SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, APRIL 23, 2025

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/99901004530?from=addon

Meeting ID: 999 0100 4530

One tap mobile
+16699009128,,99901004530# US
+12133388477,,99901004530# US

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	*Daniel Kittleson, DDS*	
2. PUBLIC COMMENT SECTION *At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.*	*Daniel Kittleson, DDS*	
3. CONSENT CALENDAR • Minutes 03.26.25	*Daniel Kittleson, DDS*	Action
4. LABRATORY QA/PI	*Alfred Lugo, MS, MLS(ASCP)^{CM}DLM*	Inform
5. PATIENT CARE SERVICES DASHBOARD 2025 Q1	*Jessica Winkler, DNP, RN, NEA-BC, CCRN*	Inform
6. QUALITY INDICATOR PERFORMANCE & PLAN	*Louise Wyatt, RN JD*	Inform
7. POLICIES AND PROCEDURES	*Jessica Winkler, DNP, RN, NEA-BC, CCRN*	Inform
8. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Daniel Kittleson, DDS*	Action
8. ADJOURN	*Daniel Kittleson, DDS*	

SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE
Wednesday, March 26, 2025, 5:00 PM
MINUTES

Members Present
Wendy Lee Myatt
Michael Mainardi, MD
Carol Snyder
Susan Kornblatt Idell
Kathy Beebe, RN PhD
Paul Amara, MD, FACOG, via zoom
Daniel Kittleson, DDS, via zoom

Excused/Not Present
Carl Speizer, MD
Howard Eisenstark, MD

Public/Staff
Jessica Winkler, DNP, RN, NEA-BC, CCRN-K, SVH CNO
Whitney Reese, SVH Board Clerk
Louise Wyatt, RN JD, SVH Director of Quality
Leslie Petersen, SVH Foundation ED
John Hennelly, SVH CEO
Stephanie Montecino, LN, CIC, SVH Infection Preventionist/Employee Health Nurse

AGENDA ITEM	DISCUSSION	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	*Wendy Lee Myatt*	
	Lee Myatt called meeting to order at 5:00pm in place of Kittleson who is remote due to a family medical event.	
2. PUBLIC COMMENT SECTION	*Wendy Lee Myatt*	
	No public comments	
3. CONSENT CALENDAR Minutes 02.22.25	*Wendy Lee Myatt*	ACTION
	Motion to approve by Mainardi, 2nd by Kornblatt Idell. All in favor.	
4. INFECTION PREVENTION AND CONTROL QA/PI	*Stephanie Montecino, LN, CIC*	INFORM
Montecino presented the role of the Infection Prevention and Control (IPC) department in preventing and managing healthcare-associated infections. Core responsibilities include staff education, surveillance, regulatory reporting, and auditing infection prevention practices such as hand hygiene, device usage, and construction-related safety. The department reported zero HAIs linked to construction projects and a notable		

reduction in overall infection rates in 2024. Hand hygiene compliance exceeded goals at 98%. Montecino discussed the challenges of tracking post-discharge infections and emphasized efforts to differentiate between community- and hospital-acquired infections through in-depth investigation. The department also highlighted ongoing concerns with antibiotic resistance and underscored the importance of stewardship and follow-up care. Looking ahead to 2025, IPC will continue prioritizing surveillance, education, and multidisciplinary collaboration to enhance patient safety and care quality.		
5. 2025 SVHCD QUALITY COMMITTEE WORK PLAN	*Wendy Lee Myatt*	INFORM
2025 Quality Committee Work Plan included for reference with most recent changes. (previously approved by the committee)		
6. QUALITY INDICATOR PERFORMANCE & PLAN	*Louise Wyatt, RN JD*	INFORM
Wyatt presented data for February 2025. Key points included clarification around mortality data—specifically the distinction between comfort care and hospice, which affects reporting accuracy. One pneumonia-related mortality was confirmed after correcting coding errors. Infection control indicators, including hand hygiene and C. diff rates, have improved following targeted education in the ED. While sepsis protocol compliance had a few isolated fallouts, no consistent trends were identified. Wyatt also noted that readmission rates are impacted by CMS rules that count any 30-day readmission, regardless of cause or facility. Overall, the hospital is performing well across most quality measures, with continued efforts to refine coding, improve compliance, and support care coordination.		
7. CLOSED SESSION: a. Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	*Wendy Lee Myatt*	ACTION
	Motion to recommend to Board of Directors for approval by Kornblatt Idell, 2nd by Mainardi. All in favor.	
8. ADJOURN	*Wendy Lee Myatt*	
	Meeting adjourned at 6:11pm	

