SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD OF DIRECTORS MEETING
465 West Putnam Avenue, Porterville, CA – Board Room

AGENDA
March 26, 2024

OPEN SESSION (5:00 PM)

The Board of Directors will call the meeting to order at 5:00 P.M. at which time the Board of Directors will undertake procedural items on the agenda. At 5:05 P.M. the Board will move to Closed Session regarding the items listed under Closed Session. The public meeting will reconvene in person at 5:30 P.M. In person attendance by the public during the open session(s) of this meeting is allowed in accordance with the Ralph M. Brown Act, Government Code Sections 54950 et seq.

Call to Order

I. Approval of Agendas
Recommended Action: Approve/Disapprove the Agenda as Presented/Amended

The Board Chairman may limit each presentation so that the matter may be concluded in the time allotted. Upon request of any Board member to extend the time for a matter, either a Board vote will be taken as to whether to extend the time allotted or the chair may extend the time on his own motion without a vote.

II. Adjourn Open Session and go into Closed Session

CLOSED SESSION (5:01 PM)

As provided in the Ralph M. Brown Act, Government Code Sections 54950 et seq., the Board of Directors may meet in closed session with members of the staff, district employees and its attorneys. These sessions are not open to the public and may not be attended by members of the public. The matters the Board will meet on in closed session are identified on the agenda or are those matters appropriately identified in open session as requiring immediate attention and arising after the posting of the agenda. Any public reports of action taken in the closed session will be made in accordance with Gov. Code Section 54957.1

III. Closed Session Business

A. Pursuant to Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b): Chief of Staff Report

B. Pursuant to Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b):

1. Evaluation – Quality of Care/Peer Review/Credentials

2. Quality Division Update –Quality Report

C. Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets Pertaining Financial Planning. Estimated Date of Disclosure April 1, 2024.

D. Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets Pertaining to Seismic Compliance. Estimated Date of Disclosure January 1, 2030.

E. Pursuant to Gov. Code Section 54957(b): Discussion Regarding Confidential Personnel Matter – Two (2) Items. Estimated Date of Disclosure January 1, 2025 for materials that are not part of an individual's private personnel file.

F. Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets Pertaining to General Strategic Planning for Services, Facilities and Programs. Estimated date of Disclosure March 1, 2026.

G. Pursuant to Gov. Code Section 54956.9(d)(2), Conference with Legal Counsel about recent work product (b)(1) and (b)(3)(F): significant exposure to litigation; privileged communication (1 Item).

To the extent items on the Closed Session Agenda are not completed prior to the scheduled time for the Open Session to begin, the items will be deferred to the conclusion of the Open Session Agenda.

IV. Adjourn Closed Session and go into Open Session

OPEN SESSION (5:30 PM)

V. Closed Session Action Taken

Pursuant to Gov. Code Section 54957.1; Action(s) to be taken Pursuant to Closed Session Discussion

A. Chief of Staff Report
Recommended Action: Information only; no action taken

B. Quality Review

1. Evaluation – Quality of Care/Peer Review/Credentials
   Recommended Action: Approve/Disapprove Report as Given

2. Quality Division Update –Quality Report
   Recommended Action: Approve/Disapprove Report as Given

C. Discussion Regarding Trade Secrets Pertaining to Seismic Compliance
Recommended Action: Information Only; No Action Taken

D. Discussion Regarding Personnel
Recommended Action: Information Only; No Action Taken

E. Discussion Regarding Trade Secrets Pertaining to General Strategic Planning for Services, Facilities and Programs
Recommended Action: Information Only; No Action Taken

F. Conference with Legal Counsel
Recommended Action: Information Only; No Action Taken

VI. Public Comments

Pursuant to Gov. Code Section 54954.3 - NOTICE TO THE PUBLIC - At this time, members of the public may comment on any item not appearing on the agenda. Under state law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public may make comments at this time or present such comments when the item is called. This is the time for the public to make a request to move any item on the consent agenda to the regular agenda. Any person addressing the Board will be limited to a maximum of three (3) minutes so that all interested parties have an opportunity to speak with a total of thirty (30) minutes allotted for the Public Comment period. Please state your name and address for the record prior to making your comment. Written comments submitted to the Board prior to the Meeting will distributed to the Board at this time, but will not be read by the Board secretary during the public comment period.

VII. Consent Agenda

Recommended Action: Approve Consent Agenda as presented

Background information has been provided to the Board on all matters listed under the Consent Agenda, covering Medical Staff and Hospital policies, and these items are considered to be routine by the Board. All items under the Consent Agenda

covering Medical Staff and Hospital policies are normally approved by one motion. If discussion is requested by any Board member(s) or any member of the public on any item addressed during public comment, then that item may be removed from the Consent Agenda and moved to the Business Agenda for separate action by the Board.

VIII. Approval of Minutes

A. **February 27, 2024 Minutes of the Regular Meeting of the Board of Directors**
Recommended Action: Approve/Disapprove February 27, 2024 Minutes of the Regular Meeting of the Board of Directors

IX. Business Items

A. **Single Audit Board FY23 (Zoom)**
Recommended Action: Approve/Disapprove Single Audit Board FY23

B. **February 2024 Financials**
Recommended Action: Approve/Disapprove February 2024 Financials

X. CEO Report

XI. Announcements:

A. Regular Board of Directors Meeting – April 23, 2024 at 5:00 p.m.

B. Form 700 due April 1, 2024. Disclosure forms must be on file with the Board Administrator by that date.

XII. Adjournment

PUBLIC NOTICE

Any person with a disability may request the agenda be made available in an appropriate alternative format. A request for a disability-related modification or accommodation may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting to Melissa Mitchell, VP of Quality and Regulatory Affairs, Sierra View Medical Center, at (559) 788-6047, Monday – Friday between 8:00 a.m. – 4:30 p.m. Such request must be made at least 48 hours prior to the meeting.

PUBLIC NOTICE ABOUT COPIES

SIERRA VIEW MEDICAL CENTER

SIERRA VIEW LOCAL HEALTH CARE DISTRICT
BOARD OF DIRECTORS AGENDA
March 26, 2024

Materials related to an item on this agenda submitted to the Board after distribution of the agenda packet, as well as the agenda packet itself, are available for public inspection/copying during normal business hours at the Administration Office of Sierra View Medical Center, 465 W. Putnam Ave., Porterville, CA 93257. Privileged and confidential closed session materials are/will be excluded until the Board votes to disclose said materials.

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MEDICAL EXECUTIVE COMMITTEE	03/06/2024
BOARD OF DIRECTORS APPROVAL	
	03/26/2024
BINDUSAGAR REDDY, MD, CHAIRMAN	DATE

SIERRA VIEW MEDICAL CENTER
CONSENT AGENDA REPORT FOR
March 26, 2024 BOARD APPROVAL

The following Policies/Procedures/Protocols/Plans/Forms have been reviewed by the Medical Executive Committee and are being submitted to the Board of Directors for approval:

		Pages	Action
I.	**Policies**:		**APPROVE**
	• 24 Hour Urine Collection	1-2	↓
	• Abbreviations in the Medical Record	3-30	
	• Adverse Drug Reactions	31-33	
	• Assessment of the ICU Patient	34-36	
	• Classification of Surgical Procedures	37-38	
	• Electrosurgical Cautery Unit Safety	39-44	
	• Fire Safety and Guidelines for Surgical Services	45-54	
	• High-Alert Medications and Look Alike Sound Alike Medications	55-64	
	• Infection Control – Laboratory	65-69	
	• Insurance Reviews	70-71	
	• Intensive Care Unit – Admission, Discharge, Transfer Criteria	72-75	
	• Investigational Drugs	76-78	
	• Medical Record – Unacceptable Abbreviations & Symbols	79-86	
	• Pyxis Medication Overrides and Discrepancy	87-94	
	• Scope of Services for the Telemetry Unit	95-96	
	• Sexual Assault Survivors-Rape Victims	97-98	
	• Sterile Hazardous Drug Handling	99-118	
	• Sterile Products: Education and Competency	119-124	
	• Telemetry Unit – Admission, Discharge, & Transfer Criteria	125-129	
	• Transfer Reaction Procedure	130-136	
II.	**Forms**:		
	• Medicare Outpatient Observation Notice	137-138	
	• Medicare Outpatient Observation Notice (Spanish)	139-140	
	• Physician Transfer Certification	141-142	

SUBJECT: **24 HOUR URINE COLLECTION**	SECTION: **Page 1 of 2**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

A complete and accurate urine collection will be done to ensure proper evaluation of tests on a 24 hour urine sample.

AFFECTED AREAS/PERSONNEL: *LABORATORY STAFF, NURSING, PHYSICIANS*

PROCEDURE:

- Have patient empty bladder first thing in the morning and discard this specimen, note time and date.
- After the first morning specimen is discarded, collect all urine passed during the next 24 hour period in a clean container.
- The final collection is when the patient empties his or her bladder the next morning at the same hour. Note time and date.
- Keep the collected urine refrigerated, or on ice, and send to the laboratory as soon as possible after the 24 hour collection is complete.

NOTES:

- Twenty four hour urine tests should be ordered in the computer.
- Urine containers for the collection of 24 hours specimens may be obtained from the laboratory.
- If 24 hour urine collections are to be made, they should be made before administration of dyes for intravenous pyelograms (IVPs) and other X-ray contrasts.

24 HOUR URINE COLLECTION GUIDE #11008

TEST	**COLLECTION INSTRUCTIONS**	
	START	**AFTER**
FOOTNOTE		
1. Calcium	None	None
2. Catecholamines, Frac.	None	Freeze
3. Citric Acid	None	Freeze 5 ml aliquot
4. Creatinine	None	None
5. Hydroxycorticosteroids,17	None	Freeze
6. Hydroxyindoleacetic Acid,5 (5-HIAA)	None	Freeze
7. Ketosteroids,17	None	Freeze
8. Magnesium	None	Freeze

9. Metanephrines	None	Freeze
10. Oxalate	None	Freeze
11. Phosphorus	None	Freeze
12. Potassium	None	None
13. Protein	None	None
14. Sodium	None	None
15. Uric Acid	None	None
16. Vanillylmandelic Acid (VMA)	None	Freeze

REFERENCES:

- Siemens CA document number 11110115_01_CA_ACH_EN
- Quest Diagnostics.com, Test Menu, 2021
- Siemens CREA document number 11110159_08_Crea_2_ACH_EN
- Siemens MG document number 11110175_01_Mg_ACH_EN
- Siemens PHOS document number 11110174_02_IP_ACH_EN
- Siemens A-Lyte Integrated Multisensor document number 11109447_01_IMT_NaKCl_ACH_EN
- Siemens UCFP document number 11111705_01_UCFP_ACH_EN
- Siemens URCA document number 11110187_01_URCA_ACH_EN

SUBJECT: **ABBREVIATIONS IN THE MEDICAL RECORD**	SECTION:

PURPOSE:

To define the standardized abbreviations and symbols acceptable for use in the medical record at Sierra View Medical Center.

POLICY:

There shall be an approved abbreviation list available for use throughout the Hospital. Only abbreviations from this list shall be used in the medical record.

Only those abbreviations from the medical staff list of approved abbreviations will be utilized for documentation.

Pre-printed forms shall not include any abbreviations identified on the "Do Not Use" list. All pre-printed forms include, but not limited to, physician orders forms, protocols, clinical practice guidelines and pathways.

AFFECTED AREAS/PERSONNEL: *ALL CLINICAL DEPARTMENTS*

PROCEDURE:

1. The HIM Director, Vice President of Patient Care Services and the Vice President of Quality and Regulatory Affairs shall have the authority to add, delete, and otherwise update the abbreviation list as the needs of the hospital shall dictate.

2. The abbreviation list shall be submitted to the Medical Executive Committee for review and approval.

3. The abbreviation list shall be an addendum to this policy and shall be available in all copies of the manual.

REFERENCE:

- The Joint Commission. (2023). Hospital accreditation standards. IM.02.02.01. Joint Commission Resources, Oakbrook Terrace, Illinois

CROSS REFERENCE:

- Health Information Management Policy: Subject: Medical Record – Unacceptable Abbreviations and Symbols.

SIERRA VIEW MEDICAL CENTER
APPROVED ABBREVIATION LIST
ATTACHMENT A

A

@	at
a	before
A1	aortic first sound
A2	aortic second sound
aa	of each
A	assistance
AAA	abdominal aortic aneurysm
AaDO2	alveolar-arterial oxygen difference
AAROM	active assisted range of motion
A&O	alert and oriented
A&P	auscultation and percussion
AB	abortion
ABD	abduction
abd	abdomen
abd pol	abductor pollicis
ABG	arterial blood gas
abn	abnormal
ABX	antibiotics
a.c.	before meals
AC	acromioclavicular
ACL	anterior cruciate ligament
ACLS	Advanced Cardiac Life Support
ACT	activated clotting time
ACTH	adrenocorticotrophic (hormone)
ACVD	arteriosclerotic cardiovascular disease
A.D.	right ear (auris dextra)
ADA	American Diabetic Association
Adapt.	Adaptive
ADC	average daily census
ADD	attention deficit disorder
ADH	antidiuretic hormone
ADL	activities of daily living
ad lib	as desired
add pol	adductor pollicis
ADM	administrative
adm	admission
adq	abductor digiti quinti (muscle)
AE	above elbow
AFB	acid fast bacilli
A-fib	atrial fibrillation

ag	antigravity
AgNO3	silver nitrate
A/G Ratio	albumin-globulin
AGA	appropriate for gestational age
AGE	acute gastroenteritis
AHD	acute hemodialysis
AI	aortic insufficiency
AIDS	autoimmune deficiency syndrome
AIN	allergic interstitial nephritis
AK	above knee
AKA	above knee amputation
alb	albumin
alk.p'tase	alkaline phosphatase
alk.	alkaline
ALOC	altered level of consciousness
ALS	amyotrophic lateralizing sclerosis
a.m.	morning
AMA	Against Medical Advice
amb	ambulatory
AMI	acute myocardial infarction
amp	ampule
amt	amount
anes	anesthesia
angio	angiogram
ANS	autonomic nervous system
ant	anterior
A/O	alert and oriented
AOCD	Anemia of chronic dsease
AODM	adult onset diabetes mellitus
AP	anterior-posterior
APAP	acetaminophen (not abbrev. brand name)
APB	abductor pollicis brevis
APL	abductor pollicis longus
A/P	auscultation and percussion
ap	apical pulse
approx	approximately
appt	appointment
appy	appendectomy
APS	Adult Protective Services
ARDS	adult respiratory distress syndrome
ARF	acute renal failure
AROM	artificial rupture of membranes
ART	Accredited Record Technician
art.	arterial
art.line	arterial line
artic	articulation

A.S.	left ear (auris sinistra)
AS	arteriosclerosis
ASA	acetylsalicylic acid (aspirin)
ASAP	as soon as possible
ASCVD	atherosclerotic cardiovascular disease
ASD	atrial septal defect
ASHD	arteriosclerotic heart disease
ASIS	anterosuperior iliac spine
ASO	antistreptolysin titre O
Assoc.	association
asst	assistance
as tol	as tolerated
ASVD	arteriosclerotic vascular disease
asym	asymmetrical
A.T.C.	around the clock
A.U.	both ears
auth	authorize(d)
A-V	arteriovenous
AV	arterioventricular
AVB	atrioventricular block
AWMI	anterior wall myocardial infarction
ax	axilla

B

B+C	board and care
Bab.	Babinski
Bact	bacterium(a)
bal	balance
Baso	basophils
BBB	bundle branch block
BBS	bilateral breath sounds
BC	blood culture
BG	blood glucose
BIB	brought in by
b.i.d.	twice daily
bilat; bil	bilateral
BILI	bilirubin
bio	biological
BE	barium enema
BF	breast feeding
BK	below the knee
BKA	below knee amputation
bld	blood
BLE	bilateral lower extremities
BLS	basic life support

BM	bowel movement
BMEVT	bilateral middle ear ventilation tubes
BMR	basal metabolism rate
BMT	bilateral myringotomy/tube placement
BOA	born out of asepsis
BOM	bilateral otitis media
BOME	bilateral otitis media with effusion
BOOP	bilateral organizing obstructive pnemonia
BOW	bag of waters
BP	blood pressure
BPH	benign prostatic hypertrophy
BPPN	benign paroxysmal postural nystagmus
BPPV	benign paroxysmal positional vertigo
BR	bedrest
BRB	bright red blood
B.R.P.	bathroom privileges
Bs; B/S	blood sugar
bs	breath sounds
BS	bowel sounds
BSA	body surface area
BSC	bedside commode
BSGT	bedside glucose tolerance
BSO	bilateral salpingo-oohorectomy
BST	breast stimulation test
BSW	Bachelor of Social Work
BTL	bilateral tubal ligation
BUE	bilateral upper extremities
BUN	blood urea nitrogen
BUR	back up rate
BUS	Bartholin, urethral and Skenes glands
BTL	bilateral tubal ligation
btl.	bottle
bx	biopsy

C

C/O	complaints of
c	with
C	centigrade (celsius)
C&S	culture and sensitivity
Ca	cancer/carcinoma
Ca++	calcium
CABG	coronary artery bypass graft
CAD	coronary artery disease
cal	calorie
Cap.	Capsule

CAPD	continuous ambulatory peritoneal dialysis
CAT	CAT Scan
Cat	cataract
cath	catheter/catheterization
Cauc	caucasian
CAVH	continuous arteriovenous hemoperfusion
CAVHD	continuous ateriovenous hemodialysis
CBC	complete blood count
CBOME	chronic bilateral otitis media with effusion
CBS	chronic brain syndrome
cc	cubic centimeter
CC	chief complaint
CCPD	Continuous Cycling Peritoneal Dialysis
CCS	California Children's Services
C.C.S.	Certified Coding Specialitst
CCU	coronary care unit
CDB	cough & deep breathe
CDC	Centers for Disease Control and prevention
CEA	carcinoembryonic antigen
CEO	Chief Exective Officer
ceph.floc.	cephalin flocculation test
cert.	Certification
cerv.	Cervical
CFO	Chief Financial Officer
CGA	Contact Guard Assist
CHAL	central hyperalimentation dialysis
CHD	coronary heart disease
CHF	congestive heart failure
chg	charge
CHO	carbohydrate
chol	cholesterol
Chole	cholecystectomy
CHT	Certified Hand Therapist
CI	cardiac index
CIE	counter immunoelectrophoresis
CIN	cervical intraepithelial neoplasia
circ	circumcision
CIS	carcinoma in situ
Cl	chloride
Cllig	clear liquid
cm	centimeter
CMCJ	carpometacarpal joint
CMV	cytomegalovirus
CNA	Certified Nurse Assistant
CNM	Certified Nurse Midwife
CNS	central nervous system

CO	cardiac output
c/o	complaint(s) of
CO2	carbon dioxide
Cocci	coccidioicomycosis
Cog	cognitive
COG	center of gravity
comp	compliance
conc.	Concentration
cong.	Congestion/congested
conj.	Conjunctiva(l)
cont.	continuous
contr.	Contractions
COO	Chief Operating Officer
COPD	chronic obstructive pulmonary disease
COS	Chief of Staff
COTA	Certified Occupational Therapy Assistant
C/P	cardiopulmonary
CP	cerebral palsy
cp	cold pack
CPAP	continuous positive airway pressure
CPD	cephalopelvic disproportion
CPK	creatinine phosphokinase
CPM	continuous passive motion
CPR	cardiopulmonary resuscitation
CPS	Child Protective Services
C/R	cardiorespiratory
CRC	Cypress Rehabilitation Center
CRF	chronic renal failure
CRNA	Certified Registered Nurse Anesthetist
Cr nn 2-12	cranial nerves two through 12
CRS	community re-entry skills
CRT	Certified Radiology Technician
C/S	cesarean section
CSF	cerebrospinal fluid
CSM	circulation, sensation, motion
CSOM	chronic suppurative otitis media
C-spine	cervical spine
CST	Certified Scrub Technician
CT	computerized axial tomography
CTR	carpal tunnel release
CTS	carpal tunnel syndrome
ctx	contraction
cu	cubic
cu.in.	cubic inch
C/V	cardiovascular
CVA	cerebrovascular accident

CVD	cardiovascular disease
CVP	central venous pressure
cx	cervix
CXR	chest x-ray

D

D&C	dilation and curettage
D&I	dry and intact
DAT	diet as tolerated
DB	diaphragmatic breathing
DBW	desired body weight
dc	discontinue
dep	dependent
DC	discontinue
dc'd	discontinued
D5W	IV Dextrose, 5% in water
DDS	Doctor of Dental Surgery
DDSc	Doctor of Dental Science
decub	decubitus
demo	demonstrate
Dept	department
diam	diameter
diff	differential
dig.	Digoxin,Lanoxin
dil	dilute(d)
DIPJ	distal interphalangeal joint
disch	discharge
dist	distilled
DJD	degenerative joint disease
DM	diabetes mellitus
DMV	Department of Motor Vehicles
DNR	Do Not Resuscitate
DOA	dead on arrival
DOB	date of birth
DON	Director of Nursing
DPM	Doctor of Podiatric Medicine
DPT	diphtheria, pertussis, tetanus
Dr.	doctor
dr.	dram
drng	drainage
dsg	dressing
DT	diphtheria/tetanus
D.T.'s	delirium tremens
DTRs	deep tendon reflexes
dtr.	daughter

dur.	duration
DVT	deep vein thrombosis
Dx	diagnosis

E

E coli	escherichia coli
e.g.	for example
ea	each
EBL	estimated blood loss
EBV	Epstien-Barr virus
ECF	extended care facility
ECG;EKG	electrocardiogram
ECHO	echocardiogram
Ed	education
ED	emergency department
EDC	estimated date of confinement
EDD	estimated date of delivery
EDW	estimated dry weight
EEG	electroencephalogram
EENT	eye, ear, nose and throat
EFM	external fetal monitor
EGD	esophagogastroduodenostomy
EJ	external jugular
ELF	elective low forceps
elix	elixir
emerg	emergency
EMG	electromyo(myelo)gram
EMS	Electric muscle stimulation
EMT	Emergency Medical Technician
ENG	electroneptagmogram
ENT	ear, nose and throat
EOA	esophagogastric oral airway
EOB	edge of bed
EOM	extraocular movements
eos	eosinophils
EPB	extensor pollicis brevis
EPC	electronic pain control
Epi	epinephrine
epi	epidural
EPL	extensor pollicis longus
Equip	equipment
equiv	equivalent
er	external rotation
ERD	emergency room
ERCP	endoscopic retrograde cholangiopancreatography

ERS	extension rotation sidebend
ES	electrical stimulation
ESR	erythrocyte sedimentation rate
ESRD	end stage renal disease
est	estimated
ESWL	extracorporeal shockwave lithotripsy
et	and
etal	and others
ET	endotracheal
ETA	estimated time of arrival
Etc.	et cetera (and so forth)
ETCO2	end tidal carbon dioxide
ETIOL	etiology
ETOH	ethyl alcohol
ev	eversion
eval	evaluate(ion)
ex	exercise
exam	examination
exp	expiratory
exs	exercises
ext	external
exte	extension
extr	extraction

F

F	fundus
F/B	followed up
FB	foreign body
FBS	fasting blood sugar
F.C.	FlexCare
FCE	functional capacity evaluation
FCH	Fresno Community Hospital
FCU	flexor carpi ulnaris
FDP	flexor digitorum profundus
FDS	flexor digitorum superficialis
fe	female
Fe	iron (ferrum)
FESS	functional endoscopic sinus surgery

Fetal positions and presentations:

LFA(RFA)	left frontoanterior (right)
FP(RFP)	left frontoposterior (right)
LFT(RFT)	left frontotransverse)right)
LMA(RMA)	left mentoanterior (right)

LMP(RMP)	left mentoposterior (right)
LMT(RMT)	left mentotransverse (right)
LOA	left occiput anterior
LOP	left occiput posterior
LOT	left occiput transverse
LSA(RSA)	left sacrum anterior (right)
LSP(RSP)	left sacrum posterior (right)
LST(RST)	left sacrum transverse
ROA	right occiput anterior
ROP	right occiput posterior
ROT	right occiput transverse
FEV	timed forced expiratory volume
FFC	fixed flexion contracture
FFP	fresh frozen plasma
FH	family history
FHM	fetal heart monitor
FHR	fetal heart rate
FHT	fetal heart tones
FI	fiscal intermediary
fib	fibrillation
FIL	fetal intolerance tolabor
Flliq	full liquid
FIM	Functional Independent Measure
Fi02	fraction of inspired oxygen
fl	fluid
fl oz	fluid ounces
flex	flexion
FLM	fetal lung maturity
FMS	fine motor skills
FNP	Family Nurse Practitioner
FOP	foot of bed
FPB	flexor pollicis brevis
FPL	flexor pollicis longus
FR	fluid restriction
Fr.	French
FRC	Functional Residual Capacity
freq	frequency
Fri	Friday
FROM	full range of motion
FRS	flexion rotation sidebend
FS	frozen section
FSH	follicle stimulating hormone
FT	fullterm
ft.	foot(feet)
FTA	fluorescent treponema antibody

F/U	followup
FUO	fever unknown origin
FVC	forced vital capacity
FVD	fluid volume deficit
FVE	fluid volume excess
FWB	full weight bearing
FWW	front wheeled walker
fx	fracture

G

G	gravid
GA	gestational age
GB	gallbladder
GBS	Guillian-Barre' Syndrome
GC	gonorrhea
GCS	Glasgow Coma Scale
gd	good
gen	general (appearance, anesthetic, etc)
GERD	gastroesophageal reflux disease
GH	glenohumeral
GI	gastrointestinal
gm	gram
GMC	gross motor control
gr	grain
GSW	gunshot wound
GT	gastrostomy tube
GTT	glucose tolerance test
gtt	drop
gtts	drops
GU	genitourinary
Gyn	gynecology(ist)

H

(H)	hypodermic into subcutaneous tissue
h	hour
H/H	hemoglobin/hematocrit
H&H	hemoglobin and hematocrit
HA	headache
hams	hamstrings
HB	heart block
HBP	high blood pressure
HCL	hydrochloric acid
HCO3	bicarbonate
Hct	hematocrit

HCVD	hypertensive cardiovascular disease
Hct	hematocrit
HD	hemodialysis
HEENT	head,eyes,ears,nose and throat
HEP	Home Exercise Program
Hep	hepatitis
Hg	mercury
Hgb	hemoglobin
hgm	hemogram
HHA	Home Health Agency
CHHA	Certified Home Health Aide
HHN	Hand Held Nebulizer
HHRN	Home Health Registered Nurse
HHVN	Home Health Vocational Nurse
hi cal	high caloric
hi chd	high carbohydrate
hi pro	high protein
hi vit	high vitamin
HIE	hypoxic encephalopathy
HIV	human immunosuppressive virus
HL	heparin lock
HLP	hyperlipoproteinemia
HM	Human milk
HNP	herniated nucleus pulposus
H/O	history of
HOB	head of bed
HOH	hard of hearing
HONK	Hyperosmolar nonketosis
hosp	hospital
H&P	history and physical examination
HP	hot packs
HPF	high power field (microscopic field)
HPI	history of present illness
HPPE	hyperpermeability pulmonary edema
HR	heartrate
hr	hour
h.s.	at bedtime
ht	height
HTL VIII	lab test for AIDS virus
HTN	hypertension
H2O	water
H2O2	hydrogen peroxide
HVD	hypertensive vascular disease
Hx	history
H20	water

I

I	independent
I131	radioactive iodine
IABP	intra-aortic balloon pump
IAC	ineffective airway clearance
IBCLC	International Board Certified Lactation Consultant
ibid	in the same place (ibidem)
IBW	ideal body weight
IC	iliac crest
ICN	Infection Control Nurse
ICP	intracranial pressure
ICS	intraclavicular space
ICT	intermittent cervical traction
ICU	Intensive Care Unit
ID	identification
I&D	incision and drainage
IDDM	insulin dependent diabetes mellitus
i.e.	that is (id est)
IGE	impaired gas exchange
IHSS	idiopathic hypertrophic subaortic stenosis
ILS	independent living skills
IM	intramuscular
IMI	brand name abbreviation for a radiant
Imp.	impression
IMV	intermittnet mandatory ventilation
in.	inch
inc.	increase
inf	inferior
inf mono	infectious mononucleosis
init	initial
inj	injection
insp	inspiration(ory)
int	internal
INTF	interferential
I&O	intake and output
IOL	intraocular lens
IPD	Intermittant Peritoneal Dialysis
IPJ	interphalangeal joint
IPPB	intermittent positive pressure breathing
I.Q.	intelligence quotient
IR	internal rotation
irrig	irrigate
I/S	incentive spirometry
ISE	internal scalp electrode

IUD	intrauterine contraceptive device
IUP	intra uterine pregnancy
IUPC	intrauterine pressure catheter
IV	intravenous
IVAB	intravenous antibiotics
IVC	inspiratory vital capacity
IVF	IV fluids
IVP	intravenous pyelogram(phy)
IV push	intravenous push
IVPB	intravenous piggyback
IVSS	intravenous soluset

J

J.P.	Jackson Pratt (hemovac/bulb)
JRA	juvenile rheumatoid arthritis
JV	jugular venous
JVD	jugular venous distention
JVP	jugular venous pressure or pulse
jt.	joint

K

K	potassium
KCI	potassium chloride
KDDH	Kaweah Delta District Hospital
kg	kilogram
K&K	Kline and Kohlmer (test for syphilis)
KUB	kidneys, ureters, bladder (x-ray)
KVO	keep vein open

L

L	liter
LAB	laboratory
LAD	lactic acid dehydrogenase
Lap	laporoatomy
LAO	left anterior oblique
LAQ	long arc quads
lat	lateral
LBBB	left bundle branch block
LBQC	large base quad cane
lb	pound
LC	Lactation consultant
LCL	lateral collateral ligament
LCSW	Licensed Clinical Social Worker

LD	left deltoid
LDH	Lindsay District Hospital
LE	lupus erythematosus
LF	left forearm
LFT	lower function test
Lg	large
LGA	large for gestational age
Litho	lithotripsy
LLE	left lower extremity
LLH	left lateral heelstick
LLL	left lower lobe
LLQ	left lower quadrant
LMH	left medial heelstick
LMP	last menstrual period
LOB	loss of balance
LOC	loss of consciousness
LOS	length of stay
LP	lumbar puncture
LR	lactated ringers
LS	lumbosacral
L-spine	lumbar spine
LSC	left subclavian
LSD	lysergic acid diethylamide
Lt	left
LTV	long term variability
LUE	left upper extremity
LUL	left upper lobe
LUQ	left upper quadrant
LVF	left ventricular failure
LVH	left ventricular hypertrophy
LVN	Licensed Vocational Nurse
L&W	living and well
LWBS	left without being seen
lymph	lymphocyte
lytes	electrolytes

M

M	male
m	minim
M1	mitral first sound
M2	mitral second sound
MA	milliamperes
MAC	monitored anesthesia care
macro	macrocytic(scopic)
MAE	moves all extremities

man.	manual(ly)
MAR	medication administration record
MAT	multifocal atrial tachycardia
max.	maximum
MAX A	maximum assistance
MCA	motorcycle accident
mcg	microgram
MCH	mean corpuscular hemoglobin
MCL	mid clavicular line
MCV	mean corpuscular volume
MD	Doctor of Medicine
mec	meconium
MED/SURG	medical/surgical unit
meds.	medications
MEF	maximal expiratory flow
mEq	milliequivalent
mg	milligram
Mg.	Magnesium
mgmt.	Management
mgr.	Manager
MI	myocardial infarction
micro	microscopic(cytic)
mid.	middle
MIN A	minimal assistance
min.	minute
ml	milliliter
Mlat	mediolateral
mm	millimeter
MMT	manual muscle test
mn	midnight
mo.	month
mob.	mobility
mod.	moderate(ly)
MOD A	moderate assistance
MOM	milk of magnesia
Mon.	Monday
monos	monocytes
MR	mitral regurgitation
MRI	Magnetic Resonance imaging
MRSA	methicillin resistant staphylococcus aureus
MS	morphine sulfate
M/S	multiple sclerosis
MSG	massage
MSS	medical social services
MSW	Medical Social Worker
MT	Medical Technologist

MTT	manual therapy
M+T	myringotomy and tubes
multip	multiparous
MVA	motor vehicle accident
MVP	mitral valve prolapse
MVV	maximum voluntary ventilation

N

N	nitrogen
N/A	not applicable
Na	sodium
N.A.	nursing assistant
NaCl	sodium chloride
NAD	no acute distress
NaHCO3	sodium bicarb
NB	newborn
NBN	newborn nursery
N/C	no charge
neg	negative
neuro	neurology(ist)(ical)
NG	nasogastric
NGT	nasogastric tube
NH3	ammonia
NICU	Neonatal Intensive Care Unit
NIDDM	noninsulin dependent diabetes
NKA	no known allergies
NKDA	no known drug allergies
NKDC	nonketotic diabetic coma
NKHHC	nonketotic hyperglycemic-hyperosmolar coma
nl	normal
NMES	Neuromuscular Electrical Stimulation
NN	nerves
No.	number
noc	at night (nocturia)
norm.	normal
NP	non-productive
NPO	nothing by mouth
NS	normal saline
N/S	no show
NSA	no significant abnormality
NSAID	nonsteroidal anti-inflammatory drugs
nsg.	nursing
NSR	normal sinus rhythm
NST	non-stress test
NSY	nursery

NT	non-tender
N/T	not tested
N&T	nose and throat
NTG	nitroglycerine
nullip	nulliparous
N&V	nausea and vomiting
NWB	nonweight bearing

O

O2	oxygen
OA	occiput anterior
OB	obstetrics
obl	oblique
OBS	organic brain syndrome
occ	occasional
OCG	oral cholecystogram
OCT	oxytocin challenge test
O.D.	right eye
od	overdose
OK	okay
OM	otitis media
OME	otitis media with effusion
OOB	out of bed
OPD	outpatient department
ophth	opthalmology
OPS	outpatient surgery
OR	operating room
ORIF	open reduction internal fixation
ortho	orthopedics
O.S.	left eye
os	mouth
O.T.	occupational therapy
O.U.	both eyes
oz	ounce

