

**Annual Departmental and Hospital-wide Policies and Procedures Review  
Submitted to the Joint Conference Committee (JCC) for Approval on  
September 10, 2019**

The annual Laguna Honda Hospital (LHH) policy and procedure review meeting was held on August 26, 2019 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 11/13/2018, 03/12/2019, 05/14/2019, and 07/09/2019.

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**

New Policies

<u>Policies</u>	<u>Comments</u>
LHHPP 20-13 Notification of Proposed Transfer/Discharge Due to Nonpayment for the Stay at the Facility	Created to identify residents who do not submit necessary paperwork for third party payment or refuses to pay after third party denies the claim; and to inform residents that ongoing failure to respond to notices of nonpayment may result in transfer/discharge.
LHHPP 21-19 Timely Documentation of Medical Encounters in the Electronic Health Record	Created to adopt the SFDPH policy on timely documentation of medical encounters in the electronic health record (EHR).
LHHPP 21-20 Timely Reviewing of Results in the Electronic Health Record	Created to adopt the SFDPH policy on timely review of diagnostic results that are posted in the EHR.
LHHPP 21-21 Electronic Health Record Downtime	Created to adopt the SFDPH policy for planned and unplanned downtime of the EHR.

Revised Policies

<u>Policies</u>	<u>Comments</u>
LHHPP 20-06 Leave of Absence (LOA) (re-titled)	Revised to include out-on-pass check-in process and protocol; and reflect EHR processes.
LHHPP 22-01 Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response	Revised to include steps for mandated reporter.
LHHPP 22-10 Management of Resident Aggression	Revised to update staff education from SMART to nonviolent safety management and prevention of challenging behaviors; replaced Behavioral Assessment Team with behavioral screener; clarified that behavioral health assessments are to be conducted upon referral by the primary physician; included notification of LHH Psychiatry clinicians already working with residents to be included in RCT review for residents who display aggressive/hostile behavior.

LHHPP 22-12 Clinical Search Protocol	Revised to include out-on-pass check-in process and when to initiate clinical search protocol.
LHHPP 24-10 Coach Use for Close Observation	Added policy statement to clarify that Nurse Director/Supervisor shall make the final determination, in collaboration with the RCT, for coach assignments.
LHHPP 55-03 Pre-Admission Screening and Resident Review (PASRR)	Revised to replace terminology for mental retardation to Intellectual or Developmental Disability (ID/DD).
LHHPP 70-01 A2 Emergency Preparedness	Revised to add procedure on resident preparedness.
LHHPP 70-01 A3 Emergency Resources and Maps	Updated list of staff trained and eligible to be assigned HICS roles; and updated list of assigned vehicles.
LHHPP 70-01 B1 Emergency Response Plan	Updated Appendix B for Emergency Contacts.
LHHPP 70-01 B3 Resident Evacuation Plan	Revised to clarify procedure on decision to evacuate; and revised Appendix A for Alternate Care Sites.
LHHPP 70-01 C1 Fire Response Plan	Revised to clarify fire evacuation plan for non-resident areas of the hospital and clarify procedures for when residents are present in Simon Auditorium or the Chapel during fire alarm.
LHHPP 75-07 Theft and Lost Property	Revised to combine LHHPP 75-08 Handling Lost and Found Items and add procedure for claims and liability.

Deleted Policies

<u>Policies</u>	<u>Comments</u>
LHHPP 75-08 Handling Lost and Found Items	Combined with LHHPP 75-07 Theft and Lost Property.

**Department: Admissions & Eligibility**

*No changes were made.*

**Department: Central Processing Department**

*No changes were made.*

**Department: Clinical Laboratory Services**Deleted Policies

<u>Policies</u>	<u>Comments</u>
D – Patient, Visitor and Staff Relation	Material is outdated.
E – Specimen Processing Test Guide	Material is outdated.

**Department: Clinical Nutrition Services & Diet Manual**

*No changes were made.*

**Department: Environmental Services***No changes were made.***Department: Facility Services***No changes were made.***Department: Food Services***No changes were made.***Department: Health Information Services***No changes were made.***Department: Medical Staff***No changes were made.***Department: Nursing Services**Revised Policies

<u>Policies</u>	<u>Comments</u>
D 1.0 Restorative Nursing Care (re-titled)	Revised to reflect current procedures.
D6 1.1 Battery Operated Lift Transfer	Added policy statement to require two nursing staff members for operation of the EZ Lift.
G 7.0 Obtaining, Recording and Evaluating Residents Weights	Revised policy statement to clarify that all residents shall be weighed on admission, then monthly, with proper documentation for weights not taken.
J 1.0 Medication Administration	Revised procedures for wasting medication and added new appendices for standard work of wasting controlled substance.