Laboratory Report

Current Review YTD

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

Laboratory Staff

- Laboratory Director, Frederick Kretzschmar, MD
- Lab Manager, Nicolaos Hadjiyianni (retiring 5/2)
- Lab Manager, Al Lugo (as of 3/30)
- Lab Technical Supervisor (vacant)
- Clinical Lab Scientists (3 FT, 3 PT, 6 PD)
- Microbiologists (1 PT, 2 Per Diem)
- Clinical Laboratory Assistants (1 FT, 3 PT, 4 Per Diem)

24/7 Coverage

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

Scope of Services

- Phlebotomy/Specimen Collection
- Clinical Laboratory testing
  - Chemistry/Toxicology/Special Chemistry
  - Hematology
  - Immunology/Immunohematology/Serology
  - Urinalysis
  - Microbiology/Molecular Diagnostics
- Blood Transfusion service
- Multi-departmental POC Coordination
- Collection service for Quest and PathGroup

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

Accomplishments

- Interface with PathGroup
  - Results upload directly to EPIC
- Secured contracts for New Analyzers
  - Implementations begin Mid-Spring
- New Lead Microbiologist
- 16 Phlebotomy students

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

Upcoming Projects

- Analyzer Implementation
  - Dual Tower Hematology Analyzer
  - General Chemistry, Immunoassay, and Integrated Chemistry Analyzer
- Ethernet re-cabling
- CLIA Inspection

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

Challenges

- Staffing
  - Comparable compensation
  - Location
- Space Utilization
  - Poor ergonomic design
  - Lack of Storage

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

Volumes

CY 2023	CY 2024	CY2025 to date
116,445	127, 440	39,680 Projected: 138,088

LAB QAPI
April '24 – March '25

Blood Cultures -Total Contamination Rate (M)	58% / 25% / 17%	Bet. Target & Alarm	3.3% 7/209	Deteriorated	Mar 2025	3.0%	4.0%
Lab | API Manual Test Entry Error (M)	75% / 8% / 9% / 8%	Target Met	0.0% 0/127	No Change	Mar 2025	0.0%	1.0%
Lab | Blood Admin Audit (Q)	83% / 9% / 8%	Target Met	100.0% 2/2	No Change	Q1-2025	100.0%	99.0%
Lab | Critical Values Communication per protocol (M)	8% / 92%	Breaches Alarm	98.7% 76/77	Improved	Mar 2025	100.0%	99.0%
Lab | Manual Test Entry (Q)	100%	Target Met	100.0% 573/573	No Change	Q4-2022	100.0%	95.0%
Lab | Transfusion Reaction (M)	100%	Target Met	0.0% 0/16	No Change	Mar 2025	0.0%	1.0%
Lab | Transfusion Effectiveness (M)	100%	Target Met	100.0% 3/3	No Change	Mar 2025	100.0%	99.0%

History

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

Patient Care Services Dashboard 2025

Emergency Department	Quality Assurance				
	Q1	Q2	Q3	Q4	Target
Barcode Scanning Rate	82%				>85%
1:1 Obs of High Risk Patients	75%				100%
RN Bld Cx Contamination Rate	2.95%				<3%

Inpatient	Quality Assurance				
Patient Discharge Education (AVS) related to diagnosis	Q1	Q2	Q3	Q4	Target
	72%				90%
Mobility: OOB for Breakfast	67%				90%

Surgical Services	Quality Assurance				
	Q1	Q2	Q3	Q4	Target
Day of Surgery Cx' Cases	2.86%				<4%
First Case On-Time Start	47%				80%