P

p	after
P	pulse
pa	pulmonary artery
PA	Physician Assistant
P&A	percussion and auscultation
PA-C	Physician Assistant-Certified
PAC	premature atrial contractions
PACO2	partial pressure carbon dioxide (arterial)

PACU	post anesthesia care unit
PAEDP	pulmonary artery end diastolic pressure
PAF	paroxysmal atrial fibrillation
PAFIB	paroxysmal atrial fibrillation
PA&L	poseterior, anterior and lateral chest x-ray
palp	palpate(ion)
PAP	Papanicolaou smear(test)
PAR	post anesthesia room
Para	parous(number of viable children)
PAT	paroxysmal atrial tachycardia
pap	papanicolaou, smear test
para	parity
path	pathology
PAWP	pulmonary artery wedge pressure
PBI	protein bound iodine
p.c.	after meals
PCA	patient controlled analgesia
PCE	physical capacity evaluation
PCL	posterior cruciate ligament
PCN	penicillin
pCO2	partial pressure CO2
PCV	packed cell volume
PCWP	pulmonary capillary wedge pressure
PDA	posterior descending artery
PDR	Physician's Desk Reference
PE	physical examination
PE tubes	pressure equalizaer tubes
ped.	pediatric
PEG	percutaneous endoscopic gastrostomy
PEEP	positive end expiratory pressure
per	by or through
peri	perineal
PERRLA	pupils equal, regular, react to light and accommodation
pf	plantar flexion
PF	peak flow
PFT	pulmonary function test
pg.	page
pH	hydrogen iron concentration
PH	past history
phal	phalanx
PI	present illness
PID	pelvic inflammatory disease
PIP	proximal interphalangeal joint
Pit	pitocin
PJC	premature junctional contractions
PKU	phenylketonuria

P.M.	afternoon
PMD	private medical doctor
PMH	past medical history
PMI	point of maximum impulse
PMR	polymyalgia rheumatura
PMS	premenstrual syndrome
PN	parenteral nutrition
PNC	premature nodal contraction
PND	paroxysmal nocturnal dyspnea
pneumo	pneumoencelphalogram
PNG	peripheral nerve glides
P.O.	phone order
p.o.	per mouth
pO2	partial pressure of oxygen
pO4	phosphate
POC	position of comfort
POD	postoperative day
Polys	polymorphonuclear leukocytes
POS	positive
post	posterior
postop	postoperative
POT	plan of treatment
POV	private vehicle
PP	postpartum
P&PD	percussion and postural drainage
PPD	purified protein derivative (tuberculin)
PRBC	packed red blood cells
PRBOW	prolonged ruptured bag of waters
pre	before
preg.	pregnancy
preop	preoperative
prep	preparation
prev.	previous
primip	primiparous (first birth)
prn	as necessary; when indicated
PROM	premature rupture of membranes
iPROM	prolonged ruptre of membranes
prog	progress
pro time	pro-thrombin time
prox.	Proximal
PSIS	posterior superior iliac spine
P.T.	physical therapy(ist)
PT/PTT	pro-thrombin/partial thromboplastin (time)
pt	patient
PTA	Physical Therapy Assistant
P.T.A.	prior to admission

PTC	prior to consult
PUD	peptic ulcer disease
PUW	pick-up walker
PVC	premature ventricular contractions
PWB	partial weight bearing
PXR	portable chest xray

Q

q	every
qam	every morning
qh	every hour
qhs	every bedtime
qid	four times a day
qns	quantity not sufficient
qs	to make sufficient quantity
qt	quart
QUAD	quadrant
quads	quadriceps

R

R	right
(R)	rectal thermometer
RA	rheumatoid arthritis
Rad	radiology
RB	read back
RBBB	right bundle branch block
RBC	red blood cell
RBOW	ruptured bag of water
RBS	random blood sugar
RCNA	restorative certified nursing assistant
R.D.	Registered Dietitian
RDS	respiratory distress syndrome
recert.	recertification
reg.	regular
rehab	rehabilitation
reps	repetitions
resp.	respiration(ory)
resist.	resistance
Rh	Rhesus factor
RHD	rheumatic heart disease
RHIT	Registered Health Information Technician
RL	ringers lactate
RLE	right lower extremity
RLH	right lateral heel

RLL	right lower lobe
RLQ	right lower quadrant
RMH	right medial heel
RML	right middle lobe
RN	Registered Nurse
RNA	ribonucleic acid
RNFA	Registered Nurse First Assistant
RNIP	Registered Nurse Interim Permittee
R/O	rule out
RO	routine orders
ROA	right occiput anterior
ROM	range of motion
ROP	right occiput posterior
ROS	review of systems
ROT	right occiput transverse
rot	rotation
RP	renal panel
RPR	rapid plasma regain test (for syphilis)
RR	respiratory rate
rrot	right rotator cuff
RSV	respiratory syncytial virus
R/T	released to
RTW	return to work
RTC	return to clinic
RUE	right upper extremity
RUL	right upper lobe
RUQ	right upper quadrant
RV	right ventricle
Rx	prescription

S

s	without
SAB	spontaneous abortion
sang.	Sanguineous
SAQ	short arc quads
Sat	Saturday
sat	saturated
SBA	stand by assist
SBO	small bowel obstruction
SCH	supra condylar humerus
Schiz	shizophrenia
SCI	spinal cord injury
SCM	sternocleidomastoid (joint)
sec	second(s)(ary)
sed.rate	erythrocyte sedimentation rate (blood)

segs	segmented neutrophils
serol.	serology
serosang.	Serosanguineous
SF	side flexion
SFB	superficial femoral artery
S/G	Swan-Ganz
SGA	small for gestational age
SGOT	serum glutamic oxaloacetic transaminase
SGPT	serum glutamic pyruvic transaminase
SH	social history
Shldr	Shoulder
SI	sacroiliac joint
SIADH	syndrome of inappropriate antidiuretic hormone secretion
SL	sublingual
SLE	systemic lupus erythematosus
SLR	straight leg raising
SNF	skilled nursing facility
SOAP	subjective/objective/assessment/plan
SOB	shortness of breath
sol	solution
SOM	serous otitis media
S/P	status post
spec	specimen
SPgr	specific gravity
SR	sinus rhythm
SROM	spontaneous rupture of membranes
ss	one half
SS	soapsuds
SSE	soapsuds enema
SS#	social security number
S/S	signs and symptoms
stab	band cell
staph	staphylococcus
stat	at once
strep	streptococcus
STSG	split thickness skin graft
STV	short term variability
St WP	sterile whirlpool
Sub-L	sublingual
Sub-Q	subcutaneous
Sun.	Sunday
sup	superior
surg	surg(ical)ery
SVD	spontaneous vaginal delivery
SVDH	Sierra View District Hospital
SVT	supraventricular tachycardia

Sx	symptom
sym	symmetrical

T

T	thermoscan (thermometer)
T&A	tonsillectomy and adenoidectomy
tab	tablet
TAB	therapeutic abortion
T&C	type and crossmatch
TAH	total abdominal hysterectomy
TAR	treatment authorization request (MediCal)
TAT	tetanus antitoxin
T.B.	tuberculosis
TBA	to be admitted
T.C.	traffic collision
Tbsp	tablespoon
TCDB	turn, cough, deep breathe
TCDHS	Tulare County Department of Health Services
TCU	Transitional Care Unit
TEA	thromboendarterectomy
tech	technician(ologist)
TED	antithromboembolic stockings
temp	temperature
TENS	transcutaneous electrical nerve stimulator
TFT	Thyroid Function Test
THEX	therapeutic exercise
THR	total hip replacement
thru	through
Thur.	Thursday
TIA	transient ischemic attack
TIC	transitional inpatient care
tid	three times a day
tinct	tincture
TJR	total joint replacement
TKO	to keep open
TKR	total knee replacement
TLC	triple lumen catheter
TM	tympanic membrane
TMJ	temporomandibular joint
TMJD	temporomandibular joint dysfunction
TMs	tympanic membranes
TNS	transcutaneous nerve stimulation
TO	telephone order
tol.	tolerate(d)
TOLAC	trial of labor after cesarean

tomo	tomogram
TORB	telephone order read back
TORCH	toxoplasmosis, syphilis, rubella, cytomegaloviras, herpes
TPA	tissue plasminogen activator
TPN	total parenteral nutrition
TPR	temperature, pulse, respiration
TR	transfer
trach	tracheostomy
tsp	teaspoon
T-spine	thoracic spine
Tues.	Tuesday
T.U.R.	transurethral resection
TURBT	transurethral resection of bladder tumor
TURP	transurethral resection of prostate
TVH	total vaginal hysterectomy
TV	tidal volume
Tx	treatment

U

U	uranium
Ua	urinalysis
UAC	umbilical artery catheter
U/C, UC	uterine contraction
UBW	usual body weight
U.C.	unit clerk
UCG	urine chorionic gonadotropin
UGI	upper gastrointestinal
UE	upper extremity
UF	ultrafiltration
UKE	unknown etiology
UMC	University Medical Center
UO	undetermined origin
Upper GI	upper gastrointestinal
URI	upper respiratory infection
Uro	urology(ist)
U.S.	both eyes
US	ultrasound
USP	United States Pharmacopoeia
UTI	urinary tract infection
UV	ultraviolet

V

VA	visual acuity
Vag	vaginal

VBAC	vaginal birth after cesarean section
VC	vital capacity
VCH	Valley Children's Hospital
VD	venereal disease
VDRL	Venereal Disease Research Laboratory
VE	vaginal exam
Vent	mechanical ventilator
VFD	visual field deficit
V-fib	ventricular fibrillation
via	by way of
Vit	vitamin
VO	verbal order
vol	volume
VORB	verbal order read back
VPB	ventricular premature beat
Vre	Vancomycin Resistant Enterococci
VS	vital signs
v, vs	versus
VSD	ventriculoseptal defect

W

w/a	while awake
WB	weight bearing
WBAT	weight bearing is tolerated
WBC	white blood count(cells)
W/C	wheelchair
WDWN	well developed, well nourished
W &	white female
W %	white male
Wed.	Wednesday
WFL	within functional limits
WIC	Women, Infants & Children (assistance program)
wk	week
wlkr	walker
wnd	wound
WNL	within normal limits
w/o	without
WP	whirlpool
wt	weight

X

x	times
XRT	radiation therapy

Y

yd.	yard
yrs	years

SUBJECT: **ADVERSE DRUG REACTIONS**	SECTION: **Page 1 of 3**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To encourage the early detection and reporting of adverse drug reactions in an effort to facilitate the safe and effective use of medications and biologicals in the facility.

POLICY:

Adverse drug reactions (ADRs) will be identified, evaluated, monitored, and documented by all health care staff members.

A. ***Definition*:**

Adverse drug reaction is defined as any response to a medication, excluding therapeutic failure, that is undesired, unintended, or unexpected in standard doses, resulting in one or a combination of the following:

1. A discontinuing of a medication or modifying a dose in response to an unintended physiological response;
2. An initial or prolonged hospitalization as a result of a medication reaction;
3. A disability or a life-threatening condition;
4. The use of another prescription medication to mitigate or reverse an unintended consequence;
5. Congenital anomalies or death; or
6. An effect of complicating the diagnosed disease state, such as any untoward side effect, injury, toxicity, sensitivity reaction, or significant failure or expected pharmacological action.

NOTE: This is not intended to include common and expected effects and/or changes discovered by routine monitoring.

AFFECTED AREAS/PERSONNEL: *PHARMACY, NURSING, CHIEF MEDICAL OFFICER, MEDICAL STAFF, RESPIRATORY THERAPISTS*

PROCEDURE:

A. The health care staff member identifying the adverse drug reaction or drug administration error shall do the following:

1. Report the reaction to the primary care physician or on-call physician as appropriate, and to the supervising nurse, as appropriate. Drug administration errors, adverse drug reactions or incompatibilities that have harmed or have the potential to harm the patient must be immediately reported. If the outcome is unknown, it should also be reported immediately.

2. A report will be put into the medical center's adverse event data base.

B. The physician notified will document all Adverse Drug Reactions in the patient's medical record and allergy section of the medical record, if appropriate.

C. The supervising nurse shall ensure that the nursing staff has notified a physician, documented the reaction, and notified the pharmacy.

D. The pharmacist will enter an ADR intervention in the computer system and in the allergy section under the patient profile if not already done.

E. The pharmacist shall:

1. Conduct an ongoing screening for possible Adverse Drug Reactions. Furthermore, upon medication order entry, the pharmacist shall investigate:

   a. The sudden discontinuation of a drug followed by a STAT dose of diphenhydramine (Benadryl) and/or a corticosteroid (e.g. prednisone), naloxone, dextrose 50%, flumazenil.

   b. Any STAT dose of subcutaneous epinephrine.

   c. Any abrupt decrease in dosage or discontinuation, followed by a STAT serum level.

   d. Any of the above instances that result in an actual ADR will then be documented in the hospital's adverse event database and the physician contacted to confirm the event.

F. The Pharmacy and Therapeutics (P&T) Committee shall:

1. Review the ADR reports and trends and make an analysis and policy recommendation, if necessary.

2. Present the ADR report to the Performance Improvement/Patient Safety (PIPS) Committee with recommendations for action necessary to reduce the incidence and severity of adverse drug reactions in the hospital.

3. Recommend, if appropriate, the preparing of a Med Watch (the FDA Medical Products Reporting Program) FDA Form 3500 to be forwarded to the Food and Drug Administration.

REFERENCES:

- Title 22 (n.d.).Retrieved on January 10, 2024, from http://carules.elaws.us/code/t.22_d.5_ch.1_art3_sec.70263
- Hospital Accreditation Standards. (2023). Oak Brook, IL: Joint Commission Resources, Inc.
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SUBJECT: **ASSESSMENT OF THE ICU PATIENT**	SECTION: **Page 1 of 3**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

Care of the patient admitted to the Adult Intensive Care Unit (ICU)

POLICY:

1. All ICU patients will have a biophysical assessment physically initiated within five minutes of admission, and documented in the electronic medical record (EMR) within one hour. A baseline assessment is to be completed on each physiological system at the beginning of each shift, and a focused reassessment documented every four hours after.

2. Admitting physician must be contacted upon patient arrival for admission orders. All previous orders (from ED or other departments) must be reviewed and/or rewritten if to be continued.

3. A psychological assessment is to be completed on each shift (i.e. agitated, confused, depressed).

4. Patients will receive biophysical reassessment every four hours and as patient's condition or needs warrant. Findings are documented in the patient's Electronic Medical Record (EMR). Any changes in the systems will be recorded as they occur, or as patient condition warrants.

5. Patients will receive an admission assessment of psychological, environmental, self-care, educational and discharge planning needs within 24 hours of admission. Findings will be documented with the patient admission database.

6. Nutritional and functional status is assessed within 24 hours of admission, every shift, and when warranted by the patient's needs or condition.

7. Patients will receive a reassessment of needs as changes in factors affecting them are identified and as the patient's condition warrants. Reassessments will be documented in the patient record.

8. Staff members will integrate information from patient assessments to identify and assign priorities to patient's care needs.

AFFECTED AREAS/ PERSONNEL: *INTENSIVE CARE UNIT*

PROCEDURE:

Noninvasive Monitoring:

1. All patients will be attached to a cardiac monitor at all times, unless otherwise ordered. Lead II is the standard monitoring lead. An alternative lead may be selected per RN discretion and patient condition.

2. An EKG strip will be placed on the ICU Flow Sheet upon admission, every 4 hours, and as indicated with any rhythm changes.

3. Monitor alarms will be "ON" at all times, unless the nurse in attendance is at the patient's bedside when the alarms are suspended.

Vital Signs:

1. Vital signs, to include heart rate (HR), respiratory rate, blood pressure (BP), and SpO2 will be taken routinely every hour and more frequently at RN's discretion as indicated by changes in patient status. Pain assessment will be completed per policy.

2. Temperatures will be taken minimally every 4 hours, or more at RN's discretion.

3. Patients receiving titrated IV vasopressors will have their BP and HR documented at least every 15 minutes. Patients may have their vitals taken every five minutes depending on need for titration per protocol.

4. Intake and Output will be recorded hourly unless otherwise ordered.

5. Daily weights will be obtained on each patient unless there is an order not to do so.

6. All patients admitted to ICU status will have two IV accesses, unless there is a specific reason for not inserting another IV access. If the patient is on vasopressors, it is preferred that the patient have central line access.

Activity:

Patient will be on bedrest, unless otherwise ordered.

Nutritional Support:

Diet will be ordered by physician. If patient is NPO, consider dietitian consult.

Education:

Patient and family will verbalize knowledge and understanding of ICU orientation, visitation hours, plan of care, Health Insurance Portability and Accountability Act (HIPAA), point of contact for the patient, patient rights, etc.

REFERENCES:

- California Code of Regulations (2020). Title 22. §70491. Retrieved from https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID7365A90D4BB11DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1.

- Johnson KL. *AACN Procedure Manual for Progressive and Critical Care*. Elsevier; 2024.

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CROSS REFERENCES:

- Patient Care Services Policy and Procedure Manual
  - INTERDISCIPLINARY PATIENT ASSESSMENT AND REASSESSMENT
  - PAIN MANAGEMENT
  - RESTRAINT USE –MEDICAL/SURGICAL AND BEHAVIORAL RESTRAINT
  - FALL PREVENTION (ADULT AND PEDIATRIC)
  - ASSESSMENT OF PATIENTS FOR SURGICAL/INVASIVE PROCEDURES
  - Standards of Nursing Care

SUBJECT: **CLASSIFICATION OF SURGICAL PROCEDURES**	SECTION: **Page 1 of 2**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To establish an Acuity Level classification for surgical/invasive procedures, indicating the criteria used to determine each Acuity Level.

POLICY:

All procedures will be assigned one of the Acuity Level classifications, I, II, III and IV.

AFFECTED AREAS/ PERSONNEL:

MAIN OR-MCH OR, ENDOSCOPY, RADIOLOGY/RN, LVN, ORT ENDOSCOPY TECH

PROCEDURE:

Acuity Level I

- External, without incision
- Minimal trauma and risk
- Little or no equipment used
- No assistants required
- Local, regional or short general anesthesia (e.g., cast application, dressing change)
- Basic supplies and instrumentation needed

Acuity Level II

- Incision only into subcutaneous tissue or biopsy; no body cavities opened
- Endoscopies that may include biopsies
- Low risk and trauma
- Local or short general anesthesia
- Basic instrumentation and supplies
- No extra supplies or equipment needed

Acuity Level III

- Incision and exploration of body cavity or bone and muscle involvement
- Average trauma and risk
- General or spinal anesthesia
- Basic major setup, with possible need for extra supplies and special equipment

Acuity Level IV

- Complex procedures requiring incision and exploration of body cavities, with removal of organ or correction of anatomy
- Insertion of prosthesis or graft
- Above-average trauma and risk
- General or spinal anesthesia
- Extra instrumentation, extra supplies, specialized equipment and specially trained nursing personnel required

SUBJECT: **ELECTROSURGICAL CAUTERY UNIT SAFETY**	SECTION: ***Management of the Environment of Care (OC)*** **Page 1 of 6**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide for the safe operation of electrosurgical units, used for the purpose of cutting and coagulation of body tissue with a high frequency electrical current during surgical procedures.

POLICY:

All Surgical Team Members will follow guidelines set forth for the proper care and handling of Electrosurgical Units. RN's will be responsible for documentation.

All electrosurgical generators shall meet the performance and safety standards of the hospital.

AFFECTED AREAS/ PERSONNEL:

OPERATING ROOM (OR), FAMILY BIRTHING CENTER (FBC), ENDOSCOPY REGISTERED NURSES (RN), OR TECHNICIANS, ENDOSCOPY TECHNICIANS

EQUIPMENT:

- Electrosurgical Generator
- Electrosurgical Grounding Pad (Dispersive Electrode)
- Electrosurgical Active Electrode (Pencil)

PROCEDURE:

Injury Prevention:

1. Assess the patient preoperatively for the presence of foreign bodies (eg, IED, jewelry, prosthetic implants).
2. Place patient monitoring electrodes (e.g., electrocardiogram, oximetry, fetal) as far as possible from the surgical site.
3. Placing electrodes as far as possible from the surgical site decreases the risk for a burn at the electrode site.
4. Use alternate technologies (e.g., bipolar, ultrasonic) instead of monopolar electrosurgery when neuromonitoring electrodes (e.g., somatosensory evoked potentials [SSEP]) are present).

5. During the use of monopolar devices, prevent contact between the patient and metal objects.
6. Remove all metal jewelry that will be between the active and passive electrodes.
7. When jewelry cannot be removed,
    - notify the surgeon,
    - consider using alternate technologies if jewelry is in the current pathway,
    - provide education to the patient regarding potential adverse events and document the education provided,
    - Assess all jewelry sites postoperatively for any evidence of burns, and document preoperative and postoperative assessment of jewelry sites.
    - Follow the manufacturer's written instructions for use (IFU) for all ESU components

8. Perform the following fire prevention interventions when using an electrosurgical device:
    - use technologies other than monopolar (e.g., bipolar devices, coblation technology, non-energy-applying instruments) during surgical procedures on anatomical structures that present special fire hazards
    - use moist radiopaque sponges near the ignition source
    - remove alcohol-soaked sponges or other application devices from the sterile field
    - allow alcohol-based solutions to dry and fumes to dissipate before using any type of electrosurgical active electrodes
    - apply the protective cap when the cautery is not in use
    - remove the wire loop and batteries from the electrocautery device before discarding it

9. When patient or personnel injuries or equipment failures occur during the use of an electrosurgical generator or accessories:
    - remove the electrosurgical generator and accessories from service
    - retain all accessories and packaging if possible
    - report the adverse event details, including device identification and maintenance and service information, according to the health care organization's policy and procedures

- A clinical guideline supports removing malfunctioning ESUs from service.[51] Retaining the generator, accessories, and packaging can facilitate a complete incident investigation

ESU Generator:

1. Keep safety and warning alarms and activation indicators on the generator operational, audible, and visible at all times.
2. Select the lowest power setting on the electrosurgical generator that achieves the desired result.
3. Mount the electrosurgical generator securely to a tip-resistant cart or shelf.
4. Do not place items including equipment or containers of liquids on the electrosurgical generator.
5. Qualified personnel (e.g., a biomedical engineering services representative) must perform periodic monitoring, inspection, testing, and maintenance on the electrosurgical generator.
6. Document the following in the patient's medical record in a manner consistent with the health care organization's policies and procedures.
7. Follow the electrosurgical generator and accessory manufacturers' IFU when multiple ESUs are used simultaneously.

ESU Accessories:

1. Use accessories that are compatible with the generator as specified in the manufacturers' IFU.
2. Place the cords that connect the monopolar active electrode and the dispersive electrode to the generator as far as possible from or perpendicular to other cords (e.g., cardiac and neuromuscular monitoring cords, light cords, second electrosurgery cords, and camera cord).
3. Secure electrosurgical accessory cords to the sterile drapes.
4. Track the number of uses of reusable accessories (e.g., cords, handles, shafts), and handle an accessory per the manufacturer's IFU when the maximum number of uses has been reached.
5. Visually inspect electrosurgical accessories for damage (e.g., insulation breakage) before and after use and, if reusable, during reprocessing.
6. An interdisciplinary team that includes members of the perioperative and sterile processing teams should determine a standardized communication strategy and

actions to perform when an insulation failure is found during processing. [Recommendation]

7. The electrosurgical generator foot pedal activation switch should be activated exclusively by the person in control of the active electrode.
8. Place a fluid-resistant cover over the foot pedal when there is potential for fluid spills.
9. When using an active electrode, do not activate the active electrode until it is in close proximity to the surface if fulgurating, or in contact with the target tissue if cutting or coagulating.
10. When using an active electrode tip, assess the patient's skin before surgery in the vicinity of the potential dispersive electrode application site and after surgery at the point of contact with the dispersive electrode.
11. Use a single-use dispersive electrode according to the manufacturer's IFU.
12. When placing a single-use dispersive electrode on the patient, check the single-use dispersive electrode for uniform contact if the patient has been moved or repositioned or if any tension has been applied to the dispersive electrode cord.
13. When using a dual-foil, single-use dispersive electrode, use a generator with return-electrode contact quality monitoring.
14. When using a reusable dispersive electrode cable, when using and storing a reusable dispersive electrode, follow the manufacturer's IFU.
15. When high current (e.g., ablation) is used for a prolonged period and there are no specific manufacturer's instructions, either a second single-use dispersive electrode or a reusable dispersive electrode may be used.

Minimally Invasive Surgery:

1. Use conductive trocar systems when using electrosurgery during minimally invasive surgery.
2. Prevent contact between the monopolar active electrode and other conductive instruments or materials.
3. Use an active electrode monitoring and shielding device.

Implanted Electronic Devices:

1. When use of electrosurgery is possible for a patient with an IED, the anesthesia professional and the perioperative RN should consult with the team managing the IED preoperatively to define interventions necessary for safe management of the device during the intraoperative and postoperative phases of care.

2. In an emergent situation when the team managing the IED cannot be contacted, the anesthesia professional and the preoperative RN or the RN circulator should consult with the implant manufacturer to determine interventions to perform for safe use of electrosurgery.
3. Create an interdisciplinary team to develop and implement a clinical support tool that contains interventions to perform for a patient with an IED, for use when the team is managing the IED, or the manufacturer cannot be contacted.
4. Perform the following interventions when a patient has an IED:
5. Perform the following interventions when a patient presents with a CIED:
6. Take the following precautions for a patient with an existing cochlear implant:
7. Decrease the amplitude to the lowest level and then inactivate deep brain stimulators, sacral nerve stimulators, spinal cord stimulators, vagal nerve stimulators, or gastric pacemakers, if this is advised by the manufacturer and can be tolerated by the patient.
8. Consult with the team managing the implant to determine postoperative interventions as soon as possible after surgery.
9. Provide education and postoperative instructions to patients and their caregivers on the effects of electrosurgery on IEDs.

Education:

1. Provide education and verify competency regarding precautions to be taken during use of an ESU, as applicable to the person's job responsibilities

DOCUMENTATION:

The Circulating Nurse will document the following information:

1. Condition of the patient's skin before and after the application of the dispersive electrode.
2. Location of the dispersive electrode on the patient's body.
3. Assigned unit number and serial number.
4. Lot number of the dispersive electrode.
5. Cutting/coagulation settings used during the case.

REFERENCE:

- AORN eGUIDELINES+. Electrosurgical Safety. Retrieved July 29, 2020. From https://aornguidelines.org/guidelines/content?sectionid=173718992&view=book#229131898.

SUBJECT:	SECTION:
FIRE SAFETY AND GUIDELINES FOR SURGICAL SERVICES	***Management of Environment of Care (EC)*** **Page 1 of 10**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide guidance to Surgical Services personnel in a) preventing fires during operative and other invasive procedures and b) responding appropriately if a fire should occur in the patient (e.g. trachea), on the patient (e.g. fire on drapes), or in the OR suite/ department.

A host of flammable materials are found in the surgical suite, from the wide range of alcohol-based prepping agents and linens such as drapes, towels, gowns, hoods and masks; to the multiple types of dressings, ointments and equipment and supplies used during surgery. Common ignition sources found in the OR are electrosurgical or electrocautery units (ESUs, ECUs); fiberoptic light sources and cables; and lasers. In addition, ESUs, lasers and high-speed drills can produce incandescent sparks that can fly off the target tissue and ignite some fuels, especially in oxygen-enriched atmospheres.

POLICY:

Surgical Services personnel will be responsible for knowing and following the guidelines established in this policy regarding the critical steps needed should a fire occur in the OR, and the evacuation plan should the surgery need to be aborted and the patient evacuated to a safe area. It will be the responsibility of all team members to use fire prevention practices, which are the most important tools in preventing a fire.

All Surgical Services personnel are responsible for preventing fires in the operating/procedure rooms.

SPECIAL CONSIDERATIONS:

1. The method R.A.C.E. is to be used as the basic response during all fire situations.

   R = Remove persons from immediate danger
   A = Activate the Fire Alarm System (Call "55" and pull alarms.)
   C = Contain the fire by closing all doors
   E = Extinguish the fire and/or evacuate the immediate area at minimum beyond hallway fire doors

2. Endotracheal Tubes and Laryngeal Mask Airways (LMA) will be inflated properly and checked for leaks before and during procedure. If a leakage is noted, stop leakage from around a cuff by inflating or repositioning the tube, DO NOT PROCEED, wait a minimum of one minute before using an electrosurgical unit (ESU) or laser unit around the oropharyngeal area.

3. The drapes should be placed in a manner to prevent oxygen from collecting under the drapes. Tent the drapes to vent the gas.

4. Do not allow chemicals and aerosols that contain flammable ingredients to pool or soak into drapes. Allow solutions to dry before draping the patient to prevent buildup of flammable vapors under the drapes.

5. Control all high energy devices by placing electrosurgical pencils in the active electrode holder when not in use and with lasers, maintain the "stand-by" mode until ready to use.

6. Activate electrosurgical cautery units and lasers only when the tip is within view.

7. Have power going to high-intensity light cords only when they are being used. Do not allow the distal end of an operating fiberoptic light source to contact drapes or other flammable material.

8. When using the defibrillator, keep the paddles away from the drapes and sponges. Apply firm pressure to avoid sparks and apply adequate gel or conductive pads to prevent arcing.

9. If use of high oxygen or nitrous oxide concentrations in the operative site is unavoidable, use the lowest power settings possible on the electrosurgical cautery units.

10. Activation tones must be adjusted to be audible. Remove from service and replace all ESU's that lack audible activation tones.

11. During head or neck surgery, when oxygen or nitrous oxide is being administered near the operative site, hair (e.g. eyebrows, mustaches, beards) should be coated with a water-soluble surgical lubricating jelly.

12. In an oxygen-enriched atmosphere, use a minimal amount of draping material and wet the drape materials, when possible. Protect the edges of the operative field with moist sponges and towels.

13. Staff will ensure that all oxygen sources in the operating room are turned off at the end of every shift, including weekends.

AFFECTED AREAS/PERSONNEL: *ALL SURGICAL/PROCEDURAL AREAS AND STAFF*

PROCEDURE:

1. Before each operative/invasive procedure, the surgical team members will survey the flammable materials that may be on or around the patient, including:

   a. liquids (e.g., alcohol-based skin antiseptic);

   b. petroleum- or oil-based lubricants or ointments;

   c. gases (e.g., oxygen, methane, anesthetic agents, alcohol vapor);

   d. plastics;

   e. paper or gauze;

   f. surgical drapes;

g. foam positioning devices;

h. adhesive or plastic tapes; and

i. endotracheal tubes.

2. Immediately After the Time Out, under the direction of the RN Circulator, the entire team (Anesthesiologist, Surgeon, Nurse, Surgical Technologist) will conduct a Fire Risk Assessment before the surgery or other invasive procedure begins using the Fire Risk Assessment Tool (see ADDENDUM).

a. The team will agree on the fire risk assessment level as determined by using the Low, Moderate, High Fire Risk Assessment Tool associated with identifying the three key elements that are necessary for a fire to start. The three key elements in the fire triangle include ignition source, fuel, and oxidizer (see ADDENDUM). The level is assessed by determining the fire contributors and assessing how many fire components will be used during the surgical procedure. The RN Circulator will document the Fire Risk Assessment in the electronic nursing record.

b. Actions on the Tool associated with each of the critical fire contributors that have an affirmative response which will be initiated. (Note: Use of the lowest possible inspired oxygen concentration that will ensure adequate oxygen saturation is an effective means of controlling excess oxygen accumulation. The use of nitrous oxide to dilute oxygen does not improve the safety of delivered oxygen, as it can serve as an oxidizing agent and further propagate fires.)

RESPONDING TO A FIRE ALARM:

HEAR A FIRE ALARM –

1. No smoke or signs of fire.

2. Continue with surgery; wait for information from Clinical Supervisor or designee.

3. When the fire alarm sounds, personnel not directly involved in patient care must report to the location dictated by the facility-specific fire protocol.

4. At the time of a fire or fire alarm, the OR Circulator, in collaboration with the surgeon, anesthesia provider, Engineering, and, if available, fire department personnel, will decide whether or not to evacuate the Surgical Area.

FIRE OUTSIDE OF THE OPERATING ROOM/SMOKE COMING INTO THE ROOM FROM UNDER DOOR –

1. Block doorway with rolled sheet or blanket to prevent smoke from coming into OR room.
2. Feel door for heat.
3. Surgeon will lead the team in determining whether to abort surgery and evacuate the patient.
4. Wait for instructions from the Clinical Manager /Director or designee.

FIRE IN AN OPERATING ROOM SUITE -

The following responses to a fire are to be followed quickly to prevent a fire from getting out of control. During fire management, all steps are done concurrently or in rapid succession.

AIRWAY FIRES:

TEAM call out for help. Call "55" as needed.

Anesthesia Provider:

- Remove the endotracheal tube or Laryngeal Mask Airway (LMA), immediately, (black smoke may be seen coming from the patient's mouth as well as the expiratory limb of the breathing circuit).
- Turn off oxygen.
- Examine airway to be sure there is nothing left burning, re-establish airway, perform a bronchoscopy to determine extent of airway damage and to remove any particulate matter.
- Treat patient accordingly.

Surgeon:

- Help extinguish fire.
- Collaborate with anesthesia provider for patient treatment.
- Determine whether to continue or to abort surgery.

Circulating Nurse:

- Help with extinguishing burning materials e.g. endotracheal tube.

- Notify Charge Nurse, immediately.
- Save all involved materials and devices for later investigation.

Scrub Technician:

- Maintain sterile field, if appropriate.
- If necessary, provide saline/water soaked towels, help remove drapes and smother fire.

Scheduling Office:

- Immediately notify Clinical Manager /Director.
- Notify Department of Engineering – refer to UNUSUAL OCCURRENCES IN THE OPERATING ROOM Policy.

