI-MRSA Inpatient infections per 10k patient days [M]	 100%	Target Met	0	No Change	Oct 2024	1
IC-Surveillance HAI-SSI infections per 10k pt days [M]	 100%	Target Met	0	No Change	Oct 2024	1
QA-02 Hand Hygiene Practices Monitored [M]	 91% 9%	Target Met	98% 49/50	No Change	Oct 2024	90%

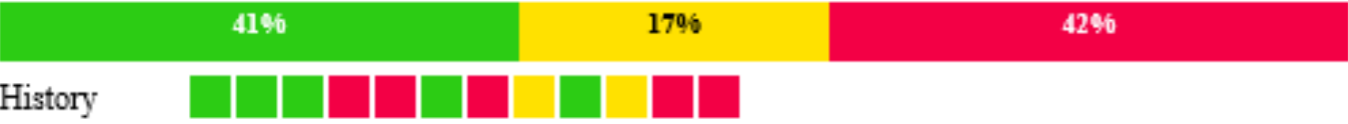





- 1 instance of HAI; all other IC targets met

Blood Products: Transfusions

Indicator	Performance	Most Recent	Trend	Period	
Lab Transfusion Effectiveness (M) 	 Target Met	100.0% 9/9	— No Change	Oct 2024	100.0%
Lab Transfusion Reaction (M) 	 Target Undefined	n/a 0/0		Oct 2024	0.0%
























- *Transfusions effective; no transfusion reactions*

Blood Culture Contamination



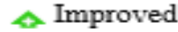





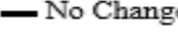
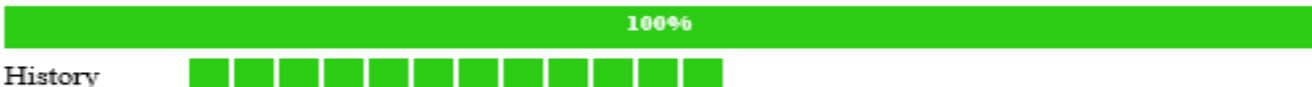

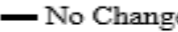


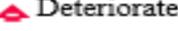


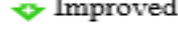


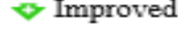

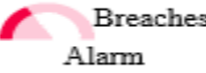
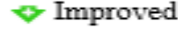
Indicator	Performance	Most Recent	Trend	Period	🔍
Blood Cultures -Contamination Rate RN (M) 	 Breaches Alarm	4.3% 4/94	↕ Improved	Oct 2024	3.0%
Blood Cultures -Contamination Rate LAB (M) 	 Target Met	0.0% 0/80	↕ Improved	Oct 2024	3.0%
Blood Cultures -Total Contamination Rate (M) 	 Target Met	2.2% 4/179	↕ Improved	Oct 2024	3.0%

- *Total of 4 contaminated out of 179 samples*
(n.b. the RN rate only reflects RNs in the ED)

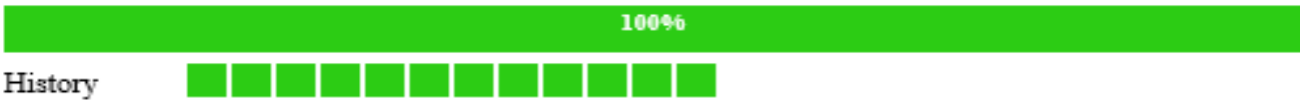

















CIHQ Stroke Certification Measures

Indicator	Performance	Most Recent	Trend	Period		
CDSTK-03 Median- Code Stroke Called [M] elapsed time (mins)	 100%	Target Met	8	 Deteriorated	Oct 2024	10
History						
CDSTK-04 Median- Door to Phys Eval [M] minutes	 100%	Target Met	2	 Deteriorated	Oct 2024	10
History						
CDSTK-05 Median- Door to CT Scanner [M] elapsed time (minutes)	 91%	Target Met	14	 Deteriorated	Oct 2024	25
History						
CDSTK-06 Median- Neuro Consult Contacted [M] minutes	 83%	Target Met	27	 Deteriorated	Oct 2024	30
History						
CDSTK-07 Median- CT Read by Radiology [M] minutes	 91%	Target Met	26	 Deteriorated	Oct 2024	45
History						
CDSTK-08 Median- Lab Results Posted [M] minutes	 91%	Target Met	32	 Deteriorated	Oct 2024	45
History						
CDSTK-10 Median- Door to EKG Complete [M] minutes	 100%	Target Met	40	 Deteriorated	Oct 2024	60
History						
CDSTK-11 Median-Door to tPA Decision [M] minutes	 91%	Target Met	29	 Deteriorated	Oct 2024	60
History						
CDSTK-12 Median-Door to tPA [M] minutes	 25%	Target Met	58	 Improved	Oct 2024	60
History						

