

SVHCD QUALITY COMMITTEE

AGENDA

WEDNESDAY, May 27, 2026

5:00 pm Regular Session

Held in Person:

SVH Administrative Conference Room

To Participate Via Zoom Videoconferencing, use the link below:
<https://sonomavalleyhospital-org.zoom.us/j/91652223647?from=addon>

Meeting ID: 916 5222 3647

One tap mobile
 +17209289299,,91652223647#
 +19712471195,,91652223647#

AGENDA ITEM		
<p>In compliance with the Americans with Disabilities Act, if you require special accommodations to attend a District meeting, please contact the Board Clerk, Whitney Reese, at wreese@sonomavalleyhospital.org, at least 48 hours prior to the meeting.</p>		
<p>MISSION STATEMENT <i>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community.</i></p>		
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Daniel Kittleson, DDS</i>	
<p>2. PUBLIC COMMENT SECTION <i>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Committee at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Committee consideration.</i></p>		
3. CONSENT CALENDAR <ul style="list-style-type: none"> • QC Minutes 04.29.26 	<i>Daniel Kittleson, DDS</i>	Action
4. LABORATORY QA/P	<i>Laurie Veal</i>	Inform
5. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Louise Wyatt, RN JD</i>	Inform
6. POLICIES AND PROCEDURES <ul style="list-style-type: none"> • New: Tissue Management: Macroscopic vs. Microscopic Examination of Surgical Specimens 	<i>Louise Wyatt, RN JD</i>	Inform
7. ADJOURN	<i>Daniel Kittleson, DDS</i>	
CLOSED SESSION: Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Alex Rainow, MD</i>	Action



**SONOMA VALLEY HEALTH CARE DISTRICT
QUALITY COMMITTEE**

Wednesday, April 29, 2026, 5:00 PM

MINUTES

Members Present	Excused/Not Present	Public/Staff
Daniel Kittleson, DDS Wendy Lee Myatt Kathy Beebe, RN PhD Howard Eisenstark, MD Susan Kornblatt Idell, via zoom Carol Snyder Carl Speizer, MD Alex Rainow, MD, SVH Vice COS, via zoom	Michael Mainardi, MD	Kelley Kaiser, SVH CEO Whitney Reese, SVH Board Clerk Ashley Wilder, SVH Infection Preventionist Louise Wyatt, RN JD, SVH Director of Quality, Risk Management & Patient Safety, Infection Prevention and Case Management Patrick Okolo III, MD MPH, SVH CMO Marylou Ehret, SVH ER, Interim SVH CNO

AGENDA ITEM	PRESENTER	ACTION
1. CALL TO ORDER/ANNOUNCEMENTS	<i>Daniel Kittleson, DDS</i>	Called to order at 5:00pm
2. PUBLIC COMMENT SECTION	<i>Daniel Kittleson, DDS</i>	No public comments
3. CONSENT CALENDAR • QC Minutes 03.28.26	<i>Daniel Kittleson, DDS</i>	ACTION
<i>Motion to approve by Speizer, 2nd by Lee Myatt. All in favor..</i>		
4. INFECTION PREVENTION	<i>Ashley Wilder</i>	INFORM
Wilder reported that 2025 communicable disease reporting appeared generally normal, with COVID reporting expected to decrease in 2026 due to updated reporting requirements. Hospital-acquired infection reporting noted no unusual trends and no CLABSIs or MRSA bloodstream infections. Hand hygiene met the 90% annual compliance goal, though recent 2026 data may reflect a more accurate baseline due to a change in observation methodology. Environmental rounds identified common issues, many of which are being actively addressed. Wilder also reported that a site visit to Mission Linen Supply found no infection control concerns.		
5. QUALITY INDICATOR PERFORMANCE & PLAN	<i>Louise Wyatt, RN JD</i>	INFORM
Wyatt presented March and Q1's quality metrics. The recent CIHQ survey had been completed and Wyatt emphasized the importance of maintaining ongoing survey readiness. The committee discussed correcting certain metric formatting, better defining fall data by population, location, time, and demographics, and evaluating whether bed alarms and escort support are helping reduce risk. Wyatt also reported that first-quarter grievances and complaints were resolved without issue and event reporting showed no major concerning trends.		
6. ADJOURN	<i>Daniel Kittleson, DDS</i>	Adjourned at 5:38 p.m.
CLOSED SESSION: Calif. Health & Safety Code §32155: Medical Staff Credentialing & Peer Review Report	<i>Alex Rainow, MD</i>	ACTION
<i>Motion to approve by Eisenstark, 2nd by Snyder. All in favor.</i>		

