List of Hospital-wide/Department Policies & Procedures
Submitted to JCC for Approval on July 9, 2019

** Policies and procedures that are denoted with two asterisks include revisions related to Epic implementation, and shall be effective August 3, 2019.

1. *a. New Hospital-wide Policies and Procedures*		
Policy Number	**Title**	**Comment(s)/Reason(s) for Development**
LHHPP 20-12**	**Discharge Cleaning**	Created to ensure proper cleaning of resident rooms upon discharge, and communication and documentation after completion.
LHHPP 45-06	**Resident/Family Transportation Assistance**	Created to establish guidelines for the request and expenditure of funding for transportation assistance to residents and/or resident family members.
b. New Department Policies and Procedures		
Department: Admissions and Eligibility		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
New	**Residents with Unresolved Account Balances and Referrals to the Bureau of Delinquent Revenue (BDR)**	Created to identify accounts with balances in excess of 150 days for referrals to BDR.
2. a. Revised Hospital-wide Policies and Procedures		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
LHHPP 01-08**	**Media Relations**	Revised to update position titles and reflect documentation by uploading the resident's signed consent form in the EHR.
LHHPP 20-04**	**Discharge Planning**	Revised to add definitions for anticipated discharge, continuing care provider, recapitulation of stay, and reconciliation of medications; revised to reflect documentation in the EHR; added new procedure to describe the components of a discharge summary (After Visit Summary).
LHHPP 20-07**	**Against Medical Advice (AMA)**	Revised to reflect EHR workflow; physician shall place an order for AMA discharge in the EHR.
LHHPP 20-08**	**Use of Isolation Rooms**	Revised to clarify that legends will be placed on isolation rooms in the EHR to identify them as high-level respiratory isolation rooms.
LHHPP 21-02	**Transmission of Confidential Medical Information via Facsimile**	Revised to add sending of financial information records to be consistent with Federal and State privacy regulations.
LHHPP 21-17	**Document Shredding**	Revised to add financial and health information to the definition for confidential information.

LHHPP 21-18	Breach Policy	Revised to add financial information to the policy statement and the definition for breach.
LHHPP 22-01	Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response	Revised to include teasing and taunting as examples of mental abuse; added a procedure for resident education topics to be reviewed at neighborhood community meetings at least twice a year; added chemical or physical restraints, visitor-to-resident altercations as signs of possible resident abuse; added that employees may also report directly to SF Sheriff's Department; and added that the Nursing Director shall confer with the CNO before concluding an investigation of alleged abuse.
LHHPP 22-03	Resident Rights	Revised to add new policy statements to uphold patent's rights to confidential treatment of financial and health records and to approve or refuse their release, except as authorized by law; and residents are not required to perform services for the facility that are not included for therapeutic purposes in the plan of care.
LHHPP 22-05	Handling Resident's Property and Prevention of Theft and Loss	Revised to replace Administrator on Duty (AOD) with Nursing Director to be notified if the resident refuses to have their property inventoried.
LHHPP 22-08**	Threats of Violence to Residents by and External Party	Revised to include SFDPH Security Director, Chief Nursing Officer (CNO), Chief Medical Officer (CMO), Chief Executive Officer (CEO), and AOD to be notified of an alleged threat of violence against a resident by an external entity; revised to require the employee/supervisor to submit an unusual occurrence (UO) report; and revised to reflect EHR workflow to remove the resident's name from the EHR and associated printouts from the EHR will not include the resident's real name.
LHHPP 23-01	Resident Care Plan (RCP), Resident Care Team (RCT) & Resident Care Conference (RCC)	Revised to add that RCP shall be evaluated during weekly or monthly summaries and when indicated for short term problems every quarter; added policy statement that care area assessment (CAA) triggered during completion of the comprehensive MDS requires evaluation and discussion on whether a care plan needs to be developed for trigger care area; and added additional clarification for CAA.
LHHPP 23-02**	Completion of Resident Assessment Instrument/ Minimum Data Set (RAI/MDS)	Revised to add policy and purpose statements for the RCT to utilize the RAI/MDS during the care planning process; revised to replace department names with statement that all staff who complete any portion of the MDS shall sign and date electronically in the EHR; added list of RAI/MDS assessments; and revised Attachments A and C.