Utilization Management

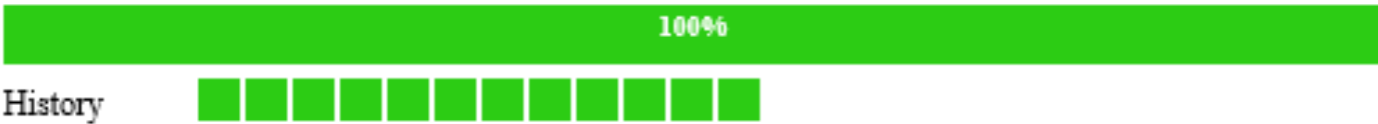



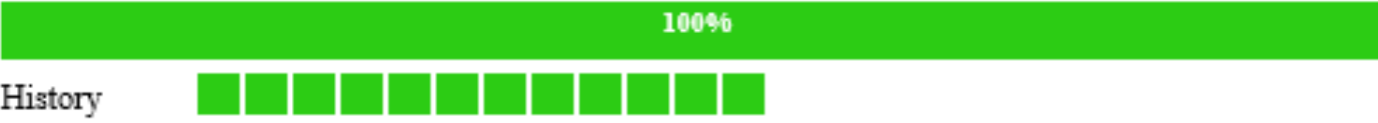



Indicator	Performance	Most Recent	Trend	Period	📍
MS-DRG Case Mix Index (CMI) [M] 	 Bet. Target & Alarm	1.47	 Improved	Oct 2024	1.55
MS-DRG Case Mix Index (CMI) MEDICARE [M] 	 Bet. Target & Alarm	1.50	 Improved	Oct 2024	1.55
1 Day Stay Rate Medi-Cal [M] 	 Target Met	0.00% 0/5	 No Change	Oct 2024	2.61%
1 Day Stay Rate-Medicare [M] 	 Target Met	0.00% 0/46	 No Change	Oct 2024	8.10%
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio [M] 	 Target Met	0.90 264/293.48	 Deteriorated	Oct 2024	0.99
Inpatients Risk-adjusted Average Length of Stay, O/E Ratio [M] 	 Target Met	0.88 284/322.62	 Improved	Oct 2024	0.99
Medicare Risk-adjusted Average Length of Stay, O/E Ratio [M] 	 Target Met	0.74 133/179.21	 Improved	Oct 2024	0.99
Acute Care - Geometric Mean Length of Stay [M] 	 Breaches Alarm	3.94 31.4874/8	 Improved	Oct 2024	2.75

Readmissions

Indicator	Performance	Most Recent	Trend	Period	📍
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M) 	 Target Met	9.62% 5/52	 Deteriorated	Oct 2024	15.30%
COPD, CMS Readm - % Readmit within 30 Days, ACA (M) 	 Target Met	0.0% 0/1		Oct 2024	19.5%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	 Target Met	0.0% 0/2	 No Change	Oct 2024	21.6%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	 Target Undefined	n/a 0/0		Oct 2024	4.0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M) 	 Breaches Alarm	25.0% 1/4	 Deteriorated	Oct 2024	16.6%
Sepsis, Severe - % Readmit within 30 Days (M) 	 Target Met	0.0% 0/3	 No Change	Oct 2024	12.0%
Septic Shock - % Readmit within 30 Days (M) 	 Target Met	0.0% 0/2		Oct 2024	13.3%

 One readmit out of 1 that met criteria

Core Measures

Indicator	Performance	Most Recent	Trend	Period	
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M) 	 Target Met	100.0% 5/5	— No Change	Oct 2024	88.0%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M) 	 Bet. Target & Alarm	138.00	↘ Improved	Oct 2024	132.00
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M) 	 Target Met	0.5% 4/822	↗ Deteriorated	Oct 2024	2.0%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M) 	 Target Met	100.0% 2/2		Oct 2024	80.0%

Core Measures: Sepsis

Indicator	Performance	Most Recent	Trend	Period	📍	
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)		Target Met	100.0% 2/2	Improved	Nov 2024	81.0%
SEPa - Severe Sepsis 3 Hour Bundle (M)		Target Met	100.0% 2/2	Improved	Nov 2024	94.0%
SEPb - Severe Sepsis 6 Hour Bundle (M)		Target Met	100.0% 1/1	Improved	Nov 2024	100.0%

- September: 3 cases, no gaps in care
- October: 3 fallouts: Cx draw after ABX (2x), repeat lacte missing
- November: still in review

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

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



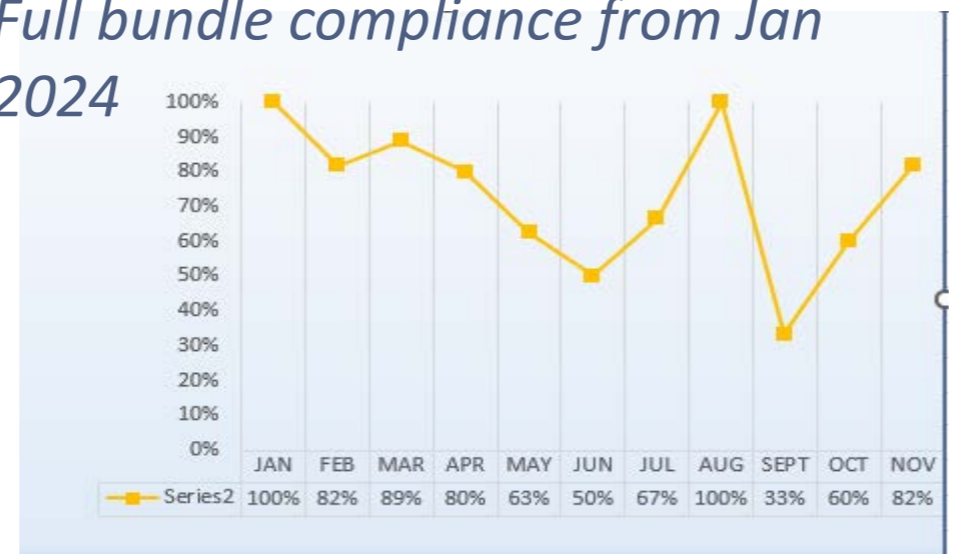
82%
9/11

Improved

Nov 2024

100%

Full bundle compliance from Jan 2024





**HCHAPS Patient
Satisfaction:
Inpatient
Ambulatory Surgery**
Reported Quarterly

(please refer to August report for Q2)