Board Quality Committee

May 27, 2026

Louise Wyatt

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

Summary of CIHQ Survey Findings By Accreditation Chapters- 2026

1. Governance and Leadership
 2. Medical Staff
 3. Managing the Care Environment
 4. Infection Prevention
 5. Patients Rights
 6. Medication Management
 7. Management of the Medical Record
 8. Use of Restraint & Seclusion
 9. Targeted Quality and Patient Safety Practices
 10. Discharge Planning
-

Core Measures

Core Measures (cont.)

Mortality	2025 Results	2026 Targets	26-Jan	26-Feb	Mar-26	1st QTR	26-Apr
Risk Adjusted Acute Mortality Rate O/E [M]	0.7	≤ 0.95	0.42 <small>3/7.1468</small>	0.77	0.31	0.53	0.37
Patient Safety Measures							
Age Friendly Mobility	98.35%	90%	98.70%	98.68%	100%	99%	100%
SDOH Inpatient Screening	ND	≥ 70%	93.67%	91.89%	96.74%	94.13	97.20%
PSI 90 (v2023-1) Patient Safety Indicators Composite, ACA - Numerator Volume (M)	0	0	0	0	0	0	0
Bar Code Scanning Rate	94.60%	95%	96.80%	96.00%	96%	96.20%	95.70%
Falls without injury (numeric value)	12	≤2	2	3	0	4	0
Falls with injury (numeric value)	0	≤2	0	1	0	1	0
Pressure Injuries ≥ Stage 2(numeric value)	0	0	0	0	0	0	0
Critical Lab Value Reporting (IP, OP, and ED Critical values Called within 30 minutes, read back and documented per policy)	98.80%	≥ 93%	92%	96%	95.10%	94.36%	91.50%

HAI Measures	2025 Results	2026 Targets	26-Jan	26-Feb	Mar-26	1st QTR	26-Apr
IC-Surveillance HAI-C.DIFF Inpatient infections M	1	1	1	1	0	2	0
IC-Surveillance HAI-CAUTI Inpatient infections M	1	1	0	0	0	0	0
IC-Surveillance HAI-CLABSI Inpatient infections M	0	1	0	0	0	0	0
IC-Surveillance HAI-MRSA Inpatient infections M	0	1	0	0	0	0	0
IC-Surveillance HAI-SSI infections M	0	1	1	0	0	1	0
QA-02 Hand Hygiene Practices Monitored % of compliance M	93%	≥ 90%	88%	92%	74%	85%	64%
Stroke Measures							
CDSTK-05 Median- Door to CT Scanner M elapsed time (mins)	3	≤ 25	10	4	5	5	4
CDSTK-06 Median- Neuro Consult Response M elapsed time (mins)	ND	20 Mins	ND	2	3	2	2
CDSTK-12 Median-Door to TNK M elapsed time (mins)	48	≤ 60	59	45	25	45	ND

A. SSI - Likely more a "complication" rather than infection (pt returned to OR for revision of wound due to dehiscence). Per NHSN criteria, that reopening of the incision, with documented "redness" and starting the patient on antibiotics meets for a superficial SSI.

B. Hand Hygiene action plan:

1. Leadership Engagement - Infection Preventionist has scheduled a meeting with leaders to:

- Collaborate on barriers to hand hygiene compliance
- Problem-solve workflow and environmental challenges
- Align expectations across departments

2. Data Integrity & Monitoring

- Standardize and validate hand hygiene data collection methodology to improve accuracy and reliability
- Increase the volume of observations to strengthen statistical validity and identify trends
- Ensure consistency in observation criteria and training

3. Enhanced Surveillance

- Implement "secret shopper" (covert observation)

4. Visual Reminders & Signage

- Deploy and standardize hand hygiene signage at room entry/exit
- At point-of-care areas and in high-risk procedure zones

Core Measures (cont.)