LHHPP 24-01**	**Missing Resident Procedures**	Revised to reflect EHR documentation for residents who are Missing Cognitively Impaired (MCI) or Away Without Leave (AWOL); updated to initiate Code Green regardless of MCI/AWOL status; and updated procedures to include status notification to CEO, CMO, CNO, Chief Operations Officer (COO), Quality Management (QM) Director, and AOD for the day.
LHHPP 24-04**	**Resident Found Off-Grounds**	Revised to remove orange ribbon that is no longer in use.
LHHPP 24-08	**Off Campus Appointments or Activities**	Revised to add procedure for escorts discharging residents out of the City and County of San Francisco; employee travel reimbursement will require preapproval and will be charged to the Nursing operating fund; and expenses related to resident travel will be charged to the Gift Fund.
LHHPP 24-10**	**Coach Use for Close Observation**	Revised to remove forms and reflect documentation to the EHR.
LHHPP 24-13**	**Falls**	Revised to add definitions for major injury, environment, hazards, supervision/adequate supervision; revised to reflect completion of Schmid Fall Assessment and EHR workflow; revised to reflect CMS regulatory requirements; and added new procedure for falls with major injury to conduct root cause analysis.
LHHPP 24-16	**Code Blue**	Revised Appendix 11 to reflect regulations by removing rectal diazepam from the emergency medication box and placing in A-side Omnicell.
LHHPP 24-18**	**Resident Locator System**	Revised for EHR workflow using wireless devices; when a Stage 2, 3, or 4 alert is triggered, nursing staff will also receive an alert on their wireless device with the resident's name and location.
LHHPP 24-22**	**Code Green Protocol**	Revised to reflect EHR workflow to print picture of missing resident from the EHR; added procedure to email notify during non-business hours when Code Green is activated: CEO, CMO, CNO, COO, QM Director, and AOD; and revised to reflect documentation in the EHR.
LHHPP 24-25**	**Harm Reduction**	Revised to move example situation from one definition to another; changed electronic progress note to EHR.
LHHPP 24-26**	**Dementia Care**	Revised to add "nonpharmacological" approaches to the definition for behavioral interventions; added procedure for the licensed nurse to ensure that the target behavior(s) are accurately monitored by recording them exactly as written by the physician into the behavior monitoring record and the resident care plan; and revised to reflect documentation to the EHR.

LHHPP 25-05**	**Hazardous Drugs Management**	Revised to reflect documentation to the EHR; revised chemo precautions for cytotoxic drugs to be observed for 7 days after the last administration of a cytotoxic drug; and removed appendix for duration of chemo precautions since all cytotoxic drugs will now have the same duration of precaution.
LHHPP 25-08**	**Management of Parenteral Nutrition**	Revised to clarify total parenteral nutrition (TPN) ingredients; revised to clarify that peripheral parenteral nutrition (PPN), customized TPN, and meds in pre-mixed TPN solutions are not available at LHH; added procedure for care team to consult pharmacy for TPN formulation and dispensing logistics prior to ordering; and added how TPN lines should be infused, increased, and stopped.
LHHPP 27-02**	**Referrals for Rehabilitation Services (re-titled)**	Revised to reflect EHR workflow and documentation.
LHHPP 28-01**	**Community Outing Program (Safety Guidebook)**	Revised LHH Outing Program Safety Guidebook to reflect EHR scheduling system; and replaced CSM (a specific volunteer group) with any volunteers.
LHHPP 29-05**	**Interpreter Services and Language Assistance**	Changed frequency of LHH Human Resources Services distribution of bilingual employee program roster to twice a year; department managers shall request for translation and signage, and the Assistant Hospital Administrator shall make approval determination.
LHHPP 50-04**	**Enteral Nutrition Charge Procedure**	Revised to reflect EHR workflow; clarified that the licensed nurse shall contact Nutrition Services diet office to inform of physician orders for change of enteral nutrition diet; and completed charge forms shall be sent via fax to the Billing department.
LHHPP 55-03**	**Pre-Admission Screening and Resident Review (PASRR)**	Revised to reflect RCT notification of upcoming PASRR Evaluations and that the PASRR database automatically refers patients with identifying criteria of developmental disability to the Department of Developmental Services; and revised to reflect EHR workflow.
LHHPP 70-01 B2	**Continuity of Operations Plan**	Revised to update/designate staff qualified to substitute in a shortage in case of emergency; and updated attachment list of job classifications and titles.
LHHPP 71-12	**Fire Drill**	Revised to remove policy statement for Nursing Operations Manager to assume telecommunication duties during night shift; updated position titles; and added procedure for the Fire Safety Officer to submit a UO for neighborhoods that fail to submit a Fire Drill Participation Form within 24 hours of a fire drill.