FIRE ON THE PATIENT – DRAPES INVOLVED

TEAM call out for help. Call "55" as needed.

Anesthesia Provider:

- Turn off oxygen, if feeding fire.
- Maintain airway.
- If fire under control, continue with ventilation.

Surgeon/Scrub Technician:

- Put out fire using saline/water soaked towels.
- Remove drapes.
- Smother fire.
- Surgeon will assess and treat patient's injuries.
- Continue surgery at surgeon's discretion.

Circulating Nurse:

- Notify Charge Nurse as soon as possible.

- Help pull off drapes and smother fire.
- Unplug equipment used at sterile field.
- If surgery is continued, provide team with sterile supplies, connect equipment (replace electrosurgical unit, if involved in fire, save for later investigation).
- Save all involved materials/equipment in the room for later investigation.
- Make notes on what happened ASAP to allow for accurate event reporting.

Scheduling Office:

- Notify Patient Safety Officer
- Notify Department of Engineering – refer to UNUSUAL OCCURRENCES IN THE OPERATING ROOM Policy.
- Send emergency help to OR suite.

EVACUATION OF PATIENT FROM AN OPERATING ROOM -

Evacuation of a patient from the OR suite during a fire is the same regardless of whether the fire is in the OR suite or in a hospital area that would threaten the safety of a patient in surgery.

Anesthesia Provider:

- Maintain anesthetic state – take enough medication to maintain that state during transport
- Maintain airway and respirations during transport.
- Unlock OR bed.
- Request assistance in disconnecting lines and cables, if anesthesia machine is to be moved out of the room.
- Continue patient monitors as appropriate.

Surgeon:

- Control surgical wound.
- Determine when to move patient.
- Assist in moving patient on OR bed.

Scrub Technician:

- Gather enough instrumentation and emergency supplies into a basin and place on patient's bed.
- Assist in moving patient on OR bed.

Circulating Nurse:

- Disconnect all equipment connected to surgical field.
- Assist with the disconnecting of the anesthesia machine.
- Clear path for evacuation of patient on OR bed.
- Bring anesthesia machine out of room, if necessary.
- Obtain portable monitors, as needed.

Scheduling Office:

- Immediate notification of the Clinical Manager /Director.
- Dial "55" to call Code Red, if not already done (this will notify hospital of fire in OR).
- Notify Department of Engineering – refer to Unusual Occurrences in the Operating Room Policy.

DOCUMENTATION

1. The circulator documents the fire risk assessment level and the time the assessment was performed.
2. The circulator is responsible for documentation of the event on the Operating Room Nurses' Notes.
3. Occurrence Report will be completed by the circulator and submitted to the Director of Surgical Services.
4. Document the fire in accordance with the health care organization's policy and procedures and local authority regulations.

COMPETENCY

1. All Surgical Services personnel will receive education and complete competency validation activities on fire prevention and management, including:

a. Identifying the elements of the fire triangle

b. Performing and documenting the Surgical Services fire risk assessment (Intraoperative staff only.)

c. Using fire extinguishing techniques, including fire extinguishers

d. Identifying Surgical Services evacuation routes

e. Locating available fire extinguishers

f. Identifying medical gas panel locations and describing gas panel operation, including the facility-specific protocol for turning them off in an emergency situation

g. Identifying electrical panel locations and describing the facility-specific protocol for turning off the system

h. Describing how to activate the fire safety/evacuation plan

i. Explaining how and when to contact the local fire department; and describing the roles and responsibilities of each team member in various fire scenarios.

2. Surgical Services fire drills will occur quarterly during each shift that the Surgical Services areas are operational.

3. A mock evacuation scenario will occur as one of the fire drills on an annual basis.

REFERENCES:

- AORN Perioperative Standards and Recommended Practices (2023)
  Recommended practice for Environment of Care
  Recommended practices for Electrosurgery
  Recommended practices for Laser Safety

- The Joint Commission. (2021). Comprehensive Accreditation Manual. (EC.02.03.05). Oakbrook Terrace, IL. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea_29.pdf.

- Operating Room Fire Safety (n.d.) Retrieved September 26, 2017 from https://www.safety.rochester.edu/fire/ORFireSafety.html.

- OSHA (2019). Osha.gov. https://www.osha.gov/sites/default/files/2019-03/fireprotection.pdf.

CROSS REFERENCES:

- UNUSUAL OCCURRENCES IN THE OPERATING ROOM
- "CODE RED" PROCEDURE
- Fire Safety General Instructions
- ELECTROSURGICAL CAUTERY UNIT SAFETY
- LASER SURGERY- PRACTICE AND SAFETY

ADDENDUM I

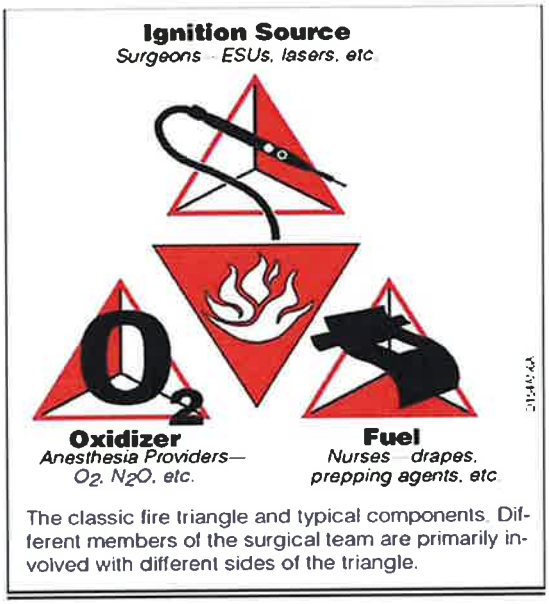
Fire Risk Level Assessment
Low, Moderate, High

Fire Contributors Components:

Ignition Source - ESU, Laser, Fiber Optic, Other Fire Contributors (Drills, Saws, Burrs)

Oxidizers - Oxygen, Nitrous Oxide, Above Xiphoid Process

Fuel – Drapes, Alcohol/Volatile Prep



The classic fire triangle and typical components. Different members of the surgical team are primarily involved with different sides of the triangle.

Low Fire Risk - 1 Fire Contributor Component

Moderate Fire Risk - 2 Fire Contributor Components with the possibility to convert to a high risk

High Fire Risk - 3 Fire Contributor Component, all three components of the fire triangle are present

PURPOSE:

To establish a process for the identification of high-alert or high risk medications and provide methods to be utilized to promote the safe administration of these medications and help prevent adverse drug events.

POLICY:

1. It is the policy of Sierra View Medical Center (SVMC) to administer medications in a safe manner by placing safeguards into the entire medication delivery system. These safeguards are especially crucial when considering the administration of high-alert or high-risk medications including look-alike, sound-alike drugs.

2. The medications listed on Addendum A are considered high-alert or high-risk medications at Sierra View Medical Center. Also, refer to Addendum A for a listing of the risk reduction measures taken to prevent adverse drug events for those identified medications.

3. Addendum C details the list of hazardous drugs that may or may not be handled, prepared, or administered at Sierra View Medical Center. A significant number of medications are limited to the Cancer Treatment Center, such as those classified as high-risk. However, some hazardous drugs may be addressed at SVMC provided that all elements of the assessments of risk are followed.

AFFECTED PERSONNEL/AREAS: *PHARMACY; NURSING*

PROCEDURE:

1. The medications listed on Addendum A are considered high-alert or high-risk medications at Sierra View Medical Center. Also, refer to Addendum A for a listing of the risk reduction measures taken to prevent adverse drug events for those identified medications. Addendum B address Look-a-Like/Sound-a-Like Medications and risk reduction measures. Addendum C reviews SVMC's list of Hazardous drugs. A hyperlink is available within this policy to the standard operating procedures file on the hazardous drugs that have an associated assessment of risk.

2. At minimum, one who deals with a hazardous drug (Addendum C) will check ancillary information in the electronic health record, the assessments of risk or with Pharmacy prior to administration.

3. The lists in Addendums A, B, and C will be updated no less than annually at P&T Committee. New issues, new concerns, or newly identified trends in medication errors made at Sierra View will be considered by the P&T Committee when reviewing, modifying, and approving these lists.

4. These lists will be posted in medication rooms and/or near Pyxis Med Stations for easy review by nursing personnel that administer medications.

ADDENDUM A

2024 HIGH ALERT MEDICATIONS AND RISK REDUCTION MEASURES

Medication	Standard Dosage Form	Automated Dispensing Cabinet Alert	Nursing Double Check	Pharmacist Double Check	Warning Label on container	Only stocked in Pharmacy	Not on override list
IV Adrenergic Agonists	X	X			X		
IV Adrenergic Antagonists	X	X					
IV Anesthetics	X	X	X (drips: new bags on start)				
IV Antiarrhythmics	X	X					
Chemotherapy			X	X			X
Concentrated K+, Mg, NaCl, and Dextrose	X					X	
Dextrose, Hypertonic, ≥20%						X	
Parenteral Nutrition Preps						X	
NaCl for injection, hypertonic, greater than 0.9%	X	X	X (drips: new bags on start)				
Digoxin	X	X					
Insulin		X	X (drips: new bags on start)				
Injectable Antithrombotics	X	X	X				
Oral Antithrombotics		X					
Neuromuscular Blocking Agents		X	X (drips: new bags on start)		X		
Sulfonylureas		X					
IV Opioid/Sedative Drips	X	X	X (drips: new bags on start)				

ADDENDUM B

2024 LOOK ALIKE SOUND ALIKE AND RISK REDUCTION MEASURES

Medications	Tall-Man Lettering in CPOE	Separation on Shelving in Pharmacy	Separation in Pyxis	Clinical Screen in Pyxis
Alprazolam lorazepam	X		X	X
Amitriptyline Azathioprine		X		
Buproprion Buspirone	X			X
Captopril Carvedilol	X	X	X	X
Carboplatin Cisplatin	X	X		X
Clonazepam Lorazepam	X			X
Dexamethasone Diphenhydramine		X		
Dobutamine Dopamine	X	X	X	X
Duloxetine Fluoxetine	X	X	X	X
Fluoxetine Paroxetine	X	X	X	X
Glipizide Glyburide	X	X	X	X
Infliximab Rituximab	X	X		
Lamotrigine Levetiracetam	X			X
Levofloxacin Linezolid		X		
Nicardipine Nifedipine	X			X
Midazolam (Versed) Vecuronium*		X	X	X
Rifampin Rifamixin	X		X	X
Tramadol Trazodone	X		X	X

- Repackaged in Pyxis and auxiliary label on package "Caution Neuromuscular Blocker"

ADDENDUM C

Sierra View Medical Center Pharmacy – NIOSH Hazardous Drug List

Group 1 - Antineoplastic		
Generic Name	Dosage Form	AOR
ADO-TRASTUZUMAB EMTANSINE INJ	VIAL	
ANASTRAZOLE	TABLET	X
ARSENIC TRIOXIDE INJ	VIAL	
AZACITIDINE INJ	VIAL	
BENDAMUSTINE HCL INJ	VIAL	
BICALUTAMIDE	TABLET	X
BLEOMYCIN SULFATE INJ	VIAL	
BORTEZOMIB INJ	VIAL	
CABAZITAXEL INJ	VIAL	
CAPECITABINE	TABLET	X
CARBOPLATIN INJ	VIAL	
CARFILZOMIB INJ	VIAL	
CARMUSTINE INJ	VIAL	
CHLORAMBUCIL	TABLET	X
CISPLATIN INJ	VIAL	
CLADRIBINE INJ	VIAL	
CYCLOPHOSPHAMIDE	CAPSULE	X
CYCLOPHOSPHAMIDE INJ	VIAL	
CYTARABINE INJ	VIAL	
DECARBAZINE INJ	VIAL	
DACTINOMYCIN INJ	VIAL	
DAUNORUBICIN INJ	VIAL	
DECITABINE INJ	VIAL	
DEGARELIX ACET INJ	KIT/ INJ	
DOCETAXEL INJ	VIAL	
DOXORUBICIN INJ	VIAL	
DOXORUBICIN LIPOSOMAL INJ	VIAL	
EPIRUBICIN INJ	VIAL	
ERIBULIN MESYLATE INJ	VIAL	
ERLOTINIB HYDROCHLORIDE	TABLET	X
ESTRAMUSTINE PHOSPHATE SODIUM	CAPSULE	X
ETOPOSIDE	CAPSULE	X
ETOPOSIDE INJ	VIAL	
FAM-TRASTUZUMAB DERUXTECAN INJ	VIAL	
FLUDARABINE PHOS INJ	VIAL	
FLUOROURACIL INJ	VIAL	
FULVESTRANT INJ	PREFILLED SYRINGE	X
GEMCITABINE INJ	VIAL	
GOSERELIN INJ	PREFILLED SYRINGE	X

HYDROXYUREA	CAPSULE	X
IDARUBICIN INJ	VIAL	
IFOSFAMIDE INJ	VIAL	
IMATINIB MESYLATE	TABLET	X
IPILIMUMAB	VIAL	
IRINOTECAN INJ	VIAL	
IXABEPILONE INJ	VIAL	
LETROZOLE	TABLET	X
LEUPROLIDE ACET INJ	KIT	X
MEGESTROL ACETATE	TABLET SUSPENSION	X
MELPHALAN	TABLET	X
METHOTREXATE SOD	TABLET	X
METHOTREXATE SOD INJ	VIAL	
MITOMYCIN INJ	VIAL	
MITOMYCIN FOR BLADDER INSTILLATION	PREFILLED SYRINGE	X
OXALIPLATIN INJ	VIAL	
PACLITAXEL, PROTEIN-BOUND INJ	VIAL	
PACLITAXEL, SEMI-SYNTHETIC INJ	VIAL	
PEMETREXED INJ	VIAL	
PENDOSTATIN INJ	VIAL	
PERTUZUMAB INJ	VIAL	
TAMOXIFEN CITRATE	TABLET	X
TEMSIROLIMUS INJ	VIAL	
THIOTEPA INJ	VIAL	
TOPOTECAN INJ	VIAL	
TRIPTORELIN INJ	VIAL	
VINBLASTINE INJ	VIAL	
VINCRISTINE INJ	VIAL	
VINORELBINE INJ	VIAL	
ZIV-AFLIBERCEPT INJ	VIAL	

Group 2 – Non-antineoplastic

Generic Name	Dosage Form	AOR
AZATHIOPRINE	TABLET	X
CARBAMAZEPINE	TABLET SUSPENSION	X
CYCLOSPORINE	CAPSULE	X
DEXRAZOXANE HYDROCHLORIDE	VIAL	X
DIVALPROEX SOD	CAPSULE TABLET	X
ESTRADIOL	PATCH	X
ESTROGENS, CONJ	TABLET	X
ESTROGENS, CONJ	VAGINAL CREAM	X
ESTROGENS, CONJ INJ	VIAL	X
FOSPHENYTOIN SOD INJ	VIAL	X
GANCICLOVIR INJ	VIAL	X
LIRAGLUTIDE	PREFILLED SYRINGE	X
MEDROXYPROGESTERONE ACET	TABLET	X
MEDROXYPROGESTERONE ACET INJ	PREFILLED SYRINGE	X
METHIMAZOLE	TABLET	X
MYCOPHENOLATE MOFETIL	CAPSULE	X
OXCARBAZEPINE	TABLET	X
PHENOXYBENZAMINE	CAPSULE	X
PHENYTOIN	CAPSULE SUSPENSION	X
PHENYTOIN INJ	VIAL	X
PROGESTERONE INJ	VIAL	X
PROPYLTHIOURACIL	TABLET	X
RALOXIFENE	TABLET	X
RISPERIDONE	TABLET	X
SPIRONOLACTONE	TABLET	X
TACROLIMUS	CAPSULE	X
VALGANCICLOVIR	TABLET	X
ZIDOVUDINE	CAPSULE	X

Group 3 – Non-antineoplastic (Reproductive)

Generic Name	Dosage Form	AOR
CLONAZEPAM	TABLET	X
COLCHICINE	TABLET	X
DINOPROSTONE	VAG.SUPP	X
DRONEDARONE HYDROCHLORIDE	TABLET	X
DUTASTERIDE	CAPSULE	X
ERGOTAMINE/ CAFFEINE	SUPPOSITORY	X
METHYLERGONIVINE	TABLET	X
METHYLERGONIVINE INJ	VIAL	X
FINASTERIDE	TABLET	X
FLUCONAZOLE	TABLET	X
FLUCONAZOLE INJ	PREMIX BAG	X
LR WITH PITOCIN 20 UNITS	BAG PREMIX BAG	X
MISOPROSTOL	TABLET	X
PAMIDRONATE INJ	VIAL	X
PAROXETINE HYDROCHLORIDE	TABLET	X
TELEVANCIN	VIAL	X
TEMAZEPAM	CAPSULE	X
TESTOSTERONE CYPIONATE	VIAL	X
TOPIRAMATE	TABLET	X
TRETINOIN	CAPSULE	X
VALPROATE SOD INJ	VIAL	X
VALPROIC ACID DIVALPROEX SODIUM	TABLET SPRINKLES SUSPENSION	X
VORICONAZOLE	TABLET	X
VORICONAZOLE INJ	VIAL	X
WARFARIN SODIUM	TABLET	X
ZIPRASIDONE	CAPSULE	X
ZIPRASIDONE INJ	VIAL	X
ZOLEDRONIC ACID INJ	VIAL PREMIX BAG	X
ZONISAMIDE	CAPSULE	X

Personal Protective equipment and engineering controls for working with hazardous drugs in healthcare settings.

Formulation	Activity	Double chemo-therapy gloves	Protective gown	Eye/face protection	Respiratory protection	Ventilated engineering control
All types of hazardous drugs	**Receiving, unpacking, and placing in storage**	**no (single glove can be used, unless spills occur)**	**yes, when spills and leaks occur**	**no**	**yes, when spills and leaks occur**	**no**
Intact tablet or capsule	Administration from unit-dose package	no (single glove can be used)	no	no	no	N/A
Tablets or capsules	**Cutting, crushing, or manipulating tablets or capsules; handling uncoated tablets**	**yes**	**yes**	**no**	**yes, if not done in a control device**	**yes†**
	Administration	no (single glove can be used)	no	yes, if vomit or potential to spit up‡	no	N/A

†It is recommended that these activities be carried out in a control device, but it is recognized that under some circumstances, it is not possible

Formulation	Activity	Double chemo-therapy gloves	Protective gown	Eye/face protection	Respiratory protection	Ventilated engineering control
Solution for irrigation	**Compounding**	**yes**	**yes**	**yes, if not done in a control device**	**yes, if not done in a control device**	**yes, BSC or CACI; use of CSTD recommended**
	Administration (bladder, HIPEC, limb perfusion, etc.)	yes	yes	yes	yes	N/A
Powder/solution for inhalation/ aerosol treatment	**Compounding**	**yes**	**yes**	**yes, if not done in a control device**	**yes, if not done in a control device**	**yes, BSC or CACI**
	Aerosol administration	yes	yes	yes	yes	yes, when applicable
	Administration	**yes**	**yes**	**yes, if liquid that could splash‡**	**yes, if inhalation potential**	**N/A**
Drugs and metabolites in body fluids	Disposal and cleaning	yes	yes	yes, if liquid that could splash	yes, if inhalation potential	N/A
Drug-contaminated waste	**Disposal and cleaning**	**yes**	**yes**	**yes, if liquid that could splash**	**yes, if inhalation potential**	**N/A**
Spills	Cleaning	yes	yes	yes	yes	N/A

Formulation	Activity	Double chemo-therapy gloves	Protective gown	Eye/face protection	Respiratory protection	Ventilated engineering control
Oral liquid drug or feeding tube	Compounding	yes	yes	yes, if not done in a control device	yes, if not done in a control device	yes†
	Administration	yes	yes	yes, if vomit or potential to spit up‡	no	N/A
Topical drug	Compounding	yes	yes	yes, if not done in a control device	yes, if not done in a control device	yes†, BSC or CACI (Note: carmustine and mustargen are volatile)
	Administration	yes	yes	yes, if liquid that could splash‡	yes, if inhalation potential	N/A
Subcutaneous/ intra-muscular injection from a vial	Preparation (withdrawing from vial)	yes	yes	yes, if not done in a control device	yes, if not done in a control device	yes, BSC or CACI
	Administration from prepared syringe	yes	yes	yes, if liquid that could splash‡	no	N/A
Withdrawing and/or mixing intravenous or intramuscular solution from a vial or ampoule	Compounding	yes§	yes	no	no	yes, BSC or CACI; use of CSTD recommended
	Administration of prepared solution¶	yes	yes	yes; if liquid that could splash‡	no	N/A; CSTD required per USP 800 if the dosage form allows

REFERENCE:

1. The Joint Commission (2023). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.
2. NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016. https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf. Accessed 2023.
3. ISMP List of High-Alert Medications in Acute Care Settings, 2024. https://www.ismp.org/system/files/resources/2024-01/ISMP_HighAlert_AcuteCare_List_010924_MS5760.pdf

Link to associated assessments of risks:

https://powerdms.com/link/sierraview/document/?id=2755269

SUBJECT: **INFECTION CONTROL - LABORATORY**	SECTION: **Page 1 of 5**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PHILOSOPHY:

The Laboratory and Laboratory Director, recognizes the need for developing and adhering to infection control policies and procedures specific to the department and its work place risks.

Microorganisms in the Laboratory can be inhaled, ingested or inoculated through the skin. There is also a danger of exposure to blood and body fluids via needle puncture, leaking syringes or contamination while separating needles from syringes. Other commonly recognized exposure incidents include spills and breakage, resulting in sprays (aerosol) of infectious materials and injuries with broken glass or other sharp instruments.

Therefore, all Laboratory personnel are expected to strictly adhere to health and safety practices.

The following department-specific infection control policies and procedures have been extracted from departmental manuals. Refer to specific manuals for further delineation.

POLICY:

- Sierra View Medical Center's general infection control policies and procedures are observed.
- Sierra View Medical Center's employee health and safety policies and procedures are observed.
- Standard Precautions are observed and practiced at all times.
- All personnel are expected to be knowledgeable regarding and practice the requirements as outlined in the Medical Waste Management Plan and Exposure Control Plan.

AFFECTED AREAS/PERSONNEL: *ALL EMPLOYEES*

PROCEDURE:

Hand Washing/Sanitization:

Hand washing is one of the most important aspects of infection control in the Laboratory. Hands must be washed or sanitized with appropriate product, whether gloves are worn or not worn.

- Before and after contact with all patients
- Before and after gloving
- After handling any specimen
- Accession labeling, centrifugation
- Specimen transfers

- After skin contact with any biological sample of any reagent
- Prior to and after eating, drinking, smoking
- Prior to and after use of restroom
- After completing work

Attire:

Laboratory coats, uniforms or fluid resistant gowns must be worn by all Laboratory staff during specimen procurement, handling and testing. Fluid resistant gowns may not be worn out of the Lab. Clinical laboratory scientists (CLS) must wear coats during testing. Phlebotomists may wear uniforms.

Laboratory coats, uniforms, or fluid-resistant gowns upon which biological material has been spilled are a biohazard and must be expediently removed and sent to be laundered or disposed of appropriately. The fluid resistant gown may be placed in the regular trash, if it is disposable.

Refer to the Exposure Control Plan for complete information.

Oral and Body Surfaces:

No smoking, donning of earrings or application of cosmetics are permitted in any Laboratory working area. Smoking is not allowed anywhere on the Sierra View Medical Center campus.

Oral and ocular contact with any surface, including hands, capable of harboring and transmitting infectious agents is prohibited.

Food and Beverages:

Neither foods nor beverages may be prepared in any part of the Laboratory.

Coffee is available in the Laboratory break room and may be consumed in the front office, the administrative office, and the pathology offices.

Specimen Collection/Handling:

Standard Precautions must be adhered to when obtaining, handling or processing ALL blood/body fluid specimens or potentially infectious materials. (See Exposure Control Plan.)

Handling of Sharps:

Needles should not be recapped by hand. Use safety caps and sharps containers.

Needles are not to be cut or bent.

Centrifuges:

Centrifuges must be disinfected weekly unless breakage occurs, in which case cleaning and disinfection must be immediate. All centrifuge surfaces, including carrier cups, must be cleaned with a disinfectant solution.

Whenever possible, samples should be stoppered when centrifuged in order to prevent aerosol formation and spillage.

Centrifuges must always be balanced prior to operation.

Opening Specimen Containers and Transfer of Specimens:

Observe caution with Vacutainer corks. Cork popping can generate aerosols, prime sources for blood borne disease transmission. Cover rubber corks with gauze and twist them off gently. (NOTE: The lab uses "Hemagard" safety caps. They do not require covering with gauze.) When disposed, corks and gauze must be disposed of as medical waste.

Any specimen spillage on containers is hazardous. Care should be taken to avoid all spillage during transfer steps.

Control Sera and Reagents from Biological Sources:

All materials prepared from biological sources are biohazardous in that they are high probability agents for transmission of disease. All such materials must be treated as though they were specimens from high risk patients.

Spillage of Biological Samples:

Paper, or any worksheet, request or report upon which a biological sample has been spilled, will be recopied or reprinted and then the original disposed of. If the paper is duplicated via the copy machine, cover the biological sample with clear tape before copying. The copier will be cleaned after the copy is made.

Spills on non-disposable surfaces must be cleaned promptly with an aqueous 1:10 dilution of bleach or approved disinfectant.

Pipetting:

Mouth pipetting of any substance is prohibited. Propipettes, rubber bulbs or suitable alternative devices must be used.

Rubber bulbs and tubing used for capillary tube pipetting must be disposed of periodically in the regular trash.

Pasteur pipettes must be disposed of as medical waste.

Storage of Biological Samples:

All containers with biological samples in them shall be sealed or covered or kept in sealed containers unless currently being analyzed.

Cleaning Procedures:

Bench tops are cleaned at least daily, with a 1:10 aqueous solution of bleach or approved disinfectant.

Floors, hand washing sinks, chairs and other furniture are cleaned by the Environmental Services Department personnel.

Refrigerators, machines and computers are cleaned on a routine basis by department personnel.

Pathology Medical Waste Disposal:

A reference service is contracted to perform pathology technical functions. Sections of specimens (tissues, organs, etc.) are placed in 10% formalin prior to transporting off site for slide preparation.

Specimens are disposed of by the contracted medical waste service.

Laboratory's Role in Infection Control Program:

Laboratory Services provide a copy of significant serology, virology and microbiology reports to the Infection Control Practitioner to assist in the surveillance program.

The Microbiology Department provides antibiotic profiles and antibiotic sensitivity patterns of the most commonly isolated bacteria. Such information may be useful in determining the etiology of some infections as well as a useful tool in identifying trends in the emergence of resistant organisms and changes in the hospital flora or provides valuable data for antibiotic usage.

Reporting Infectious/Communicable Diseases and Conditions:

Contract and on site Laboratory Services are responsible for reporting as required, certain diseases to the local Public Health Office. (See Reportable Disease Policy.) All in-house testing reports to Tulare County Public Health automatically through the CalRedie interface.

The Laboratory will also notify the Infection Control Practitioner, Nursing Manager/ Supervisor and Attending Physician of cases of positive acid-fast smears or cultures on inpatients and outpatients.

Education/Orientation:

All new employees are oriented to the Infection Control Program for the department. Workplace risks are discussed. Education programs will be scheduled for the department relative to departmental infection control policies by the Department Manager.

All new employees are to attend the general Sierra View Medical Center Orientation Program for orientation to the hospital-wide Infection Control Program.

Employees are scheduled to attend the Annual Orientation Program, as provided by the hospital, which includes a review of infection control and workplace risks.

REFERENCE:

- The Joint Commission (2023). Hospital and Laboratory Accreditation Standards. EC.02.02.01, EC.02.01.03, EC.02.02.01, IC.01.01.01-IC.01.06.01. Joint Commission Resources. Oak Brook, IL.

SUBJECT: **INSURANCE REVIEWS**	SECTION: **Page 1 of 2**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide guidelines for obtaining authorization for a patient's stay in the hospital following the Insurance Review Process.

POLICY:

The ~~Case Management~~ Utilization Management Department will be responsible for conducting Insurance Reviews on all patients admitted to the hospital for inpatient or outpatient services

AFFECTED AREAS/ PERSONNEL: ~~*CASE MANAGEMENT*~~ *UTILIZATION MANAGEMENT/REGISTRATION STAFF*

PROCEDURE:

1. Upon admission into Sierra View Medical Center, the patient's financial status will be obtained. The assigned registration clerk will then notify the insurance company of the patient's admission.

2. The insurance company will contact, via phone or fax, the Utilization -Management ~~/Case Management~~ (UR~~/CM~~) Department for request of review for medical necessity. The (UR~~/CM~~) Staff will input the requested information into the patient's records using the Meditech system's Utilization Review Screen.

3. The staff will state date/time of call, who called, name of insurance reviewer expecting review, phone and fax numbers of the insurance reviewer, reference number, length of stay approved and any other pertinent information obtained from call. This will be entered into the Meditech system's Utilization Review screen as a CM Communication entry.

4. They will use the Meditech system's Utilization Review Screen to input all pertinent information; this will include the Patient's admission date, diagnosis, vital signs, surgical procedures if any, abnormal lab and radiology results, MD plans for continued stay, orders and discharge plans.

5. Completed reviews will be phoned, ~~or~~ faxed or copied and pasted in the online Payer Portal; to the insurance reviewer with request for authorization for stay.

6. Any further requests for reviews will be completed and provided, in accordance to the payer's agreement, until the patient is discharge.

7. If the insurance reviewer feels that the patient has been admitted without medical necessity the denial process will be initiated.

8. All correspondence with the insurance reviewer will be documented in the patient's record using the Meditech system's Utilization Review Screen by all (UR~~/CM~~) staff.

9. If there are any questions that arise by billing they can access the Utilization Review Screen as a read only file and review documentation for clarification.

REFERENCE:

- The Joint Commission (2020). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.

SUBJECT:	SECTION:
INTENSIVE CARE UNIT –ADMISSION, DISCHARGE, TRANSFER CRITERIA	**Page 1 of 4**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To define the criteria for admission, transfer, and discharge for the Intensive Care Unit (ICU).

POLICY:

The Intensive Care Unit (ICU) provides service in a nursing unit in which there are specially trained nursing and supportive personnel and diagnostic, monitoring and therapeutic equipment necessary to provide specialized medical and nursing care to critically ill patients.

The Intensive Care Unit provides care for a population of patients including adolescents, adults and geriatric patients. Every effort is made to facilitate the optimum care and placement of these patients.

AFFECTED PERSONNEL/AREAS: *INTENSIVE CARE UNIT*

PROCEDURE:

ADMISSION POLICIES

1. All patients admitted to the Intensive Care Unit will be evaluated by the attending ICU Physician and/or designated physician at night.

2. Patients may be admitted to the Intensive Care Unit in any of the following ways:

   a. ***Direct Admissions:*** will be accepted from other acute care organizations and must be accept by the ICU intensivist or covering staff.

   b. ***Emergency Department Admissions*** are admitted from the Emergency Department. These patients will be seen in the ED. Patient will be admitted with appropriate physician orders to the designated nursing unit.

      a. ***Transfer Patients*** are admitted to the Intensive Care Unit from other units such as the Telemetry and Medical/Surgical Units. Once the patient is transferred to the ICU unit, the nurse is responsible for contacting the primary physician to ensure appropriate orders for level of care are entered/written.

   c.

CIRCUMSTANCES OF ADMISSION

1. All patients will be admitted to Intensive Care Unit with appropriate physician orders. Orders will include, at minimum, the following information:

   a. Intensive Care Unit standing orders

   b. Code status

c. Intravenous access for a minimum of two access lines or central line as appropriate

d. Laboratory and radiology tests

e. Routine medications

2. Physicians will visit patients on the unit daily and as prudent for the care of the patient and to provide appropriate medical documentation on their conditions.

3. The RN assigned to the patient will notify the attending physician of the patient's arrival on the unit and of the patient's status and collaborate with physician to obtain new orders.

4. The nursing staff will consider a patient's diagnosis, sex, age, and acuity level in placing the patient in a room.

5. Nursing responsibilities for the newly admitted patient include:

a. Compiling an admission database by the RN. The RN is responsible for the completion of the initial admission paperwork.

b. Assessment and implementation of the physician orders

c. Developing and implementing the patient care plan upon admission

CRITERIA FOR ADMISSION:

1. The Intensive Care Unit is designed to provide highly skilled nursing care to critically ill, unstable patients in need of life saving intensive treatment and nursing care such as ventilator support, vasoactive drugs, aggressive volume resuscitation, etc. Patients who do not meet routine criteria must have authorization from the Nursing Director of Critical Care Services (CCS) or House Supervisor. When unable to reach agreement, the chain of command will be utilized.

GUIDELINES

Common candidates for admission to the ICU include patients who meet one or more of the following parameters:

- Complicated cardiac events requiring thrombolytic therapy, temporary pacing and/or hemodynamic or electrophysiologic stabilization, implanted pacemakers. Cardiac invasive procedures do not include angiography/angioplasty.
- Rule out Cerebrovascular Accident (CVA), and inoperable head injuries
- Myocardial Infarction (MI) patients not in need of immediate transfer to higher level of care facility
- Rhythm disturbances deemed life-threatening

- Patients who are hemodynamically unstable requiring advanced monitoring and/or titratable intravenous drips
- Active, gastrointestinal bleeding
- Endocrine emergencies (such as severe diabetic ketoacidosis and pancreatitis) requiring insulin infusion
- Hypoxic or hypercapnic respiratory failure requiring mechanical ventilation, aerosol treatment frequency every hour or less and/or supplemental oxygen of 100% by non- rebreathing mask
- Shock states of any kind as defined by inadequate tissue organ oxygen delivery
- Patients for postoperative care when underlying background illness can be exacerbated and contribute to a postoperative complication
- Drug overdoses in patients whose hemodynamic, respiratory and neurologic states are stable. Patients with expressed or reliably reported suicidal ideation or behavior will be admitted to the ICU based on their medical needs. (See "SUICIDAL PATIENT ASSESSMENT & MANAGEMENT " policy.) The suicide risk scale must be completed.