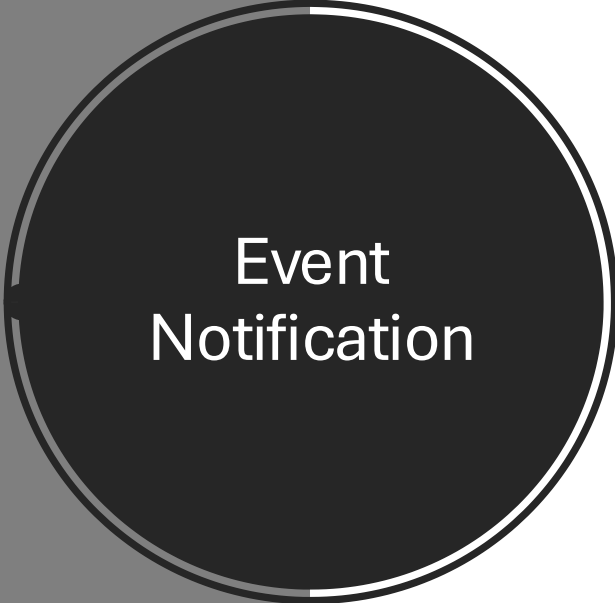


Core Measures (cont.)

Utilization Review	2025 Results	2026 Targets	26-Jan	26-Feb	Mar-26	1st QTR	26-Apr
Acute Care Risk-adjusted Average Length of Stay, O/E Ratio M	0.95	≤ 1.00	0.97	0.95	0.79	0.9	0.75
Observed/Expected Length of Stay	0.8	≤ 1.00	0.89	0.79	0.77	0.82	0.8
All cause Readm - % Readmit within 30 days, ACA (M)	10.92%	≤ 14%	11.3% (8/71)	3.4% (2/59)	9.5% (6/63)	8.30%	7.4% (5/68)
COPD, CMS Readm - % Readmit within 30 Days, ACA (M)	16.70%	≤ 22%	0% (0/9)	0% (0/4)	33.3% (1/3)	6.2% (1/16)	0% (0/3)
HF, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	7.40%	≤ 20%	0% (0/4)	0% (0/1)	25% (1/4)	11.1% (1/9)	0% (0/5)
PNA, CMS Readm Rdctn - % Readmit within 30 Days, ACA (M)	10.50%	≤ 17%	33.3% (2/6)	14.3% (1/7)	0% (0/6)	15.8% (3/19)	40% (2/5)
Sepsis, Simple - % Readmit within 30 Days (M)*	0.17%	≤ 20%	0.40% (2/5)	0% (0/6)	0.22% (2/9)	.20% (4/20)	0.19% (3/16)
READM-30-Hip-Knee30-day readmission rate following elective primary Total Hip N/A Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	0%	≤ 0.95	0% 0/1	0%	0%	0%	0%

Core Measures (cont.)

CoreOp Measures	2025 Results	2026 Targets	26-Jan	26-Feb	Mar-26	1st QTR	26-Apr
Core OP 22 ED LWBS Emergency Dept Left Without Being Seen (M)	0.30%	≤ 3.0%	0.2% (2/937)	0.1% (1/846)	0.3% (3/1052)	0.2% (6/2835)	0.1% (1/896)
Core OP-23 - Head CT/MRI Results for STK Pts w/in 45 Min of Arrival (M)	94%	≥ 85%	ND 0/0	100%	100%	100%	100%
Core OP29/ASC9 - Colonoscopy:F/U for Avg Risk Pts (M)	100%	≥ 0.90	100%	100%	100%	100%	100%
Core OP 18b Median Time ED Arrival to ED Departure - Reporting Measure (M)	117.5	≤ 260 min	87	132	130	116	118
Sepsis Measures							
SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock (M)	85.20%	≥ 70%	100% (1/1)	100%	66.7 2/3	88.90%	50% (3/6 - (1BC/2Lac)

