

Annual Departmental and Hospital-wide Policies and Procedures Review Submitted to the Joint Conference Committee (JCC) for Approval on September 13, 2016

The annual Laguna Honda Hospital (LHH) policy and procedure review meeting was held on August 31, 2015 to review hospital-wide and departmental policies and procedures that were newly developed, revised or deleted over the past year. This includes policies and procedures that were previously submitted and approved by the JCC on 11/09/2015, 01/12/2016, 03/08/2016, and 07/12/2016.

Policy and Procedure changes that have not been previously submitted and approved by the JCC are listed and summarized below:

Hospital-wide Policies and Procedures

Revised Policies

<u>Policies</u>	<u>Comments</u>
LHHPP 01-01 Approval and Format of Hospital-Wide and Departmental Policies and Procedures	Update of the number of hard copies of LHHPP Manual and the location of the manuals.
LHHPP 01-08 Media Relations Policy	Inclusion of equipment maintenance and inventory review procedure.
LHHPP 22-13 Siderails	Update of policies for use of siderails and the inclusion of the definition of siderails versus physical restraints.
LHHPP 29-05 Interpreter Services and Language Assistance	Update of purpose statement to include National Standards for Culturally and Linguistically Appropriate Services (CLAS). Inclusion of translation of vital documents procedure.
LHHPP 29-06 Caring for the Deceased, Use of Morgue, and Provision of Death Certificates	The addition of the application/permit for Human Remains through Electronic Death Registry System and shall be managed by A&E staff.
LHHPP 31-04 Training Staff on Using New Equipment	Clarification of the responsibility of department managers or designee to train staff on non-clinical products and devices.
LHHPP 70-03 Emergency Response Plan Appendix H2	Revision of H2 appendix.
LHHPP 72-01 B14 Visitor Guidelines	Inclusion of the definition of a visitor and request for voluntary masking during the flu season if visitor does not receive the flu vaccine.
LHHPP 80-05 Staff Education Program	Inclusion of the responsibility of the employee to be present during required trainings.
LHHPP 85-04 Gift Shop	Update of minimum staffing requirements for the Gift Shop. Removal of DVD library procedure.

Department: Admissions & EligibilityNew Policies

<u>Policies</u>	<u>Comments</u>
02-08 Completing and Publishing Admission Log Entries	Created to provide procedure to document the process used to enter admission data on the Laguna Honda Admission Log.
02-11 Authorization Process for Medi-Cal Managed Care Referrals	Guidelines for expediting the process of referrals from the community who are financially covered by Medi-Cal.
03-05 Radiology Registration Procedures, CCSF Students, Volunteers and Employees	Previous Radiology department policy to become A&E policy.
04-16 Commercial Insurance and Managed Care Verification and Auth.	Created to provide policies and procedures surrounding insurance verification authorization and dis-enrollment.

Revised Policies

<u>Policies</u>	<u>Comments</u>
01-01 Scope of Service-Operational Plan	Inserted list of new functions for Rehab. Services
01-02 Org. Chart	Added PFS Director
01-03 Attendance	Reformat Only
01-04 HIPAA Notice	Reformat Only
02-02 Referral and Screening Process	Merged 02-01 with 02-02
02-03 Admissions Process	Added Addition steps

Deleted Policies

<u>Policies</u>	<u>Comments</u>
02-01 Screening Process/Oth Hosp.	Screening Process/Oth Hosp.
02-04 Admission Agreement	Admission Agreement
02-06 Re-Admission from Oth Hosp.	Re-Admission from Oth Hosp.

Department: Clinical Laboratory Services

No changes were made.

Department: Clinical Nutrition Services & Diet Manual

No changes were made.

Department: Environmental ServicesNew Policies

<u>Policies</u>	<u>Comments</u>
XXIII. Management of Electronic Equipment	Incorporation of iPads.

Revised Policies

<u>Policies</u>	<u>Comments</u>
XIV. Mail Room Procedure	A. Add, Doors to the Mail Room are open Monday – Saturday, 8am-4:30pm. C. Add, messenger will pick up from Post Office and deliver to Mail Room Monday-Saturday. Delete b. D. Delete sentence, “In the absence of the regular...”

Department: Facility ServicesRevised Policies

<u>Policies</u>	<u>Comments</u>
US-5 Domestic Hot Water Monitoring	Revised the hot water temperature control range. Included monitoring the temperature in the patient rooms each shift, in each building.

Deleted Policies

<u>Policies</u>	<u>Comments</u>
DP-21 Public Access	Transitioned to HWPP 75-11.