LHHPP 72-01 A8	**Outbreak/Epidemic Investigation Protocol**	Revised to add policy statement to define threshold for when an outbreak investigation is initiated; added procedure to define responsibility of the Charge Nurse to report to the Infection Control Nurse (ICN) when there are 2 or more of a similar infection in a 72-hour period; and added additional reporting and UO submission responsibilities of the ICN.
LHHPP 72-01 C26	**Guidelines for the Prevention and Control of Tuberculosis**	Revised to expand procedure on room placement in the case of an abnormal chest x-ray.
LHHPP 72-01 E3	**Barber and Beauticians**	Revised to add policy statement that equipment from the barber and beauticians shall not be used by other departments; and added procedure for disinfecting equipment that is inadvertently used on a resident with lice (California Health and Safety Code approves Barbicide as an appropriate disinfectant).
LHHPP 75-14	**Safety Support for LHH Patient/Resident**	Revised to replace "5150 or 5350" with "psychiatric hold".
LHHPP 80-03**	**Student, Volunteer and Consultant Orientation**	Revised to add registry and traveler staff; and added procedure for department managers or designee to request training and access to the EHR for students, registry, and travelers.
LHHPP 80-05**	**Staff Education Program**	Revised to change hospital-wide orientation to New Employee Orientation (NEO); removed option for abbreviated training program for newly hired employees; changed follow-up on employee compliance for mandatory in-services to within 30 days instead of 90 days.
LHHPP 84-01**	**Student Affiliations**	Revised to reflect student documentation in the EHR to be electronically signed by the student.
LHHPP 90-02	**Locks, Keys, and Security Devices**	Revised to streamline procedure for SFSD to provide access in emergencies; and added procedure for evaluation for installation of a key watcher cabinet for departments with large volumes of keys that require tracking.
LHHPP 90-05	**Catering Services**	Revised to reflect PeopleSoft process for Food and Nutrition Services catering requests/orders; and updated attachment for Catering Request Form.

b. Revised Department Policies and Procedures

Department: Clinical Laboratory

Policy Number	Title	Comment(s)/Reason(s) for Revision
A1**	**Clinical Laboratory Procedures**	Revised to reflect documentation in the EHR.
A2**	**Phlebotomy Procedure**	Revised to reflect documentation in the EHR.

A3**	ID of Patient and Collection of Blood Specimen	Revised to reflect special identifier on the printed label produced from the EHR.
C**	Specimen and Requisition	Revised to reflect specimen requests submitted in the EHR.

Department: Environmental Services		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
XII	Non-daily Cleaning (re-titled)	Revised to streamline the policy for isolation room cleaning and discharge cleaning.