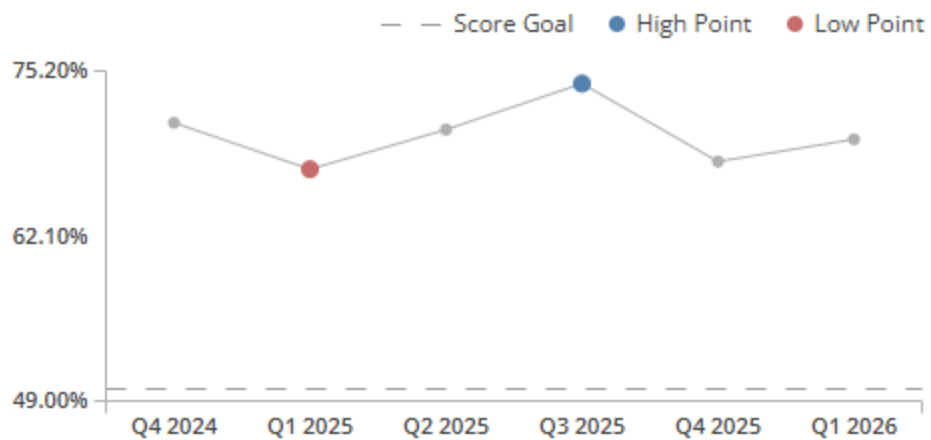


Event
Notification

Row Labels	Count of Event No.
BEHAVIOR ISSUES	1
CRITICAL RESPONSE	1
DOCUMENTATION ISSUES	2
EQUIPMENT ISSUES	1
INFECTION ISSUES	1
IV RELATED	1
MEDICATION	4
TREATMENT/PROCEDURE ISSUE	1
(blank)	
Grand Total	12

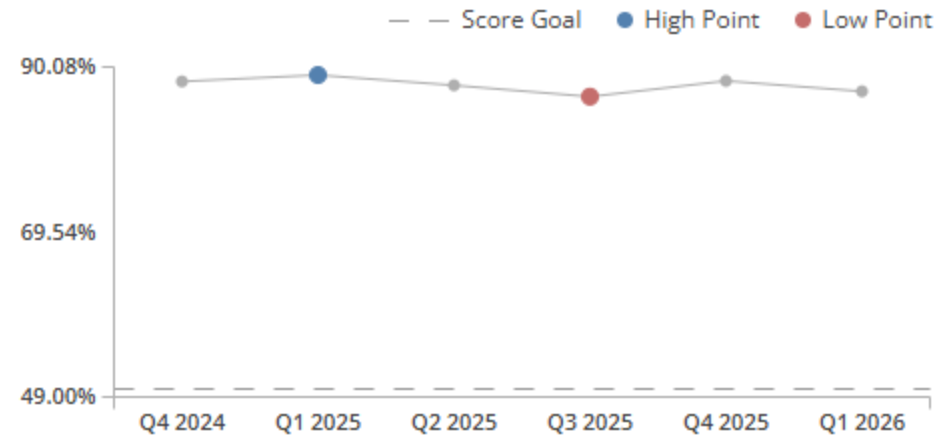
Press Ganey 1st Qtr. 2026

Inpatient



Top Box 69.77%
Percentile Rank 58th
N 64

Ambulatory Surgery



Top Box 87.04%
Percentile Rank 40th
N 78

Q-Reviews 1st Qtr. 2026

Emergency Department



Hand and Physical Therapy



Inpatient Care



Medical Imaging



Outpatient Surgery



Questions?

Document Tasks By Committee

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

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/24/2026 10:43 AM

Report Parameters

Filtered by: Document Set: - All Available Document Sets -
Committee: 07 BOD-Quality (P&P Review)
Include Current Tasks: Yes
Include Upcoming Tasks: No

Grouped by: Committee

Sorted by: Document Title

Report Statistics

Total Documents: 16

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

Committee Members: Newman, Cindi (cnewman), Reese, Whitney (wreese), Wyatt, Louise (lwyatt)

Current Approval Tasks (due now)