Department: Health Information ServicesNew Policies

<u>Policies</u>	<u>Comments</u>
4.04 Admission Check Process	Process update.

Revised Policies

<u>Policies</u>	<u>Comments</u>
2.03 Sick Leave	Updated verbiage and term.
4.01 The Forms	Updated the term and process.
7.02 Abstract Procedure	Updated process and terms.
7.03 Discharge Process – Completion of Medical Record	Updated process and terms.
8.01 Coding MS-DRG Assignment	Updated process and terms.
9.01 Physician Order Processing	Updated process and terms.

Department: Materials Management/ Central SupplyRevised Policies

<u>Policies</u>	<u>Comments</u>
ALL	Central Supply and Materials Management policies and procedure were combined and revised to be one manual.

Deleted Policies

<u>Policies</u>	<u>Comments</u>
3.6 Request for Magazine Subscription or Journal and Renewals	Outdated.
3.10 Software Maintenance Licenses	Outdated.
3.19 Cell Phones and Multifunction Communication Devices	Outdated.

Department: Medical StaffRevised Policies

<u>Policies</u>	<u>Comments</u>
001-01 Primary Care Physician General Information	Clarification of timeframe physician is contact family/surrogate if patient expires.
001-02 Night & Weekend Physicians' General Information	Revision of Pharmacy and Radiology service hours.
001-03 Laguna Honda Acute Medical Unit Admission Guidelines	Revision to clarify Acute Medical Unit admission are the discretion of the admitting physician.
C01-01 Patient Expiration	Clarification of timeframe physician is contact family/surrogate if patient expires.
D01-05 Psychotropic Medication Management	Revision, added new workflow including psychiatrist prescribing and required element of family notification.
D08-03 Access to LHH Psychiatry Services	Revision, added timeline expectation re services and the paragraph on documentation.
D08-08 Neuropsychological and Psychological Testing Services	New policy describing the neuropsychological and psychological testing services at LHH.
D08-10 Behavioral Management Services by LHH Psychiatry	New policy describing behavioral management service by LHH psychiatry providers.

Department: Nursing ServicesRevised Policies

<u>Policies</u>	<u>Comments</u>
NPP C 1.0 Admission and Readmission Procedures	<ul style="list-style-type: none"> Title changed to Resident Admission and Readmission for Skilled Nursing Facility. Added to Policy about Sacred Moment. Clarified policy to state that LN will perform admission/readmission assessments and documentation, and that if an LVN collects data for the Nursing Assessment then the RN must co-sign form to verify data accuracy. Removed policy regarding admission of developmentally disabled residents. Title of Nurse Screener changed to Bed Control Coordinator/Patient Flow Coordinator. Added section on procedure for handling medications brought from outside (Procedure > Equipment > D. Admissions and Re-admissions Procedures > #6. Under resident identification, added that if resident is allergic or refuses id band then it must be noted on front page and care plan.
NPP D2 3.0 Tub Baths and Showers	<ul style="list-style-type: none"> Clarified that "all" brakes should be locked on both the policy and the attachment.
NPP D6 1.1 Battery Operated Lift Transfer	<ul style="list-style-type: none"> Added to policy that all EZ lift slings should only be used for the EZ lift.
NPP D6 1.4 Battery-Operated Ceiling Lift (aka Angel Lift)	<ul style="list-style-type: none"> Clarified that all brakes should be locked.
NPP D6 2.0 Transfer Techniques	<ul style="list-style-type: none"> Clarified that all brakes should be locked.
NPP E 6.0 Parenteral Nutrition	<ul style="list-style-type: none"> Title changed to "Total Parenteral Nutrition." Removed sections regarding PPN. Specified policy to just TPN. Limited administration of TPN to Pavilion Mezzanine and South 2. Simplified to just 4 policies (removed sections on "no other infusions...") Under Preparation, added that blood glucose will be obtained per MD orders. Removed section stating that MD/RPH can do double checks for TPN bag. Specified that 2 RN's need to double check. Under Monitoring, stated that vital signs, after the first 48 hours, must be monitored daily for the next 5 days and then when clinically indicated, I&O recorded qshift. Under Documentation, added documentation q shift on the integrated progress notes and when clinically indicated. Added CVAD/PICC site inspection daily and refer to CVAD policy for dressing changes.
NPP G 5.0 Blood Glucose Monitoring	<ul style="list-style-type: none"> Removed policies 3 and integrated the statement into policy #2 by adding "or when the resident's condition is not consistent with the