Inpatient

Questions	Top Box	n	STATE CA Score	All PG Database Score
*Rate hospital 0-10	70.97	31	73.33	70.93
*Recommend the hospital	67.74	31	73.40	69.88
*Comm w/ Nurses Domain Performance	85.56	30	78.41	79.64
*Nurses treat with courtesy/respect	93.33	30	84.54	86.15
*Nurses listen carefully to you	80.00	30	76.14	77.28
*Nurses expl in way you understand	83.33	30	74.54	75.49
*Response of Hosp Staff Domain Performance	81.40	28	62.89	64.50
*Call button help soon as wanted it	73.91	23	61.71	62.96
*Help toileting soon as you wanted	88.89	18	63.94	65.32
*Comm w/ Doctors Domain Performance	85.47	31	79.22	79.75
*Doctors treat with courtesy/respect	90.32	31	84.41	85.76
*Doctors listen carefully to you	83.33	30	78.06	78.35
*Doctors expl in way you understand	82.76	29	75.18	75.14
*Hospital Environment Domain Performance	75.54	31	63.62	66.77
*Cleanliness of hospital environment	83.33	30	73.73	73.17
*Quietness of hospital environment	67.74	31	53.51	60.32
*Comm About Medicines Domain Performance	67.54	19	61.72	61.14
*Tell you what new medicine was for	68.42	19	74.73	74.73
*Staff describe medicine side effect	66.67	18	48.71	47.51
*Discharge Information Domain Performance	85.45	28	87.55	86.69
*Staff talk about help when you left	85.71	28	85.93	85.06
*Info re symptoms/prob to look for	85.19	27	89.16	88.30
*Care Transitions Domain Performance	60.50	30	54.33	53.07
*Hosp staff took pref into account	44.83	29	49.12	47.68
*Good understanding managing health	70.00	30	53.47	52.31
*Understood purpose of taking meds	66.67	24	60.23	59.27

*CAHPS

HCAHPS

Q3



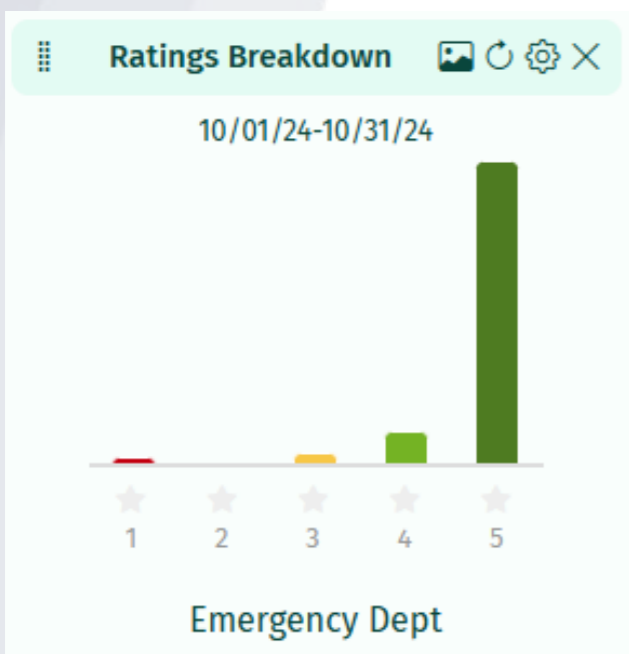
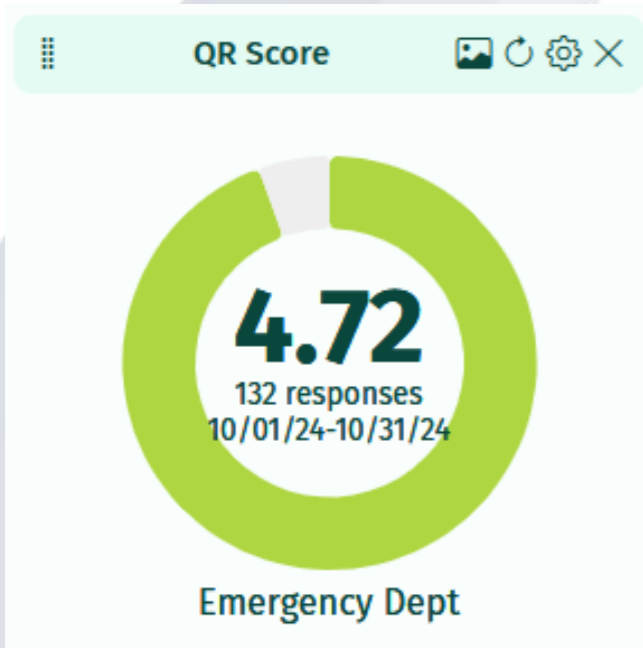
Ambulatory Surgery