Document	Task/Status	Pending Since	Days Pending
Airborne Infection Isolation Precautions <i>Infection Prevention & Control Policies (IC)</i>	Pending Approval	5/21/2026	3
<p>Summary Of Changes: Clarified and standardized language and formatting, added definitions, updated infections that require Airborne Isolation Precautions, updated references. Removed specific rooms listed as negative pressure rooms. Added picture of Airborne Isolation Precautions sign. Added that rooms should be left vacant for 1 hour after patient on Airborne Isolation discharge for complete air exchange (or wear N95 or PAPR to enter). Revised guidance on visitors (may choose to wear the indicated PPE, symptomatic contacts must be medically cleared or wear mask at all times). Updated Rule Out TB guidance to match Sonoma County Public Health requirements (called to confirm and received email outlining their internal policy). Used UCSF policy as a guide when revising. Changed the Owner of the policy from Chief Medical Officer to Infection Preventionist.</p> <p>Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</p> <p>Lead Authors: Wilder, Ashley (awilder)</p> <p>Approvers: 14-Infection Control Committee -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Case Finding Criteria for Assessment <i>Case Management/UM Dept</i>	Pending Approval	5/21/2026	3
<p>Summary Of Changes: updated language to reflect proper usage. Added Scope of policy. Updated owner of Policy.</p> <p>Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)</p> <p>Lead Authors: Moreno, Mario (mmoreno)</p> <p>Approvers: Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)</p>			
Community Resources, Relationship of Case Management <i>Case Management/UM Dept</i>	Pending Approval	5/21/2026	3
<p>Summary Of Changes: added Scope to Policy</p> <p>updated owner of policy</p> <p>updated reviewers</p>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/24/2026 10:43 AM

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

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)
 Lead Authors: Moreno, Mario (mmoreno)
 Approvers: Wyatt, Louise (lwyatt) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Contact Isolation Precautions	Pending Approval	5/21/2026	3
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: Clarified language and formatting, updated infections requiring Contact Precautions, added picture of our Contact Isolation Precautions sign and UCSF Isolation Table reference with link, revised guidance around visitors to match UCSF's policy (visitors may choose but are not required to wear the same PPE as healthcare workers and hand hygiene education will be provided), removed guidance on specimen and biohazard waste removal, and transport personnel procedures as felt these topics were covered under Standard Precautions (reviewed with Pamela and talked with Julio from EVS), updated meal tray procedure to match our current process (reviewed emails with Nursing and Bridget), updated references.

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)
 Lead Authors: Wilder, Ashley (awilder)
 Approvers: 14-Infection Control Committee -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Foodborne Illness Outbreak Investigation	Pending Approval	5/21/2026	3
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: Grammatical changes, updated department to Infection Prevention, changed owner of Policy to infection preventionist.

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)
 Lead Authors: Wilder, Ashley (awilder)
 Approvers: 14-Infection Control Committee -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Handoff Communications with HealthCare Providers-SBAR	Pending Approval	5/21/2026	3
<i>Patient Care Policy</i>			

Summary Of Changes: Updated information regarding Ticket to Ride, reflects the workflow in EPIC. Removed attachment A due to no longer in use. Updated reference. Small adjustments and grammar changes. Approved by CNO.

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)
 Lead Authors: VW Anderson, Pamela (panderson)
 Approvers: Chief Nursing Officer, CNO (CNO) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Hospital-Acquired Infections Definition Criteria	Pending Approval	5/21/2026	3
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: Retire - a policy is not required.

Moderators: Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)
 Lead Authors: Wilder, Ashley (awilder)
 Approvers: 14-Infection Control Committee -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)

Important Message from Medicare Guideline	Pending Approval	5/21/2026	3
<i>Case Management/UM Dept</i>			

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/24/2026 10:43 AM

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

Summary Of Changes: **Scope added to policy**

language changed to better explain the procedure.

language updated and modified to more accurately reflect CMS reg and current practice

Owner of policy updated

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

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

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

Managing Patients in Isolation Requiring Rehab Services

Pending Approval

5/21/2026

3

Infection Prevention & Control Policies (IC)

Summary Of Changes: **Clarified the purpose to include all transmission-based precautions.**

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

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

Approvers: **14-Infection Control Committee -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

NEW: Tissue Management: Microscopic vs. Macroscopic Specimens

Pending Approval

5/21/2026

3

Laboratory Services Policies (LB)

Summary Of Changes: **NEW POLICY --CIHQ LB-03 addresses which specimens are required to be microscopically examined to assist with diagnosis. Expanded on 2 abbreviations: EMR and QAPI.**

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

Lead Authors: **Veal, Laurie (lveal)**

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

Opioid Prescribing and Monitoring

Pending Approval

4/28/2026

26

Ancillary Services Dept Policies\Sonoma Valley Specialty Clinics | 1206(b)