DISCHARGE / TRANSFER POLICIES

1. On a daily basis, patients will be assessed for the need of continued critical care services. The RN and the attending physician will collaborate on the plan of care and review current assessment. The patient's status will be updated and located in the physician's medical progress notes.

2. Priorities for discharge will be as follows:

   a. Patients who achieve stable body systems with physiologic parameters that do not meet criteria as described in previously discussed material, will be considered ready for transfer/discharge.

   b. Patients who the physicians believe will benefit from care at a higher level of care than this facility can provide.

   c. Patients who have confirmed clinical and laboratory evidence of brain death.

   d. Competent patients who refuse life-support therapy.

   e. Patients with non-traumatic coma or permanent vegetative state.

The nursing staff will make every attempt to contact the attending physician for patient needs such as updates of patient changes or discharge needs. If the attending physician cannot be contacted, the RN will then be required to contact the House Supervisor and follow the chain of command policy to acquire orders to effectively manage patient needs.

REFERENCES:

- California Code of Regulations (2020). Title 22. §70491. Retrieved from https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID7365A90D4BB11DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1.
- Johnson KL. *AACN Procedure Manual for Progressive and Critical Care*. Elsevier; 2024.
- The Joint Commission (2020). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL

CROSS REFERENCE:

- SUICIDAL PATIENT ASSESSMENT & MANAGEMENT
- CHAIN OF COMMAND REGARDING PATIENT CARE

SUBJECT: **INVESTIGATIONAL DRUGS**	SECTION: *Care of the Patient (TX)* **Page 1 of 3**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

The purpose of this policy is to provide a mechanism for the proper storage, distribution and control of investigational medications.

POLICY:

It is the policy of Sierra View Medical Center (SVMC) to provide a safe practice environment for the use of investigational medications as well as ensuring the safety of our patients while participating in new potential advances in therapeutics.

AFFECTED AREAS/PERSONNEL: *PHARMACY, NURSING, MEDICAL STAFF*

PROCEDURE:

1. Prior to an investigational drug being used at SVMC the study protocol must be reviewed and approved by:

   a. Compliance and Risk Departments
   b. The Pharmacy and Therapeutics Committee
   c. The Medical Executive Committee
   d. The SVMC Board of Directors

2. An Institutional Review Board (IRB) must approve each research protocol. A principal investigator or authorized sub-investigator, all of whom shall be members of Sierra View staff, shall supervise the use of each medication used in the study.

3. After approval from all of the aforementioned committees Advanced Clinical Systems and finance will be alerted so that the medical record and the billing for the investigational drug will be in compliance with the study protocol and State and Federal billing practices.

4. A valid Informed Consent approved by the Institutional Review Board must be signed and dated by:

   a. The Principal Investigator or an authorized Sub-Investigator, and
   b. The patient (subject) before he/she can be included in the research study. The study protocol which includes the Informed Consent must have prior written approval by an Institutional Review Board.

5. The Principal Investigator shall be responsible for the ongoing monitoring associated with the research study & applicable laws & regulations.

6. The following information about each research medication will be available in writing to Pharmacy Services and to the nursing staff caring for a subject prior to his/her receiving any doses of the medication:

   a. Name of drug or of the study if the drug is to be concealed
   b. Lot number
   c. Dosage forms and strength
   d. Usual dosage range, dosage schedule, and route of administration
   e. Possible reactions, side effects, adverse effects, or other signs and symptoms of toxicity
   f. Drug-drug and drug-food interactions
   g. Contraindications
   h. Storage requirements
   i. Instructions for dosage preparation and administration
   j. Instructions for disposition of unused doses
   k. Names of authorized prescribers

7. The Pharmacy Service will be responsible for receiving, properly labeling, storing, maintaining a balance and distributing each study medication under the general direction of the principal investigator. Investigational medications will be stored under appropriate conditions in a controlled-access location separated from regular pharmacy inventory. The research or study medications will be properly packaged and labeled in compliance with all applicable state and federal requirements.

8. A perpetual inventory will be maintained for each investigational medication stored in the pharmacy. The inventory will document every dose received, dispensed, returned, transferred or wasted as well as the current amount on hand. A re-order level should be determined in order to assure that adequate stock will always be on hand to prevent interruption of therapy. Inventory records will be maintained for at least two years after discontinuation of the study or longer if required by state or federal regulations.

9. When a study has been concluded, the pharmacist will return or otherwise dispose of all unused stock according to instructions of the sponsor and in accordance with applicable regulations.

10. Investigational medications from studies originating from outside the hospital will be required to include informed consent specifically for the hospital, provision of drug information, and a medication order specifically by the principal investigator, who has been granted Medical Staff privileges. These requirements will be met prior to initial administration of any investigational medication. Upon evaluation and if no contraindication exists, accommodations to the patient's continued participation in the protocol may be made.

References

1. ASHP Guidelines for the Management of Investigational Drug Products. https://www.ashp.org/-/media/assets/policy-guidelines/docs/guidelines/management-investigational-drug-products.ashx. Accessed January 10, 2024.

2. Hospital Accreditation Standards. (2023). Oak Brook, IL: Joint Commission Resources, Inc.

- MM.06.01.05
  - MM.06.01.05, EP2

SUBJECT: **MEDICAL RECORD - UNACCEPTABLE ABBREVIATIONS & SYMBOLS**	SECTION: **Page 1 of 8**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To define unacceptable abbreviations and symbols at Sierra View Medical Center.

POLICY:

Abbreviations denoted on the Joint Commission's "Do Not Use" list will not be utilized for documentation throughout the organization to assure the highest quality of patient care and to prevent medical/health care errors.

The **"Do Not Use"** list includes abbreviations, acronyms, symbols and dose designations. The list of **"Do Not Use"** abbreviations apply to all orders (not just medication orders) and all medication documentation that is handwritten or uses free text entry into a computer. Nurses and pharmacists shall clarify orders that contain **"Do Not Use"** abbreviations with the prescriber when the order is not clear.

In the **Table**, error-prone abbreviations, symbols, and dose designations that are included on The Joint Commissions **"Do Not Use"** list (information Management Standard IM.02.02.01) are identified with a double asterisk (**). Error-prone abbreviations, symbols, and dose designations that are relevant mostly in hand-written communications of medication information are highlighted with a dagger (†).

If an uncommon or ambiguous abbreviation is used, it should be defined by the writer or sender. Where uncertainty exists, clarification with the person who used the abbreviation is required.

AFFECTED AREAS/PERSONNEL: *ALL HOSPITAL PERSONNEL; MEDICAL STAFF*

PROCEDURE:

1. The HIM Director, Vice President of Patient Care Services and the Vice President of Quality & Regulatory Affairs shall have the authority to add, delete, and otherwise update the abbreviation list as the needs of the hospital dictate.

2. The unacceptable abbreviation list shall be submitted to the Medical Executive Committee and Board of Directors for review and approval.

3. The unacceptable abbreviation list shall be an addendum to this policy and shall be available in all copies of the manual.

REFERENCE:

- The Joint Commission (2021). Hospital accreditation standards. IM.02.02.01. Joint Commission Resources. Oak Brook, IL.

- Institute for Safe Medication Practices (ISMP). *ISMP List of Error-Prone Abbreviations, Symbols, and Dose Designations*. ISMP; 2021.

UNACCEPTABLE ABBREVIATION AND SYMBOL LIST

Table. Error-Prone Abbreviations, Symbols, and Dose Designations

Error-Prone Abbreviations, Symbols, and Dose Designations	Intended Meaning	Misinterpretation	Best Practice
Abbreviations for Doses/Measurement Units			
cc	Cubic centimeters	Mistaken as u (units)	Use mL
IU**	International unit(s)	Mistaken as IV (intravenous) or the number 10	Use unit(s) (International units can be expressed as units alone)
l **ml**	Liter Milliliter	Lowercase letter l mistaken as the number 1	Use L (UPPERCASE) for liter Use mL (lowercase m, UPPERCASE L) for milliliter
MM or M **M or K**	Million Thousand	Mistaken as thousand Mistaken as million M has been used to abbreviate both million and thousand (M is the Roman numeral for thousand)	Use million Use thousand
Ng or ng	Nanogram	Mistaken as mg Mistaken as nasogastric	Use nanogram or nanog
U or u**	Unit(s)	Mistaken as zero or the number 4, causing a 10-fold overdose or greater (e.g., 4U seen as 40 or 4u seen as 44) Mistaken as cc, leading to administering volume instead of units (e.g., 4u seen as 4cc)	Use unit(s)
µg	Microgram	Mistaken as mg	Use mcg
Abbreviations for Route of Administration			
AD, AS, AU	Right ear, left ear, each ear	Mistaken as OD, OS, OU (right eye, left eye, each eye)	Use right ear, left ear, or each ear
IN	Intranasal	Mistaken as IM or IV	Use NAS (all UPPERCASE letters) or intranasal

** On The Joint Commission's **"Do Not Use"** list
† Relevant mostly in handwritten medication information

List — continued on page 3

List — continued from page 1

Error-Prone Abbreviations, Symbols, and Dose Designations	Intended Meaning	Misinterpretation	Best Practice
IT	Intrathecal	Mistaken as intratracheal, intratumor, intratympanic, or inhalation therapy	Use intrathecal
OD, OS, OU	Right eye, left eye, each eye	Mistaken as AD, AS, AU (right ear, left ear, each ear)	Use right eye, left eye, or each eye
Per os	By mouth, orally	The os was mistaken as left eye (OS, oculus sinister)	Use PO, by mouth, or orally
SC, SQ, sq, or sub q	Subcutaneous(ly)	SC and sc mistaken as SL or sl (sublingual) SQ mistaken as "5 every" The q in sub q has been mistaken as "every"	Use SUBQ (all UPPERCASE letters, without spaces or periods between letters) or subcutaneous(ly)
Abbreviations for Frequency/Instructions for Use			
HS **hs**	Half-strength At bedtime, hours of sleep	Mistaken as bedtime Mistaken as half-strength	Use half-strength Use HS (all UPPERCASE letters) for bedtime
o.d. or OD	Once daily	Mistaken as right eye (OD, oculus dexter), leading to oral liquid medications administered in the eye	Use daily
Q.D., QD, q.d., or qd**	Every day	Mistaken as q.i.d., especially if the period after the q or the tail of a handwritten q is misunderstood as the letter i	Use daily
Qhs	Nightly at bedtime	Mistaken as qhr (every hour)	Use nightly or HS for bedtime
Qn	Nightly or at bedtime	Mistaken as qh (every hour)	Use nightly or HS for bedtime
Q.O.D., QOD, q.o.d., or qod**	Every other day	Mistaken as qd (daily) or qid (four times daily), especially if the "o" is poorly written	Use every other day
q1d	Daily	Mistaken as qid (four times daily)	Use daily
q6PM, etc.	Every evening at 6 PM	Mistaken as every 6 hours	Use daily at 6 PM or 6 PM daily
SSRI **SSI**	Sliding scale regular insulin Sliding scale insulin	Mistaken as selective-serotonin reuptake inhibitor Mistaken as Strong Solution of Iodine (Lugol's)	Use sliding scale (insulin)
TIW or tiw **BIW or biw**	3 times a week 2 times a week	Mistaken as 3 times a day or twice in a week Mistaken as 2 times a day	Use 3 times weekly Use 2 times weekly
UD	As directed (ut dictum)	Mistaken as unit dose (e.g., an order for "dilTIAZem infusion UD" was mistakenly administered as a unit [bolus] dose)	Use as directed

** On The Joint Commission's "Do Not Use" list
† Relevant mostly in handwritten medication information

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Error-Prone Abbreviations, Symbols, and Dose Designations	Intended Meaning	Misinterpretation	Best Practice
Miscellaneous Abbreviations Associated with Medication Use			
BBA **BGB**	Baby boy A (twin) Baby girl B (twin)	B in BBA mistaken as twin B rather than gender (boy) B at end of BGB mistaken as gender (boy) not twin B	When assigning identifiers to newborns, use the mother's last name, the baby's gender (boy or girl), and a distinguishing identifier for all multiples (e.g., Smith girl A, Smith girl B)
D/C	Discharge or discontinue	Premature discontinuation of medications when D/C (intended to mean discharge) on a medication list was misinterpreted as discontinued	Use discharge and discontinue or stop
IJ	Injection	Mistaken as IV or intrajugular	Use injection
OJ	Orange juice	Mistaken as OD or OS (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	Use orange juice
Period following abbreviations (e.g., mg., mL.)†	mg or mL	Unnecessary period mistaken as the number 1, especially if written poorly	Use mg, mL, etc., without a terminal period
Drug Name Abbreviations			
To prevent confusion, avoid abbreviating drug names entirely. Exceptions may be made for multi-ingredient drug formulations, including vitamins, when there are electronic drug name field space constraints; however, drug name abbreviations should NEVER be used for any medications on the *ISMP List of High-Alert Medications* (in Acute Care Settings [www.ismp.org/node/103], Community/Ambulatory Settings [www.ismp.org/node/129], and Long-Term Care Settings [www.ismp.org/node/130]). Examples of drug name abbreviations involved in serious medication errors include:			
Antiretroviral medications (e.g., DOR, TAF, TDF)	DOR: doravirine TAF: tenofovir alafenamide TDF: tenofovir disoproxil fumarate	DOR: Dovato (dolutegravir and lamiVUDine) TAF: tenofovir disoproxil fumarate TDF: tenofovir alafenamide	Use complete drug names
APAP	acetaminophen	Not recognized as acetaminophen	Use complete drug name
ARA A	vidarabine	Mistaken as cytarabine ("ARA C")	Use complete drug name
AT II and AT III	AT II: angiotensin II (Giapreza) AT III: antithrombin III (Thrombate III)	AT II (angiotensin II) mistaken as AT III (antithrombin III) AT III (antithrombin III) mistaken as AT II (angiotensin II)	Use complete drug names
AZT	zidovudine (Retrovir)	Mistaken as azithromycin, azaTHIOprine, or aztreonam	Use complete drug name
CPZ	Compazine (prochlorperazine)	Mistaken as chlorproMAZINE	Use complete drug name
DTO	diluted tincture of opium or deodorized tincture of opium (Paregoric)	Mistaken as tincture of opium	Use complete drug name

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Error-Prone Abbreviations, Symbols, and Dose Designations	Intended Meaning	Misinterpretation	Best Practice
HCT	hydrocortisone	Mistaken as hydro**CHLORO**thiazide	Use complete drug name
HCTZ	hydro**CHLORO**thiazide	Mistaken as hydrocortisone (e.g., seen as HCT250 mg)	Use complete drug name
MgSO4**	magnesium sulfate	Mistaken as morphine sulfate	Use complete drug name
MS, MSO4**	morphine sulfate	Mistaken as magnesium sulfate	Use complete drug name
MTX	methotrexate	Mistaken as mito**XANTRONE**	Use complete drug name
Na at the beginning of a drug name (e.g., Na bicarbonate)	Sodium bicarbonate	Mistaken as no bicarbonate	Use complete drug name
NoAC	novel/new oral anticoagulant	Mistaken as no anticoagulant	Use complete drug name
OXY	oxytocin	Mistaken as oxy**CODONE**, Oxy**CONTIN**	Use complete drug name
PCA	procainamide	Mistaken as patient-controlled analgesia	Use complete drug name
PIT	Pitocin (oxytocin)	Mistaken as Pitressin, a discontinued brand of vasopressin still referred to as PIT	Use complete drug name
PNV	prenatal vitamins	Mistaken as penicillin VK	Use complete drug name
PTU	propylthiouracil	Mistaken as Purinethol (mercaptopurine)	Use complete drug name
T3	Tylenol with codeine No. 3	Mistaken as liothyronine, which is sometimes referred to as T3	Use complete drug name
TAC or tac	triamcinolone or tacrolimus	Mistaken as tetracaine, Adrenalin, and cocaine; or as Taxotere, Adriamycin, and cyclophosphamide	Use complete drug names Avoid drug regimen or protocol acronyms that may have a dual meaning or may be confused with other common acronyms, even if defined in an order set
TNK	TNKase	Mistaken as TPA	Use complete drug name
TPA or tPA	tissue plasminogen activator, Activase (alteplase)	Mistaken as TNK (TNKase, tenecteplase), TXA (tranexamic acid), or less often as another tissue plasminogen activator, Retavase (retaplase)	Use complete drug names
TXA	tranexamic acid	Mistaken as TPA (tissue plasminogen activator)	Use complete drug name
ZnSO4	zinc sulfate	Mistaken as morphine sulfate	Use complete drug name
Stemmed/Coined Drug Names			
Nitro drip	nitroglycerin infusion	Mistaken as nitroprusside infusion	Use complete drug name
IV vanc	Intravenous vancomycin	Mistaken as Invanz	Use complete drug name
Levo	levofloxacin	Mistaken as Levophed (norepinephrine)	Use complete drug name

** On The Joint Commission's "Do Not Use" list
† Relevant mostly in handwritten medication information

List — continued on page 5

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Error-Prone Abbreviations, Symbols, and Dose Designations	Intended Meaning	Misinterpretation	Best Practice
Neo	Neo-Synephrine, a well known but discontinued brand of phenylephrine	Mistaken as neostigmine	Use complete drug name
Coined names for compounded products (e.g., magic mouthwash, banana bag, GI cocktail, half and half, pink lady)	Specific ingredients compounded together	Mistaken ingredients	Use complete drug/product names for all ingredients Coined names for compounded products should only be used if the contents are standardized and readily available for reference to prescribers, pharmacists, and nurses
Number embedded in drug name (not part of the official name) (e.g., 5-fluorouracil, 6-mercaptopurine)	**fluorouracil** mercaptopurine	Embedded number mistaken as the dose or number of tablets/capsules to be administered	Use complete drug names, without an embedded number if the number is not part of the official drug name
Dose Designations and Other Information			
1/2 tablet	Half tablet	1 or 2 tablets	Use text (half tablet) or reduced font-size fractions (½ tablet)
Doses expressed as Roman numerals (e.g., V)	5	Mistaken as the designated letter (e.g., the letter V) or the wrong numeral (e.g., 10 instead of 5)	Use only Arabic numerals (e.g., 1, 2, 3) to express doses
Lack of a leading zero before a decimal point (e.g., .5 mg)**	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Use a leading zero before a decimal point when the dose is less than one measurement unit
Trailing zero after a decimal point (e.g., 1.0 mg)**	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
Ratio expression of a strength of a single-entity injectable drug product (e.g., EPINEPHrine 1:1,000; 1:10,000; 1:100,000)	1:1,000: contains 1 mg/mL 1:10,000: contains 0.1 mg/mL 1:100,000: contains 0.01 mg/mL	Mistaken as the wrong strength	Express the strength in terms of quantity per total volume (e.g., **EPINEP**Hrine 1 mg per 10 mL) **Exception:** combination local anesthetics (e.g., lidocaine 1% and **EPINEP**Hrine 1:100,000)
Drug name and dose run together (problematic for drug names that end in the letter l [e.g., propranolol20 mg; TEGretol300 mg])	propranolol 20 mg **TEG**retol 300 mg	Mistaken as propranolol 120 mg Mistaken as **TEG**retol 1300 mg	Place adequate space between the drug name, dose, and unit of measure
Numerical dose and unit of measure run together (e.g., 10mg, 10Units)	10 mg 10 mL	The m in mg, or U in Units, has been mistaken as one or two zeros when flush against the dose (e.g., 10mg, 10Units), risking a 10- to 100-fold overdose	Place adequate space between the dose and unit of measure

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Error-Prone Abbreviations, Symbols, and Dose Designations	Intended Meaning	Misinterpretation	Best Practice
Large doses without properly placed commas (e.g., 100000 units; 1000000 units)	100,000 units 1,000,000 units	100000 has been mistaken as 10,000 or 1,000,000 1000000 has been mistaken as 100,000	Use commas for dosing units at or above 1,000 or use words such as 100 thousand or 1 million to improve readability Note: Use commas to separate digits only in the US; commas are used in place of decimal points in some other countries
Symbols			
3 or m, †	Dram Minim	Symbol for dram mistaken as the number 3 Symbol for minim mistaken as mL	Use the metric system
x1	Administer once	Administer for 1 day	Use explicit words (e.g., for 1 dose)
> and <	More than and less than	Mistaken as opposite of intended Mistakenly have used the incorrect symbol < mistaken as the number 4 when handwritten (e.g., <10 misread as 40)	Use more than or less than
† and ↓†	Increase and decrease	Mistaken as opposite of intended Mistakenly have used the incorrect symbol † mistaken as the letter T, leading to misinterpretation as the start of a drug name, or mistaken as the numbers 4 or 7	Use increase and decrease
/ (slash mark)†	Separates two doses or indicates per	Mistaken as the number 1 (e.g., 25 units/10 units misread as 25 units and 110 units)	Use per rather than a slash mark to separate doses
@†	At	Mistaken as the number 2	Use at
&†	And	Mistaken as the number 2	Use and
+†	Plus or and	Mistaken as the number 4	Use plus, and, or in addition to
°	Hour	Mistaken as a zero (e.g., q2° seen as q20)	Use hr, h, or hour
0 or ø†	Zero, null sign	Mistaken as the numbers 4, 6, 8, and 9	Use 0 or zero, or describe intent using whole words
#	Pound(s)	Mistaken as a number sign	Use the metric system (kg or g) rather than pounds Use lb if referring to pounds

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† Relevant mostly in handwritten medication information

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Error-Prone Abbreviations, Symbols, and Dose Designations	Intended Meaning	Misinterpretation	Best Practice
Apothecary or Household Abbreviations			
Explicit apothecary or household measurements may **ONLY** be safely used to express the directions for mixing dry ingredients to prepare topical products (e.g., dissolve 2 capfuls of granules per gallon of warm water to prepare a magnesium sulfate soaking aid). Otherwise, metric system measurements should be used.			
gr	Grain(s)	Mistaken as gram	Use the metric system (e.g., mcg, g)
dr	Dram(s)	Mistaken as doctor	Use the metric system (e.g., mL)
min	Minim(s)	Mistaken as minutes	Use the metric system (e.g., mL)
oz	Ounce(s)	Mistaken as zero or 0_2	Use the metric system (e.g., mL)
tsp	Teaspoon(s)	Mistaken as tablespoon(s)	Use the metric system (e.g., mL)
tbsp or Tbsp	Tablespoon(s)	Mistaken as teaspoon(s)	Use the metric system (e.g., mL)
Common Abbreviations with Contradictory Meanings	**Contradictory Meanings**		**Correction**
For additional information and tables from Neil Davis (MedAbbrev.com) containing additional examples of abbreviations with contradictory or ambiguous meanings, please visit: www.ismp.org/ext/638			
B	Breast, brain, or bladder		Use breast, brain, or bladder
C	Cerebral, coronary, or carotid		Use cerebral, coronary, or carotid
D or d	Day or dose (e.g., parameter-based dosing formulas using D or d [mg/kg/d] could be interpreted as either day or dose [mg/kg/day or mg/kg/dose]; or x3d could be interpreted as either 3 days or 3 doses)		Use day or dose
H	Hand or hip		Use hand or hip
I	Impaired or improvement		Use impaired or improvement
L	Liver or lung		Use liver or lung
N	No or normal		Use no or normal
P	Pancreas, prostate, preeclampsia, or psychosis		Use pancreas, prostate, preeclampsia, or psychosis
S	Special or standard		Use special or standard
SS or ss	Single strength, sliding scale (insulin), signs and symptoms, or ½ (apothecary) SS has also been mistaken as the number 55		Use single strength, sliding scale, signs and symptoms, or one-half or ½

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SUBJECT:	SECTION:
PYXIS MEDICATION OVERRIDES AND DISCREPANCY	***Medication Management (MM)*** **Page 1 of 8**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To define the use of the override function in the PYXIS automated dispensing cabinets and identify the best practices associated with its use.

POLICY:

Medications available via the override function shall be limited to those drugs which may result in patient harm due to a delay in administration. The override list shall be reviewed and approved annually by the Pharmacy and Therapeutics Committee.

AFFECTED AREAS/PERSONNEL: *PHARMACY; NURSING*

PROCEDURES:

A. The override groups will include the following categories:

1. **Basic-** Includes controlled substances, over the counter (OTC) medications, respiratory medications.
2. **Emergent-** Includes the Basic group, plus those medications that require special training beyond the scope of the floor nurse to administer.
3. **Nursing House Supervisors**- Access to all medications house wide.
4. **OB Group**- Obstetric and Gynecological-related medications.
5. **RT Group**- Only access to respiratory medications.

B. Pharmacist Review of Override Medications

1. All medications removed via the override function shall be reviewed by the pharmacist the following day. Such review shall include:
   a. Verifying that there was a physician order for the over-ridden medication.
   b. Verifying that the nurse did not remove the medication on override after the order had been entered by a pharmacist.
   c. Verifying that the nurse did not override a medication using one route of administration, while the order was actually for another route.
   d. Verifying that the medication was not withdrawn on override after it had been discontinued or had expired.

e. Verifying proper dose, allergy status, and that interactions with other medications have not occurred.

2. Problems or issues with inappropriate use of the override function shall be documented in the hospital's medication event database and sent to the Nurse Managers for investigation, review and action.

3. Unresolved discrepancies shall be investigated by the Nurse Manager and the Pharmacy Director, as appropriate, and reported via the hospital medication event database and notification of the Chief Nursing Officer, as warranted.

4. For unresolved discrepancies involving controlled substances, refer to the procedures outlined in the Controlled Substances Procurement, Administration and Documentation policy.

Override Group Name	Generic Name	Trade Name
Basics	ACETAMINOPHEN	Tylenol Supp
Basics	ACETAMINOPHEN	Tylenol
Basics	ACETAMINOPHEN	Tylenol Soln
Basics	ACETAMINOPHEN	Tylenol Supp
Basics	ACETAMINOPHEN	Tylenol Es
Basics	ACETAMINOPHEN DROPS	Tylenol Drops
Basics	ACETAMINOPHEN INJ	Ofirmev Inj
Basics	ACETAMINOPHEN W/COD 300-30	Tylenol W/Cod #3
Basics	ACETAMINOPHEN W/COD ELIX	Tylenol w/Cod Elix
Basics	ANAPHYLAXIS KIT	Anaphylaxis Kit
Basics	ATROPINE SULF INJ	Atropine Inj
Basics	CALCIUM CHLORIDE 10% INJ	Calcium Chloride 10% Abboject
Basics	DEXAMETHASONE SOD PHOS INJ	Decadron Inj
Basics	DEXTROSE 50%-WATER INJ	D50w Inj Abboject
Basics	DIAZEPAM	Valium Inj
Basics	DIGOXIN ELIX	Lanoxin Elix

Basics	DiphenhydrAMINE INJ	Benadryl Inj
Basics	EPINEPHRINE INJ	Epinephrine Inj
Basics	ETOMIDATE INJ	Amidate Inj
Basics	FENTANYL CIT INJ	Sublimaze Inj
Basics	FENTANYL PCA	Sublimaze PCA
Basics	FLUMAZENIL INJ	Romazicon Inj
Basics	FOSPHENYTOIN SOD INJ	Cerebyx Inj
Basics	FUROSEMIDE INJ	Lasix Inj
Basics	GUAIFENESIN SYRUP	Robitussin Syrup
Basics	GUAIFENESIN/CODEINE PHOSPHATE	Robitussin Ac Syrup
Basics	HALOPERIDOL LACT INJ	Haldol Inj
Basics	HEPARIN in D5W	Heparin in D5w Ivpb
Basics	HEPARIN SOD INJ	Heparin Inj
Basics	HydrALAzine INJ	Apresoline Inj
Basics	HYDROCOD BIT/APAP ELIX 10/300	LORTAB ELIX (10/300)
Basics	HYDROCORTISONE SOD SUCC INJ	Solu-Cortef Inj
Basics	HYDROMORPHONE HCL	Dilaudid Inj
Basics	HYDROMORPHONE-HP INJ	Dilaudid Pca
Basics	INSULIN 75/25 NPL/LISP	HUMALOG 75/25 INSULIN
Basics	INSULIN ASPART	NovoLOG INSULIN
Basics	INSULIN GLARGINE INJ	Lantus Inj
Basics	INSULIN HUMAN REGULAR PER UNIT	Novolin-R U-100 (Billed Per Un
Basics	INSULIN LISPRO	HUMALOG INSULIN
Basics	KETOROLAC INJ	Toradol Inj
Basics	LIDOCAINE HCL 2% - MPF	Xylocaine 2% - MPF Inj
Basics	LIDOCAINE INJ 2%	Xylocaine Inj 2% Abboject

Basics	LIDOCAINE PF 1%	Xylocaine-Mpf Inj 1%
Basics	LORAZEPAM	Ativan Inj
Basics	MAGNESIUM SULF	Magnesium Sulf
Basics	MAGNESIUM SULFATE IVPB	MAGNESIUM IVPB
Basics	MEPERIDINE INJ	Demerol Inj
Basics	MethylPREDNISolone SOD SUC-CL	Solu-Medrol Inj
Basics	METOCLOPRAMIDE INJ	Reglan Inj
Basics	MG HYD/AL HYD/SIM ES SUSP	Maalox Es Susp
Basics	MIDAZOLAM INJ	Versed Inj
Basics	MORPHINE SULF INJ	Morphine Sulfate Inj
Basics	MORPHINE SULF LIQD	Morphine Sulf Liqd
Basics	MORPHINE SULF PCA	Morphine Sulf Pca
Basics	NALOXONE INJ	Narcan Inj
Basics	NIFEdipine	Procardia
Basics	NITROGLYCERIN	Nitrostat 1/150
Basics	NITROGLYCERIN INJ	Nitroglycerin Inj.
Basics	NITROGLYCERIN OINT 2%	Nitro-paste Oint 2%
Basics	ONDANSETRON INJ	Zofran Inj
Basics	PHENOBARBITAL INJ	Phenobarbital Inj
Basics	PROMETHAZINE INJ	Phenergan Inj
Basics	SOD POLYSTYRENE SULFON SUSP	Kayexalate Susp
Basics	SODIUM BICARB INJ 8.4%	Sodium Bicarbonate Inj 8.4%
Basics	SODIUM CHLOR, BACTERIOSTATIC	NaCl Bacterostatic Inj
Basics	STERILE WATER	Sterile Water
Basics	THIAMINE INJ	Vitamin B-1 Inj
Basics	TICAGRELOR	Brilinta

Basics	WATER FOR IRRIGATION,STERILE	Sterile Water Irrig
Emergent	ACETYLCYSTEINE RT SOL 10%	Mucomyst Rt Sol 10%
Emergent	ACETYLCYSTEINE RT SOL 20%	Mucomyst Rt Sol 20%
Emergent	ADENOSINE INJ	Adenocard Inj
Emergent	ALBUMIN HUMAN 25%	Albuminar-25 Ivpb
Emergent	Alteplase 100mg Vial	Activase
Emergent	AMIODARONE HCL/DEXTROSE	Nexterone IVPB
Emergent	AMIODARONE INJ	Cordarone Inj
Emergent	ANTIVENIN, CROTALIDAE	Crofab Inj
Emergent	ANTIVENIN, CROTALIDAE (EQUINE)	Anavip Inj
Emergent	ASPIRIN	Aspirin Chew
Emergent	ASPIRIN EC	Ecotrin
Emergent	BENZOCAINE Spray 20% (Topex)	Topex Spray
Emergent	BUMETANIDE INJ	Bumex Inj
Emergent	CLOPIDOGREL	CLOPIDOGREL
Emergent	COCAINE HCL TOP SOL 4%	Cocaine Topical 4%
Emergent	DEXMEDETOMIDINE/D5W 400MCG IV	PRECEDEX 400MCG/100ML
Emergent	DEXTROSE 5%-WATER (AVIVA)	D5w (Aviva)
Emergent	DILTIAZEM INJ	Cardizem Inj
Emergent	DOBUTamine INJ	Dobutrex Inj
Emergent	DOPamine in D5W IVPB	Intropin in D5w Ivpb
Emergent	DOPamine INJ	Intropin Inj
Emergent	ENALAPRILAT INJ	Vasotec Inj
Emergent	ENOXAPARIN SOD INJ	Lovenox Inj
Emergent	EPTIFIBATIDE INJ	Integrilin Inj
Emergent	EPTIFIBATIDE IVPB	Integrilin Ivpb

Emergent	ESMOLOL INJ	Brevibloc Inj
Emergent	ESOMEPRAZOLE INJ (NON-FORM)	Nexium Inj
Emergent	FAT EMULSIONS 20% IV	Liposyn II 20% Iv
Emergent	FENTANYL in NS (Premix)	Sublimaze in NS Premix
Emergent	FLUORESCEIN/PROPARACAINE OPTH	Flucaine Op Sol
Emergent	Glucagon Inj	Glucagen
Emergent	GLYCOPYRROLATE INJ	Robinul Inj
Emergent	INSULIN REG 100 UNITS / 100 ML	Myxredlin premixed
Emergent	KETAMINE HCL INJ	Ketamine Inj
Emergent	KETAMINE HCL INJ SYRINGE	Ketamine HCl Inj Syringe
Emergent	LABETALOL INJ	Trandate Inj
Emergent	LACOSAMIDE	Vimpat
Emergent	LIDOCAINE in D5W IVPB	Xylocaine in D5w Ivpb
Emergent	MAGNESIUM SULF INJ 50%	Magnesium Sulfate 50% Inj
Emergent	MANNITOL INJ 20%	Mannitol Inj 20%
Emergent	METOPROLOL TARTRATE INJ	Lopressor Inj
Emergent	MIDAZOLAM in NS (Premix)	Versed in NS Premix
Emergent	MIDAZOLAM SYRUP	Versed Syrup
Emergent	NITROGLYCERIN in D5W	Nitroglycerin in D5w Ivpb
Emergent	NITROPRUSSIDE SOD INJ	Nitropress Inj
Emergent	NOREPINEPHRINE IN D5W INJ	Levophed in D5W Inj
Emergent	NOREPINEPHRINE IN NS	Levophed in NS
Emergent	OCTREOTIDE ACET INJ	SandoSTATIN Inj
Emergent	PANTOPRAZOLE INJ	Protonix Inj

Emergent	PHENOBARBITAL ELIX	Phenobarbital Elix
Emergent	PHENYLEPHRINE INJ	Neo-synephrine Inj
Emergent	POTASSIUM CHLOR IVPB	Kcl Ivpb
Emergent	POTASSIUM PHOSPHATE IVPB	Potassium Phosphate IVPB
Emergent	PROCAINAMIDE 100MG/ML 10ML	PROCAINAMIDE 100MG/ML 10ML
Emergent	PROPOFOL INJ	Diprivan Inj
Emergent	PROPOFOL INJ	Diprivan Ivpb
Emergent	PROTHROMBIN CMPLX CONC (HUMAN)	Kcentra Kit - 1000 units/kit
Emergent	RIVAROXABAN	Xarelto
Emergent	ROCURONIUM INJ	Zemuron Inj
Emergent	SODIUM BICARB INJ 8.4%	Sodium Bicarbonate Inj 8.4%
Emergent	SODIUM BICARBONATE 4.2%	Sodium Bicarbonate 4.2%
Emergent	SUCCINYLCHOLINE INJ	Anectine Inj
Emergent	TENECTEPLASE INJ	Tnkase Inj
Emergent	TRANEXAMIC ACID INJ	Tranexamic Acid
Emergent	TRANEXAMIC ACID IVPB	Tranexamic Acid IVPB
Emergent	VASOPRESSIN INJ	Pitressin Inj
Emergent	VECURONIUM INJ	Norcuron Inj
Emergent	VERAPAMIL INJ	Calan Inj
OB	AMPICILLIN INJ	Ampicillin Inj
OB	BETAMETHASONE (CELESTONE) INJ	Celestone Inj
OB	CARBOPROST TROMETH INJ	Hemabate Inj
OB	CEFAZOLIN in DEXTROSE	Ancef/Dextrose Ivpb
OB	CEFOXITIN SOD INJ	Mefoxin Inj
OB	CITRIC ACID/SODIUM CITR	Bicitra Soln
OB	CLINDAMYCIN PHOS INJ	Cleocin Inj
OB	CLINDAMYCIN PHOS/D5W	Cleocin/D5w Ivpb
OB	EPHEDRINE SULF INJ	Ephedrine Sulfate Inj

OB	FAMOTIDINE INJ	Pepcid Inj
OB	GENTAMICIN INJ	Gentamicin Inj Ped
OB	KETOROLAC INJ	Toradol Inj
OB	MAGNESIUM SULF IVPB	Magnesium Sulfate Ivpb
OB	METHYLERGONOVINE INJ	Methergine Inj
OB	MISOPROSTOL	Cytotec
OB	MORPHINE SULF PF INJ	Duramorph-Pf Inj
OB	MORPHINE SULFATE PF	Duramorph-PF Inj
OB	Oxytocin 20 Units in LR	Pitocin in LR
OB	Oxytocin 30 Units in LR	Pitocin in LR
OB	OXYTOCIN INJ	Pitocin Inj
OB	PHYTONADIONE	Vitamin K Inj
OB	PORACTANT ALFA INHALANT	Curosurf
OB	RANITIDINE HCL	Zantac Inj (Ped)
OB	RANITIDINE INJ	Zantac Inj
OB	TERBUTALINE SULF INJ	Brethine Inj
RT	ALBUTEROL RT	Proventil Rt Sol
RT	ALBUTEROL/IPRATROP RT 3ML NEBU	Duoneb RT 3ML NEBU
RT	EPINEPHRINE RT SOL 2.25%	RACEPINEPHRINE 2.25%
RT	LEVALBUTEROL RT	Xopenex Rt Sol
RT	SODIUM CHLORIDE 3% RT SOL	Sodium Chloride 3% RT Sol
RT	SODIUM CL RT SOL 0.9%	Normal Saline Rt Sol

REFERENCE:

Hospital Accreditation Standards. (2023). Oak Brook, IL: Joint Commission Resources, Inc.
MM.08.01.01, EP 16

SUBJECT: **SCOPE OF SERVICES FOR THE TELEMETRY UNIT**	SECTION: **Page 1 of 2**

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POLICY:

The Telemetry Unit is a 20 bed multi-disciplinary care unit that provides care to patients requiring cardiac monitoring and medical-surgical patients.