	<p>value obtained” for checking blood sugar reading.</p> <ul style="list-style-type: none"> • Removed policy #4 that states that bg is to be tested by lab if the value is above 600 mg/dl or hct is >55% or <20%, excessive water loss with dehydration, or situations of decreased peripheral blood flow (this is not practiced here). • Added to policy that residents who receive short acting insulin coverage must have their blood glucose test done within 30 minutes of insulin administration. • Most recent diabetes protocol will be an attachment.
NPP I 3.0 Tracheostomy Care	<ul style="list-style-type: none"> • Clarified on the policy that the first tracheostomy tube change will be coordinated by ENT. • Added to policy that only RT will change cuffed tracheostomies. • Removed sections on suctioning (since we already have a suctioning p&p). • Added to policy that the disposable inner cannula should never be cleaned and reused. (Moved from procedure).
NPP K 9.0 Management of Resident on Hemodialysis	<ul style="list-style-type: none"> • Changed weights to daily weights for dialysis residents (same scale, same clothing, and same time). • Clarified policy on dialysis catheter use to not use for draws/iv hydration “unless ordered by MD during life threatening situations.” • Changed monitoring of fistula for bruit/thrill to qshift. • Cross referenced I&O policy for fluid monitoring. • Removed section on “Care between Dialysis Treatments.” • Added resident education on reporting changes or problems to vascular access. • Added on TAR section of Documentation “type of access,” “vital signs and weight,” and “no blood draw or b/p on site.” • Care Plan Revision: <ul style="list-style-type: none"> ○ Changed problem/Need from Chronic Renal Failure to “End State Renal Disease – on hemodialysis.” ○ Added section for “Type of dialysis access.” • Interventions revised to reflect change of weights to daily, assessing for any bleeding on access site upon return from dialysis, assessing shunt for bruit and thrill q shift, not using site unless ordered by MD for life threatening emergencies.
NPP M 6.0 Transport Gurney Protocol	<ul style="list-style-type: none"> • Clarified that all brakes should be locked.
NPP M 7.0 Electric Medical/Surgical Bed Protocol	<ul style="list-style-type: none"> • Clarified that all brakes should be locked.

Department: Nutrition Services

No changes were made.

Department: Outpatient Clinics

No changes were made.

Department: Pharmacy ServicesRevised Policies

<u>Policies</u>	<u>Comments</u>
Pharm 01.09.00 Policy and Procedure for Annual Physical Inventory Count	Clarified do not count medications outside the pharmacy for annual inventory.

Department: RadiologyRevised Policies

<u>Policies</u>	<u>Comments</u>
A8 Radiology Registration Procedures	Updated Procedure
B2 Patient Transportation	Correct Verbiage (H) cylinders
B3 Portable (Bedside) Radiographs	Correct locations, verbiage
E3 Shift Hours, Breaks and Overtime	Update shift time/address Overtime
F8 Code Blue	Update New Facility Locations

Deleted Policies

<u>Policies</u>	<u>Comments</u>
A4 Reporting Structure	Covered in HW P&P
A9 Technologists Downtime Tracking	Outdated
B5 Employee Radiographs	Stored same as Residents
C3 Procedure Charge Codes	Outdated
C4 Filing System	Outdated
C5 Centralization of Outside Films	Outdated
C7 Pulling Films for Interpretation	All Digitalized
C8 Terminal Digit Filing System	Outdated
D3 Statistics	Outdated
E1 Code of Ethics	Covered in HW P&P
E4 Attendance Standards	Covered in HW P&P
F4 Processor Waste, Silver Reclaim. and Waste Film	System now Digitalized
H1 Emergency Preparedness	Has own section per HW P&P