Summary Of Changes: **NEW policy: guidelines for safe and effective prescribing, monitoring, and management of opioid medications to minimize the risk of opioid misuse, addiction, and overdose among patients. Added Director of Pharmacy as Reviewer and Approver.**

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

Lead Authors: **Rodney, Jennifer (jrodney)**

Approvers: **Alexandridis, Alexis (aalexandridis) -> Kuwahara, Dawn (dkuwahara) -> 1206(b) Clinic Committee - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Philosophy of Resource and Case Management

Pending Approval

5/21/2026

3

Case Management/UM Dept

Summary Of Changes: **Scope of Policy added**

Owner of Policy changed

Reviewers updated

Language up Policy and Purpose updated to reflect CMS guidelines.

Document Tasks by Committee

Sonoma Valley Hospital

Run by: Reese, Whitney (wreese)

Run date: 05/24/2026 10:43 AM

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

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

Restraint Use	Pending Approval	5/21/2026	3
<i>Restraint & Seclusion Policies (RS)</i>			

Summary Of Changes: **Reorganized for reader flow. Included definitions off restraint types and where they are allowed to be used. Added special section for Older Adults. Updated references reviewed MD Walther 2/19/2026**

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

RETIRE: Capnography - EtCO2 Monitoring	Pending Approval	5/21/2026	3
<i>Emergency Dept</i>			

Summary Of Changes: **Reviewed with RT and Dir of Inpt Care Svcs. Recommend retiring this. It is outdated due to new equipment, and new electronic health record. Further, EBSCO has more in depth review of this skill**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
 Lead Authors: **Ehret, Marylou (mehret), Chief Nursing Officer, CNO (CNO)**
 Approvers: **01 P&P Committee -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Standard Precautions	Pending Approval	5/21/2026	3
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Added Scope, definitions, updated current practice, realigned ownership and references.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
 Lead Authors: **Wilder, Ashley (awilder)**
 Approvers: **Wyatt, Louise (lwyatt) -> 14-Infection Control Committee - (Committee) -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**

Toy Cleaning Policy	Pending Approval	5/21/2026	3
<i>Infection Prevention & Control Policies (IC)</i>			

Summary Of Changes: **Updated reference, owner, reviewers, department and also assigned departmental responsibilities.**

Moderators: **Newman, Cindi (cnewman), Wyatt, Louise (lwyatt)**
 Lead Authors: **Wilder, Ashley (awilder)**
 Approvers: **14-Infection Control Committee -> 01 P&P Committee - (Committee) -> 02 MS-Medicine Department - (Committee) -> 03 MS-Surgery Department - (Committee) -> 05 MS-Medical Executive - (Committee) -> 07 BOD-Quality (P&P Review) - (Committee) -> 09 BOD-Board of Directors - (Committee)**



NEW POLICY

Tissue Management: Macroscopic vs. Microscopic Examination of Surgical Specimens

WHY:

Lack of policy in this area could lead to misunderstanding of which specimens are required to be microscopically examined to assist with diagnosis.

AUTHORS/REVIEWERS:

Clinical Lab Manager
Medical Director of Clinical Lab
Chief Ancillary Officer
Board Quality Committee





Policy Name: Tissue Management: Macroscopic vs. Microscopic Examination of Surgical Specimens		Policy#: LAB-PATH-001 Origination Date: 4/21/2026
Department: Pathology	Review Dates: Revision Dates:	
Scope: Clinical Lab	Effective Date: BOD Approval Dates:	

PURPOSE:

To define the criteria and process for determining when **macroscopic (gross) examination alone** is sufficient versus when **microscopic (histologic) examination** is required for patient specimens, in a facility where all pathology services are performed by an **off-site contracted pathology provider**.

POLICY:

All surgical and tissue specimens submitted by Sonoma Valley Hospital (SVH) shall be evaluated under the medical direction of a **qualified pathologist** from the contracted pathology service.

Specimens will be classified as:

1. **Macroscopic (Gross) Examination Only**, or
2. **Macroscopic + Microscopic Examination**

This determination is made **exclusively by the pathologist**, in accordance with:

- College of American Pathologists (CAP) guidelines
- Clinical Laboratory Improvement Amendments (CLIA) regulations
- Standard anatomic pathology practice and medical necessity

SVH laboratory staff **shall not independently determine** the level of examination.