**Department: Outpatient Clinics***No changes were made.***Department: Pharmacy Services**Revised Policies

<u>Policies</u>	<u>Comments</u>
01.02.01 Orders for Medications and Standing Orders	Monthly med regimen review attestation serves as the monthly medication renewal; removed statement on faxing all orders to pharmacy.
02.01.00a Acute Care Hospital Order Processing and Medication Distribution	Updated to reflect the change to electronic prescribing; and clarified the labeling section.

02.01.00b Skilled Nursing Distribution of Medications and Medication Order Processing	Updated to reflect the change to electronic prescribing; clarified the labeling section; and updated distribution to reflect 48-hour supply model.
02.01.02 Disposition of Medications	Any pharmacy staff may check medication returned unused from the floor
02.01.03 Bedside Storage of Medications	Revised to reflect EHR documentation; and changed multidisciplinary to interdisciplinary.
02.02.00 Controlled Substances	E-prescribing vs faxing.
02.05.00 Investigational Drugs	Updated to reflect e-prescribing.
03.01.02 Medication Pass Observation	Minor revisions regarding assignment of staff to conduct medication pass observation.
03.03.00 Infection Control	Minor edits to refer to specific policies for expiration dating.
05.03.00 Therapeutic Interchange	Deleted "written order."
06.04.00 Drug-Food interaction counseling	Revised in conjunction with Clinical Nutrition Services. Notification process will be via report from the EHR; referenced the Clinical Nutrition policy and removed attachments.
07.01.00 Sterile Product Preparation, Handling, and Disposal	LHH does not compound sterile hazardous products. Details related to non-sterile hazardous compounding, equipment, precautions, and cleaning of the hazardous drug room were removed and are addressed in the completely rewritten policy 07.02.00.
07.02.00 Preparation, Handling and Disposal of Hazardous Drugs	Policy rewritten to incorporate regulatory changes and to be consistent with recently updated hospital-wide policy 25-05 Hazardous Drugs Management. New policy details all aspects of handling hazardous drugs receipt, storage, transport, compounding, labeling, training, hazardous drug identification.

**Department: Radiology***No changes were made.***Department: Rehabilitation Services***No changes were made.***Department: Respiratory Services***No changes were made.***Department: Social Services**Revised Policies

<u>Policies</u>	<u>Comments</u>
7.2 Services	Replaced "Initial Assessment" with "Resident Social History Initial Assessment."
7.4 Recording	Revised procedure 3 to clarify that the Discharge Planning and Expected Discharge sections under the Social Work tab in the EHR must be completed within 48 hours of admission or re-admission.