PATIENT POPULATION:

The patient population served by Telemetry consists of adult through geriatric patients.

COMPLEXITY OF CARE:

Admission to the Telemetry Department is based upon the need for cardiac monitoring services in the presence of real or potential life-threatening health care problems and by the requirements for continuous observation and intervention to prevent complications and promote a return to health.

All patients are evaluated by a physician to determine the type and extent of care to be provided to the patient. In the event that the patient requires care that the Telemetry Unit is unable to provide, the patient shall be transferred to a facility able to provide the required care. The physician shall make the necessary arrangements for transfer. Transfer to outside facility is addressed in the "Transfer Policy."

STAFFING:

Telemetry maintains a fixed amount of registered nurse (RN) licensed staff nurses to provide for patient care. The patient-to-nurse ratio shall not exceed 4:1 and in the event that there is a deficiency in the amount of staff required to care for the patients, all attempts shall be made to replace the deficiency with a qualified staff member. The unit manager maintains ultimate responsibility for providing adequate staffing and shall provide patient care in the event that a qualified nurse is unavailable.

QUALIFICATIONS OF STAFF:

The Telemetry nurse at Sierra View Medical Center is a professional nurse committed to ensuring that the patient receives optimal care. He/she maintains a current state license as a Registered Nurse, as well as Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) certification. He/she has successfully completed basic telemetry training. He/she participates in ongoing educational activities to allow for the continued delivery of update care. The plan of care reflects the nurse's recognition of the physical, psychological and social needs as part of the uniqueness and wholeness of every patient.

STANDARDS OF PRACTICE:

The Lippincott Manual and the American Nurses Credentialing Center (ANCC) is used as references for the development of standards and policies in the Telemetry Unit, as well as information submitted by the telemetry personnel to allow for formulation of policies appropriate to the resources and needs of the facility.

AFFCTED AREAS/ PERSONNEL: *TELEMETRY DEPARTMENT*

REFERENCE:

- California Code of Regulations (2020). Title 22. §70495. Retrieved from https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID7365A90D4BB11DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1.
- Johnson KL. *AACN Procedure Manual for Progressive and Critical Care*. Elsevier; 2024.
- The Joint Commission (2020). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.

CROSS REFERENCE:

- TRANSFER OF PATIENT TO HIGHER LEVEL OF CARE

SUBJECT: **SEXUAL ASSAULT SURVIVORS-RAPE VICTIMS**	SECTION: ***Provision of Care, Treatment, & Services (PC)*** **Page 1 of 2**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To state the policy of Sierra View Medical Center (SVMC) with regard to rape crisis.

POLICY:

It is the policy of Social Services to provide appropriate services to patients in all cases of alleged rape.

AFFECTED AREAS/ PERSONNEL: *SOCIAL SERVICES STAFF*

PROCEDURE:

Guidelines recommended to be applied to all cases of alleged rape:

1. Provide privacy for the victim during interview and examination.
2. Provide emotional support, including crisis intervention.
3. Alert the patient to the possible long-term ramifications of the experience and inform patient that supportive follow-up services are available. Emphasize that further medical and psychological care is important and necessary for patient and family.
4. Inform patient of resources that can be obtained through VICTIMS COMPENSATION FUND, which requires local government unit to pay for medical exam if it is performed for evidentiary purposes. (Victims' Witness Center, 221 s. Mooney #224, Visalia, CA 93291 Phone: 559-636-5494)
5. Inform patient of the hospital's legal responsibility to report cases of assault and battery to the local law enforcement authority.
6. Provide arrangements for safe and accepted transportation for patient to wherever he/she chooses to go.
7. Referrals:
    a. Alleged rape victims are referred to Kaweah Delta District Hospital. These hospitals are equipped to perform the necessary examination. The patient should be advised not to eat, drink, smoke, shower, change clothes or go to the bathroom prior to the exam.
    b. The National Sexual Assault Hotline, 800-656-4673, number should be given to the alleged victim.

REFERENCE:

- CMS-3819-F Medicare and Medicaid Program: Conditions of Participation for Discharge Planning §483.43(c).

SUBJECT: **STERILE HAZARDOUS DRUG HANDLING**	SECTION: **Page 1 of 20**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide practice and quality standards for handling hazardous drugs (HDs) to promote patient safety, worker safety, and environmental protection. In addition, to provide for the safe receipt, storage, compounding, dispensing, administration, and disposal of sterile hazardous products and preparations at Sierra View Medical Center (SVMC).

DEFINITIONS:

A. Hazardous Drugs- Medications that in small quantities can produce severe adverse physiological effects. This category can be further subdivided into antineoplastic, non-antineoplastic, reproductive risk only.

B. USP 797- Refers to a chapter from the United States Pharmacopeia publication. The USP is a nationally recognized authority that established quality standards for the preparation of sterile intravenous products.

C. USP 800- Refers to a chapter from the United States Pharmacopeia (USP) publication. The USP is a nationally recognized authority that established quality standards for the preparation of sterile hazardous products.

D. Class II Type A2 Biological Safety Cabinet (BSC)- A ventilated cabinet often used for preparation of hazardous drugs. A partial barrier system that rely on the movement of air to provide personnel, environmental, and product protection.

E. ISO Class 5- A reference to a space of air that contains no more than 3,520 particles per cubic that are 0.5 microns or larger.

F. PPE- Personnel Protective Equipment includes chemotherapy rated gloves, gowns, eye, face, head, shoe, sleeve coverings that are intended to prevent exposure to hazardous drugs.

G. Category 1 Compounded Sterile Preparation (CSP)- Category 1 is a risk-based approach defined in USP 797 that establishes a specific BUD for products, personnel qualifications, environmental monitoring. It assigns a BUD of 12 hours at room temperature and 24 hours refrigerated.

H. Category 2 Compounded Sterile Preparation (CSP)- Category 2 is a risk-based approach defined in USP 797 that establishes a typically longer BUD. It assigns a BUD of 4 days at room temperature and 10 days under refrigeration.

I. BUD- Beyond Use Date is either the date or hour after which a CSP must not be used or administration must not begin. The BUD is determined from the date and time that preparation of the CSP is initiated.

J. CSTD- Stands for Closed System Transfer Device "a drug transfer device that mechanically prohibits the transfer of environmental contaminants into the system and the escape of the hazardous drug or vapor concentrations outside the system."

POLICY:

It is the policy of SVMC that all injectable hazardous medications will be prepared in the Cancer Treatment Center in a negative pressure CACI/BSC by properly trained personnel who will practice safe established preparation techniques and proper handling procedures as outlined in USP 797, USP 800, and California State Board of Pharmacy regulations.

AFFECTED PERSONNEL/AREAS: *PHARMACY, CANCER TREATMENT CENTER, NURSING*

A. PERSONNEL PREPARATION:

1. All activities not requiring a sterile environment (e.g., checking labels, doing calculations) should be completed before accessing the CACI/BSC.

2. Hand washing is a critical component to ensuring IV admixtures are aseptically prepared as well as reducing chemotherapy trace contamination of both product and personnel.

   a. Wash hands before and after cleaning hood or preparing chemotherapy products.

   b. Wash hands for 30 seconds using chlorhexidine (digital timer provided). Wash up to elbows when possible.

   c. Utilize bactericidal soap.

   d. Pay particular attention to under fingernails and between fingers. Use nail picks to remove debris from underneath fingernails.

   e. No jewelry (rings, watches, etc.) may be worn during compounding.

   f. No nail polish, artificial nails, or cosmetics may be worn during compounding.

   g. After washing, use a lint-free (non-shedding) cloth or paper towel to dry hands.

   h. Prior to donning first pair of sterile HD-certified gloves, after washing hands as above, apply Sterillium© and allow contact time of at least 3 minutes.

3. Utilize gowns that are certified for use in the preparation of hazardous drugs. This will help protect both you as well as others from trace chemo contamination. Gowning will help protect you from any gross chemotherapy spills that could occur. Wearing protective garments (gown and gloves) is required when preparing, compounding, handling, cleaning, and disposing chemotherapy.

   a. After washing hands and applying Sterillium, don first (interior) set of sterile HD gloves.

   b. Sanitize outside the gloves with 70% isopropyl alcohol. Allow alcohol to dry.

c. Don protective chemotherapy-approved gown.

d. First set of gloves should be tucked under/inside the cuff of the gown.

e. Don second set of chemotherapy-approved sterile gloves (double gloves are recommended for hazardous drugs as permeability varies with material, thickness, and exposure duration).

f. Extend outer glove over the cuff of gown.

g. Sanitize outer HD glove with 70% isopropyl alcohol, and allow alcohol to dry.

h. Change gloves if they become contaminated, torn, or punctured.

i. Change outer gloves whenever you must exit and re-enter the BSC by opening the face of the BSC for cleaning or decontamination.

j. Gowns are not to be worn outside of the buffer area.

k. TWO sets of booties must be worn while compounding.

B. CHEMOTHERAPY PREPARATION TECHNIQUE:

1. Nothing should interrupt the flow of air between the HEPA filter and the sterile starting components. To maintain sterility, nothing should be placed above the work surface. Starting components should be placed at least six inches from the sides and front edge of the hood without blocking air vents. Hands should also be positioned to assure that airflow in the critical area of the HEPA filter and the sterile starting components is not blocked.

2. BSCs must run continuously 24 hours a day and must be inspected and certified by qualified personnel every six months.

3. Nothing should be stored on top of the BSC.

4. Clean the drug preparation area, left to right and top to bottom, with an approved sterile water, 70% isopropyl alcohol, and sporicidal agent approved by designated person (with a dwell time of at least 3 minutes). This will be done at the beginning and the end of the shift, when there is a spill or as needed.

5. Keep the area free of solutions, additives, and equipment that are not required to prepare the product.

6. All products necessary for preparing the admixture or batch should be gathered and sanitized with sterile 70% alcohol and readied for placement in the CACI or BSC. Obtain the basic parenteral solutions, additive drugs, syringes, needles, swabs, labels,

Chemo-transport bag, etc.

7. When using a BSC, place the medication label nearby for reference. You may also affix the label onto the final container to prevent errors. Then, place the sanitized starting components and supplies on top of the clean disposable mat inside the PEC.

8. If an infusion container (IV bag) will be utilized, attach the IV tubing and completely prime the tubing in the hood, making sure it is free of all air bubbles.

9. Prime tubing with fluid from container PRIOR to adding chemotherapy agent whenever possible.

10. Clean diaphragms and injection ports with sterile 70% alcohol swab prior to needle puncture.

11. The safe handling of hazardous drug solutions in vials or ampoules requires the use of a syringe that is no more than three-fourths full when filled with the solution. This minimizes the risk of the plunger separating from the syringe barrel.

12. Ensure that the syringe is the appropriate volume and needle is the appropriate gauge and length.

13. Use CSTD (ONGUARD system or other approved CSTD depending on market availability and as approved by PIC (Designated person) for all compounding in the CACI/BSC.

14. When reconstituting, the syringe should remain in the CSTD, and the contents should be swirled carefully until dissolved.

15. With the vial inverted, the proper amount of drug solution should be withdrawn in small aliquots (e.g., 1/4th to 1/5th of total volume in each aliquot) while equal volumes of air are exchanged for solution. The exact volume needed must be measured while the syringe is in the CTSD and any excess drug should remain in the vial.

    - If the preparation is to be administered in a syringe then it may be capped and labeled at this point in the procedure. If the final dosage form is an IV bag, then continue with the following procedure.

16. When transferring drug to the IV bag, attach the CSTD to the IV bag containing the base solution. Avoid puncturing the sides of the port or bag.

17. Attach the syringe with the drug to the CSTD on the IV bag and slowly inject.

18. After the drug solution is inserted into the IV bag; the IV port, container set, and gloves

should be decontaminated with sterile alcohol 70%.

19. The injection port of the final product should then be covered with a protective shield and chemotherapy seal.

20. The final preparation should then be placed into the pass-through chamber, inner airlock door closed, and the clean inner gloves should be used for labeling and placement into the chemotherapy transport bag.

21. When using a negative pressure BSC, all items must be wiped down with 70% sterile alcohol prior to being placed inside. They must be at least 6 inches in the hood and placed such that that turbulent airflow does not exist.

C. INSPECTION OF FINAL PRODUCT:

After completion of preparation, the pharmacist will notify the Cancer Treatment Center (CTC) nursing staff. One of the licensed registered chemo-certified nurses and the pharmacist will verify that the final product is free from visible particulate matter, turbidity, or discoloration. At this point, the final preparation is ready for administration to the patient. It will be sealed in a chemotherapy transport bag and taken by the nurse.

D. LIST OF HAZARDOUS DRUGS

1. A list of hazardous drugs that are handled at Sierra View Medical Center will be maintained by the pharmacy (PIC) and reviewed against the NIOSH list for changes annually.

E. RESPONSIBILITIES OF PERSONNEL HANDLING HAZARDOUS DRUGS

1. The pharmacist-in-charge will be responsible for developing and implementing appropriate procedures and overseeing entity compliance with USP 800.

   a. Program integrity will be assured through the following:

      - Testing of product, environment, and personnel.
      - Correcting actionable results when necessary.
      - Hand-hygiene and use of PPE shall be employed at each phase of hazardous drug (HD) handling, e.g., receipt, transport, compounding, administration, spill, and disposal.

F. FACILITIES AND ENGINEERING CONTROLS

1. Designated areas for handling HDs

a. Segregated Compounding Area (Main Pharmacy) and Suite B

- A sign designating "hazard" must be displayed.
- Access to HD preparation area must be restricted to authorized personnel.
- Located away from breakrooms or areas for patients and visitors

b. Receipt and Unpacking of HDs located at Cancer Treatment Center

- A pharmacist will receive the HDs from the wholesaler.
- A properly-garbed pharmacist will unpack the HD shipments in the compounding area.

c. Storage at Cancer Treatment Center

- HDs will be stored in the HD room, behind a locked door.
- HDs will be stored as per manufacturer's recommendations and monitored as per SVMC policy MEDICATION PROCUREMENT, STORAGE, DISTRIBUTION AND CONTROL.

d. Hand washing shall occur after handling and PPE has been doffed.

e. Designated Administration Areas

- Cancer Treatment Center-Chemotherapy
- Operating Room- Bladder Instillation

G. RECEIPT

1. Antineoplastic HDs must not be unpacked (removal from shipping containers) from their external shipping containers in positive-pressure areas.

a. If the shipping container appears damaged:

- Seal the container without opening and contact the supplier.

- If the unopened package is to be returned to the supplier, enclose the package in an impervious container and label the outer container "Hazardous".
- If the supplier declines return, dispose of as hazardous waste.

b. If a damaged shipping container must be opened:

- Seal the container in a plastic or an impervious container.
- Transport it to a negative-pressure CACI/BSC and place on a plastic-backed preparation mat.
- Open the package and remove undamaged items.
- Wipe the outside of the undamaged items with a disposable wipe.
- Enclose the damaged item(s) in an impervious container and label the outer container "Hazardous."
- If the supplier declines return, dispose of as hazardous waste.
- Deactivate, decontaminate, and clean the CACI/BSC and discard the mat and cleaning disposables as hazardous waste.
- Hand washing shall occur after handling and PPE has been doffed.

H. STORAGE

1. HDs must not be stored on the floor.
2. HDs must be stored on secured shelves with raised front lips.
3. Antineoplastic HDs must be stored separately from non-HDs in a manner that prevents contamination and exposure.
4. Refrigerated antineoplastic HDs must be stored in a dedicated refrigerator.
5. After stocking, hand washing shall be completed.

I. COMPOUNDING

1. One licensed registered chemotherapy nurse will double check, and initial, the pharmacist's calculations prior to compounding.
2. Hand washing is a critical component to ensuring IV admixtures are aseptically prepared as well as reducing chemotherapy trace contamination of both product and personnel.

a. Wash hands before and after cleaning the PEC or preparing chemotherapy products.

b. Wash hands for 30 seconds with timer. Wash to elbows when possible.

c. Utilize bactericidal soap.

d. Pay particular attention to under the fingernails and between fingers. Use a nail pick for debris under fingernails.

e. No jewelry (rings, watches, etc.) may be worn during compounding.

f. No nail polish, artificial nails, or cosmetics may be worn during compounding.

g. After washing, use a lint free (non-shedding) cloth or paper towel to dry hands.

h. Apply sterillium to bare hands prior to donning first pair of HD gloves.

3. Gowning will help protect both you as well as others from trace chemo contamination. Gowning and gloving is required when preparing, compounding, handling, cleaning and disposing of HDs.

a. After washing hands, don first (interior) set of HD gloves.

b. Sanitize HD gloves with 70% isopropyl alcohol.

c. Don protective chemotherapy-approved gown.

d. First set of gloves should be tucked under/inside the cuff of the gown.

e. Don second set of chemotherapy approved gloves (double gloves are recommended for hazardous drugs as permeability varies with material, thickness, and exposure duration).

f. Extend outer glove over the cuff of gown.

g. Sanitize and or soak outer glove with 70% isopropyl alcohol and allow product to dry.

h. Change gloves if they become contaminated, torn, or punctured.

i. Change outer gloves whenever you must exit and re-enter the PEC.

j. Gowns are not to be worn outside of preparation/buffer area.

4. Head, Hair, and Shoe Covers

   a. A second pair of shoe covers must be worn when entering the compounding area and compounding HDs. It also must be removed before leaving that area.

   b. Head covers/bouffants will be worn while compounding HDs.

5. Doffing of PPE after HD compounding

   a. Remove outer pair of HD gloves and place in HD waste container in buffer area.
   b. Remove outer pair of booties and place in yellow HD waste container in buffer area.
   c. While in the HD buffer area, remove the HD gown and place in yellow HD waste container.
   d. Remove inner pair of HD gloves while in buffer area.
   e. Exit HD buffer room, enter the clean side of anteroom, and go to the sink.
   f. Remove bouffant/mask and place in yellow HD waste container found under the sink.
   g. Wash hands as stated above.
   h. Remove inner booties and step across LOD.
   i. Use Sterillium gel.

6. Eye and Face Protection

   a. Must be worn when there is a risk of splash or spills outside of CACI/BSC, i.e., cleaning a spill, or working above eye level.

   b. Goggles must be used, not eye glasses.

   c. Goggles plus face shield provide full protection.

7. Respiratory Protection

   a. Shall be worn when unpacking HDs that are NOT contained in plastic bags.

   b. A N95 surgical respirator provides barriers to splashes, droplets, and sprays but not to vapors or gases.

   c. A full face-piece, chemical cartridge-type respirator should be worn when risk of exposure to vapor or:

      - Attending HD spills larger than what can be contained with a spill kit.
      - Deactivating, decontaminating, and cleaning underneath work surfaces.

- Known or suspected airborne exposure to powders or vapors.

8. Engineering Controls

   a. Primary Engineering Control (PEC) – A CACI/BSC will be used for all phases of compounding that provides an ISO Class 5 or better air quality.

   b. Supplemental Control - A closed system transfer device will be used in compounding and administering HDs.

9. CACI/BSC

   a. Must operate continuously 24 hours a day and 7 days a week.

- Will be recertified every 6 months.
- If there is any loss of power or if repair or moving occurs:
  - All activities in CACI/BSC must be suspended.
- Upon return of power
  - Decontamination, cleaning, and disinfection must occur and the BSC must be given the manufacturer specified time to recover before compounding resumes.
- A sink must be available for hand washing.
- An eyewash station must be readily available.
- Water sources and drains must be located at least 1 meter away from CACI/BSC.
- CACI/HD hood must be externally vented.
- Must provide an ISO Class 5 or better environment.

10. STERILE COMPOUNDING

- All sterile NON-HD compounding must follow USP 797 standards.
- LABELING
  - HDs shall be labeled "Caution Chemotherapy-Dispose of properly" or "hazardous- dispose of properly" and "Compounded by Pharmacy".

- All product labels shall include:
  - Name of pharmacy
  - Name of medication, strength, and volume
  - IV admixed medications shall include the solution used.
  - Instructions for storage, handling, and administration or rate of infusion
  - Beyond use date
  - Date of compounding
  - Lot number or pharmacy reference number

All compounded HDs will undergo visual inspection for particulate matter, turbidity, and evidence of contamination. Products with suspected adulterants will be discarded into the yellow HD waste container after the patient information has been removed and destroyed.

11. SVMC Policy IV PREPARATION AND DISPENSING shall be applied. HD guidelines from USP 800 shall supersede non-HD procedures where conflict exists.

12. Hand washing and donning PPE shall occur before compounding. Hand washing shall occur after doffing PPE.

A. TRANSPORT OF HDs

1. LABELING

   a. HDs must be clearly labeled as per USP 797 at all times during transport and include labels of "Chemotherapy-dispose of properly" or "Hazardous drugs-dispose of properly".

2. PACKAGING

   a. A designated HD transport tote will be labeled "Hazardous Drugs" and will be used solely for HDs.

   b. The transport tote will be cleaned before and after transport of HDs by properly garbed pharmacy technicians.

   c. Hand washing shall occur after PPE has been doffed.

B. ADMINISTERING

1. Sterile intravenous HDs will be administered via needleless closed system transfer device.

2. PPE used when administering HDs will be disposed of in a chemotherapy waste receptacle.

3. Hand washing shall occur after proper PPE has been doffed.

C. DISPOSAL

1. All personnel who perform custodial waste removal and cleaning activities will be trained to prevent and protect themselves from accidental exposure and contamination of the environment.

2. Hand washing shall occur after proper PPE has been doffed.

D. DISPENSING OF FINAL DOSAGE FORMS

1. Any hazardous drug that does not require any further manipulation other than counting or repackaging of the final dosage form must not be placed into an automated counting machine unless otherwise specified by its Assessment of Risk.

E. DEACTIVATING, DECONTAMINATION, CLEANING, AND DISINFECTING

1. All personnel who perform deactivation, decontamination, cleaning, and disinfection in HD handling areas will be:

   a. Trained annually

   b. All personnel performing these activities will wear impervious personnel protective equipment, double gloves (chemo-grade), and eye protection if splashing is likely.

2. CACI/BSC MAINTENANCE

   a. Do not use a spray bottle. Lint free wipes shall be used.

   b. Disposal meets FDA regulations.

   c. All cleaning activities will be documented.

3. Deactivation

a. Shall occur daily, after a spill, or as deemed warranted.

b. A process whereby the HD compound is rendered inert. SVMC will use sporicidal agent approved by designated person.

4. Decontamination

a. Performed prior to any compounding, in between compounding different HDs, at the end of a shift, when a spill occurs, before and after certification, voluntary interruption, and if ventilation tool is moved.

- Removal of HD residue
  - Sterile Alcohol 70%

5. Cleaning

a. Shall occur prior to any compounding, in between compounding different HDs, at the beginning and end of a shift, when a spill occurs, before and after certification, voluntary interruption, at least every 30 minutes when compounding involving human staff is occurring, and if ventilation tool is moved.

- Removal of organic and inorganic material

SVMC will use sporicidal agent approved by designated person, such as Peridox© or Decon-Spore, with a contact time of 3 minutes when agent is visibly wet.

6. Disinfecting

a. A process of inhibiting or destroying microorganisms. This shall be performed prior to any compounding, in between compounding different HDs, at the end of a shift, when a spill occurs, before and after certification, voluntary interruption, and if ventilation tool is moved. SVMC will use sporicidal agent approved by designated person, such as Peridox© or Decon-Spore, with a contact time of at least 3 minutes.

b. Must occur after surfaces are cleaned using sterile 70% alcohol

c. SVMC Policy: STERILE PRODUCTS: STERILE PRODUCT QUALITY ASSURANCE shall be applied and followed.

7. Spill Control

a. Pharmacy personnel involved in handling HDs will receive annual training in the use of personnel protective equipment and respirator.

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b. Spills must be contained and cleaned immediately by qualified personnel with appropriate PPE.

c. Signs must be used to restrict access to spill.

d. Spill kits must be available at all times while HDs are being handled.

e. All used spill kit items must be disposed of as hazardous waste.

f. Spill kits are located in CTC HD Pharmacy and Main Pharmacy.

g. Face pieces must be used if capacity of kit is exceeded or if vapors are known or suspected.

h. Material Safety Data Sheets are accessible 24 hours a day via the SVMC intranet.

i. When a spill occurs, protect the patients or employees who had cytotoxic drugs spilled on them.

a. If skin is exposed, wash the affected areas with copious amounts of non-medicated soap and water for 20 minutes.

b. If mucous membranes are exposed (i.e. eyes), rinse with copious amounts of clean water for at least 15 minutes.

8. Spills should be cleaned up immediately by the person responsible. An Environmental Services Supervisor is available during business hours. Call the Supervisor to assist if the spill is complicated (i.e., >50ml or >12 inches in diameter, or difficult to contain, for example liquid mercury spills) or the area is difficult to clean. The supervisor may also be called as an information resource on cleaning spills.

9. A written procedure for spill management is included in each spill kit. Components of a spill kit include, but may not be limited to, the following:

a. 2 pairs of disposable HD gloves

b. Low permeability gown and shoe covers

c. Goggles or face shield

d. Respirator mask (unless included in face shield)

e. Plastic backed absorbent sheets or spill pads (sufficient to absorb a spill of up to 1000mL)

f. Disposable towels or swabs for absorbing and cleaning liquid spills

g. At least 2 sealable plastic waste bags "Cytotoxic Waste"

h. Disposable scoop for collecting glass fragments

i. Puncture-resistant container for glass fragments, clearly labeled as cytotoxic waste container

j. Cleaning solution for cleaning and decontamination of area

k. Instructions on the management of a cytotoxic chemotherapy spill

l. Warning signs to alert other staff to the hazard and isolate the area of the spill

F. General clean-up procedure:

1. Assess the size and scope of the spill.

2. Spills that cannot be contained by two spill kits may require outside assistance and supervisor should be alerted.

3. Post signs to limit access to spill area.

4. Obtain spill kit.

5. Don PPE, including inner and outer gloves and mask.

6. Once fully garbed, contain spill using spill kit.

7. Carefully remove any broken glass fragments and place them in a puncture-resistant container.

8. Absorb liquids with spill pads.

9. Absorb powder with damp disposable pads or soft toweling.

10. Spill cleanup should proceed progressively from areas of lesser to greater contamination.

11. Completely remove and place all contaminated material in the disposal bags.

12. Rinse the area with water and then clean with detergent, sodium hypochlorite solution/wipes and neutralizer.

13. Rinse the area several times and place all materials used for containment and cleanup in disposal bags. Seal bags and place them in the appropriate final container for disposal as

hazardous waste.

14. Carefully remove all PPE using the inner gloves. Place all disposable PPE into disposal bags. Seal bags and place them into the appropriate final container.

15. Remove inner gloves; contain in a small, sealable bag; and then place into the appropriate final container for disposal as hazardous waste.

16. Wash hands thoroughly with soap and water.

17. Once a spill has been initially cleaned, have the area re-cleaned by housekeeping, janitorial staff, or environmental services.

G. After the spill has been cleaned up and the people who came in contact with the cytotoxic drugs have washed the involved skin areas for 20 minutes, consider the following:

1. If the spill is on a patient, notify the physician.

2. If the spill is on an employee:

   a. Call Employee Health Services during business hours or the emergency room for further instructions. The Employee Health nurse or emergency room physician will assess for injury related to the exposure with particular attention to the skin, eyes, and mucous membranes. If a baseline CBC has not been drawn, a CBC with differential will be done.

   b. A CBC with differential and follow-up exam will be done by the Employee Health Service nurse at the time of the expected nadir (the lowest point of circulating blood counts (e.g., WBCs and RBCs) of the drug.

3. Complete an incident report if a spill occurs anywhere or if a spill occurs on a patient or employee.

H. DOCUMENTATION AND STANDARD OPERATING PROCEDURES

1. Must be reviewed by the pharmacist-in-charge every 12 months.

2. Any changes to policy or records must be communicated and documented to all personnel handling HDs.

I. MEDICAL SURVELLIANCE

1. Pharmacy personnel involved in routine handling of HDs will be enrolled into SVMC's medical surveillance program which is administered through employee health.

2. All employees with potential exposure to cytotoxic drugs will be informed by their

department of the potential risks and the need to follow the procedures related to handling of chemotherapy. Training in the policies will be provided as appropriate for the department involved.

3. Employees will be informed by their department of the potential reproductive hazards and if they so request, staff members who are pregnant or breast-feeding, will be transferred to comparable duties that do not involve handling cytotoxic drugs.

4. ACTIONS IN RESPONSE TO EXPOSURE-RELATED HEALTH CHANGES

   a. Post-exposure examination tailored to type of exposure.

   b. Compare performance of controls with recommended standards.

   c. Conduct environmental wiping samples.

   d. Verify that all engineering controls are operating properly.

   e. Verify and document that employee complied with existing policies.

   f. Develop and document a plan of action that will prevent future exposure.

   g. Ensure a confidential two-way communication between employee and employee health regarding notification of a change in health condition.

   h. Provide and document a follow-up medical survey to demonstrate actions that are effective.

   i. Ensure that any exposed employee receive notification of any adverse health effect.

   j. Provide ongoing medical surveillance of all employees that handle HDs to ensure plan implemented is effective.

J. TRAINING

1. Personnel will be trained annually

   a. According to OSHA standards 1910.120 Hazardous Waste Operations Emergency Response

   b. USP 797

   c. USP 800

   d. California State Law. CCR 1735, CCR 1751.

e. Sierra View Medical Center Policy and Procedures related to USP 797 and 800.

f. Chemo Check Workbook ™

g. Environmental Services, Nursing, and Pharmacy shall read and sign "Hazardous Drug Risk" form that acknowledges risk of HDs to employees.