Department: Food Services		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
1.118**	Screening Reports for Dietitians	Revised to add NPO to daily screening report for dietitians.
1.119**	Telephone Message Log	Revised to include food allergy, food preference, and transfer information to the telephone message sheet.
1.121**	Dietitian Notification Through Diet Office (re-titled)	Revised to reflect EHR workflow for admissions, discharges and transfers, and diet orders.
1.122**	Medical and Pavilion Rehabilitation Acute Admissions and Transfers (re-titled)	Revised to reflect EHR workflow for admissions and transfers to the acute rehab unit.
1.123**	Diet Prescription Accuracy	Revised to reflect EHR workflow and that diet orders prescribed through the EHR will interface with the CBORD diet office computer system.
1.124**	Ordering Procedures for Routine and Therapeutic Diets	Revised to reflect EHR workflow.
1.126**	Menu Cards - Meal Tickets	Revised to reflect EHR workflow and that diet orders will be printed at the bottom of the tray ticket.

Department: Nursing		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
A 5.0**	Nursing Clinical Affiliations (re-titled)	- Removed emergency information and signature form and replaced with attestation of resident abuse as requirements for students to complete - Updated to reflect changes for EHR - Deleted Appendix, no longer in use
C 1.0**	Resident Admission and Readmission for SNF	Revised to reflect documentation in the EHR.
C 1.3**	Discharge Procedure to Acute	Revised to reflect documentation in the EHR.
C 3.0**	Obtaining Nursing Forms, Medical Records	Revised Appendix 1 to reflect EHR workflow; and deleted Appendix 2.
F 2.0**	Assessment and Management of Urinary Incontinence	Revised to reflect EHR workflow.

F 5.0**	**Nursing Management of Urinary Catheters**	Revised to reflect documentation in the EHR.
J 1.0	**Medication Administration**	- Changed "non-legend" to "not needing a prescription" - Added "Moisture barrier cream (e.g., Inzo) to macerated areas is acceptable for CNA/PCA to apply." - Added that arm bands should be replaced if worn, torn or not scanning - Simplified policy #8 to "Separation of medication from original package and labeled is only allowed for IV preparation." - New policy #9: "IV medications that need to be prepared in medication room must be labeled with resident name, date, and time of preparation, medication name, strength, amount and name of person preparing." - New policy #15: "Oral medications that are safe to be crushed can be crushed at discretion of LN. Each crushed medication must be given individually unless ordered by physician to crush and combine medications, pharmacy reviews for compatibility and is care planned." - For Right Time: added that "with the exception of short acting insulin and any medication ordered more often than q4 hours will be administered within 30 minutes before or after schedule time" - Added "medications labeled 'do not crush' may not be crushed" - Removed the 2 licensed nurse check for hazardous medications - Added stopping a tube feeding and flushing tube with at least 15 ml prior to med administration - Added dilution of meds in at least 30 ml of water for tube feedings - New section on aerosol/nebulizer medications - Added "Request from pharmacy any missing doses and/or need for replacement" - Added details for Fentanyl Transdermal (Patch) Application and Disposal - Added details to Bedside Medication - New section on Excess Medications
K 3.0**	**Wound Irrigation and Cleansing**	Revised to reflect EHR workflow.
M 1.0**	**Orthostatic Hypotension**	Included new Appendix 1 outlining method for obtaining orthostatic blood pressures.