**OASCAPS
Q3**

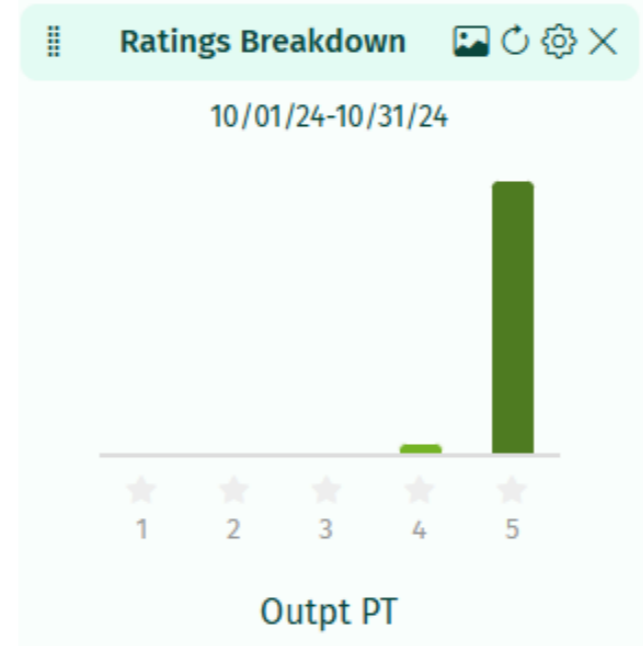
Questions	Top Box	n	All PG Database Score	State of California Score
*Facility rating 0-10	88.06	67	87.97	86.90
*Recommend the facility	89.55	67	84.95	84.12
*Communication Domain Performance	95.18	69	92.31	90.96
* Provided needed info re procedure	95.65	69	92.71	91.58
* Instructions good re preparation	95.59	68	94.43	93.45
* Procedure info easy to understand	97.10	69	93.84	92.88
* Anesthesia info easy to understand	96.92	65	94.37	92.79
* Anes side effect easy to understand	90.63	64	86.16	84.02
*Facility/Personal Trtment Domain Performance	98.79	69	97.11	96.36
* Check-in run smoothly	98.55	69	95.66	94.62
* Facility clean	100.00	69	97.93	97.39
* Clerks and receptionists helpful	97.10	69	96.33	95.44
* Clerks and reception courteous	100.00	68	97.63	96.97
* Staff treat w/ courtesy, respect	98.55	69	98.09	97.48
* Staff ensure you were comfortable	98.53	68	96.99	96.24
*Discharge Domain Performance	96.10	69	96.87	96.10
* Written discharge instructions	92.42	66	97.70	97.39
* Instructions regarding recovery	89.86	69	87.88	85.56
* Information re subsequent pain	98.28	58	98.47	97.98
* Information re subsequent nausea	100.00	51	98.58	97.91
* Information re subsequent bleeding	98.08	52	99.04	98.52
* Info on response to infection	97.96	49	99.51	99.23
Nurses Overall	92.93	67	88.85	87.58
Nurses concern for comfort	92.42	66	89.45	87.94
Info nurses gave to prep for proc	94.03	67	88.21	86.94
Nurses response concerns/questions	92.31	65	88.93	87.88
Care Provider Overall	86.74	68	84.10	81.10
CP explanation about proc	88.24	68	84.79	82.35
Info CP shared re how proc went	83.58	67	83.10	78.59
CP response to concerns/questions	91.04	67	86.52	83.89
CP expln why proc important	83.87	62	81.94	79.43
Staff worked together care for you	94.20	69	90.10	88.89

Q Reviews: Rate My Hospital October 2024

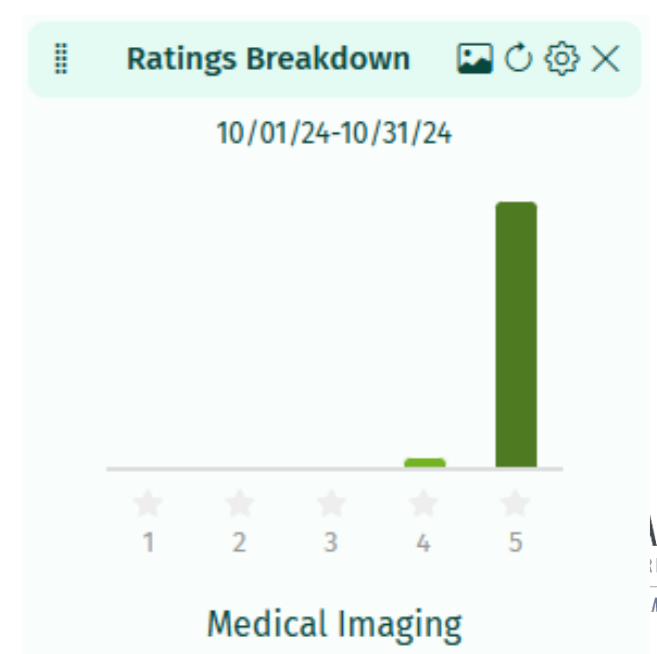
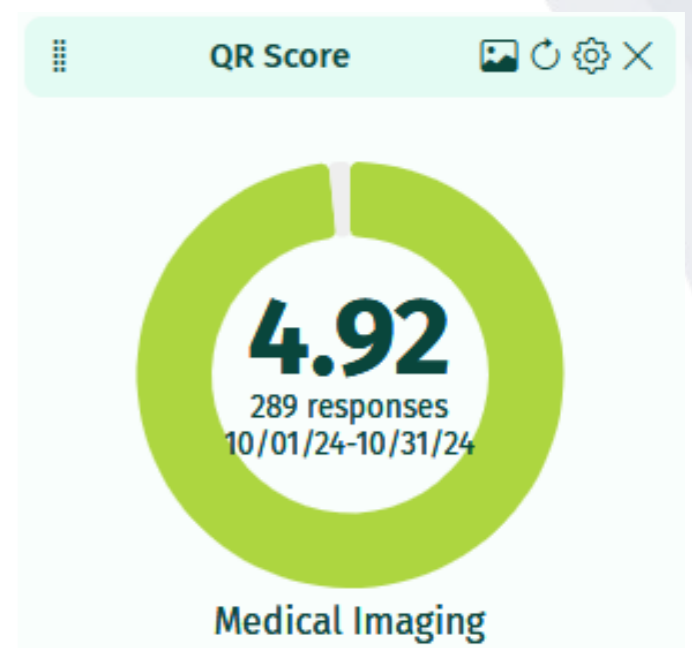
Emergency Department