All	Medication Safety				
	Q1	Q2	Q3	Q4	Target
Preventable Med Errors r/t scanning	0				0
Drug Admin Error Rate (per 10,000 admins)	0.14 (n=3)				<1

	Nurse Turnover				
	Q1	Q2	Q3	Q4	Target
ED	0				<2
Inpatient	0				<2
Surgical Services	0				<2
TOTAL	0				<4

	Patient Experience				
Emergency Dept	Q1	Q2	Q3	Q4	Target
Q-Reviews	4.72				4.5
Inpatient	Q1	Q2	Q3	Q4	Target
Q-Reviews	4.74				4.5
Surgical Services	Q1	Q2	Q3	Q4	Target
Q-Reviews	4.79				4.5

ED-Inpt	Throughput- Admit Order to Admit Time (Ed-Inpt)				
	Q1	Q2	Q3	Q4	Target
Measure #mins. Goal is <2hrs, 90%	77%				80%
Avg Mins	94.83				

SONOMA VALLEY HOSPITAL
BOARD QUALITY COMMITTEE

APRIL 23, 2025

LOUISE WYATT, RN JD

Director of Quality, Risk Management, Patient Safety,

Infection Control, Case Management & Survey Readiness

SONOMA VALLEY HOSPITAL
SONOMA VALLEY HEALTH CARE DISTRICT
HEALING HERE AT HOME

AGENDA

- QUALITY INITIATIVES
- QUALITY SCORECARD
- HCAHPS REPORT – 1ST QTR 2025
- Q REVIEW REPORTS
- CIHQ CORRECTIVE ACTION PLAN

QUALITY INITIATIVES

Skilled Nursing Facility Collaboration with Sonoma Post Acute, Valley of the Moon and Broadway Villa

Purpose:

- ❖Improve Patient Outcome
- ❖Enhance Communication and Care Coordination
- ❖Increase Patient and Family Satisfaction
- ❖Regulatory and Compliance Alignment
- ❖Reduce Readmissions
- ❖Improve Care Transition
- ❖Collaborate on data sharing and quality reviews (e.g., readmission rates, infection prevention, medication safety)
- ❖Quality Improvement Initiatives to identify areas for joint process improvement

QUALITY INITIATIVES

Readmission Reduction Project

Purpose

- To reduce readmissions for CHF and COPD patients
- Ensure patients receive proper care, education, and follow-up after discharge
- Avoid costly, preventable readmissions
- Improve discharge planning and ensure patients understand their medications and follow-up care
- Improve hospital performance metrics and publicly reported quality scores
- Align with CMS's Hospital Readmissions Reduction Program (HRRP)

QUALITY INITIATIVES

Sepsis Program

Infection Prevention Committee Relaunch

Pre-operative Prehabilitation Project

Partnership with Adobe Pharmacy

Med to Bed program

Charity Medication Program

QUALITY SCORECARD

2024
1ST QTR 2025

QUALITY SCORECARD
INFECTION

Measures	*2024*	*2025 Target*	25-Jan	25-Feb	25-Mar	Q1.2025
IC-Surveillance| HAI-C.DIFF Inpatient infections SIRs |M|	*85*	*1*	0%	0%	0%	0%
IC-Surveillance| HAI-CAUTI Inpatient infections SIRs |M|	*0*	*1*	0%	0%	0%	0%
IC-Surveillance| HAI-CLABSI Inpatient infections SIRs|M|	*0*	*1*	0%	0%	0%	0%
IC-Surveillance| HAI-MRSA Inpatient infections SIRs|M|	*0*	*1*	0%	0%	0%	0%
IC-Surveillance| HAI-SSI infections SIRs|M|	*0*	*1*	0%	0%	0%	0%
QA-02 | Hand Hygiene Practices Monitored % of compliance|M|	*90%*	*90%*	98	92	82%	91%