Department: Rehabilitation ServicesRevised Policies

<u>Policies</u>	<u>Comments</u>
10-03 Rehabilitation Center Organizational Chart	Updated to reflect current staff
10-04 Patient vs. Resident Terminology	Minor rewording
30-01 Scope of Services to be Provided	Updated current number of beds in hospital; depleted low vision therapy (no longer offered); changed name from SATS to STARS
30-07 Activity Therapy Services	Changed wording to reflect current practice
40-01 Rehabilitation Services for Rehabilitation Unit (Acute and SNF Rehabilitation) Patients	Combined content of #3 and #4 as redundant; Deleted content of #7 as redundant to #6.
40-07 Evaluation of Services	Updated meeting times to at least quarterly, clarified members of standing committee as well as potential invitees; #4 updated that findings from committee work may be reported to HWPIPs if appropriate (findings were previously reported to Medical Staff).
40-07 Utilization Management	Deleted word in sentence
50-02 Admission and Eligibility for SNF-Level Rehabilitation Services	#8: grammar correction
50-04 Sources and Forms Used For Referral of Patients	Corrected Language in #2 and #3 to clarify how referrals are made.
60-02 Procedure for Outpatient, Referral, Registration, and Treatment	Procedure #1: Added Zuckerberg to SFGH #3 Added: Referral for Outpatient Aquatics updated #4: Deleted f
70-02 Occupational Therapy Staff	Minor wording change in #11
70-03 Clinical Training for Occupational Therapy Interns	Added word "level 1" to policy
70-04 Scope of Occupational Therapy Services	Deleted #11 Added #13 to reflect w/c evaluations
70-06 Custom Wheelchairs	Changed 5c under the procedure
70-09 Connectivity Clinic	Corrected typo
90-05 Establishment of Treatment Program and Dysphagia	Procedure 6d: changed to reflect current referral process for MBS (was previously updated, however, not reflected on the intranet)
80-02 Physical Therapy Staff	Numbering of Procedures corrected Policy #1 and Procedure #2 updated to reflect current terminology (Dept head changed to Senior); Procedure #4 Deleted #4b: Amended to reflect therapy assistant documentation procedure
80-03 Clinical Training for Physical Therapy Students/Interns	Changed wording to reflect the addition of PT assistant students

80-04 Scope of Services	#8-Terminology change: PCT to IDT
80-05 Establishment of Treatment Programs and Documentation	Changed wording to reflect current practice
Table of Contents (No page #, but on pg ii)	Delete Policy 70-08 from table of contents (please correct page numbers-rehab does not have a editable version of Word for this policy); Delete all policy from 100-01 to 100-10
110-01 Electrodiagnostic Studies	Updated language to reflect referrals via eReferral (i.e. paper referrals are no longer accepted)
Appendix A Guideline for Completion of MR505	Grammar changes
Appendix B Chief of Rehabilitation Services	#6: Meetings will be facilitated in conjunction with the Manager of Rehabilitation Programs; grammar changes
Appendix B Internist, Rehabilitation Services	Changed #1, 2 and 3 to reflect that the Internist co-follows the patients (internists may help to admit rehab patients if needed).
Appendix B Neuropsychologist, Rehabilitation Services	#4 changed to may attend Rehabilitation Leadership meetings as appropriate
Appendix B Staff Psychiatrist, Rehabilitation Services	#4 removed the word back up (pertaining to serving as back up for admission screening process)
Appendix B Rehabilitation Coordinator	Title changed to Manager of Rehabilitation Programs,

Deleted Policies

<u>Policies</u>	<u>Comments</u>
70-08 Functional Visual Evaluations and Rehabilitation	No longer offered
100-01 to 100-10 Level 1 Restorative Care Program	Now found under nursing policy, however, still posted on the intranet as a Rehab Policy (outdated)

Department: Respiratory Services

No changes were made.

Department: Social Services

New Policies

<u>Policies</u>	<u>Comments</u>
7.18 Discharge Database Information	Added number 6 which states: Ongoing discharge plans and referrals are entered into the Progress Notes section of the discharge database.

Department: Spiritual CareRevised Policies

<u>Policies</u>	<u>Comments</u>
C3.0 SCD Spiritual Care Referrals	Information on Emergency Contacts updated.

Department: Volunteer ServicesRevised Policies

<u>Policies</u>	<u>Comments</u>
A 1.0 Volunteer Recruitment Process Life Cycle	Under "Corrective Action", under #1, "from the Volunteer Supervisor" was added at the end of the sentence.
A 2.0 Volunteer Fingerprinting	Under "Corrective Action", under #3 "from their Supervisor. A copy will be given to the Volunteer Services Department to be placed in the volunteer's record" was added. Information was also changed to reflect having the Volunteer Services Dept. be responsible for obtaining ID badges and parking permits instead of the volunteer.
A 5.0 Volunteer Injury	Under "Policy", "adults (18 years or older)" was added and "volunteers" was deleted.
A 9.0 Resident Library	Under "Procedure", under #1, a detailed description was added to clarify if a volunteer was injured. Under #2, "supervisor" was added and a sentence re: notification or information was also included. Under #3, "volunteer's supervisor" was added and small edits were made.

Department: Wellness & Activity TherapyNew Policies

<u>Policies</u>	<u>Comments</u>
A13 Portable Electronic Equipment and Digital Media Use	Increasing Need.

Revised Policies

<u>Policies</u>	<u>Comments</u>
A7 Neighborhood Money/Shopping Time	Correct the time allotted when there are staffing variances.
P6 Volunteer Placement Program	Explains change in procedure.