Outpatient Physical Therapy

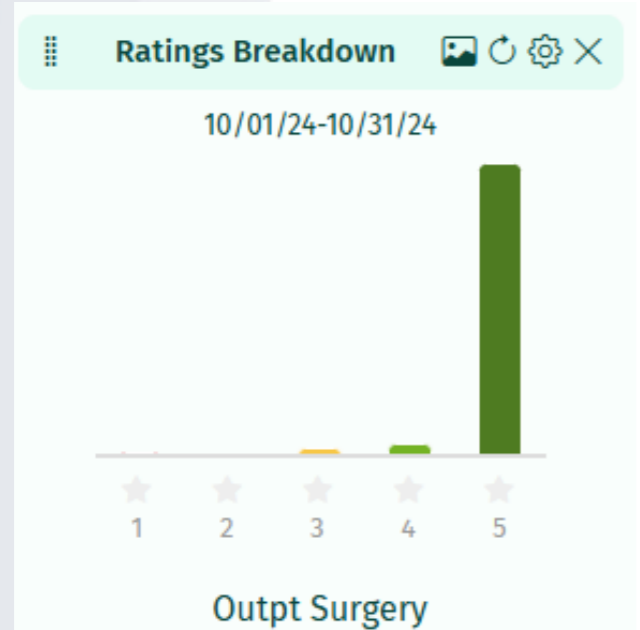
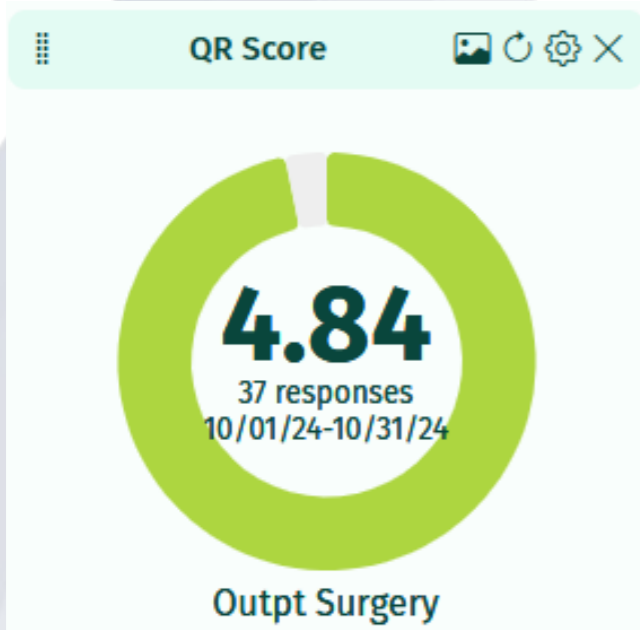


Medical Imaging

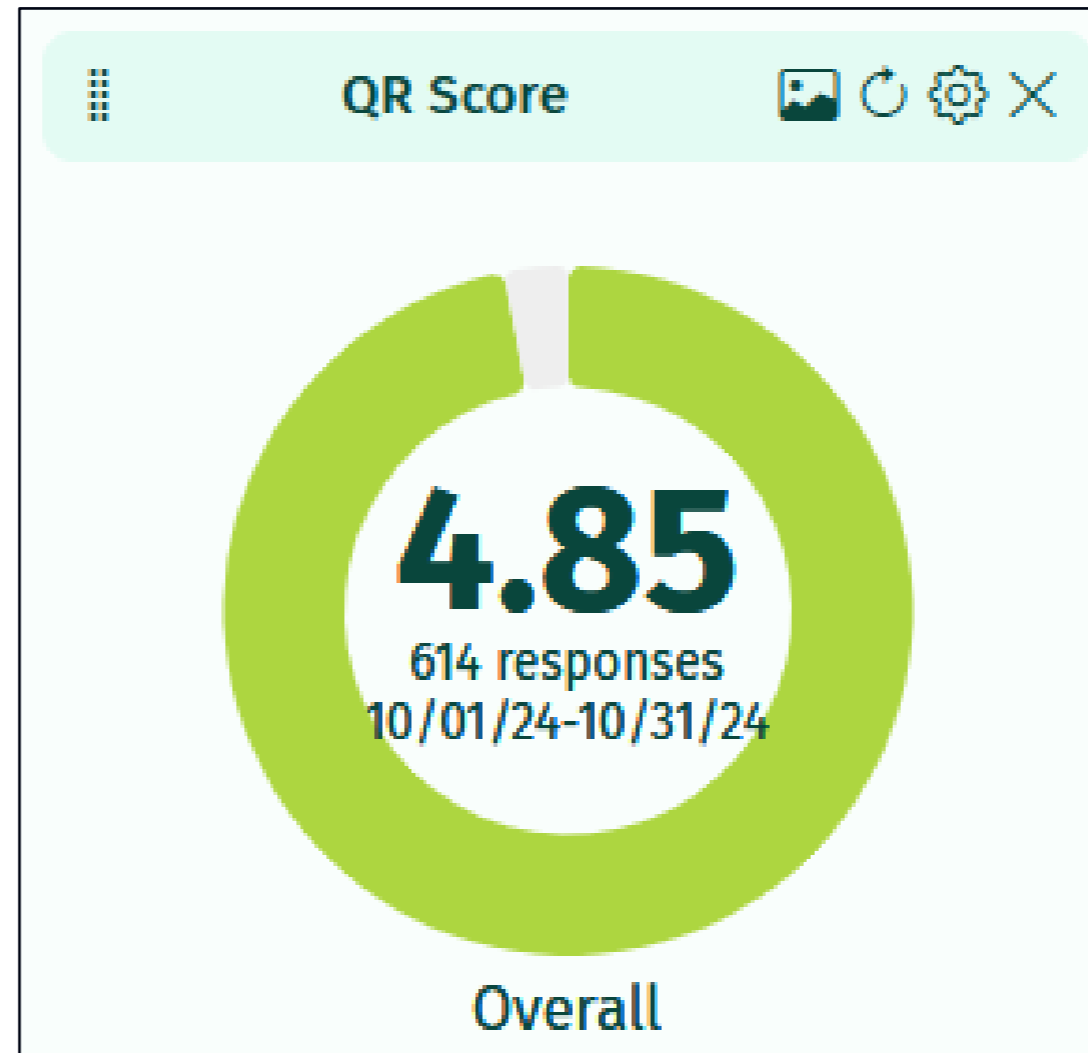
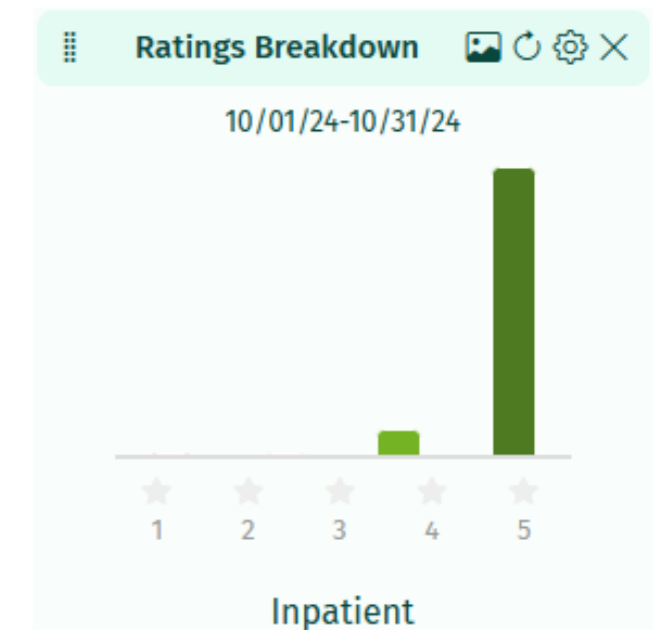
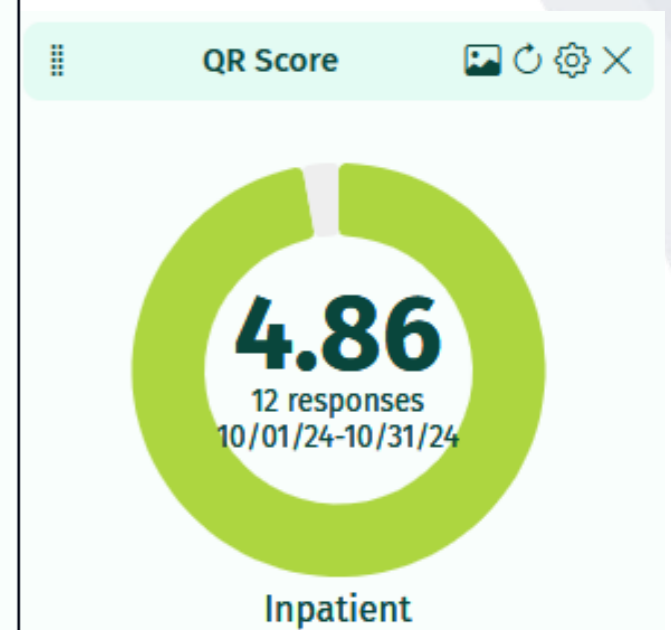