Mortality

Measures	2024	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025
COPD Mortality Rate |M|	8.10%	8.5	0%	0%	0%	0%
Congestive Heart Failure Mortality Rate |M|	0%	11.5	0%	0%	0%	0%
Pneumonia Mortality Rate |M|*	4.80%	15.60%	0%	22%	0%	7.10%
Ischemic Stroke Mortality Rate |M|	0%	13.80%	0%	0%	0%	0%
Hemorrhagic Stroke - Mortality Rate (M)	33.30%	0%	ND	ND	ND	ND
Sepsis, Severe - Mortality Rate (M)	0.00%	25%	25%	0%	0%	10%
Septic Shock - Mortality Rate (M)**	30%	25%	43%	20%	0%	28.60%

* 2/9 Orders for Hospice, palliative care; 95 YO DNR

** 3/7 Encounter for palliative care Sepsis; Admitted w/Sepsis DNR; Admitted w/Septic Shock and died on comfort care.

PSI 90
FALLS
RX

Measures	*2024*	*2025 Target*	25-Jan	25-Feb	25-Mar	Q1.2025
PSI 90 (v2023-1) Midas Patient Safety Indicators Composite, ACA per 1000 pt days (M)	***0***	***0***	**0.01**	**0**	**0**	**0.0004**
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M) *	***0***	***0***	**1**	**0**	**0**	**1**
RM ACUTE FALL- All (M) per 1000 patient days	***2.94***	***3.75***	**3.17**	**3.25**	**0**	**2.08**
RM ACUTE FALL- WITH INJURY (M) per 1000 patient days	***1.1***	***3.75***	**0**	**0**	**0**	**0**
Rx-ADEs-High Risk Med Errors Per 10,000 Doses (M)	***0.03***	***1.13***	**0%**	**0%**	**0%**	**0%**
Rx-Administration Errors Per 10,000 Doses Dispensed	***0.45***	***1***	**0.1**	**0.1**	**0.19**	**0.14**

LAB/TRANSFUSIONS
BLOOD CULTURES

Measures	*2024*	*2025 Target*	25-Jan	25-Feb	25-Mar	Q1.2025
Lab | Transfusion Effectiveness (M)	***100%***	***100%***	***100%***	***100%***	***100%***	***100%***
Lab | Transfusion Reaction (M)	***0%***	***0%***	***0%***	***0%***	***0%***	***0%***
Blood Cultures -Contamination Rate |RN| (M)	***3%***	***3%***	**2.70%**	**1.30%**	**5%**	**3%**
Blood Cultures -Contamination Rate |LAB| (M)	***2%***	***3%***	**0%**	**0%**	**0%**	**0%**
Blood Cultures -Total Contamination Rate (M)	***3%***	***3%***	**1.80%**	**1.00%**	**3.30%**	**2.00%**

STROKE

Measures	*2024*	*2025 Target*	25-Jan	25-Feb	25-Mar	Q1.2025
CDSTK-03|Median- Code Stroke Called |M| elapsed time (mins)	*5*	*10*	1	8	8	2
CDSTK-04|Median- Door to Phys Eval |M| elapsed time (mins)	*1*	*10*	0	2	0	0
CDSTK-05|Median- Door to CT Scanner |M|elapsed time (mins)	*9*	*25*	1	8	11	6
CDSTK-06|Median- Neuro Consult Contacted |M| elapsed time (mins)	*25*	*30*	8	14	20	14
CDSTK-07|Median- CT Read by Radiology |M| elapsed time (mins)	*26*	*45*	15	30	31	22
CDSTK-08|Median- Lab Results Posted |M| elapsed time (mins)	*25*	*45*	20	21	26	21
CDSTK-10|Median- Door to EKG Complete |M| elapsed time (mins)	*29*	*60*	21	28	25	25
CDSTK-11|Median-Door to tPA Decision |M| elapsed time (mins)	*31*	*60*	19	34	30	30
CDSTK-12|Median-Door to tPA |M| elapsed time (mins)	*74*	*60*	48	ND	ND	48