C. DEFINITIONS

1. Macroscopic (Gross) Examination

Visual inspection of a specimen without microscopic analysis. Includes:

- Measurement
- Description (size, shape, color, consistency)
- Identification

2. Microscopic Examination

Histologic evaluation using stained tissue sections under a microscope to assess:

- Cellular structure
- Disease processes
- Malignancy or pathology

D. RESPONSIBILITIES

1. Ordering Provider



Policy Name: Tissue Management: Macroscopic vs. Microscopic Examination of Surgical Specimens		Policy#: LAB-PATH-001 Origination Date: 4/21/2026
Department: Pathology	Review Dates: Revision Dates:	
Scope: Clinical Lab	Effective Date: BOD Approval Dates:	

- Submits accurate clinical history and specimen source
- Ensures proper labeling and documentation

2. SVH Laboratory Staff

- Properly accession and prepare specimens
- Ensure correct preservation (e.g., formalin fixation)
- Package and transport specimens to the contracted pathology lab
- Maintain chain of custody documentation

3. Contracted Pathology Provider

- Performs gross and/or microscopic examination
- Determines medical necessity for microscopic evaluation
- Issues final pathology report
- Maintains compliance with CAP/CLIA requirements

E. CRITERIA FOR EXAMINATION TYPE

1. Specimens Typically Eligible for Macroscopic Examination Only

(Final determination made by pathologist)

Examples may include:

- Foreskin (routine circumcision)
- Normal fallopian tubes (sterilization procedures)
- Teeth (non-pathologic extraction)
- Foreign bodies (e.g., orthopedic hardware, bullets)
- Normal appendix (selected cases per pathologist discretion)

Note: Even these specimens may be submitted for microscopic exam if:

- Clinical concern exists
- Abnormalities are noted grossly
- Required by pathologist judgment



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2. Specimens Requiring Macroscopic + Microscopic Examination

Includes, but not limited to:

- All biopsies (e.g., skin, GI, breast)
- Any suspected neoplasm or malignancy
- Organs removed for disease (appendix, gallbladder, uterus, etc.)
- Any specimen with abnormal gross findings
- Products of conception
- Tissue requiring definitive diagnosis

3. Pathologist Discretion

The **final decision** for microscopic examination rests with the pathologist based on:

- Clinical history
- Gross findings
- Standard of care

F. PROCEDURE

1. Specimen is collected and labeled at point of care
2. Specimen is delivered to SVH Laboratory
3. Laboratory staff:
 - Verifies patient identifiers
 - Accessions specimen
 - Preserves appropriately (e.g., 10% neutral buffered formalin)
4. Specimen is packaged per transport regulations
5. Specimen is transported to contracted pathology provider
6. Pathologist performs:
 - Gross examination
 - Determines need for microscopic evaluation



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7. Final report is returned and entered into the EMR (e.g., EPIC Beaker)

G. DOCUMENTATION

The following must be documented and retained:

- Specimen accession logs
- Chain of custody/transport logs
- Pathology reports (gross and/or microscopic)
- Provider orders and clinical history

Retention must comply with:

- CLIA 42 CFR §493.1105 and §493.1283
- CAP checklist requirements

H. QUALITY ASSURANCE / PERFORMANCE IMPROVEMENT

SVH will:

- Monitor turnaround times for pathology reports
- Review discrepancies or amended reports
- Conduct periodic audits of specimen handling and transport
- Include pathology services in QAPI program

I. REGULATORY COMPLIANCE

This policy aligns with:

- Clinical Laboratory Improvement Amendments (CLIA)
- College of American Pathologists (CAP) Anatomic Pathology Checklist
- State of California Department of Public Health Laboratory Field Services

J. LIMITATIONS

SVH does not perform on-site pathology services.

All diagnostic interpretation is performed by the contracted pathology provider.

REFERENCES:

LB-03: Management of Tissue Specimens



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Requirement: B

AUTHORS/REVIEWERS:

Manager of Clinical Laboratory
Medical Director of Clinical Laboratory
Chief Ancillary Officer
Board Quality Committee

APPROVALS:

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