Q Reviews: Rate My Hospital October 2024

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: 12/06/2024 2:57 PM

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: 37

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
Admission Criteria to the ICU <i>ICU Dept</i>	Pending Approval	11/21/2024	15
Summary Of Changes: Reviewed, no changes, reference remains current 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)			
Aid in Dying <i>Patient Rights Policies (PR)</i>	Pending Approval	11/21/2024	15
Summary Of Changes: Reviewed, no 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)			
Autoclave Failure <i>Central Sterile Dept</i>	Pending Approval	11/21/2024	15
Summary Of Changes: Reviewed, updated autoclave failure process to reflect current practice. Call biomed, not engineering. 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)			
C-arm Equip Operation and Maintenance 7630-111 <i>Diagnostic Services Dept Policies</i>	Pending Approval	11/21/2024	15
Summary Of Changes: No changes.			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 12/06/2024 2:57 PM

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

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ashford, Troy (tashford)**
 ExpertReviewers: **Medical Director-Diagnostic Radiology**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

C-arm Equipment Exemption 7630-113 <i>Diagnostic Services Dept Policies</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: **No changes.**

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Ashford, Troy (tashford)**
 ExpertReviewers: **Medical Director-Diagnostic Radiology**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Cancellation No Show <i>Rehabilitation Services Dept</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: **Clarifying language (deleted comma, added or)**
 • All new outpatients will sign an agreement regarding cancellation or no-shows made without 24 hour notice or at their first appointment.

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

Code Blue - Broselow Carts and Emergency Medications <i>Emergency Code Alerts Policies</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: **Updated location that spare trays are stored from 3S med room (wrong), to 3C med room (correct)**
Updated contents list for medication tray, increasing par levels of epinephrine, naloxone, calcium chloride, and sodium bicarbonate. Added naloxone 2mg syringe as well.

Reviewed at Code Blue Committee--approved.

Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza), Winkler, Jessica (jwinkler)**
 ExpertReviewers: **12-Safety Committee, 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)**

Compounding Nonsterile Drug Products <i>Medication Management Policies (MM)\Compounding Policies</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: **Reviewed, no changes**

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)**

Compounding Policies, Annual Review <i>Medication Management Policies (MM)\Compounding Policies</i>	Pending Approval	11/21/2024	15
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Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 12/06/2024 2:57 PM

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

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

Conflict Management including Medical Staff, BOD <i>Governance and Leadership Policies</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: **Edited title from "Conflict Management" to "Conflict Management including Medical Staff, BOD" No changes to policy**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Hennelly, John (jhennelly)**
 ExpertReviewers: **Kidd, Sabrina (skidd)**
 Approvers: **Hennelly, John (jhennelly), McKissock, Lynn (lmckissock) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (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)**

Diet Orders and Diet Changes <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: **Reviewed, no changes needed**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Finn, Bridget (bfinn)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)**

Enteral and Oral Supplementation, Role of Dietitian <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: **Reviewed, no changes needed**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Finn, Bridget (bfinn)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)**