K. QUALITY ASSURANCE PROGRAM

1. Quality Indicators found in SVMC policy COMPOUNDED STERILE PREPARATION:QUALITY ASSURANCE PROGRAM that shall be followed include:

a. Personnel Performance

b. Equipment and Facilities

c. Product and Environment

- At a minimum of every 6 months, or as needed to verify containment, the following shall be done upon the interior of PEC, pass-thru chambers, surfaces in staging or work areas near PEC, areas adjacent to PEC, areas immediately outside buffer area, patient administration areas:
  - Environmental Wipe Sampling for Trace Chemo:
- In the event of a positive result, the pharmacist-in-charge shall:
  - Identify, document, and contain the cause of contamination
  - Reevaluate the workplace practices
  - Re-train personnel
  - Perform deactivation, decontamination, cleaning, and improving engineering controls
  - Repeat wipe-sampling to validate decontamination complete
- End Product Sampling
  - Sterility
  - Potency

L. HAZARD COMMUNICATION PROGRAM

1. Standards of handling HDs shall be implemented and evaluated thru annual employee

competencies.

2. All containers of HDs shall be labeled with the identity of the material and appropriate hazard warning.

3. Material Data Sheets are available for all employees 24 hours a day via the SVMC intranet.

4. Personnel shall receive training on exposure prior to handling HDs or when there are hazard changes.

5. Personnel of reproductive capability shall confirm in writing that they understand the risk of handling HDs.

M. CONTAINMENT REQUIREMENTS

1. For dosage forms (tablets or capsules, solid intact medications) that are administered to patients without modification shall be handled as per assessment of risk.

2. The selected containment strategy (handling precautions) will be communicated to staff via Electronic Medical Record and auxiliary stickers or pharmacy labels.

3. The facility risk assessment shall be reevaluated annually.

N. In the event of a drug recall, the procedure found in SVMC policy DRUG RECALL PROCEDURE shall be followed.

O. The pharmacy maintains written policies and procedures for compounding and understands any material failure to follow the pharmacy's policies and procedures shall constitute a basis for disciplinary action by the Board of Pharmacy.

P. All medications used for compounding sterile products, both hazardous and nonhazardous, will be procured from a registered wholesaler or from an FDA registered manufacturer.

Q. Documentation Retention

1. All records of compounding and materials used to compound sterile preparations shall be maintained in a readily retrievable form for three (3) years from the date the record was last in effect.

U. Whenever a change in a policy or procedure occurs, the pharmacist-in-charge will notify the staff via a meeting or email. Staff shall sign off on changes acknowledging changes and intent to comply. Any material failure to follow the pharmacy's written policies and procedures shall constitute a basis for disciplinary action by the Board of Pharmacy.

V. All policies related to sterile HD IV compounding will be reviewed annually by the pharmacist-in-charge, and recordation of the annual review shall be present on each policy and be readily retrievable upon request by the Board of Pharmacy.

1. The pharmacy will maintain records of the acquisition, storage, and destruction of any components used in compounding.

R. A pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist will be responsible for reviewing any tasks completed in the temporary absence, i.e., restroom break, etc.

REFERENCES:

- USP 800 Hazardous Drugs- Handling in Healthcare Settings (2017). Retrieved from http://www.usp.org/sites/default/files/usp/document/our-work/healthcare-quality-safety/general-chapter-800.pdf. Accessed 6/24/2020.
- "ASHP Guidelines on Handling Hazardous Drugs." *American Journal of Health-System Pharmacy* 63, no. 12 (June 15, 2006): 1172–1191. doi:10.2146/ajhp050529. Accessed: November 6, 2018.
- Occupational Safety and Health Administration (OSHA) Guidelines for Controlling Occupational Exposure to Hazardous Drugs Accessed 6/24/20.https://www.osha.gov/SLTC/hazardousdrugs/index.html.
- 2023 Lawbook for Pharmacy. Business and Professions Code 4000. https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf Accessed 3/2/2022.

CROSS REFERENCES:

- MEDICATION PROCUREMENT, STORAGE, DISTRIBUTION AND CONTROL
- IV PREPARATION AND DISPENSING
- COMPOUNDED STERILE PREPARATION: QUALITY ASSURANCE PROGRAM
- DRUG RECALL PROCEDURE
- STERILE PRODUCTS: STERILE PRODUCT QUALITY ASSURANCE

SUBJECT: **STERILE PRODUCTS:EDUCATION AND COMPETENCY**	SECTION: **Page 1 of 6**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To provide the necessary training and education of pharmacy personnel to promote preparation of pharmacy-prepared sterile products.

DEFINITIONS:

Validation: Documented evidence providing a high degree of assurance that a specific process will consistently produce a product meeting its predetermined specifications and quality attributes.

USP 797- United States Pharmacopeia (USP) is a quality organization that publishes acceptable standards for sterile preparations and "797" refers to the chapter that deals with sterile product quality benchmarking.

Category 1 CSP- A compounded sterile preparation (CSP) assigned a beyond use date (BUD) of 12 hours or less at controlled room temperature or 24 hours or less refrigerated. All sterile products compounded in the hospital pharmacy will not exceed a BUD of 12 hours as they are prepared in a segregated compounding area.

Category 2 CSP- A CSP assigned a BUD of greater than 12 hours at controlled room temperature or greater than 24 hours refrigerated that is compounded in accordance with all applicable standards found in USP 797.

POLICY:

It is the policy of Sierra View Medical Center (SVMC) that the Pharmacist in Charge shall ensure that all personnel engaging in preparation and handling of sterile products will have training and demonstrated competence in the safe handling and compounding of sterile drug preparations. All sterile products will be prepared according to USP 797 standards by appropriately trained pharmacy personnel.

AFFECTED PERSONNEL/AREAS: *PHARMACY*

PROCEDURE:

A. Initial and annual education shall include at the minimum:

1. USP 797 and 800: Pharmacy personnel preparing or dispensing sterile products will receive didactic and experiential training. Personnel shall read core competencies assigned by the PIC and take a test based on the contents. A passing score will be 90%.

2. Calculations and terminology: A written test on calculations and terminology will be required annually and maintained in personnel files. A passing score is 90%.

3. Education of core skills shall include a review of:

   a. Contamination of critical area/ environmental monitoring

b. Proper use or movement of PEC, equipment, and supplies

c. Compounding and documentation

d. Quality assurance procedures as outlined in COMPOUNDED STERILE PREPARATION:QUALITY ASSURANCE PROGRAM

e. Non-pharmacy and pharmacy personnel cleaning

f. Process validation

g. Aseptic technique

h. Proper hand hygiene, gowning, gloving and garbing technique

i. General conduct

j. Decontamination (where applicable), cleaning, disinfecting, and maintaining of the PEC, equipment, and controlled area.

k. Principles of High Efficiency Particulate Air (HEPA) filtered air

B. Initial and bi-annual (every 6 months) competencies shall include at the minimum:

1. Garbing and Hand Hygiene

i. Initial evaluation will be done immediately following initial hand hygiene and garbing procedure, each individual shall complete a gloved fingertip and thumb (GFT) sampling procedure (zero CFUs both hands) at least three times before being initially allowed to compound sterile drugs.

ii. Sampling must occur after garbing but before applying sterile 70% IPA to gloves.

2. Aseptic manipulation confirming sterile technique shall also be performed every 6 months. This process evaluates practical skills of personnel's sterile technique by utilizing a culture from multiple aseptic procedures upon a sterile broth medium, i.e., media fill test.

i. Surface sampling immediately after aseptic manipulation

C. Recertification of competencies including GFT sampling, media fill, garbing and hand hygiene, aseptic technique shall be done every 6 months after initial competency.

- Subsequent GFT sampling will be done once, not thrice like during the initial evaluation. Failure is indicated if the samples exceed 3 CFUs total.
- A visual observation will be conducted and documented.
- All records will be maintained on file in the pharmacy for at least three years.

D. Personnel who fail written tests regarding hand hygiene, garbing, and aseptic technique; gloved fingertip sampling; or media-fill test;

1. Must undergo immediate requalification and pass with 90% before they can resume compounding.

E. Personnel who fail any visual observation of hand hygiene, garbing, and aseptic technique; gloved fingertip sampling; or media-fill test;

1. Must repeat and pass the evaluation in the deficient area(s) before they can resume compounding.

F. After a pause in compounding-related activities (including but not limited to compounding & quality assurance monitoring)- Personnel who have not compounded in 6 months must be requalified. If the pause exceeds 6 months, that person will be treated as a new employee.

G. Competencies can be completed in approximately 8 weeks of the due date.

H. Routine performance checks shall occur to ensure adherence to aseptic policies and procedures.

I. All policies and procedures pertaining to sterile compounding shall be reviewed by all staff annually or when there are changes to any of the policies. All staff shall sign off on education of these policies and acknowledge that any material failure to follow the policies and procedures shall constitute a basis for disciplinary action by SVMC and/or the Board of Pharmacy.

J. Personnel Cleansing and Garbing

1. Personnel experiencing rashes, sunburns, weeping sores, oozing tattoos, conjunctivitis, or active respiratory infections or other communicable diseases shall not compound sterile products until their conditions have resolved.

2. Compounding personnel shall not wear cosmetics, hand, wrist, or other visible jewelry, artificial nails, or extenders. Cover any jewelry that cannot be removed. Natural nails shall be kept neat and trimmed. Remove head phones, ear buds, cell phones, bandanas, coats, hats, jackets, scarves, sweaters, and vests while compounding.

3. In preparation for entering the ante room, personnel shall first don shoe covers, hair covers, and facial covers.

4. Hand Hygiene

   a. Remove debris from under fingernails, if present. Use a nail cleaner (pick) under warm water.
   b. Hands and forearms shall be washed vigorously with soap and water for at least 30 seconds.
   c. Dry hands and forearms up to the elbows with low-lint disposable towels.
   d. Immediately before donning sterile gloves, apply a suitable alcohol-based hand rub, Sterillium©. Allow a sufficient time and amount of product to keep hands wet for manufacturer specified application time, at least 3 minutes.
   e. Allow hands to dry thoroughly before donning sterile gloves.
   f. After donning sterile gloves, apply sterile alcohol 70% to outside of gloves and allow alcohol to dry.

5. Gowns

   a. For a Category 1 & 2: Low-lint garment (non-shedding) with sleeves that fit snugly around the wrists and an enclosed neck (e.g., gown or coverall)

   b. Visibly soiled gowns must be changed immediately. Gowns and garbing items must be segregated and stored before use in an enclosure to prevent contamination (away from sinks to avoid splashing).

   c. If compounding Category 1 and Category 2 CSPs, gowns may be reused within the same shift by the same person if the gown is maintained in a classified area or adjacent to, or within, the SCA in a manner that prevents contamination. This privilege does not apply to hazardous drugs.

6. Garbing and de-garbing shall not occur in the ante-area at the same time.

7. After gowning, sterile gloves shall be donned. If sterile sleeves are used, then they are donned after sterile gloves.

8. Once inside the compounding area, hands will be disinfected with an alcohol-based hand scrub.

9. Gloves will be disinfected with 70% IPA prior to entering the glovebox and anytime hands are removed and placed back into the glovebox.

10. Gloves that are in contact with non-sterile surfaces will be disinfected with 70% isopropyl alcohol.

K. Doffing Procedure when Exiting Hazardous Drug Compounding Area

i. Remove outer pair of HD gloves and place in HD waste container.
ii. Remove outer pair of booties and place in yellow HD waste container.
iii. Remove the HD gown and place in yellow HD waste container.
iv. Remove inner pair of HD gloves and place in HD waste container.
v. Exit HD buffer room, enter clean side of anteroom, and go to the sink.
vi. Remove bouffant/mask and discard in yellow HD waste container under the sink.
vii. Wash hands as stated above.
viii. Remove booties and step across LOD.
ix. Use Sterillium© gel.

L. Conduct

1. Food, drinks, and cardboard will not be permitted in the SCA or cleanroom suites.

2. Actions such as talking and coughing should be directed OUT of the SEC.

3. Unnecessary motion in the SEC should be avoided to minimize turbulence of air flow.

4. Activities in the SEC should only be related to procedures for parenteral preparations.

M. On cleaning the SCA, pharmacy personnel will be trained on:

1. Using the appropriately-labeled cleaner and disinfectant for the types of surface to be cleaned (floor, wall, etc.)

2. Following garbing procedures when cleaning in the SCA.

3. Mopping floors with a pharmacy-specific mop used ONLY for floors. The mopping should start at the wall opposite the entry room door. Mop the floor with even strokes toward the operator. The applied agent (Ecolab- hospital grade germicidal) shall remain visibly wet for 10 minutes, i.e., dwell time.

4. Cleaning the sink and all contact surfaces.

5. Cleaning of walls top to bottom, ceilings left to right toward the operator.

6. Cleaning of shelves, bins, buffer area chair, exterior of trash bins.

7. Documenting all cleaning.

N. On cleaning the CAI/hood, pharmacy personnel will be trained as follows:

1. When properly garbed, the pharmacy technician will, at a minimum twice a day, when there is a spill, or prior to preparing a new sterile product:

a. Wipe down the entire CAI/Hood chamber with sterile water.

- Using long strokes left to right on the bottom and top surfaces and long strokes top to bottom progressing towards the operator on the vertical sides of the CAI/Hood.
- This process will be repeated with 70% sterile alcohol and sporicidal agent approved by designated person, such as Peridox© or Decon-Spore.

b. This procedure will be used for the application of germicidal and sporicidal agents (sporicidal agent approved by designated person, such as Peridox© or Decon-Spore) with a dwell time of at least 3 minutes) as well. The daily, weekly and monthly cleanings shall NOT overlap and will be performed separately.

O. Cleaning competencies will be assessed with a written test and a visual observation annually. Records will be kept for three years.

P. Record Keeping

Records of training and demonstrated competency shall be maintained for each individual for at least three years.

Q. Whenever a change in a policy or procedure occurs, the pharmacist-in-charge will notify the staff via a meeting or an email. Staff shall sign off to acknowledge the change(s) with the intent to comply. Any material failure to follow the pharmacy's written policies and procedures shall constitute a basis for disciplinary action by the Board of Pharmacy.

REFERENCES:

- The Joint Commission (2023). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.
- Pharmacy Law: California Edition. (2023) San Clemente, California: Law Tech Publishing Group.
- USP 797. (n.d.). Retrieved July 14, 2023, from http://www.usp.org/compounding/general-chapter-797.
- USP 800. (n.d.). Retrieved July 14, 2023, from http://www.usp.org/compounding/general-chapter-hazardous-drugs-handling-healthcare.

CROSS REFERENCES:

COMPOUNDED STERILE PREPARATION: QUALITY ASSURANCE PROGRAM

SUBJECT: **TELEMETRY UNIT- ADMISSION, DISCHARGE, & TRANSFER CRITERIA**	SECTION: **Page 1 of 5**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To define the criteria for admission, transfer, and discharge for the Telemetry Unit.

POLICY:

The Telemetry Unit provides care for a population of patients including adolescents, adults and geriatric patients. Every effort is made to facilitate the optimum care and placement of these patients.

AFFECTED PERSONNEL/AREAS: *TELEMETRY UNIT*

PROCEDURE

ADMISSION POLICIES

1. All members of the medical staff with admitting privileges may admit patients to the Telemetry Unit.

2. Patients may be admitted to the Telemetry Unit in any of the following ways:

   a. ***Direct Admissions*** are admitted directly from their doctor's offices or their homes, with arrangements made by phone through The Transfer Center 0700-1900 and House Supervisor after 1900 and when the Transfer Center is unavailable. When the patient arrives, they will proceed to the admissions office with physician orders. The patient will then be transported to the unit with the physician orders.

   b. ***Emergency Department Admissions*** are admitted from the emergency department (ED). These patients will be seen in the ED. Patients will be admitted with appropriate physical orders to the designated nursing unit.

   c. ***Transfer Patients*** are admitted to the Telemetry Unit from other units such as the Intensive Care Unit and Medical/Surgical unit. Once the patient is transferred to the Telemetry unit, the nurse is responsible for contacting the primary physician to ensure appropriate orders for level of care are entered/written.

CIRCUMSTANCES OF ADMISSION

1. All patients will be admitted to Telemetry with appropriate physician orders. Orders will include at minimum, the following information:

   Minimum Physician orders:

   a. Telemetry standing orders

   b. Code status

c. Intravenous access for a minimum of one access line

d. Laboratory and radiology tests

e. Routine medications

2. Physicians will visit patients on the unit daily and as prudent for the care of the patient and to provide appropriate medical documentation on their conditions.

3. The RN assigned to the patient will notify the attending physician of the patient's arrival on the unit and of the patient's status and collaborate with the physician to obtain new orders.

4. The nursing staff will consider a patient's diagnosis, sex, age, and acuity level in placing the patient in a room.

5. Nursing responsibilities for the newly admitted patient include:

a. Compiling an admission database by the RN. Staff members, such as the CNA, are able to obtain the vital signs. The RN is responsible for the completion of the initial admission paperwork.

b. Assessment and implementation of the physician orders.

c. Developing and implementing the patient care plan upon admission.

CRITERIA FOR ADMISSION

1. The Telemetry Unit is designed to provide highly skilled nursing care and cardiac monitoring to patients. Patients who do not meet routine criteria must have authorization from the Nursing Director of Critical Care Services (CCS) or House Supervisor. When unable to reach agreement, the chain of command will be utilized.

2. Common Candidates for Admission Include:

a. Newly implanted pacemakers

b. Rule out Cerebrovascular Accident (CVA), and inoperable stable head injuries not requiring an increase in vital sign or neuro checks within established Telemetry routine orders

c. Chest Pain-Rule Out Myocardial Infarction (R/O MI) that is hemodynamically stable and will not require vital sign checks beyond Telemetry standing orders

d. Rhythm disturbances deemed not life-threatening, but requiring continuous monitoring and anti-arrhythmia therapy

- Atrial dysrhythmias with hemodynamically stable requiring intravenous (IV) push medications and non-titratable IV drips
- Brady dysrhythmias that is not life-threatening; hemodynamically stable on presenting arrhythmias
- Ventricular dysrhythmias that is NOT life-threatening or hemodynamically compromising

e. Patients who are hemodynamically stable requiring telemetry monitoring and or stable non-titratable intravenous drips that meet the department's level of care, and not requiring care beyond established Telemetry routine orders

f. Non-active, Non-acute, and Stable Gastro-Intestinal Bleeding

g. Patients with respiratory diseases that are not in immediate acute distress but require monitoring

h. Stable fluid and electrolyte imbalance requiring definitive IV therapy

i. Ventilated patients who are stable and not requiring care beyond established Telemetry routine orders

LIMITATIONS

1. The unit is staffed and designed for the acutely ill adult patient as outlined above, not the critically ill adult.

   Other patients who are not candidates for admission to Telemetry include:

   a. Patients requiring hemodynamically invasive monitoring

   b. Drug overdose patients that are hemodynamically compromised

   c. Patients requiring acute emergent endotracheal intubation and ventilation management

   d. Patients admitted with an acute myocardial infarction requiring titrated medications to control vital functions such as anti-hypertensive, inotropic agents and antiarrhythmic

   e. Patients experiencing acute alcohol withdrawal delirium tremors beyond Telemetry units' ability to care for patient safety. See the CIWA alcohol withdrawal policy.

f. Patients requiring vital signs and/or treatments more frequently then every 2 hours

g. Non-resolving acute chest pain of cardiac origin

2. Patients that are unlikely to benefit from continued Telemetry treatment include:

a. Patients who have confirmed clinical and laboratory evidence of brain death

b. Competent patients who refuse life-support therapy

c. Patients with non-traumatic coma or permanent vegetative state

d. Patients who do not require cardiac monitoring and the level of nursing care provided in Telemetry

DISCHARGE / TRANSFER POLICIES

1. On a daily basis, patients will be assessed for the need of continued cardiac monitoring. The RN and the attending physician will collaborate on the plan of care and review current assessment. The patient's status will be updated and located in the physician's medical progress notes.

2. The nursing staff may transfer a patient within the facility to a higher level of care at their discretion for the welfare of the patient. Every attempt must be made by the nursing staff to contact the attending physician. If the attending physician cannot be contacted, the RN will then be required to contact the house supervisor and follow the chain of command policy.

3. The patient is to be discharged from Telemetry when the patient no longer requires telemetry monitoring. Priorities for discharge will be as follows:

a. Patients who no longer require cardiac monitoring and achieve independence from life support equipment, such as IV therapy, surgical-drains, in-dwelling lines, unless sent home with supportive assistance or to other facility for continued care

b. Patients who have recuperated sufficiently to be free of IV/PCA meds for pain control who have stable vital signs, and who, as deemed by their physicians, no longer need telemetry

c. Patients who achieve independence from therapeutic measures performed by nursing or support services, unless continued at home with assistance

d. Patients who achieve stable body systems and physiologic parameters

e. Patients who have stable laboratory values that have a bearing on their diagnostics. All abnormal values or test results will be addressed by physician prior to discharge.

f. Patients who, with the physician's permission, are to be transferred to another facility

g. Patients and their family who have received discharge instructions and are informed of follow-up care as ordered by their physician.

REFERENCES:

- California Code of Regulations (2020). Title 22. §70495. Retrieved from https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=ID7365A90D4BB11DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1.
- Johnson KL. *AACN Procedure Manual for Progressive and Critical Care*. Elsevier; 2024.
- The Joint Commission (2020). Hospital accreditation standards. Joint Commission Resources. Oak Brook, IL.

CROSS REFERENCES:

- CHAIN OF COMMAND REGARDING PATIENT CARE
- CIWA-Ar: ASSESSMENT AND TREATMENT OF ACUTE ALCOHOL WITHDRAWAL

SUBJECT: **TRANSFUSION REACTION PROCEDURE**	SECTION: ***Provision of Care, Treatment & Services (PC)*** **Page 1 of 7**

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

PURPOSE:

To establish guidelines for the handling, determining and reporting of adverse transfusion reactions.

POLICY:

1. In the event of a suspected transfusion reaction, the nursing personnel shall report patient symptoms to the physician. If the physician elects to stop transfusion:

   a. The Registered Nurse shall discontinue the transfusion and notify the blood bank personnel. The transfusion reaction workup will reflex order from the data entered into the Transfusion Administration Record (TAR) in Meditech. If the department is not using TAR or it is a delayed transfusion reaction, the nurse will order the transfusion reaction workup in Meditech.

   b. The Registered Nurse will call the lab to draw blood sample.

   c. Prepare the blood component bag and blood tubing and return to Blood Bank.

   d. Return the "Report of Suspected Transfusion Reaction" form (Addendum A) with blood component bag and tubing.

   e. The registered nurse will verify patient identification and document as indicated on the Reaction form.

   f. The Registered Nurse will obtain physician order, and collect the urine specimen for a post transfusion urinalysis and send it to the lab.

   g. The Laboratory will collect a new, properly labeled, blood sample (avoiding hemolysis) from the patient.

2. The Laboratory will perform the following "Partial Transfusion Reaction" work-up:

   a. Urine check for Hgb. If positive, check for RBC.

   b. The label on the blood containers, pre and post patient sample tubes, requisitions and computer records will be checked to detect whether there has been a clerical error made in identifying the patient or the blood.

   c. The patient's post-reaction serum shall be inspected for evidence of hemolysis, using a pre-reaction sample for comparison if available.

d. A blood type, Rh, and DAT will be performed on the patient's post-reaction transfusion specimen.

e. The results of these above mentioned procedures shall be documented in the appropriate spaces on the "Transfusion Reaction Form" with the Clinical Laboratory Scientist (CLS) performing the work-up signing, dating and timing the form.

f. The CLS will make copies of all reports and keep one copy in Blood Bank file under Transfusion Reactions, and send original to Pathologist. Preliminary documentation of the findings will be entered into Meditech.

g. The CLS will immediately contact the Pathologist informing him / her if any of the findings are positive and then perform full workup. The CLS will order the extended transfusion reaction workup in Meditech.

h. The transfusion reaction form will be submitted to the Pathologist for his/her signature and interpretation. The Pathologist will submit a progress report. A copy of this report will be filed in blood bank and another submitted to the Risk Manager. The Risk Manager will forward the Progress Report to Medical Records and keep the Report to document the incident.

i. In the event a hemolytic transfusion reaction is suspected the testing protocol shall include (but not be limited to) the following procedures:

- Retesting of the patient's pre and post-transfusion specimen for ABO, Rh, and antibody screen.
- Compatibility retesting of the donor specimen in question using patient's pre and post-reaction specimen samples.
- The CLS will culture the donor blood bag if temperature rise of >4° F.
- Bilirubin determinations on the patient.
- Hemoglobin determinations will be performed on the patient.
- If reaction is suggestive of a hemolytic reaction or bacterial contamination the attending physician shall be notified immediately.
- All transfusion reactions are to be reported to the Rad/Path Committee for review.

DEFINITION OF POSSIBLE ADVERSE BLOOD TRANSFUSION REACTIONS:

1. Hemolytic Transfusion Reaction:

   a. Cause:

   Antibodies in the recipient's plasma react with antigens in donor red blood cells. This leads to donor cell agglutination and capillary occlusion, blocking blood flow and oxygen to vital organs. Eventually, the red blood cells break down and release free hemoglobin into plasma and urine. This free hemoglobin may block the renal tubules, resulting in renal failure.

   b. Signs and Symptoms:

   Chills, fever, backache, leg pain, rigors, chest pain, tachycardia, hypotension, cyanosis, hemoglobinemia, hemoglobinuria, oliguria, anuria, hematuria, jaundice, shock, vascular collapse, nausea, vomiting, restlessness, anxiety, pallor, pulmonary edema, precordial distress.

   c. Definitive Laboratory Testing:

   - Positive Direct Coombs test post-transfusion.
   - Gross hemolysis of serum post-transfusion.
   - Occult blood positive test in post-transfusion urine analysis.
   - Elevated Bilirubin post-transfusion.

2. Significant Hemolytic Transfusion Reactions:

   a. All verified hemolytic transfusion reactions are considered and reported as significant.

   b. All suspected hemolytic transfusion reactions will have a repeat type Rh of both the recipient and the donor blood.

3. Allergic Transfusion Reaction:

   a. Cause:

   Probable mechanism of reaction due to allergens in donor blood with antibodies in recipient blood.

   b. Signs and Symptoms:

   Urticaria, pruritus, chills, nausea, vomiting, headache, nasal congestion, wheezing, bronchospasm, dyspnea, laryngeal edema, circulatory collapse, fever, diaphoresis, anxiety, restlessness, headache, pallor, erythema.

   c. Definitive Laboratory Testing:

   All suspected allergic reactions will have direct Coombs testing performed by laboratory to determine type of reaction. If direct Coombs testing are within normal limits, the Pathologist will be notified to determine if further testing is required.

   d. Significant Allergic Reactions:

   Significant Allergic reactions are defined as: bronchospasm, laryngeal edema, severe dyspnea, circulatory collapse, pulmonary edema, skin sloughing as a result of severe pruritus and/or erythema.

4. Febrile Transfusion Reaction:

   a. Cause:

   Recipient sensitivity to donor leukocytes or platelets.

   A febrile transfusion is defined as an increase of 2° F above baseline temperature.

   b. Signs and Symptoms:

   Fever, chills, flushing, back pain, malaise, tachycardia, headache, confusion, nausea and vomiting.

   c. Definitive Laboratory Testing:

   The same procedure is followed as with allergic reactions.

d. Significant Allergic Febrile Reactions:

A significant febrile transfusion reaction is defined as: A rise in temperature greater than two (2) degrees from pre-transfusion temperature.

5. TRALI – Another possible adverse effect of transfusion is Transfusion Associated Acute Lung Injury (TRALI). This is a rare but potentially life-threating reaction to plasma containing blood components. As it is most common in donations from multiparous women, Central California Blood Center (CCBC) has instituted a policy of only collecting plasma from male donors. Platelet transfusion reactions should be monitored for fever, chills, dyspnea, cyanosis and hypotension. The Medical Director and CCBC should be notified of any suspected cases of TRALI.

6. All possible transfusion reactions are reported to the Pathology Department, Quality Improvement Committee, Transfusion Committee, Medical Executive Committee, and the Governing Body at least on a quarterly basis.

AFFECTED AREAS/PERSONNEL: *LABORATORY STAFF, NURSING, PHYSICIANS*

REFERENCES:

- Association for the Advancement of Blood and Biotherapies (AABB) Standards, 33rd edition, pp 94-96, 7.5 - 7.5.3; , 2022
- Association for the Advancement of Blood and Biotherapies (AABB) Technical Manual, 21st edition, pp 683 - 684, 2023.
- The Joint Commission (2023). Hospital accreditation standards (QSA.05.18.01, QSA.05.19.01, QSA.05.19.03, QSA.05.19.05). Joint Commission Resources. Oak Brook, IL.

ADDENDUM A

SIERRA VIEW DISTRICT HOSPITAL — **REPORT OF SUSPECTED TRANSFUSION REACTION**

NURSING

Steps: Discontinue transfusion, flush line with saline, monitor vs. notify physician & lab, transport blood product to lab, collect U/A & blood specimen

Date _____ *Room #* _____ *BBK#* _____ *Unit ID #* _____ Blood Unit Label matches Patient ID band and Transfusion Issue Card YES NO (Circle)

Product: ❑ PC ❑ FFP ❑ PLAT

Diagnosis _____

Patient History

Previous transfusions ❑ Yes ❑ No Date of previous tranfusions _____

Number of pregnancies ❑ N/A # _____ Number of deliveries

Tranfusion Date	Time Started	Temperature	Discontinued	Temperature	Amount Given

Concurrent administration of other intravenous fluids or drugs? ❑ NO ❑ YES (please specify)

Reactions Noted

❑ Chills	❑ Nausea	❑ Anxiety	❑ Pallor	❑ Erythema	❑ Anuria	❑ Shock	❑ Pain _____ (where)
❑ Fever	❑ Vomiting	❑ Restlessness	❑ Urticaria	❑ Hematuria	❑ Jaundice	❑ Cyanosis	❑ Pulmonary Edema
❑ Sweating	❑ Rigor	❑ Headache	❑ Bronchospasm	❑ Oliguria	❑ Dyspnea	❑ Pruritis	❑ Precordial Distress

Time of Onset _____ Signature _____ RN/LVN

LABORATORY

Unit ID# _____ Exp. date _____ Amount of blood returned to lab _____

POST-TRANSFUSION FINDINGS (LAB)

Check for identification errors: OK? YES NO (Circle) DIRECT COOMBS on post-transfusion blood

Serum appearance: Pre-transfusion: Hemolysis? YES NO (Circle) AHG _____

Post-transfusion: Hemolysis? YES NO (Circle) TYPE _____

Urine Check: Post-transfusion: Hemglobin? POS NEG (Circle) Note: If positive spin down specimen and check for RBCs Rh _____

Compare pre-transfusion urine HBG if available.

CONCLUSION: IF ALL FINDINGS ARE NEGATIVE, NO ADVERSE REACTION.

NOTE: If all findings are negative at this point, notify floor and submit report to pathologist. CLS Signature: _____

If findings are questionable complete the remainder of workup and notify pathologist and patient physician of findings.

RECHECK OF TYPINGS, ANTIBODY SCREEN, AND CROSSMATCH

	ABO Typing DIRECT ANTI A	B	A,B	BACK CELLS A	B	Rho (D) Typing ANTI D	Du	CONCLUSION:
Pt's pre-transfusion blood								TYPE Rh
Pt's post-transfusion blood								TYPE Rh
Donor blood								TYPE Rh

MAJOR CROSSMATCH							ANTIBODY SCREEN						
SALINE				ALBUMIN			SALINE				ALBUMIN		
I.S.	R.T.	37	AHG	I.S.	R.T.	AHG	I.S.	R.T.	37	AHG	I.S.	R.T.	AHG

Donor unit gram stain _____ Culture to follow _____

Medical Director's Signature _____ Date _____

Comment: _____

PATIENT'S LABEL

SIERRA VIEW District Hospital Porterville, California 93257

REPORT OF SUSPECTED TRANSFUSION REACTION

Form # 013979 REV. 1/13 CVBF

Department of Health & Human Services Centers for Medicare & Medicaid Services OMB Approval No. 0938-1308

You're a hospital outpatient receiving observation services, also called an observation stay. You are not an inpatient.

Observation services:

- Are given to help your doctor decide if you need to be admitted as an inpatient or discharged;
- Are given in the emergency department or another area of the hospital; and
- Usually last 48 hours or less.

How being an outpatient affects what you may have to pay: Being a hospital outpatient affects the amount you may have to pay for your time in the hospital and may affect coverage of services after you leave the hospital.

Medicare Part B covers outpatient hospital services, including observation services when they are medically necessary. Generally, if you have Medicare Part B, you may pay:

- A copayment for each individual outpatient hospital service that you get; and
- 20 percent of Medicare-approved amount for most doctor services, after the Part B deductible.

Part B copayments may vary by type of service. In most cases, your copayment for a single outpatient hospital service won't be more than your inpatient hospital deductible. However, your total copayment for all outpatient services may be more than the inpatient hospital deductible.

If you're enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage are determined by your plan. Check with your plan about coverage for outpatient observation services.

If you are a Qualified Medicare Beneficiary through your state Medicaid program you cannot be billed for Part A or Part B deductibles, coinsurances, and copayments.

Your costs for medications:

Generally, prescription and over-the-counter drugs, including "self-administered drugs," given to you by the hospital in an outpatient setting (like an emergency department) aren't covered by Part B. "Self-administered drugs" are drugs you'd normally take on your own. For safety reasons, many hospitals don't allow patients to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs in certain circumstances. You'll likely need to pay out-of-pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, if inpatient hospital services become necessary for you and the hospital admits you as an inpatient based on a doctor's order, generally Medicare Part A will cover inpatient services. Generally, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital. Medicare Part B covers most of your doctor services when you're an inpatient. You may have to pay 20 percent of the Medicare-approved amount for doctor services after paying the Part B deductible.

