

**List of Laguna Honda Hospital and Rehabilitation Center (LHH)
Hospital-wide/Department Policies and Procedures
Submitted to the Joint Conference Committee (JCC) for Approval on
March 10, 2020**

Hospital-wide Policies and Procedures

Revised Policies

<u>Policies</u>	<u>Comments</u>
01-12 Compliance Program	Minor revisions and updated contact number for Compliance Officer.
22-03 Resident Rights	Revised to add new appendix for LGBTQ+ Long-Term Care Facility Bill of Rights.
70-01 A2 Emergency Preparedness	Revised to include alternate sources of energy to maintain temperatures to protect resident health and safety and for the safe and sanitary storage of provisions, emergency lighting, fire detection, extinguishing and alarm systems.
70-01 B1 Emergency Response Plan	Revised to include a system to track the location of on-duty staff during and after an emergency; and sheltering in place for residents, staff, and volunteers who remain in the facility.
70-01 B3 Resident Evacuation Plan	Revised to include protocols on how to identify and locate missing residents during an emergency as part of the facility's risk assessment.

Deleted Policies

<u>Policies</u>	<u>Comments</u>
20-02 Bed Hold	Incorporated into 20-06 Leave of Absence.

Department: Central Processing Department

Revised Policies

<u>Policies</u>	<u>Comments</u>
B3 Oxygen and Compressed Air	Revised to include "Cylinders are used in order which they are received from the supplier."

Department: Nursing Services

Revised Policies

<u>Policies</u>	<u>Comments</u>
A 8.0 Centralized Staffing	<ul style="list-style-type: none"> • Replaced Decentralized Staffing • The Nurse Staffing Office (NSO) is responsible for completing staffing schedules that meets the minimum budgeted

	<p>staffing requirements based on the resident’s care needs, daily census and nursing model. Likewise, the Nurse Operations Nurse Manager, Neighborhood Nurse Managers and the Nursing Staffing Assistants (NSA) will collaboratively maintain a daily staffing pattern that responds to variations in acuity and census.</p> <ul style="list-style-type: none"> • The Nursing Staffing Assistants, under the supervision of Nursing Operations Nurse Manager and/or Nursing Director of Operations, will be responsible for directly entering changes in the schedule in a timely manner, producing Plan Sheets, Schedules and Productivity Reports as necessary to effectively manage the neighborhoods staffing. • All staff are responsible for reviewing their schedules.
<p>D9 9.0 Maintaining Temperatures of Refrigerator via TempTrak</p>	<p>Added policy: Licensed Nurse is to clean medication refrigerator weekly with facility approved disinfectant.</p>
<p>G 5.0 Blood Glucose Monitoring</p>	<ul style="list-style-type: none"> • Physician order indicates hypoglycemic value to treat hypoglycemia and hyperglycemic value for which requires physician notification. • Hypoglycemia is considered <70mg/dL, and hyperglycemia is considered >400mg/dL, unless otherwise specified in order. Whenever blood glucose values change from the resident’s usual range, or the blood glucose value is not consistent with resident condition, the nurse is to repeat the test, assess for symptoms of hypoglycemia or hyperglycemia, treat according to order and inform the physician STAT. • Glucometer machine is cleaned after each use and in between patient with facility-approved disinfectant wipes for the glucometer. • Daily quality control (QC) test with low and high glucose solutions will be performed daily by licensed nurse (LN) on AM shift. • Added: “Newly hired LN’s will complete the competency at time of hire, 6 months after, then annually.” • Added: “Test strip vial should be used prior to opening a new vial, even if the barcode number is the same.” • Added: “Proper infection control procedures are followed when using the facility-approved glucometer machine and testing with blood glucose monitoring equipment.” • Glucometer machine is cleaned after each use and in between patient with facility-approved disinfectant wipes (such as Super Sani-Cloth Germicidal Disposable Wipes® or Clorox Germicidal Wipes®) for the glucometer.

J 1.0 Medication Administration	<ul style="list-style-type: none"> • New policy: “Select residents can use identification (ID) cards in lieu of ID wristbands. The ID cards will be used by staff to correctly identify resident for the purpose of barcode medication administration (BCMA), and point of care testing (POCT).” • New policy: “All medications delivered via transdermal (patch) will be labeled with date and initial at time of application of the patch. If resident currently has a patch on, the old patch should be removed before applying a new patch.” • “Successful scan of identification card for resident who meets criteria (see appendix II)” added as verification of resident. • Added: “Pill crushers will be cleaned with alcohol wipe at end of medication pass prior to returning to medication room for charging and PRN.”
J 8.0 Blood Product Administration	Major changes to reflect electronic health record (EHR) workflows.

Deleted Policies

<u>Policies</u>	<u>Comments</u>
D1 2.1 Attachment 4 Daily Nursing Care Record	No longer relevant with EHR.

Department: Pharmacy Services

Revised Policies

<u>Policies</u>	<u>Comments</u>
07.02.00 Preparation, Handling, and Disposal of Hazardous Drugs	Revised to add definition of qualified personnel; updated procedures for use of containment primary engineering control (C-PEC) for compounding non-sterile hazardous drugs; and updated hand hygiene procedures.

Department: Rehabilitation Services

Revised Policies

<u>Policies</u>	<u>Comments</u>
60-02 Procedure for Outpatient Referral Registration and Treatment	Revised to reflect EHR workflows – the referring provider shall order outpatient therapy via the EHR.

Deleted Policies

<u>Policies</u>	<u>Comments</u>
50-03 Verbal Orders	No longer relevant with EHR.