7.5 Discharges to the Acute Care Unit (PMA)	<p>Policy: Replaced “receiving ADT notice” with “Admission Report”.</p> <p>Procedure A. 1: Replaced: “Daily Admission, Discharge and Transfer notice” with “face sheet in their mailbox”.</p> <p>Procedure A. 2: Added “a consult note under the Notes section in the EHR”.</p> <p>Procedure 4: Replaced “documenting anticipated discharge destination and any psychosocial changes that have occurred due to the acute episode” with “and any psychosocial changes that have occurred due to the acute episode under the Expected Discharge section under the Social Work tab in the EHR”.</p> <p>Procedure 5: Replaced “stamped copy of the Psychosocial” with “Resident Social History”; deleted (MR 703); replaced “uploaded into” with “completed in”; added “acute medical record”.</p>
7.7 Discharge Planning and Implementation	<p>Procedure 1: Deleted “within five working days (two working days for short stay residents)”; deleted “psychosocial” and “(MR 703)”; added “If there is discharge potential, 1) a care plan will be completed under the Care Plan tab in the EHR, 2) the Discharge Planning and Expected Discharge sections under the Social Work tab must be completed within 48 hours of admission.”</p> <p>Procedure 6: Added “A Discharge Checklist will be reviewed by all team members to review to ensure resident is ready to go.”</p> <p>Procedure 8 was deleted.</p> <p>Procedure 9 became Procedure 8: Replaced “A medical social services Post-Discharge Plan of Care (MR 705)” with “An After Visit Summary (AVS)”; deleted “the inception of the discharge planning process and a finalized version at”; deleted “A copy of the written discharge instructions (MR 313A Post-Discharge Plan of Care/Home Instructions) will be given to resident and/or resident representative and box will be checked off on the MR 705.”</p>
7.8 Resident Care Conferences	<p>Procedure 2: Replaced “Resident Care Conference form” with “EHR Team Conference tab”; added “by adding themselves as a participant and completing their note section.”</p> <p>Procedure 3: Replaced “the resident care plan” with “a follow up consult note.”</p> <p>Procedure 4: Replaced “Progress Note” with “consult note”. Replaced “progress” with “consult.”</p>
7.9 Readmission Assessments	<p>Procedure I. 2: Replaced “progress” with “consult”.</p> <p>Procedure II. 1: Deleted “occurs six months and under from the date of discharge,”; added “Resident Social History”; replaced “and uploaded into the EHR and a” with “in the EHR under Notes section by coping a previous note and”.</p> <p>Procedure II. 2 was deleted.</p> <p>Procedure II. 3 became Procedure II 2.</p>
7.10 Confidentiality of Resident Information	Replaced “Medical Record Department” with “Health Information Systems” under Purpose, Procedures 1 and 2.
7.11 In-service Training	Minor revisions.

7.14 Resident Self-Determination Act (PSDA)	Added "(2 days for those coded as short stay)"; procedure 2: replaced "Psychosocial Problems" with "Affect/Mood (Include Conservator Issues)" and added "Resident Social History".
7.15 Addressing Resident's Spiritual Needs	Procedure 1: Added "Resident Social History" and deleted "Psychosocial."
7.16 SNF Neighborhood Transfers	Replaced "write" with "complete a consult"; added "transfer/move"; replaced "transfer" with "consult"; added "consult" to procedure 5.
7.17 Notifications to San Francisco Sheriff's Department (SFSD)	Replaced "A psychosocial" with "a Resident Social History."
7.18 Discharge Database Information	Replaced "Progress" with "Consults"; replaced "discharge database" with "EHR".
7.19 Burial and End of Life Care Arrangements	Added "Resident Social History"; deleted "Psychosocial"; deleted "A copy of the Initial Psychosocial Assessment is sent to the Admissions and Eligibility worker who is assigned to the resident."

### Department: Spiritual Care Services

#### New Policies

<u>Policies</u>	<u>Comments</u>
C4.0 Fire Alarm During Chapel Service	Created to protect residents, employees and visitors from fire while they attend Chapel services.

### Department: Vocational Rehabilitation

*No changes were made.*

### Department: Volunteer Services

#### Revised Policies

<u>Policies</u>	<u>Comments</u>
A1.0 Volunteer Recruitment Process Life Cycle	Rephrased wording of policy for clarification.
A2.0 Volunteer Fingerprinting	Rephrased sections to provide a more generalized description of procedures. Rephrased wording of policy for clarification.
A3.0 Volunteer Orientation	Rephrased wording of policy for clarification. Updated policy to reflect current information.
A4.0 Volunteer Infection Prevention	Rephrased wording of policy for clarification. Updated policy to reflect current information and operating procedures.
A5.0 Volunteer Injury	Rephrased wording of policy for clarification.
A6.0 Record Keeping	Rephrased wording of policy for clarification. Updated policy to reflect current information and operating procedures.
A7.0 Non-Designated In-Kind Donations (re-titled)	Rephrased wording of policy for clarification. Updated policy to reflect current information and operating procedures.
A8.0 Clothing Room	Rephrased wording of policy for clarification. Updated policy to reflect current information and operating procedures.

A9.0 Resident Library	Rephrased wording of policy for clarification. Updated policy to reflect current information and operating procedures.
A10.0 Holiday Gifts	Rephrased wording of policy for clarification.
A11.0 Volunteer ID Badge Procedure	Rephrased wording of policy for clarification. Updated policy to reflect current information and operating procedures.

**Department: Wellness & Activity Therapy**Revised Policies

<u>Policies</u>	<u>Comments</u>
A9 Call-In Procedures	Revised to include updated procedures and guidelines.