PATIENT'S LABEL

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How observation services may affect coverage and payment of your care after you leave the hospital:

If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you have a prior qualifying inpatient hospital stay. A qualifying inpatient hospital stay means you've been a hospital inpatient (you're admitted to the hospital as an inpatient after your doctor writes an inpatient admission order) for a medically necessary stay of at least 3 days in a row (not counting your discharge day) within a short time before you enter a SNF.

If you have a Medi-cal, Medicare Advantage or other health plan, Medicaid or the plan may have different rules about qualifying for SNF services after you leave the hospital. Check with Medicaid or your plan.

Documentation of refusal.

I, _____,

_____(title), certify that this notice was presented and explained to

the patient or Legal Representative_____ on _____date

at _____time, and the patient or Legal Representative refuse to sign the

notice_____

Staff member signature & title

If you have any questions about your observation services, please ask the hospital staff member providing this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department at 559-788-6084. In addition, you can call 1-800-MEDICARE(1-800- 633-4227), or TTY: 1-877-486-2048.

If you have a complaint about the quality of care you're getting during your outpatient stay, you may contact the Quality Improvement Organization (QIO) for this hospital.

QIO Name: Livanta
9090 Junction Drive Suite 10
Annapolis Junction, MD 2070

QIO phone number: 1-877-588-1123
TTY-855-887-6668
Fax- 1-855-694-2929

If you have a Medicare Advantage or other health plan, you can make your complaint about quality of care by filing a grievance with your plan. Review your plan materials or contact your plan for information on how to file a grievance. You can also make a complaint about quality of care to the QIO listed above.

Please sign and date here to show you received this notice and understand what it says.

_____ _____

Signature of Patient or Legal Representative Date/Time

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Form CMS 10611-MOON/ Expiration 11/30/2025

PATIENT'S LABEL

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Centros del Departamento de Salud y Servicios Humanos para Servicios de Medicare y Medicaid N.º de aprobación de la OMB 0938-1308

Usted es un paciente ambulatorio de un hospital que recibe servicios de observación, también llamado estadía de observación. No es un paciente hospitalizado.

Servicios de observación:

- Se brindan para ayudar a su médico a decidir si necesita ser admitido como paciente internado o dado de alta;
- Se administran en el departamento de emergencias u otra área del hospital; y
- Generalmente duran 48 horas o menos.

Cómo el ser paciente ambulatorio afecta lo que paga: Ser paciente ambulatorio del hospital afecta el monto que paga por su estancia en el hospital y puede afectar la cobertura de los servicios después de salir del hospital.

La Parte B de Medicare cubre los servicios hospitalarios para pacientes ambulatorios, incluidos los servicios de observación cuando son médicamente necesarios. Generalmente, si tiene la Parte B de Medicare, es posible que pague:

- Un copago por cada servicio hospitalario ambulatorio individual que reciba; y
- 20 por ciento del monto aprobado por Medicare para la mayoría de los servicios médicos, después del deducible de la Parte B.

Los copagos de la Parte B pueden variar según el tipo de servicio. En la mayoría de los casos, su copago por un único servicio hospitalario para pacientes ambulatorios no será superior a su deducible hospitalario para pacientes internados Sin embargo, su copago total por todos los servicios para pacientes ambulatorio puede ser mayor que el deducible del hospital para pacientes internados.

Si está inscrito en un plan Medicare Advantage (como un HMO o PPO) u otro plan de salud de Medicare (Parte C), su plan determina sus costos y cobertura. Consulte con su plan sobre la edad de cobertura de los servicios de observació para pacientes ambulatorios.

Si usted es un beneficiario calificado de Medicare a través del programa Medicaid de su estado, no se le pueden facturar los deducibles, coseguros y copagos de la Parte A o B.

Sus costos para medicamentos:

Generalmente, los medicamentos recetados y de venta libre, incluidos los "medicamentos autoadministrados", que le administra el hospital en un entorno ambulatorio (como un departamento de emergencias) no están cubiertos por la Parte B. Los "medicamentos autoadministrados" son medicamentos que normalmente se tomaría por voluntad propia.

Por razones de seguridad, muchos hospitales no permiten que los pacientes tomen medicamentos traídos de casa. Si tiene un plan de medicamentos recetados de Medicare (Parte D), su plan puede ayudarle a pagar estos medicamentos en determinadas circunstancias. Es probable que deba pagar de su bolsillo estos medicamentos y presentar un reclamo a su plan de medicamentos para obtener un reembolso. Comuníquese con su plan de medicamentos para obtener más información.

SIERRA VIEW MEDICAL CENTER

CENTRO MÉDICO SIERRA VISTA AVISO DE OBSERVACIÓN PARA PACIENTES AMBULATORIOS DE MEDICARE

NOTA: La Parte A de Medicare generalmente no cubre servicios hospitalarios para pacientes ambulatorios, como una estadía de observación. Sin embargo, si los servicios hospitalarios para pacientes internados llegan a ser necesarios y el hospital lo admite como paciente internado según una orden del médico, generalmente la Parte A de Medicare cubrirá los servicios para pacientes internados. Generalmente, pagará un deducible único por todos sus servicios hospitalarios para pacientes internados durante los primeros 60 días que permanezca en el hospital. La Parte B de Medicare cubre la mayoría de los servicios médicos cuando está internado. Es posible que deba pagar el 20 por ciento del monto aprobado por Medicare por los servicios médicos después de pagar el deducible de la Parte B.

Cómo los servicios de observación pueden afectar la cobertura y el pago de su atención después de salir del hospital:

Si necesita atención en un centro de enfermería especializada (SNF, por sus siglas en inglés) después de salir del hospital, la Parte A de Medicare solo cubrirá la atención en un centro de enfermería especializada si tuvo una estadía hospitalaria previa que califique. Una estadía hospitalaria calificada significa que usted ha estado internado en un hospital (es admitido en el hospital como paciente internado después de que su médico escribe una orden de admisión como paciente internado) durante una estadía médicamente necesaria de al menos 3 días seguidos (sin contar su día del alta) poco tiempo antes de ingresar a un centro de enfermería especializada.

Si tiene Medi-cal, Medicare Advantage u otro plan de salud, Medicaid o el plan pueden tener reglas diferentes sobre la calificación para los servicios de un centro de enfermería especializada después de salir del hospital. Consulte con Medicaid o su plan.

Documentación de Denegación.

Yo, _____ (título), certificar que este aviso fue presentado y explicado al paciente o Representante Legal _____ el día _____ a la hora _____ y el paciente o Representante Legal se niegan a firmar el aviso _____(Firma y título del miembro del personal)

Si tiene alguna pregunta sobre sus servicios de observación, consulte al miembro del personal del hospital que le proporciona este aviso o al médico que le brinda atención hospitalaria. También puede solicitar hablar con alguien del departamento de planificación de alta o utilización del hospital al 559-788-6084. Además, puede llamar al 1-800-MEDICARE (1-800-633-4227) o TTY: 1-877-486-2048

Si tiene una queja sobre la calidad de la atención que recibe durante su estadía como paciente ambulatorio, puede comunicarse con la Organización de mejora de la calidad (QIO, por sus siglas en inglés) de este hospital.

Nombre del QIO: Livanta
9090 Junction Drive Suite 10
Annapolis Junction, MD 2070

Número de teléfono: 1-877-588-1123
TTY 855-887-668
Fax 1-855-694-2929

Si tiene Medicare Advantage u otro plan de salud, puede presentar su queja sobre la calidad de la atención presentand una queja ante su plan. Revise los materiales de su plan o comuníquese con el representante de su plan para obtener información sobre cómo presentar una queja. También puede presentar una queja sobre la calidad de la atención ante la organización de mejora de la calidad mencionada anteriormente.

Firme y feche aquí para demostrar que recibió este aviso y comprende lo que dice.

_____ _____
Firma de la Paciente o Representante Legal Fecha y hora

Centro Médico Sierra Vista no discrimina en sus programas y actividades. Para solicitar esta publicación en un formato alternativo, llame al: 1-800-MEDICARE o envíe un correo electrónico: AltFormatRequest@cms.hhs.gov.

Formulario CMS 10611-MOON/ Fecha de vencimiento 11/30/2025

SIERRA VIEW MEDICAL CENTER
Porterville, California 93257

MEDICARE OUTPATIENT OBSERVATION NOTICE

Form # 021170 REV 2/24

Sierra View Medical Center is a service of the Sierra View Local Health Care District.

PATIENT'S LABEL

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SIERRA VIEW MEDICAL CENTER **PHYSICIAN TRANSFER CERTIFICATION**

EMERGENCY DEPARTMENT TRANSFER CHECKLIST

Check when done, mark N/A if not applicable:

- ❑ ❑ N/A Written Order for Transfer.
- ❑ ❑ N/A Physician Authorization, Certification and Risk/Benefits signed.
- ❑ ❑ N/A Appropriate Patient consents signed.
- ❑ ❑ N/A Positive Acceptance by Receiving Facility.
- ❑ ❑ N/A Positive Acceptance by Receiving Physician.
- ❑ ❑ N/A Transportation arrangements completed.
- ❑ ❑ N/A Valuables/Personal belongings secured, bagged, labeled, and sent with patient.
- ❑ ❑ N/A Copies of all medical records placed in envelope and sent with patient to Receiving Facility.
  - ❑ ❑ N/A All Transfer forms
  - ❑ ❑ N/A X-Rays and CT films
  - ❑ ❑ N/A All Lab reports
  - ❑ ❑ N/A ED face sheet
  - ❑ ❑ N/A Copies of insurance cards
  - ❑ ❑ N/A ED Record including Triage, 2 Physician Sheets, all flow sheets, Trauma Resuscitation Sheet, Pre-Hospital and Base Station QCare Reports
- ❑ ❑ N/A Peritoneal Tap bag of return fluid
- ❑ ❑ N/A Any extra fluid from Lumbar Puncture
- ❑ ❑ N/A Ambulance Authorization Prescription
- ❑ ❑ N/A Copy of face sheet and insurance information for ambulance.

Completed by: _____ _____ _____
Signature Date Time

TRANSFER ARRANGEMENTS AND DOCUMENTATION MEET HOSPITAL AND FEDERAL REGULATIONS AT THE TIME OF TRANSFER.

_____
TIME

_____
SHIFT MANAGER / CHARGE N/S

Form # 009462 REV 1/24

Sierra View Medical Center is a service of the Sierra View Local Health Care District.

IN-PT TRANSFER CHECKLIST

Check when done, mark N/A if not applicable:

- ❑ ❑ N/A Written Order for Transfer.
- ❑ ❑ N/A Physician Authorization, Certification and Risk/Benefits signed.
- ❑ ❑ N/A Appropriate Patient consents signed.
- ❑ ❑ N/A Positive Acceptance by Receiving Facility and bed availability confirmed
- ❑ ❑ N/A Positive Acceptance by Receiving Physician.
- ❑ ❑ N/A Transportation arrangements completed.
- ❑ ❑ N/A Transfer Nurse arranged._____
- ❑ ❑ N/A Valuables/Personal belongings secured, bagged, labeled, and sent with patient.
- ❑ ❑ N/A Copies of medical records placed in envelope and sent with patient to Receiving Facility.
  - ❑ ❑ N/A All transfer forms
  - ❑ ❑ N/A Face sheet
  - ❑ ❑ N/A Medicare, Medi-Cal, or insurance cards
  - ❑ ❑ N/A Advanced Directive
  - ❑ ❑ N/A Social Services notes
  - ❑ ❑ N/A Physician Orders (last 24 hours)
  - ❑ ❑ N/A Nurses Notes (last 3 days)
  - ❑ ❑ N/A Graphic (last 3 days)
  - ❑ ❑ N/A Lab reports (last 24 hours)
  - ❑ ❑ N/A X-Ray reports - send films if requested.
  - ❑ ❑ N/A EKG reports
  - ❑ ❑ N/A History and Physical
  - ❑ ❑ N/A Operative Reports
  - ❑ ❑ N/A Consultation Reports
  - ❑ ❑ N/A ED records, include pre-hospital forms
  - ❑ ❑ N/A Medication sheets (last 3 days)
  - ❑ ❑ N/A Resp Therapy reports (last 24 hours)
  - ❑ ❑ N/A Diet Progress Notes
  - ❑ ❑ N/A Physician Progress Notes (last 24 hours)
  - ❑ ❑ N/A Nurses Notes (last 3 days)
  - ❑ ❑ N/A Specimens as requested - LP fluid, cord blood for neonates
- ❑ ❑ N/A Copies of face sheet and insurance information for ambulance.

Completed by: _____ _____ _____
Signature Date Time

PATIENT'S LABEL

SIERRA VIEW MEDICAL CENTER **PHYSICIAN TRANSFER CERTIFICATION**

ACCT # _____

PHYSICIAN CERTIFICATION

❑ **YES** ❑ **NO** This patient is "STABLIZED FOR TRANSFER"
The Emergency Medical Condition has not been resolved, but as the treating physician attending to the patient I have determined, within reasonable clinical confidence, that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his/her medical condition.

I, the undersigned physician, have examined and evaluated the above named patient. Based on this examination, the information available to me at this time, and the reasonable risks and benefits to the patient, I have concluded for the reasons which follow that, as of the time of transfer, the medical benefits reasonably expected from the provision of emergency treatment at another facility outweight the increased risks to the patient and, if preganant to the unborn child from affecting the transfer.

Specific medical reason for transfer: _____

Specialty Services required but not avaible: _____

RISKS

Deterioration possibly by reason of the disease process, trauma, or patient instability as a result of or during transfer.

Delays in transit that might cause or aggravate risks of deterioration.

Loss of patient IV access during transit.

Lack of direct physician care and or lack of full range of support equipment during transit.

Transportation accidents.

Additional trauma to injury sites due to vibration, road shocks, and physical movement that can cause death or aggravate resulting disability.

Increased difficulty in managing the patient in a mobile environment, outside hospital facilities.

OTHER: (PT SPECIFIC):

BENEFITS

The availability of specialized treatment or surgical services not available at SVMC.

Necessary testing or treatment equipment not available at SVMC.

Availability of open beds at the receiving facility, if no comparable beds are able to be made available at SVMC.

OTHER: (PT SPECIFIC):

❑ Summary of the risks and benefits listed above have been explained to the patient.

NAME OF PHYSICIAN CERTIFYING TRANSFER PHYSICIAN'S SIGNATURE DATE TIME

PHYSICIAN CERTIFICATION FOR TRANSFER

SIERRA VIEW MEDICAL CENTER
Porterville, California 93257
PHYSICIANS TRANSFER CERTIFICATION

Form # 009462 REV 1/24

Sierra View Medical Center is a service of the Sierra View Local Health Care District.

PATIENT'S LABEL

SIERRA VIEW MEDICAL CENTER **PHYSICIAN TRANSFER CERTIFICATION**

PATIENT TRANSFER ACKNOWLEDGMENT
(must be signed by pt/responsible person):

I understand that I have a right to receive medical screening, examination, and evaluation by a physician, or other appropriate personnel, without regard to my ability to pay, prior to any transfer from this hospital and that I have a right to be in formed of the reasons for any transfer. I acknowledge that I have received medical screening, examination, and evaluation by a physician, or other appropriate personnel, and that I have been informed of the reasons for any transfer.

Date: _____ Time: _____ Interpreter: _____

PATIENT / RESPONSIBLE PERSON | RELATIONSHIP | WITNESS | DATE | TIME

PATIENT REQUEST FOR TRANSFER
(must be signed by pt/responsible person if they request the transfer):

This is to certify that I have received services in this hospital, and am being transferred or discharged at my own request (or that of patient's legal representative). I acknowledge that I have been informed of the risks and consequences potentially involved in the transfer or discharge, the possible benefits of continuing treatment at this hospital, the alternatives (if any) to the transfer or discharge I am requesting, and the obligation of this hospital to provide such further examination and treatment, within its available staff and facilities, as required to stabilize my medical condition. I hereby release the attending physician. any other physicians involved in my care, the hospital, and its agents and employees, from all responsibility for any ill effects which may result from the transfer or delay involved in the transfer.

Date: _____ Time: _____ Interpreter: _____

PATIENT / RESPONSIBLE PERSON | RELATIONSHIP | WITNESS | DATE | TIME

PATIENT REFUSAL OF TRANSFER:

I acknowledge that I have been offered a transfer to another medical facility for medical treatment and that I refuse this transfer. I have been informed of the risks and consequences potentially involved in this refusal, the possible benefits of transfer to another medical facility, and any alternatives to my decision to refuse the transfer.

I refuse this transfer because:

I hereby release the attending physician, any other physicians involved in my care, the hospital, and its agents and employees, from all responsibility for any ill effects which may result from my refusal of further medical examination and treatment.

Date: _____ Time: _____ Interpreter: _____

PATIENT / RESPONSIBLE PERSON | RELATIONSHIP | WITNESS | DATE | TIME

PATIENT'S LABEL

Form # 009462 REV 1/24

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SIERRA VIEW MEDICAL CENTER **PHYSICIAN TRANSFER CERTIFICATION**

ACCT # _____

TRANSFER ARRANGEMENTS

RECEIVING FACILITY: (name) _____

❑ The receiving facility has available space and qualified personnel for the treatment of the patient.

Facility Representative Accepting Transfer: (name) _____

RECEIVING PHYSICIAN: (name) _____

❑ The receiving Physician has agreed to accept the transfer and to provide appropriate medical treatmen

DATE AND TIME OF ACCEPTANCE: _____

TRANSPORT ARRANGEMENTS:

❑ The patient will be transported by qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures.

Ambulance Unit # _____

EMT-P attending (name) _____

Registered Nurse (name) _____

Respiratory Therapist (name) _____

Specialized Transport Team (name) _____

SIGNATURE OF NURSE COMPLETING ARRANGEMENTS

DISCHARGE NOTES - PHYSICIAN

❑ Oxygen (cannula/mask) _____ 1/min ____ Intubated ____ Ventilator

❑ IV Solution _____ Rate: _____ Fluid totals: IN_____ OUT_____

❑ Spinal Immobilization ❑ Cardiac Rhythm _____

❑ Other Treatment en route:

DISCHARGE VITAL SIGNS: (Assessed at time of discharge)
DATE _____ TIME _____ BP____ P____ R____ T____ PULSE OX_____ GCS_____
DISCHARGE NOTES / SUMMARY OF PT CONDITION AT TIME OF TRANSFER

SIGNATURE OF PHYSICIAN:

Date: _____ Time: _____

PATIENT'S LABEL

Form # 009462 REV 1/24

Chart-Medical Record

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Senior Leadership Team	3/26/2024
Board of Director's Approval	
Bindusagar Reddy, MD, Chairman	3/26/2024

SIERRA VIEW MEDICAL CENTER
CONSENT AGENDA
March 26, 2024
BOARD OF DIRECTOR'S APPROVAL

The following Polices/Procedures/Protocols/Plans have been reviewed by Senior Leadership Team and are being submitted to the Board of Director's for approval:

	Pages	Action
Forms:		Approve ↓
• ED Aftercare Instructions (English)	1	
• ED Aftercare Instructions (Spanish)	2	
• HKC Surgery Pre-Registration	3	
Letters:		
• Protect Access to Health Care, Reject 3% Spending Growth Target	4-6	
• SB 1183 (Hurtado) – Support Letter Community Colleges Registered Nursing Programs	7-8	
Executive Summary:		
• FY24 Previously approved Capital Purchase – Mobile Phones	9-11	

SIERRA VIEW MEDICAL CENTER

EMERGENCY DEPARTMENT
INSTRUCTIONS TO FOLLOW AFTER RECEIVING MEDICAL CARE

PATIENT'S NAME | DATE OF SERVICE

IMPORTANT:
- The treatment provided in the Emergency Department is offered as Emergency FIRST AID CARE ONLY
- It simply isn't possible to identify and treat all the parts of an illness or injury in a single emergency visit.
- Your follow-up doctor will receive copies of your records and test results.
- FOLLOW THE INSTRUCTIONS BELOW AS APPROPRIATE IN YOUR CASE:

☐ **WOUND CARE**

___ Keep bandages clean and dry.
___ Elevate the wound to help relieve inflammation and help the wound heal faster.
___ Despite being treated with the utmost care, any wound can become infected. If your wound turns red, swells, if pus or red veins appear, or if it feels more inflamed rather than less inflamed over the course of a few days, tell your doctor right away.
___ If bandages need to be changed, you should:
Change them Call your doctor

☐ **HEAD INJURY**

___ Tell your doctor immediately if any of the following situations occur (even if they occur after several months)
___ Persistent vomiting, stiff neck, fever
___ You present unusual pupil size (one large, one small)
___ You develop an unusual degree of confusion or sleepiness.
___ Seizures or loss of consciousness
___ Stumbling or any other problem with normal use of your arms or legs; or lack of sensation in areas of the skin
___ Bleeding or clear fluid coming from the ears or nose.
___ PLEASE NOTE: Wake the patient once an hour the first night to check for these signs.

☐ The **MEDICATION** you received in the Emergency Room may hinder your ability to operate cars or other types of machinery.

☐ **VACCCINE ADMINISTERED:**

_____ Tipo _____ Dose

☐ Information on vaccines
Brochure given to patient

☐ The Emergency Physician has prescribed a medication for you to take. We recommend you fill your prescription immediately and that you follow the instructions printed on the medication label carefully.

☐ Other

_____
_____
_____
_____

☐ Call the doctor below as soon as possible to schedule an appointment at his/her office for follow-up:

☐ In _____ days
☐ If symptoms persist
☐ To get your wound back under control in _____ days
☐ To remove stitch(es) in _____ days

Doctor **Address** **Telephone**

IMPORTANT: IF YOUR CONDITION WORSENS AND YOU CANNOT REACH YOUR DOCTOR, RETURN TO THE EMERGENCY ROOM IMMEDIATELY.

☐ **SPRAIN AND FRACTURE, SEVERE BRUISING**

___ Elevate the injured body part to reduce swelling.
___ Use pillows or blankets to be more comfortable.
___ Ice packs also help prevent swelling.
___ If you are wearing an elastic bandage and it's too tight, take it off and readjust it.
___ If you have a cast, keep it dry at all times. Wait 48 hours for the plaster to harden before applying pressure or placing weight on it.
___ Move your toes or fingers to help prevent the injured body part from swelling If this doesn't cause pain, you should do it often.
___ If the affected part still swells up or becomes cold, bluish, or if you lose sensation, or the pain increases a lot, have it checked right away.

☐ Your x-rays were given a preliminary reading. The radiologist will perform th final analysis the next day.

☐ **FLU OR COLDS**

___ Rest
___ Drink lots of fluids and eat only soft foods.
___ Take a lukewarm bath if you have a temp. of more than
___ Medication for fever

☐ **DIET**

_____

☐ **ACTIVITY**

_____

NAME _____ WITNESS _____

SIERRA VIEW MEDICAL CENTER

PATIENT'S LABEL

SIERRA VIEW MEDICAL CENTER

DEPARTAMENTO DE EMERGENCIAS
INSTRUCCIONES PARA SEGUIR DESPUÉS DE LA ATENCIÓN MÉDICA

NOMBRE DEL PACIENTE | FECHA DEL SERVICIO

☐ **IMPORTANTE:**
- ___ El tratamiento que se proporciona en el Depto. de Emergencias se ofrece como PRIMEROS CUIDADOS de emergencia ÚNICAMENTE
- ___ No es posible reconocer y tratar todos los elementos de una enfermedad o lesión en una sola visita de emergencia.
- ___ Su médico a cargo del seguimiento recibirá copias de sus registros y los resultados de las pruebas.
- ___ SIGA LAS INSTRUCCIONES A CONTINUACIÓN SEGÚN CORRESPONDA PARA SU CASO:

☐ **CUIDADO DE HERIDAS**
- ___ Mantenga los vendajes limpios y secos.
- ___ Eleve la herida para ayudar a aliviar la inflamación y que la herida cicatrice más rápido.
- ___ A pesar de tratarlas con el máximo cuidado, cualquier herida puede infectarse. Si su herida se vuelve roja, se hincha, aparece pus o vetas rojas, o la siente más inflamada en lugar de menos inflamada con el correr de los días, informe a su médico inmediatamente.
- ___ Si es necesario cambiar los vendajes, usted debe:
  ☐ Cambiarlos ☐ Llamar a su médico

☐ **LESIÓN EN LA CABEZA**
- ___ Informe a su médico inmediatamente si se produce algunas de las situaciones a continuación (incluso si ocurren después de varios meses)
- ___ Vómitos persistentes, rigidez en la nuca, fiebre.
- ___ Pupilas desiguales (una grande, otra pequeña).
- ___ Confusión o somnolencia inusual.
- ___ Convulsiones o pérdida del conocimiento.
- ___ Tropiezos u otro problema con el uso normal de brazos o piernas; o insensibilidad en áreas de la piel.
- ___ Sangrado o líquido transparente proveniente de las orejas o la nariz.
- ___ NOTA: Despierte al paciente una vez por hora la primera noche para verificar estos signos.

☐ Es posible que la **MEDICACIÓN** que recibió en la Sala de Emergencias dificulte su capacidad para manejar automóviles u otro tipo de maquinarias.

☐ **INMUNIZACIÓN ADMINISTRADA:** ☐ Información sobre vacunas Folleto entregado

_____ Tipo _____ Dosis

☐ El Médico de Emergencias le ha recetado un medicamento. Le recomendamos que surta su receta de inmediato y que siga atentamente las instrucciones impresas en la etiqueta del medicamento.

☐ **ESGUINCE Y FRACTURA, HEMATOMAS SEVEROS**
- ___ Eleve la parte lesionada para disminuir la hinchazón.
- ___ Use almohadas o cobijas para estar más cómodo.
- ___ Las compresas de hielo también ayudan a prevenir la hinchazón.
- ___ Si tiene una venda elástica, colóquela nuevamente si está muy ajustada.
- ___ Si tiene un yeso, manténgalo seco en todo momento. Espere 48 horas para que el yeso se endurezca antes de ejercer presión o colocar peso sobre él.
- ___ Mueva los dedos de los pies o de las manos para ayudar a prevenir que la parte lesionada se hinche. Si esto no le provoca dolor, debe hacerlo con frecuencia
- ___ Si la parte afectada se hincha de todos modos o se vuelve fría, azulada o pierde la sensibilidad, o el dolor aumenta visiblemente, haga que la revisen de inmediato.

☐ Sus radiografías fueron leídas en forma preliminar. El radiólogo hará el análisis definitivo al día siguiente.

☐ **INFLUENZA O RESFRÍOS**
- ___ Descanse
- ___ Beba mucho líquido y siga una dieta blanda.
- ___ Baño tibio si tiene una temp. de más de _____
- ___ Medicamento para la fiebre _____

☐ **DIETA** _____

☐ **ACTIVIDAD** _____

☐ Otro _____

☐ Llame al médico a continuación lo antes posible a fin de coordinar una cita en su consultorio para recibir cuidados de seguimiento:

☐ En_____días ☐ Para volver a controlar su herida en _____ días
☐ Si los síntomas persisten ☐ Para retirar la sutura en _____ días

Médico **Dirección** **Teléfono**

IMPORTANTE: SI SU CONDICIÓN EMPEORA Y NO PUEDE COMUNICARSE CON SU MÉDICO, REGRESE A LA SALA DE EMERGENCIAS INMEDIATAMENTE.

NOMBRE _____ TESTIGO _____

PATIENT'S LABEL

SIERRA VIEW MEDICAL CENTER
Porterville, California 93257
EMERGENCY DEPARTMENT AFTER CARE INSTRUCTIONS

Form # 009163 REV. 2/24

2

TREATMENT

ALL ORDERS MUST BE DATED, TIMED, AND SIGNED BY THE PRESCRIBING PHYSICIAN

Physicians: Please indicate your orders by checking the boxes or filling the blank spaces below

Hospital Location: Main OR ☐	Registration Type: Admit to Inpatient: ☐ Out Patient Surgery: ☐
Pre-Registration Appointment Date: / / (mm/dd/yy)	Pre-Registration Appointment Time: : AM/PM
Patient Name:	SS# (last 4 digits) _____ Date of Birth: / /
Address:	City: State: Zip:
Phone: ( ) _____	Mobile: ( ) _____
Surgery Date:	Surgery Scheduled Time: : Surgeon:
Anesthesia: Pre-Op Nerve Block ☐ Yes ☐ No	General ☐ Local ☐ Other ☐
Cardiac Clearance ☐ N/A ☐ Complete ☐ Pending	

If appicable ☐ X-Ray ☐ C-Arm

Specialty Table/Frame ☐ Fracture Table ☐ Aquamantys ☐ Mako Robot ☐ Regular Pegboard

Fixation System *(be specific what type of tray or implant is needed)*

☐ Zimmer: _____ ☐ Synthes: _____

☐ Arthrex: _____ ☐ Stryker: _____

☐ DePuy: _____

Total Joints: ☐ S&N: _____ ☐ Other: _____

Payer Source: Medicare ☐ Medi-Cal ☐	Private Insurance ☐ Worker Comp ☐ Private Pay ☐
Primary Insurance:	
Authorization /Claim#: _____	Authorized Days: _____ Effective Date: _____ End Date: _____

***Failure by the doctor's office to provide appropriate authorization information, including the number of days authorized, may cause patient to become financially responsible for hospital services.**

Insurance Contact Name:	Insurance Contact Phone Number:
****Workers Comp Only: Carrier Address:**	**DOI:**

****Doctors Office are required to provide carrier address and date of injury to assist in verifying authorization for procedures.**

PRE-REGISTRATION PHYSICIAN ORDER

☐ Left ☐ Right ☐ Knee ☐ Hip Osteoarthritis ☐ Other _____ Diagnosis Code: _____

Dr. Office must provide valid #

☐ Left ☐ Right ☐ Knee ☐ Hip Total Replacement ☐ Other _____ CPT Code: _____

Medications: _____

Allergies: _____

Comments: _____

Physician Signature: _____ Date: _____ Time: _____

Nurse Signature: _____ Date: _____ Time: _____

**** ALL INFORMATION MUST BE ENTERED, COMPLETE, & LEGIBLE TO BE SCHEDULED****

SIERRA VIEW MEDICAL CENTER

Porterville, California 93257

PATIENT'S LABEL

SIERRA VIEW
MEDICAL CENTER

March 11, 2024

Mark Ghaly, MD
Chair, Health Care Affordability Board
2020 West El Camino Avenue
Suite 1200
Sacramento CA 95833

Submitted via email to Megan Brubaker at: OHCA@hcai.ca.gov

Subject: Protect Access to Health Care, Reject 3% Spending Growth Target

Dear Dr. Ghaly:

Sierra View Medical Center stands ready to collaborate with the Office of Health Care Affordability (OHCA) to achieve our shared goals of improved affordability and access to high-quality health care. Unfortunately, office staff's recommendation for California's first statewide spending target falls short of achieving those two goals, and ultimately jeopardizes patient care.

We urge OHCA to finalize a one-year spending growth target that thoroughly considers the complexity of California's health care landscape and allows for meaningful progress toward more affordable health care — without endangering patients' access to care. As the board contemplates its final target, Sierra View Medical Center urges it to incorporate the framework promulgated by the California Hospital Association (CHA), summarized below.

A sustainable, achievable target must reflect the factors that influence health care costs: inflation; demographic factors, such as California's aging population; trends in labor and technology costs, such as the high costs of new pharmaceuticals and medical devices; policy changes that raise spending, like minimum wage and seismic mandates; and the up-front investments hospitals make to improve the value of the care they provide, which — over the long term — reduce the cost of care.

Framework for a Sustainable Spending Target

	2025	Average 2025 - 2029
1) Economy-Wide Inflation	**3.3%**	**3.4%**
2) Aging	**0.8%**	**0.7%**
3) Technology and Labor:	**0.6%**	**0.6%**
A) Drug and Medical Supplies	0.4%	0.4%
B) Labor Intensity	0.2%	0.2%
4) Major Policy Impacts:	**1.6%**	**0.6%**
A) Health Care Worker Minimum Wage	0.4%	0.2%
B) Investments in Medi-Cal	1.1%	0.3%
C) Seismic Compliance	0.1%	0.1%
Totals	**6.3%**	**5.3%**

4

In stark contrast to OHCA staff's proposal, which relies on a single economic indicator that does not reflect the complexity of health care as a whole, CHA's proposed framework thoughtfully considers **and quantifies** the impact these major drivers have on health care costs. This allows for meaningful discussion about ways to reduce spending without endangering patients' access to care. Absent that type of thorough consideration, the impact on patient care will be dire.

Since 2019, Sierra View Medical Center has been impacted as follows:

- From 2019 to 2023, staffing cost has increased at a compounded rate of 5.7% annually. Without consideration of any other costs, this would put Sierra View Medical Center over the 3% threshold. Controlling this cost will require a reduction in staff which will, in turn, lead to a reduction in services provided to our community.
- SVMC has a payer mix that is 80% Medi/Medi. This difficult payer mix requires us to subsidize anesthesia, emergency room, hospitalist and intensivist services. These subsidies have been increasing at a compounded 4.1% annually and will continue to increase as Medicare and Medi-Cal fees do not keep up with inflation in these areas. The contemplated cap of 3% would require SVMC to reduce the availability of these services.
- Utility costs (electricity and natural gas) escalated by 47% from 2019 to 2023 adding nearly one million dollars in annual cost for SVMC. This increase took place despite the fact that SVMC has a utility use rate that is lower than its peer group average based on annual reports from Osborn Engineering.
- It is informative to note that SVMC's license fees during the 2019 to 2023 time period increased by an average of 12.5%.
- The combined effect of the above expense categories expressed as a percentage of total operating revenue is 4%. There would be no room left to develop outpatient clinics, replace equipment at our cancer treatment center, cardiac catheterization lab or upgrade our imaging and surgical services. In turn, this would lead to lost revenues and further service reductions.

On top of these challenges, OHCA staff's five-year target recommendation seeks to prematurely establish an enforceable spending target by proposing to do so before OHCA has:

- Collected data to inform the establishment of a credible, attainable target
- Promulgated rules around how these data would be analyzed
- Laid out the rules for how entities would be held accountable for the targets

Making health care more affordable requires thoughtful, long-term planning. For example, a comprehensive focus on health equity has the potential to lead to long-term cost savings but requires significant up-front investments and reorganization of delivery models. Ultimately, allowing for an opportunity to conceive and implement these improvements will allow the health care system to transform into one that California patients need and deserve — a system that supports timely access to high-quality, person-centered care.