ALOS
READMISSIONS

Measures	2024	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio |M	0.86	0.99	0.99	0.99	0.99	0.99
Inpatients Risk-adjusted Average Length of Stay, O/E Ratio |M	0.86	0.99	0.9	0.98	0.97	0.95
Medicare Risk-adjusted Average Length of Stay, O/E Ratio |M	0.79	0.99	0.82	0.97	0.97	0.9
Acute Care - Geometric Mean Length of Stay |M	3.59	2.75	4.15	2.85	3.46	3.47
30-DV Inpatients - % Readmit to Acute Care within 30 Days (M	6.39	15.30%	13.43	6.35	7.14	9.00 %
COPD, CMS Readm - % Readmit within 30 Days, ACA (M	7.10%	19.50%	0.00%	40%	0.00 %	22.2 0%
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	13.50%	21.60%	0%	0%	0%	0%
Hip/Knee, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M	0%	4.00%	0%	0%	0%	0%
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M	7.10%	13.60%	8.30%	0%	0%	8.70 %
Sepsis, Simple - % Readmit within 30 Days (M)*	0.03%	0.00%	0.27%	0%	0%	0.14 %
Sepsis, Severe - % Readmit within 30 Days (M)	0%	12%	0%	0%	0%	0%
Septic Shock - % Readmit within 30 Days (M)*	0.20%	13.30%	0%	0%	0.50 %	0.20 %

CORE OP MEASURES

Measures	2024	2025 Target	25-Jan	25-Feb	25-Mar	Q1.2025
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M	0.30%	2.00%	0.40%	0.40%	0.40%	0.40%
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	?	80%	100%	100%	ND	ND
Core OP29/ASC9 - Colonoscopy: F/U for Avg Risk Pts (M	100%	88%	100%	100%	100%	100%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M	140	132	154	120	105.5	126

SEPSIS BUNDLES

Measures	*2024*	*2025 Target*	25-Jan	25-Feb	25-Mar	Q1.2025
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	*80%*	*81%*	**100%**	**100%**	**50%**	**93.80%**
SEPa - Severe Sepsis 3 Hour Bundle (M	*89.30%*	*94%*	**100%**	**100%**	**75%**	**92%**
SEPb - Severe Sepsis 6 Hour Bundle (M)	*89.30%*	*100%*	**100%**	**100%**	**100%**	**100%**

HCAHPS REPORT – 1ST QTR 2025
Delayed Until May 2025

Survey Questions Revised: Press Ganey made changes to the actual survey questions.

Electronic Responses Approved: CMS has approved the use of electronic survey responses via email; however, results from March will not be included in reports until May.