M 5.0**	Protocol for Using Psychotropic Medications for Emergency Behavioral Situations	Revised to reflect documentation in the EHR; and added new attachment for Skills Assessment: Orthostatic Vital Signs.
Department: Outpatient Clinics		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
A2**	Outpatient Clinic Appointment System	Revised to reflect EHR workflow for scheduling for clinic services.
A3**	Outpatient Clinic Flow and Activities	Revised to reflect EHR workflow by removing the need to bring the resident's chart to the clinic; and removed procedure for Encounter Forms.
A4**	Clinic Appointment Scheduling for Community Clients	Revised to reflect EHR workflow for scheduling for community clients.
Department: Pharmacy		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
01.04.01	Medication Error Quality Assurance Program	Revised to reflect documentation of medication errors in a database; updated name of Medication Error Reduction Committee; and deleted attachment of med error documentation form that is no longer used.
02.03.00	Emergency and Supplemental Medication Supplies	Revised to reflect that regulations do not allow for controlled substances to be stored in a portable container; as a result, rectal diazepam will be moved to Omnicell.
06.01.00**	Medication Regimen Review	Revised to reflect documentation in the EHR.
06.03.00**	Discharge Counseling	Revised to reflect EHR workflow of e-prescriptions and documentation in the EHR.
Department: Radiology		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
A5**	Request for Radiology Services	Revised to reflect EHR workflow for requests for radiology services.
A7	Operating Practices	Revised to reflect current procedures for wiping down tables and accessories with sanitizing wipes.
A8**	Radiology Registration Procedures for Employees and Volunteers (re-titled)	Revised to replace Radiology with Admissions and Eligibility department to register employees; removed CCSF students and volunteers from the policy; and revised to reflect order completion in the EHR.
A10**	Transmission of Exams from LHH Via Electronic Health Record (re-titled)	Revised to reflect EHR workflow.
B3**	Portable (Bedside) Radiography	Revised to reflect that portable radiographic exam shall be indicated on the order in the EHR.
B9**	Exam Protocol Manual	Revised to reflect that proper identification will be achieved via orders entered in the EHR.

C3**	**Procedure Charge Codes**	Revised to reflect EHR workflow.
D5**	**X-Ray Tube Registration**	Changed frequency of tube registration to bi-annual; registration and renewal of registration will be performed every two years as required by CDPH Radiologic Health Branch.
F1	**Radiation Safety Procedures**	Changed to bi-monthly receipt of film badges; revised to reflect availability of dosimetry reports via an online account through the Radiation Detection Company.
	Department: Respiratory Services	
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
A.4**	**EZ PAP**	Revised to reflect documentation in the EHR.
A.5**	**Oxygen Administration Nasal Cannula**	Revised to reflect documentation in the EHR.
A.6**	**Oxygen Administration Simple Oxygen Mask**	Revised to reflect documentation in the EHR.
A.7**	**Oxygen Administration Non-Rebreathing Oxygen Mask**	Revised to reflect documentation in the EHR.
A.8**	**Oxygen Administration Venturi Mask**	Revised to reflect documentation in the EHR.
A.9**	**Postural Drainage and Percussion**	Revised to reflect documentation in the EHR.
A.10**	**Treatment**	Revised to reflect documentation in the EHR.
A.11**	**Continuous Aerosol Therapy**	Revised to reflect documentation in the EHR.
A.12**	**Incentive Spirometry Therapy**	Revised to reflect documentation in the EHR.
A.13**	**Collection of a Nasalpharyngeal Swab**	Revised to reflect documentation in the EHR.
A.14**	**Pulse Oximetry**	Revised to reflect documentation in the EHR.
A.15**	**Arterial Blood Gas**	Revised to reflect documentation in the EHR.
A.16**	**Oxygen Concentrators**	Revised to reflect documentation in the EHR.
A.19**	**IPPB**	Revised to reflect documentation in the EHR.
A.20**	**Cough Assist**	Revised to reflect documentation in the EHR.
	Department: Social Services	

Policy Number	Title	Comment(s)/Reason(s) for Revision
7.19**	**Burial and End of Life Care Arrangements**	Revised to remove form number MR 703.

3. *a. Hospital-wide Policies and Procedures for Deletion*

Policy Number	Title	Comment(s)/Reason(s) for Deletion
None.		

b. Department Policies and Procedures for Deletion

Department: Nursing		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
C 5.0**	**Maintaining Accurate Neighborhood Census**	No longer relevant.

Department: Outpatient Clinics		
Policy Number	**Title**	**Comment(s)/Reason(s) for Revision**
C8**	**Stirling Freezer**	No longer relevant.