465 West Putnam Avenue | Porterville, CA 93257
(559) 784-1110 | sierra-view.com

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Unfortunately, this proposal would do the opposite — it would force cost-cutting measures at patients' expense. We ask the board to reject the OHCA staff proposal, and instead adopt a one-year, data-driven spending target that truly reflects the resources needed to provide life-saving care.

Sincerely,

Donna Hefner
President & CEO

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(559) 784-1110 | sierra-view.com

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MEDICAL CENTER

March 26, 2024

The Honorable Senator Newman
Chair, Senate Education Committee
1021 O Street, Room 6740
Sacramento, CA 95814

Re: SB 1183 (Hurtado) — Community Colleges: Registered Nursing Programs —SUPPORT

Dear Senator Newman,

Sierra View Medical Center is pleased to support SB 1183 (Hurtado),

Based on the provided fact sheet, SB 1183 (Hurtado) aims to allow community college districts that elect to use multicriteria screening measures to evaluate candidates for admission to registered nursing programs to also include candidates that are within Medically Underserved areas.

Sierra View Medical Center promotes health and ensures access to high quality health care services through partnerships and collaborations and by being good stewards of resources to ensure it can continue to meet the health needs of the community.

Patients here endure longer waits for medical appointments and often must travel long distances to reach a clinic or hospital. This disproportionately affects low-income families who then avoid seeking regular care. California is grappling with a nursing shortage, compounded by community colleges in underserved areas lacking local recruitment resources.

There are close to thirty vacant Registered Nurse (RN) positions at Sierra View Medical Center, which directly impacts availability of services.

SB 1183 aims to broaden the admission criteria for registered nursing programs in community college districts. Specifically, it proposes to allow districts that have opted for multicriteria screening measures to evaluate candidates for admission to include individuals from Medically Underserved Areas.

By expanding admission criteria to include candidates from Medically Underserved Areas, SB 1183 takes a significant step towards ensuring that nursing programs are more inclusive, addressing regional healthcare disparities, and cultivating a healthcare workforce that is better equipped to serve diverse and underserved communities.

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Strengthening the ties between community colleges and local workforce areas can have a positive impact on regional economic development. Graduates will find employment locally and are more likely to invest in the community and stimulate economic growth.

For these reasons, Sierra View Medical Center supports SB 1183 (Hurtado) and respectfully asks for your AYE vote in the Senate Education Committee.

Sincerely,

Donna Hefner
President/Chief Executive Officer

Cc: Members, Senate Education Committee
Senator Melissa Hurtado, author

SIERRA VIEW
MEDICAL CENTER

EXECUTIVE SUMMARY

Sierra View Medical Center

Title of Report: New Spectralink Mobile Phones

Report Writer: Traci Follett, RN, Director Information Technology/Informatics

Background Information:

Current mobile phones are outdated (2007) and we were experiencing significant performance issues with them, which has forced us to stay on an older wireless network version to continue to support the older devices. Additionally, when these phones break or stop functioning, we have to buy refurbished phones at a high cost because these are no longer available new. This project was approved for FY24 capital budget to replace all old mobile phones. Spectralink.was selected after months of research.

Spectralink phones have updated technology and offer a high quality, economical solution for our organization. They are compatible with our phone system as well as compatible with Meditech for future mobile use. Spectralink phones can run on a higher version of wireless, so once we fully transition to them, we will be able to utilize the updated version which will improve overall performance.

New Spectralink mobile phones were purchased and 10 deployed across the nursing departments, beginning in mid-January, for a trial to test connectivity and performance. The initial trial phase identified connectivity issues which were addressed and 10 additional phones were deployed to include medical residents.

Upon deployment of additional phones, there have been further reports of poor performance and connectivity. Specific issues reported include:

- #1 Disconnects/drops call when walking from one department to another department
- #2 Continuously loses connection throughout the day
- #3 Frequent "SIP Registration" alerts on the phone
- #4 Call waiting (buzz) is loud and disruptive to the original call
- #5 Bad reception in rooms where residents work most/document (GME area on 3rd floor)

Results/Analysis:

An overarching issue related to our wireless environment is, as mentioned above, we have been forced to stay on an older version of wireless to accommodate the older phones which are still in circulation until we fully transition to the new Spectralink.

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MEDICAL CENTER

IT rounded on units and conducted numerous Wireless Access Point (WAP) diagnostic tests, identifying two root causes of issues reported above: WAP bandwidth saturation and roaming within a wireless environment. Bandwidth saturation - Each WAP has a certain capacity and once capacity is reached or "saturated", this results in decreased performance in mobile devices, exhibited by poor connection and dropped calls.

Additionally, mobile devices automatically look to connect to the closest WAP, so as someone moves through the facility, moving further away from one WAP and closer to the next, connection changes. This "disconnects" the device to reconnect to the closest WAP which may result in poor connection and dropped calls.

Actions
Issues #1 and #2 – WAP configuration adjustments

Multiple WAP configuration adjustments have been made over the last several weeks and as issues have been reported. The last WAP configuration was completed on March 15 and since that time, IT has received reports from both nursing and medical residents that disconnections and dropped calls, while roaming, have significantly decreased.

Recommendations:
- Report any further issues directly to IT Help Desk.
- Recommend to end users to stay in one place while on a call, as able, to avoid roaming issues.

Actions
Issue #3 - WAP configuration adjustments

"SIP Registration" is an alert when the phone has disconnected from one WAP and is reconnecting to another. As of the last WAP configuration on March 15, IT has received reports this alert is no longer occurring frequently.

Recommendations:
- Train end users what the meaning of this alert is.
- If alert is occurring frequently, report directly to IT Help Desk.

Actions
Issue #4 – working with vendor support

IT is working with the vendor on ways to alleviate this disruption.

Recommendations:
- Communicate to end users IT is working on this

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Actions
Issue #5 – WAP assessment and testing completed in GME area. There are 19 wireless computer stations in addition to hospital phones, personal cell phones and other mobile devices which has resulted in significant WAP bandwidth saturation. Quote was obtained for the infrastructure needed to cable and wire all stations in GME area. Moving through process to obtain funding for this project.

Recommendations:

- Wire all computer stations in this area to offload wireless bandwidth.
- Residents to complete work in alternative areas, as available and appropriate, to avoid the oversaturation of wireless device usage in the GME area until cabling project is completed.

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MINUTES OF A REGULAR MEETING OF THE
BOARD OF DIRECTORS OF
SIERRA VIEW LOCAL HEALTH CARE DISTRICT

The Annual meeting of the Board of Directors of Sierra View Local Health Care District was held **February 27, 2024 at 5:00 P.M.** in the Sierra View Medical Center Board Room, 465 West Putnam Avenue, Porterville, California

Call to Order: Chairman REDDY called the meeting to order at 5:02 p.m.

Directors Present: **REDDY, LOMELI, MARTINEZ, KASHYAP, PANDYA**

Others Present: Hefner, Donna, President/Chief Executive Officer, Hudson, Jeffery, VPPCS/CNO/DIO Canales, Tracy, VP of Human Resources, Dickson, Doug, Chief Financial Officer, Mitchell, Melissa, VP Quality and Regulatory Affairs, Wheaton, Ron, VP Professional Services and Physician Recruitment, Gomez, Cindy, Director of Compliance, Franer, Julie, Administrative Director of Revenue Cycle, Parsons, Malynda, Public Relations, Reed-Krase, Alex, Legal Counsel Sandhu, Harpreet, Chief of Staff, Nanamura, Mark, Mutual Advisors LLC, Nanamura, Patrick, Mutual Advisors LLC

I. Approval of Agenda:

Chairman REDDY motioned to approve the Agenda. The motion was moved by Director MARTINEZ, seconded by, Director KASHYAP and carried to approve the agenda. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

II. Closed Session: Board adjourned Open Session and went into Closed Session at 5:01 p.m. to discuss the following items:

A. Pursuant to Evidence Code Section 1156 and 1157.7; Health and Safety Code Section 32106(b): Chief of Staff Report

B. Pursuant to Evidence Code Section 1156 and 1157.7:

1. Evaluation- Quality of Care/Peer Review/Credentials

Vice Chairman Liberty Lomeli arrived at 5:15pm

2. Quality Division Update – Quality Report

3. Compliance Report – Quarter 2

Closed Session Items C,D,E,F and G were deferred to the conclusion of Open Session as there was not time for discussion prior to Open Session.

III. Open Session: Chairman REDDY adjourned Closed Session at 5:34 p.m., reconvening in Open Session at 5:35 p.m.

Pursuant to Gov. Code Section 54957.1; Action(s) taken as a result of discussion(s) in Closed Session.

A. Chief of Staff Report provided by Chief of Staff Sandhu. Information only; no action taken.

B. Pursuant to Evidence Code Section 1156 and 1157.7:

1. Evaluation – the Quality of Care/Peer Review

Following review and discussion, it was moved by Director MARTINEZ, seconded by Director KASHYAP, and carried to approve the Quality of Care/Peer Review as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Abstain
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

2. Quality Division Report – Quality Repot

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director MARTINEZ, and carried to approve the Quality of Care/Peer Review as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

3. Compliance Report – Quarter 2

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director MARTINEZ, and carried to approve the

Quality of Care/Peer Review as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

IV. Public Comments

Dr. Russel Dounies Medical Director of Wound Healing Department gave update on his future plans for winding down his career. He introduced Dr. Sylvia Maniscalco who will be his successor as he transitions into retirement. Dr. Maniscalco is a specialist in family practice as has gone through a rural training program with many surgical rotations.

Dr. Sylvia Maniscalco expressed how grateful she is for the opportunity and is thankful to have Dr. Dounies as a mentor.

V. Consent Agenda

The Medical Staff Policies/Procedures/Protocols/Plans and Hospital Policies/Procedures/Protocols/Plans were presented for approval (Consent Agenda attached to the file copy of these Minutes). It was moved by Vice Chair LOMELI, seconded by, Director KASHYAP and carried to approve the Consent Agenda as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

VI. Approval of Minutes:

Following review and discussion, it was moved by Vice Chair LOMELI and seconded by Director MARTINEZ to approve the January 23, 2024 Regular Board Meeting Minutes as presented. The motion carried and the vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

VII. CEO Report

Donna Hefner, President/CEO provided a report of activities and happenings around Sierra View.

VIII. Business Items

A. January 2024 Financials

Doug Dickson, CFO presented the Financials for January 2024. A copy of this presentation is attached to the file copy of these minutes.

Total Operating Revenue was $14,007,605. Supplemental Funds were $1,876,806. Total Operating Expenses were $14,835,914. Loss from operations of $828,309.

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director PANDYA and carried to approve the January 2024 Financials as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

B. Investment Report

Following review and discussion, it was moved by Director PANDYA, seconded by Vice Chairman LOMELI and carried to approve the Investment Report as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

C. Capital Budget Report

Following review and discussion, it was moved by Director PANDYA, seconded by Vice Chairman LOMELI and carried to approve the Capital Budget Report as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes

PANDYA Yes
KASHYAP Yes

D. Board Self Evaluation Goals

Information only; no action taken.

IX. Closed Session: Board adjourned Open Session at 6:23 p.m. and went into Closed Session at 6:24 p.m. to discuss the following items:

C. Pursuant to Gov. Code Section 54956.9(d)(2); Significant Exposure to Litigation: Conference with Legal counsel. BETA Claim No. 24-000264

D. Pursuant to Gov. Code Section 54956.9(d)(2); Significant Exposure to Litigation: Conference with Legal counsel. Bond Reporting.

E. Pursuant to Gov. Code Section 54962; Health and Safety Code Section 32106(b): Discussion Regarding Trade Secrets Pertaining to Service and Strategic Planning

F. Pursuant to Gov. Code Section 54957(b): Discussion Regarding Confidential Personnel Matter.

G. Pursuant to Gov. Code Section 54956.9(d)(3): Conference with Legal Counsel about recent work product (b)(1) and (b)(3)(F): significant exposure to litigation; privileged communication (1 Item

X. Open Session: Board adjourned Closed Session at 7:01 p.m. and went into open Session at 7:02 p.m. to discuss the following items:

C. Conference with Legal Counsel

Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director PANDYA, and carried to deny BETA Claim No. 24-000264 as presented. The vote of the Board is as follows:

REDDY Yes
LOMELI Yes
MARTINEZ Yes
PANDYA Yes
KASHYAP Yes

D. Discussion Regarding Significant Exposure to Litigation
Following review and discussion, it was moved by Vice Chairman LOMELI, seconded by Director MARTINEZ, and carried to approve Debt to Service Coverage Report as presented. The vote of the Board is as follows:

REDDY	Yes
LOMELI	Yes
MARTINEZ	Yes
PANDYA	Yes
KASHYAP	Yes

E. Discussion Regarding Trade Secret and Strategic Planning

Information Only; No Action Taken

F. Discussion Regarding Personnel

Information Only; No Action Taken

G. Conference with Legal Counsel

Information Only; No Action Taken

XI. Announcements:

A. Regular Board of Directors Meeting – March 26, 2024 at 5:00 p.m.
B. Form 700 due April 1, 2024. Disclosure forms must be on file with the Board Administrator by that date.

The meeting was adjourned 7:15 p.m.

Respectfully submitted,

Areli Martinez
Secretary
SVLHCD Board of Directors

AM: tv

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FINANCIAL PACKAGE
February 2024

SIERRA VIEW MEDICAL CENTER

BOARD PACKAGE

Sierra View Medical Center
Financial Statistics Summary Report
February 2024

Statistic	Feb-24 Actual	Feb-24 Budget	Feb-24 Over/ (Under)	Feb-24 % Var.	YTD Actual	YTD Budget	YTD Over/ (Under)	YTD % Var.	Fiscal 23 YTD	Increase/ (Decrease) Feb-23	% Change
Utilization											
SNF Patient Days											
Total	28	108	(80)	-74.1%	450	864	(414)	-47.9%	1,025	(575)	-56.1%
Medi-Cal	28	77	(49)	-63.5%	450	609	(159)	-26.1%	744	(294)	-39.5%
Sub-Acute Patient Days											
Total	930	871	59	6.8%	7,757	6,968	789	11.3%	6,814	943	13.8%
Medi-Cal	843	560	283	50.6%	6,636	4,732	1,904	40.3%	4,629	2,007	43.4%
Acute Patient Days	1,631	1,848	(217)	-11.8%	13,351	14,786	(1,435)	-9.7%	14,724	(1,373)	-9.3%
Acute Discharges	461	480	(19)	-4.0%	3,466	3,840	(374)	-9.7%	3,735	(269)	-7.2%
Medicare	183	192	(9)	-4.5%	1,347	1,466	(119)	-8.1%	1,425	(78)	-5.5%
Medi-Cal	220	220	0	0.1%	1,712	1,880	(168)	-8.9%	1,827	(115)	-6.3%
Contract	56	64	(8)	-12.8%	383	477	(94)	-19.6%	462	(79)	-17.1%
Other	2	5	(3)	-55.6%	24	22	2	9.8%	21	3	14.3%
Average Length of Stay	3.54	3.85	(0.31)	-8.1%	3.85	3.85	0.00	0.0%	3.94	(0.09)	-2.3%
Newborn Patient Days											
Medi-Cal	142	172	(30)	-17.4%	1,377	1,366	11	0.8%	1,445	(68)	-4.7%
Other	37	33	4	12.1%	232	274	(42)	-15.4%	263	(31)	-11.8%
Total	179	205	(26)	-12.7%	1,609	1,640	(31)	-1.9%	1,708	(99)	-5.8%
Total Deliveries	101	116	(15)	-12.9%	820	928	(108)	-11.6%	936	(116)	-12.4%
Medi-Cal %	85.71%	82.81%	2.90%	3.5%	85.17%	82.81%	2.36%	2.8%	82.87%	2.30%	2.8%
Case Mix Index											
Medicare	1.6346	1.6395	(0.0049)	-0.3%	1.6181	1.6395	(0.0214)	-1.3%	1.6232	(0.0051)	-0.3%
Medi-Cal	1.2100	1.1881	0.1892	15.9%	1.2027	1.1881	0.0146	1.2%	1.1827	0.0200	1.7%
Overall	1.3773	1.3732	(0.1632)	-11.9%	1.3729	1.3732	(0.0003)	0.0%	1.3538	0.0191	1.4%
Ancillary Services											
Inpatient											
Surgery Minutes	7,836	9,041	(1,205)	-13.3%	65,816	72,328	(6,512)	-9.0%	70,882	(5,066)	-7.1%
Surgery Cases	93	104	(11)	-10.6%	749	832	(83)	-10.0%	849	(100)	-11.8%
Imaging Procedures	1,446	1,479	(33)	-2.2%	11,264	11,834	(570)	-4.8%	12,161	(897)	-7.4%
Outpatient											
Surgery Minutes	14,186	12,448	1,738	14.0%	95,135	99,584	(4,449)	-4.5%	96,554	(1,419)	-1.5%
Surgery Cases	201	190	11	5.8%	1,594	1,520	74	4.9%	1,458	136	9.3%
Endoscopy Procedures	164	141	23	16.3%	1,454	1,135	319	28.1%	1,407	47	3.3%
Imaging Procedures	3,810	3,716	94	2.5%	31,148	29,722	1,426	4.8%	31,019	129	0.4%
MRI Procedures	306	295	11	3.7%	2,408	2,360	48	2.0%	2,293	115	5.0%
CT Procedures	1,112	1,178	(66)	-5.6%	9,853	9,424	429	4.6%	9,340	513	5.5%
Ultrasound Procedures	1,368	1,102	266	24.1%	9,959	8,816	1,143	13.0%	7,982	1,977	24.8%
Lab Tests	31,315	33,247	(1,932)	-5.8%	252,955	265,976	(13,021)	-4.9%	269,303	(16,348)	-6.1%
Dialysis	5	3	2	66.7%	30	24	6	25.0%	23	7	30.4%

Sierra View Medical Center
Financial Statistics Summary Report
February 2024

Statistic	Feb-24 Actual	Feb-24 Budget	Feb-24 Over/ (Under)	Feb-24 % Var.	YTD Actual	YTD Budget	YTD Over/ (Under)	YTD % Var.	Fiscal 23 YTD	Increase/ (Decrease) Feb-23	% Change
Cancer Treatment Center											
Chemo Treatments	1,778	1,713	65	3.8%	12,883	13,704	(821)	-6.0%	13,526	(643)	-4.8%
Radiation Treatments	2,074	1,653	421	25.5%	14,416	13,224	1,192	9.0%	12,612	1,804	14.3%
Cardiac Cath Lab											
Cath Lab IP Procedures	13	10	3	30.0%	100	80	20	25.0%	78	22	28.2%
Cath Lab OP Procedures	22	28	(6)	-21.4%	232	224	8	3.6%	223	9	4.0%
Total Cardiac Cath Lab	35	38	(3)	-7.9%	332	304	28	9.2%	301	31	10.3%
Outpatient Visits											
Emergency	3,171	3,411	(240)	-7.0%	27,500	27,288	212	0.8%	26,863	637	2.4%
Total Outpatient	13,655	12,811	844	6.6%	106,570	102,488	4,082	4.0%	102,823	3,747	3.6%
Staffing											
Paid FTE's	869.03	841.56	27.47	3.3%	855.93	841.56	14.37	1.7%	899	(42.98)	-4.8%
Productive FTE's	747.61	735.98	11.63	1.6%	734.67	735.98	(1.31)	-0.2%	768	(33.46)	-4.4%
Paid FTE's/AOB	4.87	4.73	0.13	2.8%	5.03	4.98	0.05	1.0%	5	(0.24)	-4.5%
Revenue/Costs (w/o Case Mix)											
Revenue/Adj.Patient Day	10,398	11,032	(634)	-5.7%	10,611	11,032	(420)	-3.8%	10,859	(247)	-2.3%
Cost/Adj.Patient Day	2,732	2,585	147	5.7%	2,669	2,625	44	1.7%	2,722	(53)	-1.9%
Revenue/Adj. Discharge	47,306	53,107	(5,801)	-10.9%	53,010	53,108	(98)	-0.2%	53,378	(368)	-0.7%
Cost/Adj. Discharge	12,428	12,443	(15)	-0.1%	13,335	12,638	696	5.5%	13,382	(48)	-0.4%
Adj. Discharge	1,138	1,071	68	6.3%	8,306	8,563	(256)	-3.0%	8,432	(125)	-1.5%
Net Op. Gain/(Loss) %	-5.26%	-0.79%	-4.47%	569.0%	-5.94%	-0.79%	-5.15%	654.9%	-14.80%	8.86%	-59.9%
Net Op. Gain/(Loss) $	(707,083)	(103,957)	(603,126)	580.2%	(6,207,683)	(2,602,781)	(3,604,902)	138.5%	(14,546,138)	8,338,455	-57.3%
Gross Days in Accts Rec.	94.81	88.87	5.94	6.7%	94.81	88.87	5.94	6.7%	86.79	8.03	9.2%
Net Days in Accts. Rec.	57.30	72.82	(15.52)	-21.3%	57.30	72.82	(15.52)	-21.3%	74.77	(17.47)	-23.4%

COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
SIERRA VIEW LOCAL HEALTH CARE DISTRICT

	FEB 2024	JAN 2024
ASSETS		
CURRENT ASSETS:		
CASH & CASH EQUIVALENTS	$ 7,766,834	$ 10,156,560
SHORT-TERM INVESTMENTS	1,618,627	1,444,154
ASSETS LIMITED AS TO USE	61,401	62,983
PATIENT ACCOUNTS RECEIVABLE	172,672,509	174,351,169
LESS UNCOLLECTIBLES	(25,306,942)	(25,632,761)
CONTRACTUAL ALLOWANCES	(123,090,702)	(124,191,740)
OTHER RECEIVABLES	26,666,934	21,753,258
INVENTORIES	4,102,355	4,082,113
PREPAID EXPENSES AND DEPOSITS	3,294,523	3,276,853
LEASE RECEIVABLE - CURRENT	299,577	299,577
TOTAL CURRENT ASSETS	68,085,118	65,602,167
ASSETS LIMITED AS TO USE, LESS CURRENT REQUIREMENTS	34,005,362	33,427,501
LONG-TERM INVESTMENTS	126,747,084	129,363,914
PROPERTY, PLANT AND EQUIPMENT, NET	80,089,207	80,514,247
INTANGIBLE RIGHT OF USE ASSETS	471,216	483,179
SBITA RIGHT OF USE ASSETS	2,887,491	2,985,666
LEASE RECEIVABLE - LT	1,094,536	1,119,619
OTHER INVESTMENTS	250,000	250,000
PREPAID LOSS ON BONDS	1,594,451	1,615,430
TOTAL ASSETS	$ 315,224,464	$ 315,361,723

COMBINED BALANCE SHEET FOR SIERRA VIEW LOCAL HLTHCR DISTR
SIERRA VIEW LOCAL HEALTH CARE DISTRICT

	FEB 2024	JAN 2024
LIABILITIES AND FUND BALANCE		
CURRENT LIABILITIES:		
BOND INTEREST PAYABLE	$ 261,233	$ 130,617
CURRENT MATURITIES OF BONDS PAYABLE	4,055,000	4,055,000
CURRENT MATURITIES OF LONG TERM DEBT	1,201,171	1,201,171
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	4,028,949	3,477,591
ACCRUED PAYROLL AND RELATED COSTS	8,823,889	8,671,047
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	3,501,275	3,590,133
LEASE LIABILITY - CURRENT	133,974	133,974
SBITA LIABILITY - CURRENT	1,272,203	1,272,203
TOTAL CURRENT LIABILITIES	23,277,695	22,531,737
SELF-INSURANCE RESERVES	1,348,684	1,378,708
CAPITAL LEASE LIAB LT	1,274,967	1,358,501
BONDS PAYABLE, LESS CURR REQT	37,510,000	37,510,000
BOND PREMIUM LIABILITY - LT	2,936,341	2,994,911
LEASE LIABILITY - LT	355,892	367,135
SBITA LIABILITY - LT	1,812,766	1,912,097
OTHER NON CURRENT LIABILITIES	187,927	187,927
DEFERRED INFLOW - LEASES	1,329,149	1,355,450
TOTAL LIABILITIES	70,033,420	69,596,464
UNRESTRICTED FUND	245,134,891	245,134,891
PROFIT OR (LOSS)	56,153	630,368
TOTAL LIABILITIES AND FUND BALANCE	$ 315,224,464	$ 315,361,723

COMBINED INCOME STATEMENT FOR SIERRA VIEW LOCAL HLTHCR DISTR
SIERRA VIEW LOCAL HEALTH CARE DISTRICT

FEB 2024 ACTUAL	FEB 2024 BUDGET	DOLLAR VARIANCE	PERCENT VARIANCE		Y-T-D ACTUAL	Y-T-D BUDGET	DOLLAR VARIANCE	PERCENT VARIANCE
				***** OPERATING REVENUE *****				
5,032,130	5,730,675	698,545	(12)%	INPATIENT - NURSING	42,869,540	45,845,400	2,975,860	(7)%
16,834,998	19,760,695	2,925,697	(15)%	INPATIENT - ANCILLARY	141,154,231	158,087,538	16,933,307	(11)%
21,867,128	25,491,370	3,624,242	(14)%	TOTAL INPATIENT REVENUE	184,023,771	203,932,938	19,909,167	(10)%
31,978,929	31,369,163	(609,766)	2%	OUTPATIENT - ANCILLARY	256,298,545	250,818,119	(5,480,426)	2%
53,846,057	56,860,533	3,014,476	(5)%	TOTAL PATIENT REVENUE	440,322,316	454,751,057	14,428,741	(3)%
				DEDUCTIONS FROM REVENUE				
(17,315,396)	(17,105,659)	209,737	1%	MEDICARE	(141,707,885)	(136,845,272)	4,862,613	4%
(17,555,207)	(20,103,940)	(2,548,733)	(13)%	MEDI-CAL	(140,137,530)	(160,831,520)	(20,693,990)	(13)%
(5,696,561)	(6,634,411)	(937,850)	(14)%	OTHER/CHARITY	(53,161,404)	(53,075,288)	86,116	0%
3,502	(13,158)	(16,660)	(127)%	DISCOUNTS & ALLOWANCES	(71,673)	(105,264)	(33,592)	(32)%
(532,760)	(439,236)	93,524	21%	BAD DEBTS	(5,011,163)	(3,513,888)	1,497,275	43%
(41,096,422)	(44,296,404)	(3,199,983)	(7)%	TOTAL DEDUCTIONS	(340,089,655)	(354,371,232)	(14,281,577)	(4)%
12,749,636	12,564,129	(185,507)	2%	NET SERVICE REVENUE	100,232,661	100,379,825	147,164	0%
689,812	654,369	(35,443)	5%	OTHER OPERATING REVENUE	4,321,988	5,234,952	912,964	(17)%
13,439,448	13,218,498	(220,950)	2%	TOTAL OPERATING REVENUE	104,554,649	105,614,777	1,060,128	(1)%
				***** OPERATING EXPENSE *****				
5,355,361	5,226,223	129,138	3%	SALARIES	44,706,649	42,278,209	2,428,440	6%
564,322	556,917	7,405	1%	S&W PTO	5,580,998	4,514,769	1,066,229	24%
1,462,826	1,436,241	26,585	2%	EMPLOYEE BENEFITS	10,987,323	12,106,689	(1,119,366)	(9)%
1,597,036	1,394,070	202,966	15%	PROFESSIONAL FEES	11,009,381	11,175,672	(166,291)	(2)%
899,076	835,541	63,535	8%	PURCHASED SERVICES	6,911,611	6,796,911	114,700	2%
2,136,058	1,970,764	165,294	8%	SUPPLIES & EXPENSES	16,272,909	15,806,863	466,046	3%
335,830	224,131	111,699	50%	MAINTENANCE & REPAIRS	1,931,962	1,977,211	(45,249)	(2)%
240,631	263,897	(23,266)	(9)%	UTILITIES	2,052,420	2,111,176	(58,757)	(3)%
55,010	11,257	43,753	389%	RENT/LEASE	248,796	113,224	135,572	120%
126,155	118,267	7,888	7%	INSURANCE	1,003,279	946,136	57,143	6%
959,408	956,883	2,525	0%	DEPRECIATION/AMORTIZATION	7,762,071	7,809,446	(47,375)	(1)%
414,819	328,264	86,555	26%	OTHER EXPENSE	2,294,933	2,581,252	(286,319)	(11)%
0	0	0	0%	IMPAIRED COSTS	0	0	0	0%
14,146,531	13,322,455	824,076	6%	TOTAL OPERATING EXPENSE	110,762,331	108,217,558	2,544,773	2%
(707,083)	(103,957)	603,126	580%	NET GAIN/(LOSS) FROM OPERATIONS	(6,207,682)	(2,602,781)	3,604,901	139%
116,558	116,558	0	0%	DISTRICT TAXES	932,464	932,464	0	0%
352,218	277,386	(74,832)	27%	INVESTMENTS INCOME	2,589,782	2,219,088	(370,694)	17%
53,999	43,282	(10,717)	25%	OTHER NON OPERATING INCOME	435,367	346,256	(89,111)	26%
(87,521)	(105,674)	(18,153)	(17)%	INTEREST EXPENSE	(721,812)	(764,967)	(43,155)	(6)%
(22,021)	(36,775)	(14,754)	(40)%	NON-OPERATING EXPENSE	(359,976)	(294,200)	65,776	22%
413,233	294,777	(118,456)	40%	TOTAL NON-OPERATING INCOME	2,875,824	2,438,641	(437,183)	18%
(293,851)	190,820	484,671	(254)%	GAIN/(LOSS) BEFORE NET INCR/(DECR) FV INVSMT	(3,331,858)	(164,140)	3,167,718	1,930%
(280,364)	0	280,364		NET INCR/(DECR) IN THE FAIR VALUE OF INVSTMT	3,388,011	0	(3,388,011)	
(574,215)	190,820	765,035	(401)%	NET GAIN/(LOSS)	56,153	(164,140)	(220,293)	(134)%

SIERRA VIEW MEDICAL CENTER
Statement of Cash Flows
02/29/24

	CURRENT MONTH	YEAR TO DATE
Cash flows from operating activities:		
Operating Income/(Loss)	(707,083)	(6,207,682)
Adjustments to reconcile operating income/(loss) to net cash from operating activities		
Depreciation and amortization	959,408	7,762,071
Provision for bad debts	(325,819)	(2,434,860)
Change in assets and liabilities:		
Patient accounts receivable, net	577,622	4,147,728
Other receivables	(4,913,676)	(10,990,260)
Inventories	(20,242)	(84,396)
Prepaid expenses and deposits	(17,670)	(911,544)
Advance refunding of bonds payable, net	20,979	167,837
Accounts payable and accrued expenses	551,359	(1,741,979)
Deferred inflows - leases	(26,301)	(362,834)
Accrued payroll and related costs	152,842	1,466,928
Estimated third-party payor settlements	(88,858)	346,005
Self-insurance reserves	(30,024)	(317,272)
Total adjustments	(3,160,380)	(2,952,576)
Net cash provided by (used in) operating activities	(3,867,463)	(9,160,258)
Cash flows from noncapital financing activities:		
District tax revenues	116,558	932,464
Noncapital grants and contributions, net of other expenses	18,932	(48,058)
Net cash provided by (used in) noncapital financing activities	135,490	884,406
Cash flows from capital and related financing activities:		
Purchase of capital assets	(522,405)	(2,605,524)
Proceeds from lease receivable, net	25,083	356,043
Principal payments on debt borrowings	-	(3,880,000)
Interest payments	(2,430)	(1,675,641)
Net change in notes payable and lease liability	(95,933)	(760,606)
Net changes in assets limited as to use	(576,279)	878,563
Net cash provided by (used in) capital and related financing activities	(1,171,964)	(7,687,165)
Cash flows from investing activities:		
Net (purchase) or sale of investments	2,336,466	8,400,213
Investment income	352,218	2,589,782
Net cash provided by (used in) investing activities	2,688,684	10,989,995
Net increase (decrease) in cash and cash equivalents:	(2,215,253)	(4,973,022)
Cash and cash equivalents at beginning of month/year	11,600,714	14,358,483
Cash and cash equivalents at end of month	9,385,461	9,385,461

SIERRA VIEW MEDICAL CENTER

MONTHLY CASH RECEIPTS
February 2024

	PATIENT ACCOUNTS RECEIVABLE	OTHER ACTIVITY	TOTAL DEPOSITED
Mar-23	11,036,309	4,353,856	15,390,165
Apr-23	9,611,508	8,659,999	18,271,507
May-23	13,011,917	3,474,340	16,486,257
Jun-23	10,589,289	5,045,026	15,634,315
Jul-23	9,542,222	1,209,276	10,751,498
Aug-23	11,411,456	2,278,509	13,689,964
Sep-23	11,153,141	297,374	11,450,515
Oct-23	10,806,912	1,614,798	12,421,710
Nov-23	11,048,937	5,395,178	16,444,115
Dec-23	9,261,593	1,749,227	11,010,820
Jan-24	12,040,509	3,417,973	15,458,481
Feb-24	**10,531,309**	**1,474,392**	**12,005,701**

NOTE:

Cash receipts in "Other Activity" include the following:

- Other Operating Revenues - Receipts for Café, rebates, refunds, and miscellaneous funding sources

- Non-Operating Revenues - rental income, property tax revenues

- Medi-Cal OP Supplemental and DSH funds
- Medi-Cal and Medi-Care Tentative Cost Settlements
- Grants, IGT, HQAF, & QIP
- Medicare interim payments

February 2024 Summary of Other Activity:

1,089,497	M-Cal IP DSH 12/23 - 01/24
131,000	Foundation Donation Impella & Echo Machine
253,895	Miscellaneous
1,474,392	02/24 Total Other Activity