Food Nutrition Disaster Plan <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: **Updated inventory to reflect current amounts, removed specific amounts of tube feed formulas kept on hand for emergency, policy now states "Enteral nutrition formulas will be stored in the room labeled C-1227 for patients on tube feeding. "**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Finn, Bridget (bfinn)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (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)**

Implantation of a Medical Device <i>Surgical Services/OR Dept</i>	Pending Approval	11/21/2024	15
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Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 12/06/2024 2:57 PM

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

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)**

Late Trays <i>Food & Nutrition Services Dept Policies</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: **Reviewed, no changes needed**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Finn, Bridget (bfinn)**
 Approvers: **Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (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)**

Management of Patient Agitation Aggression Physically Acting Out and Depressed Patients <i>Patient Care Policy</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: **Updated reference and removed Lethality tool that is not used nor available electronically. Removed reference to Dr Strong; not a code in SVH policy**
 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)**

Management of the Social Needs Patients <i>Medical Staff Policies (MS)</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: **Protocol updated per new workflow diagram. Streamlined potential time patient would spend in ED and updated to EPIC process for admission.**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kidd, Sabrina (skidd)**
 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)**

Metformin and Intravenous Contrast Media <i>Diagnostic Services Dept Policies</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: **No Changes.**
 Moderators: **Newman, Cindi (cnewman)**
 Lead Authors: **Kutza, Chris (ckutza), Ashford, Troy (tashford)**
 ExpertReviewers: **Kutza, Chris (ckutza), Medical Director-Diagnostic Radiology**
 Approvers: **Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Moderate Sedation <i>Anesthesia Services Policies (AN)</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: **Reviewed by pharmacy no changes.
 Reviewed by surgery, updated owner and authors/Reviewers to proper titles, removed references to individuals by name.**

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 12/06/2024 2:57 PM

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Cornell, Kelli (kcornell)
 ExpertReviewers: Kutza, Chris (ckutza), 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)

MRI Safety and Pregnancy	Pending Approval	11/21/2024	15
<i>Radiology Services Policies (RD)</i>			

Summary Of Changes: **added positioning instructions-**
 Special consideration should be given to the positioning of the pregnant person for the imaging. In general, it is not advisable for a pregnant person (greater than 16 weeks) to stay in a supine position for an extended period of time due to the risk of compression on the inferior vena cava and aorta, that may cause a decrease in cardiac output and decreased blood flow to the fetus. The MRI technician may consult the ordering provider or radiologist for specific positioning recommendations.

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Ashford, Troy (tashford)
 ExpertReviewers: Medical Director-Diagnostic Radiology, Winkler, Jessica (jwinkler)
 Approvers: Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

NEW: NPO in the Emergency Department	Pending Approval	11/21/2024	15
<i>Emergency Dept</i>			

Summary Of Changes: **NEW POLICY**

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Winkler, Jessica (jwinkler), Ehret, Marylou (mehret)
 ExpertReviewers: Cornell, Kelli (kcornell), Medical Director-Emergency Dept.
 Approvers: Winkler, Jessica (jwinkler), 00 Clinical P&P multidisciplinary review - (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)

Parenteral Nutrition, Role of the Dietitian	Pending Approval	10/21/2024	46
<i>Food & Nutrition Services Dept Policies</i>			

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

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Finn, Bridget (bfinn)
 ExpertReviewers: Tremain, Alesha (atremain)
 Approvers: Drummond, Kimberly (kdrummond) -> 01 P&P Committee - (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)

Patient Identification	Pending Approval	11/21/2024	15
<i>Targeted Quality & Safety Initiatives Policies (QS)</i>			

Summary Of Changes: **Updated reference. Grammatical fixes. Added purpose statement.**
 Many medical errors can occur when patients and/or their specimens are not clearly identified. The purpose of this policy is to outline Sonoma Valley Hospital's requirement of all caregivers to clearly identify a patient prior to providing any care, treatment, or test.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 12/06/2024 2:57 PM

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

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

Patients Undergoing Surgery with CIED/ICD <i>Surgical Services/OR Dept</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: Reviewed, Updated Reference, spelled out Implanted Electronic devices, Cardiac Implanted Electronic Device, and Implantable Cardiac Defibrillator, and provided definitions. Included instructions for Cochlear implants which are mentioned but not instructions were provided. Suggest changing the name of the policy to "Patients Undergoing Surgery with CIED/ICD" as this is what the policy addresses.

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)

Preparation of Methotrexate IM Doses Using ChemoClave System <i>Pharmacy Dept\Compounding Related</i>	Pending Approval	11/21/2024	15
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Summary Of Changes: Added definition of abbreviation IM (intramuscular). Added clarification of circumstances under which preparation of methotrexate IM is performed at SVH.

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)

Prevention of Central Line Associated Blood Stream Infections <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	10/21/2024	46
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Summary Of Changes: Equipment & supplies section deleted section " not indicated for patients <2 months of age
 Daily Chlorhexidine bathing for patients with Central Venous Catheter (CVL)
 1. The inpatient with any type of CVL will be bathed daily with CHG wipes as a preventive, best practice method for reducing possible CLABSI.
 I also in Journal of Hospital Infection 110 (2021) 26e32

Moderators: Newman, Cindi (cnewman)
 Lead Authors: Montecino, Stephanie (smontecino), Taylor, Jane (jtaylor)
 ExpertReviewers: 00 Clinical P&P multidisciplinary review
 Approvers: Kidd, Sabrina (skidd) -> 01 P&P Committee - (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)

Radiological Safety <i>Surgical Services/OR Dept</i>	Pending Approval	11/21/2024	15
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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)