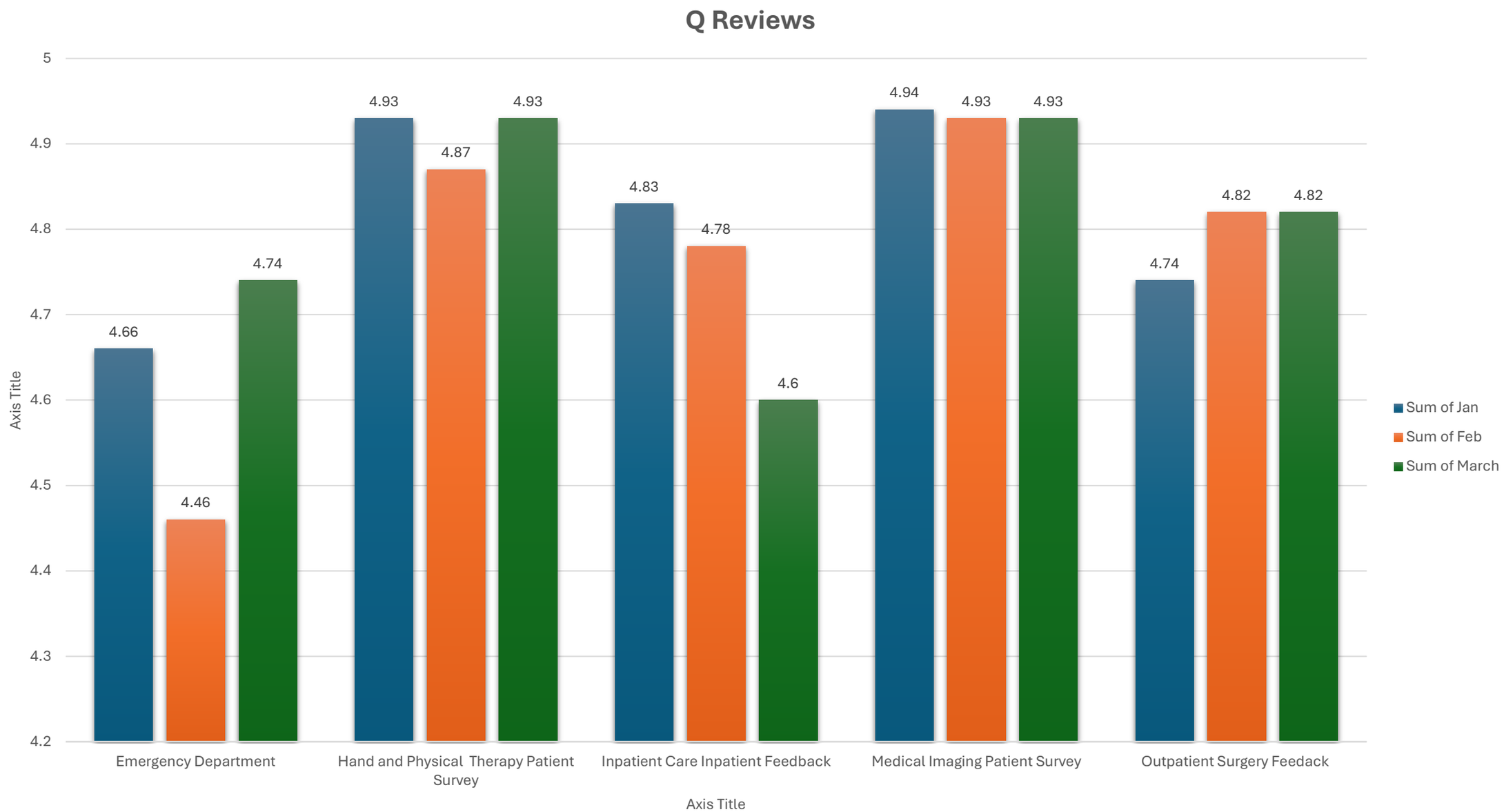
Language Accessibility: Surveys will be provided in the approved Spanish translation if that is the patient's preferred language.

Family Member Participation: A patient's family member is now allowed to complete the survey on their behalf — a change from the previous policy, where only the patient could respond.

Extended Collection Period: The survey response window has been extended from 42 days to 49 days.

Supplemental Questions Limited: Only 12 supplemental questions are now allowed. These are additional questions added by Press Ganey; CMS does not evaluate or regulate them but has now imposed a limit.

