

**List of Hospital-wide/Department Policies & Procedures
Submitted to JCC for Approval on March 8, 2016**

1. <u>a. New Hospital-wide Policies and Procedures</u>		
Policy Number	Title	Comments/Reason(s) for Policy & Procedure Development
LHHPP 25-09	Palliative Sedation	Created to define the safe and appropriate use of palliative sedation for seriously ill patients at the end of life.
LHHPP 45-04	Donor Wall Management	Created to determine placement and type of recognition for individual donors and/or community partners who support Laguna Honda and Friends of Laguna Honda.
LHHPP 55-04	Triple Check Process	Created to ensure compliance with billing requirements.
LHHPP 72-01 C25	Carbapenem Resistant Enterobacteriaceae (CRE) Management And Prevention Strategies	Creation of policies and procedures for emerging multi-drug resistant organism.
LHHPP 73-14	Personal Protective Equipment (PPE)	Created to ensure appropriate and effective personal protective equipment to employees for a safe and healthful work environment.
LHHPP 75-01	Security Management Plan	Created to establish a framework and processes for continuous improvement of security.
LHHPP 75-10	Security Services Standard Operating Procedures	Created to safeguard all covered persons located at LHH by addressing threats and aggressive behavior at the earliest stage.
<u>b. New Department Policies and Procedures</u>		
Department: Medicine		
Policy Number	Title	Comments/Reason(s) for Revision
MSPP A01	Unlocked Electronic Health Record (EHR) Notes	Created to provide consistent and timely standards of documentation, in alignment with SFHN.
MSPP D08-07	Laguna Honda Hospital and Rehabilitation Center Substance Treatment and Recovery Services (LHH STARS)	Created to establish protocols for LHH STARS clinicians to deliver treatment services to LHH residents with substance use disorders.
2. <u>a. Revised Hospital-wide Policies and Procedures</u>		
Policy Number	Title	Comments/Reason(s) for Revision
LHHPP 01-12	Compliance Program	Update of the compliance hotline telephone number. Adds policy for consistency in meeting the Department's compliance goals for reporting and updates current procedures.

LHHPP 26-04	Resident Dining Service	Revision of policy to reflect encouragement of residents to dine in common area to prevent social isolation.
LHHPP 28-03	Aquatic Services	The program/intervention descriptions were removed. Procedures reflecting restorative services and closing protocols were incorporated. The infection control limitations were updated.
LHHPP 60-12	Review of Sentinel and Significant Events	Removal of the term Significant Events throughout the policy and procedures. Root Cause Analysis and Sentinel Event definitions were updated. Title of P&P revised.
LHHPP 72-01 B4	Guidelines for Prevention and Control of Tuberculosis	Update of references and complete revision of Tuberculosis Skin Test procedure for residents and health care workers.
LHHPP 72-01 D2	Annual/Periodic Health Assessment	Update of references and revision of compliance with scheduled TB screening procedure.
LHHPP 72-01 G2	Classification of Reusable Medical Devices and Processing	Update of references.
LHHPP 72-01 G8	Instrument Recall Policy	Update of references.
LHHPP 72-01 G10	Storage of Supplies (Clean/Sterile)	Update of references.
LHHPP 73-05	Workplace Violence Prevention Program	Refinement of policy statement and policy definitions. Inclusion of reporting and response procedures, as well as response procedures from a third party.
LHHPP 73-11	Medical Waste Management Program	Inclusion of alphabetical list of waste types and disposal guidelines from infection control policy.
LHHPP 90-08	Campus Use for Non-Laguna Honda Groups	Clarification of application process for campus use. Inclusion of the rights to terminate use of LHH campus and description of rooms for use on LHH campus. LHH campus may only be used for non-political activities.

b. Revised Department Policies and Procedures

Department: Nursing

Policy Number	Title	Comments/Reason(s) for Revision
NPP H 3.0	Sputum Specimens	<ul style="list-style-type: none"> • Added procedures under the “Procedure” section. No procedure in original NPP. • Simplified “Disposition of Specimens” section to make it more generalized. • Specimens to be stored in laboratory refrigerator until picked up by courier. • Updated EBSCO reference.
NPP I 1.0	Oral and Nasopharyngeal Suctioning	<ul style="list-style-type: none"> • Moved policy statements #2 & #3 to Procedure section. • Added policy statement #2: “For residents who are imminently dying, do not suction upper airway unless congestion causing resident/patient distress.”