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 12/06/2024 2:57 PM

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

Renal Dosing-Pharmacy Protocol <i>Medication Management Policies (MM)</i>	Pending Approval	11/21/2024	15
Summary Of Changes:	Updated attachment to have Enoxaparin refer to updated policy name. Old name = DVT Prophylaxis and Treatment Protocol; New name - Enoxaparin Dosing Protocol		
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)		
RETIRE COVID-19 On-Site Vaccination Protocol <i>Medication Management Policies (MM)</i>	Pending Approval	10/21/2024	46
Summary Of Changes:	Recommend retiring this policy. This was specific to process for administering COVID vaccinations, 1st and 2nd doses, screening for vaccination status, etc. Further, we do not routinely carry the COVID vaccine		
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)		
Retire- Performance Improvement Plan <i>Cardio Dept</i>	Pending Approval	10/21/2024	46
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:	Ashford, Troy (tashford)		
Approvers:	Kuwahara, Dawn (dkuwahara) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (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)		
RETIRE: Body Fluid Exposure Prophylaxis Kit Preparation 8390-06 <i>Pharmacy Dept</i>	Pending Approval	11/21/2024	15
Summary Of Changes:	Retire-matching process to current standard process for ED Take Home packs. No need for separate policy any longer		
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)		
Sales Representative in the Operating Room <i>Surgical Services/OR Dept</i>	Pending Approval	11/21/2024	15
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)		
Standing Orders and Protocols <i>Medication Management Policies (MM)</i>	Pending Approval	11/21/2024	15

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 12/06/2024 2:57 PM

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

Summary Of Changes: **Reviewed, no changes other than minor formatting edits**
 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)**

Sterile Compounding	Pending Approval	11/21/2024	15
<i>Medication Management Policies (MM)\Compounding Policies</i>			

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

Surgical Invasive Procedure and Site Confirmation Verification	Pending Approval	11/21/2024	15
018610-104 <i>Operative & Invasive Services Policies (OI)</i>			

Summary Of Changes: **Reviewed updated references. Updated wording from give "Pre-op antibiotics within 60 minutes" to "any necessary antibiotics" -per Medical Director of Anesthesia request to match current practice.**
 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)**

Unit Dose Packaging	Pending Approval	11/21/2024	15
<i>Medication Management Policies (MM)</i>			

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

Wound Classification	Pending Approval	11/21/2024	15
<i>Surgical Services/OR Dept</i>			

Summary Of Changes: **Updated references and proper titles of Owners & Authors/Reviewers.**
 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)**



SUBJECT: NPO in the Emergency Department

POLICY: PC7010-2401

DEPARTMENT: Emergency Department

Page 1 of 3

EFFECTIVE:

REVISED:

NEW POLICY

WHY: As part of achieving Geriatric Emergency Department Accreditation (GEDA) designation, the ED is reviewing/creating workflows and policies that support best practices in the care management of those patients age 65 and over. The purpose of this policy is to outline the rationale to minimize NPO (nothing by mouth) status and ensure Geriatric Emergency Department patients have appropriate access to food and drink, while preventing complications and delays in treatments due to inadvertent ingestion.

OWNER:

Chief Nursing Officer

AUTHORS/REVIEWERS:

Chief Nursing Officer
Geriatric Nurse Practitioner
Director of Emergency Services
Medical Director of Emergency Services
Director of Perioperative Services
Board Quality Committee

SUBJECT: NPO in the Emergency Department

POLICY: PC7010-2401

Page 2 of 3

DEPARTMENT: Emergency Department

EFFECTIVE:

REVISED:

PURPOSE:

Older adults are at greater risk for being dehydrated or malnourished. Dehydration or malnourishment can have consequences, such as: an altered level of consciousness, delirium, muscle wasting, weakness, etc., and a prolonged hospital stay. Avoiding automatic *nil per os*: nothing by mouth (NPO) orders in the Emergency Department for the geriatric population may support better patient nutrition and hydration, and ultimately better outcomes. The purpose of this policy is to:

- A. To minimize use of NPO (nil per os, nothing by mouth) status and promote access to appropriate food and drink for geriatric Emergency Department patients.
- B. To prevent complications and delays in treatment due to inadvertent ingestion of food and drink.

BACKGROUND KNOWLEDGE

- NPO (*nil per os*: nothing by mouth) is the practice of prescribed fasting for a period of time before a procedure or imaging in which patients are not allowed the oral intake of liquids or solids.
- Transit of clear liquids out of the stomach is essentially complete within two hours of drinking.
- The difference in gastric volumes or stomach pH in patients on standard fast vs shortened (<180 minutes) liquid fast is not statistically significant.
- Patients experience less thirst and hunger for fasting times of 2 to 4 hours versus more than 4 hours.

POLICY

To ensure continued nutrition and hydration in our elderly population, the ED MD may consider the following best practices:

- Clear liquids may be ingested for up to 2 hours before procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia.
- A light meal (for example, tea and a piece of toast) or milk may be ingested for up to 6 hours before elective procedures requiring general anesthesia, regional anesthesia, or procedural sedation and analgesia.
- NPO status prior to imaging will be determined by the imaging-specific guidelines.
- Patients not expected to undergo procedures or imaging that require a patient to be NPO will be offered liquids, snacks, and meals as appropriate to their thirst and hunger needs.



SUBJECT: NPO in the Emergency Department

POLICY: PC7010-2401

DEPARTMENT: Emergency Department

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EFFECTIVE:

REVISED:

References

Black MK, Lupa MC, Lemley LW, Dreesen EB, Deaton AM, Wardrop RM.. (2021) Things we do for no reason: NPO after midnight. *J Hosp Med*.16(6):368-370. doi: 10.12788/jhm.3537. PMID: 35179460; PMCID: PMC8191764.

American Society of Anesthesiologists. (2017). Practice Guidelines for Preoperative Care. Fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: Application to healthy patients undergoing elective procedures. *Anesthesiology* 2017; 126:376–393 doi: <https://doi.org/10.1097/ALN.0000000000001452>

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