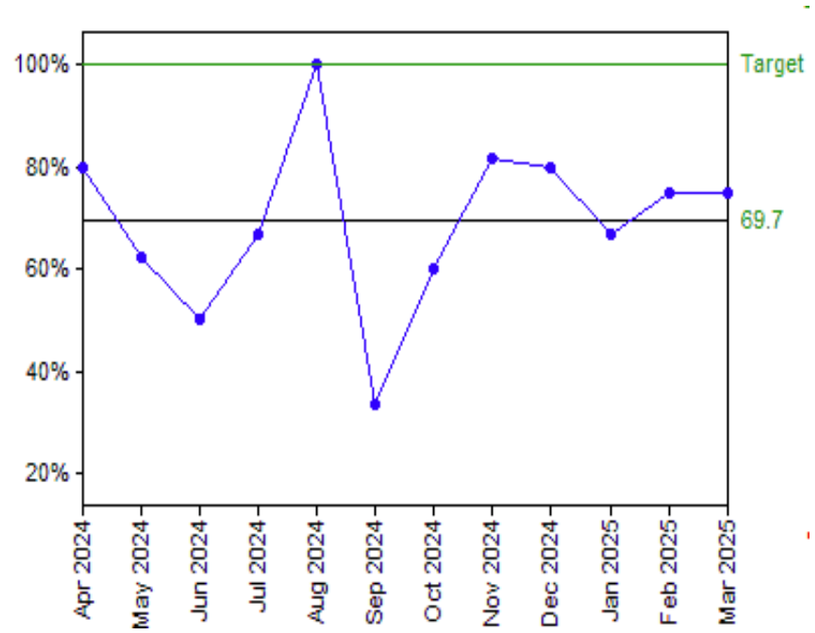
Q Review Reports:
1st Qtr. 2025



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

Medical Record Analysis for March

- 1 missed MD order
- Nursing documentation 100%
- Average LOS: 17 hours
- Age Range: 23- 59



DATE	1:1 Observation for High Risk Patie		Percent
Mar 2025	3	4	75%
Feb 2025	3	4	75%
Jan 2025	2	3	67%
Dec 2024	4	5	80%
Nov 2024	9	11	82%
Oct 2024	3	5	60%
Sep 2024	1	3	33%
Aug 2024	4	4	100%
Jul 2024	4	6	67%
Jun 2024	4	8	50%
May 2024	5	8	62%
Apr 2024	4	5	80%

Issues Identified with Suicide Precaution Monitoring:

1.MD Orders Required for Suicide Precautions

1. Current policy requires a physician's order to initiate suicide precautions.
2. Physicians reported they were previously unaware of this requirement, noting that suicide precautions have historically been initiated by nursing staff without an MD order.

2.Documentation Workflow for Observations

1. Observations by RNs, CNAs, or ED Techs must be charted on the designated flow sheet.
2. The appropriate flow sheet is not automatically visible or intuitive; it must be manually searched for and added to each patient chart.

3.Minimum Documentation Frequency

1. Observations must be documented **at least every 1 hour** (q1h) in accordance with policy and safety standards.

QUESTIONS

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: 04/20/2025 5:04 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: 7

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

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

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Contrast Media Procurement and Storage *Diagnostic Services Dept Policies*	**Pending Approval**	4/17/2025	3

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

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

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)**

High Alert Medications *Medication Management Policies (MM)*	**Pending Approval**	4/17/2025	3

Summary Of Changes: **Removed example of insulin under independent double check systems. ISMP recommends against this for insulin single doses.**

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

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

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

Inpatient Staffing Plan and Acuity Determination *Nursing Services Policies (NS)*	**Pending Approval**	4/17/2025	3

Summary Of Changes: **Changed name to "Inpatient Staffing Plan and Acuity Determination" . Updated references. Added specific CDPH language regarding staffing ratios. Added purpose statement. Clarified process for low census, and steps to take to secure more staff in times of high census.**

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

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

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

Menu Distribution *Food & Nutrition Services Dept Policies*	**Pending Approval**	4/17/2025	3

Summary Of Changes:	**Updated to reflect changes from paper menus and removed timing of menu distribution as menus are no longer provided on lunch trays**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
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)**

Plan for Patient and Family Education — **Pending Approval** — 4/17/2025 — 3

Governance and Leadership Policies

Summary Of Changes:	**Reviewed. No changes. Updated reference to CIHQ 2024 standards; formatted CMS reference.**
Moderators:	**Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Winkler, Jessica (jwinkler)**
ExpertReviewers:	**06 CMO/Designee for signature**
Approvers:	**Hennelly, John (jhennelly) -> 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)**

RETIRE: Clozapine REMS Procedure — **Pending Approval** — 4/17/2025 — 3

Pharmacy Dept

Summary Of Changes:	**RETIRE--please retire this policy. The FDA announced that it is deleting the REMS requirement this policy was created for as of 2/24/25**
Moderators:	**Kutza, Chris (ckutza), Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
Lead Authors:	**Kutza, Chris (ckutza)**
Approvers:	**01 P&P Committee -> 04 MS-Performance Improvement/Pharmacy & Therapeutics Committee - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Sterile Compounding Procedures 8390-03 — **Pending Approval** — 4/17/2025 — 3

Pharmacy Dept\Compounding Related

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