		<ul style="list-style-type: none"> • Nasopharynx suctioning procedure updated to reflect Ebsco procedure and actual practice.
NPP I 2.0	Tracheobronchial Suctioning	<ul style="list-style-type: none"> • Added Policy statement #3: "For imminently terminal residents with audible airway congestion, do not suction unless congestion is causing resident/patient distress." • Reference outdated; Updated with Ebsco link.
NPP I 6.0	CPAP and BiPAP (Non-Invasive Ventilation Support)	<p>Added the following statements:</p> <ul style="list-style-type: none"> • Definition of CPAP changed to "CPAP devices deliver continuous airway pressure at a constant inspiration and exhalation phase. " • "The Nurse Admitting Coordinator screens the appropriateness of the patient prior to admission. In situations when appropriateness is in question, the Medical Director and <u>Respiratory Therapy</u> will be consulted." • Residents who require more than 8 hours per day of CPAP or BIPAP should be considered for transfer to outside acute care. • "Residents with tracheostomies who require BIPAP support will not be accepted to Laguna Honda for admission." • Checking Filter Monthly by RT. • Reference outdated; suggest Ebsco link.
NPP I 7.0	Incentive Spirometry	<p>Removed Policy Statement 1 regarding MD order of frequency of ICS; RT review states "Frequency is pretty standard but sometimes set the ordering physicians, standard is 10 breaths on I.S. 4 times a day (QID)."- added this to procedure. Reference outdated; suggest Ebsco link.</p>
NPP J 1.3	Aerosol/Nebulizer Medication	<p>Policy change to state that RT and nursing administer tx. In Pav Acute but in SNF, Nsg administers except when RT is consulted. Original purpose moved to background and purpose changed to "To describe the process for the safe administration of aerosol/nebulizer treatments"</p> <p>Procedure change in monitoring resident:</p> <ul style="list-style-type: none"> • Monitor HR and lung sounds pre/post tx. only IF condition warrant and/or per MD orders as nurses do not do this for routine inhaled medications. • Simplified procedure for inhaled meds as there are multiple devices available and it would be tedious to outline each one. Instead to simplify procedure and make them congruent with pharmacy/manufacture's instructions added "Follow Manufacturer's Instructions and/or

		<p>consult with Pharmacy or Nursing Education for clarification for appropriate use of inhaled medication devices” and will add appendices from pharmacy on how to use the devices.</p> <ul style="list-style-type: none"> • Assessment post treatment: removed naming the side effects specifically and made a generalized statement “Assess the resident’s response to treatment”. • Documentation: Simplified documentation to only documenting in the progress notes if there were any difficulties encountered as nurses do not document routine inhaled meds in progress notes even if it is the initial start. <p>Added an appendix 1 for instructions on different inhalers</p>
Department: Pharmacy		
Policy Number	Title	Comments/Reason(s) for Revision
Pharm 02.02.02	Policy And Procedure For Fentanyl Transdermal Patches	<p>Changes about pharmacy assessment regarding fentanyl patch dose increases.</p> <ul style="list-style-type: none"> • If fentanyl patch is part of an admission order, pharmacy will verify that patient was on the patch as documented in the transfer summary and/or patient was wearing a patch upon arrival as seen by nursing. • Changed the location of the disposal of the old patch from sharps container to medication disposal container so as to be in alignment with NPP J 1.0.
<u>3. a. Hospital-wide Policies and Procedures for Deletion</u>		
Policy Number	Title	Comments/Reason(s) for Deletion
LHHPP 28-05	Wellness Center Emergency Procedures	Policy and procedures reflected in LHHPP 24-16 Code Blue and LHHPP 70-03 Emergency Response Plan.
LHHPP 72-01 F6	Waste Disposal, Storage, Transport Issues	Infection control policy is reflected in LHHPP 73-11 Medical Waste Management Program.
<u>b. Department Policies and Procedures for Deletion</u>		
Department: Nursing		
Policy Number	Title	Comments/Reason(s) for Revision
NPP I 11.0	Postural Drainage and Percussion	RT states that when this is ordered by the physician, nursing informs RT who performs the procedure; proposal is to delete this whole entire policy as RT has their own.