

SUBJECT: INVASIVE PROCEDURE SITE IDENTIFICATION	REFERENCE #2125
	PAGE: 1 OF: 4
DEPARTMENT: FACILITYWIDE	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- To identify unambiguously the intended site of incision or insertion, the invasive procedure and site/side, correct patient position, availability of appropriate documents, correct implants, special equipment/requirements will be verified by the patient and/or family, the licensed healthcare professional assigned as the patient’s care provider (nurse, Imaging Services tech, etc.), the licensed independent practitioner (MD, DPM, CRNA, etc.) and the anesthesia provider (if anesthesia or sedation provided during procedure) prior to initiation of the procedure.
- A double-check verification process will be performed to assure correct procedure, patient, insertion/incision side/site prior to all invasive procedures, such as bedside debridements, breast needle biopsies performed in Imaging Services, podiatric procedures performed in ambulatory settings and other areas of the institution.
- Additionally, all relevant documents and studies will be available prior to the start of invasive procedures. These documents and studies must have been reviewed and found to be consistent with each other and with the patient’s expectations, and with the team’s understanding of the intended patient, procedure, site and, as applicable, any implants and/or special equipment prior to initiation of the procedure.
- Missing information or discrepancies will be addressed and resolved before starting the procedure.

PROCEDURE:

- The Invasive Procedure and Site/Side will be Verified by the Following Means:
 - Patient identified using two (2) patient identifiers
 - Verbal identification by the patient and/or family
 - Operative and/or other invasive procedure informed consent
 - History and Physical
 - Physician's orders
 - Department specific invasive procedure assessment checklist
- The above documents, along with patient/family identification, must indicate the same type and site/side of invasive procedure.

SUBJECT: WAIVED TESTING	REFERENCE #2135
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 6
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

It is the policy of this organization to instruct and train appropriately licensed personnel to perform specified types of clinical laboratory specimen testing at the point of care rendered (or at the patient’s bedside). This type of testing will be referred to as waived testing and is understood to be performed by those individuals who have the clinical expertise and licensure to perform, interpret and take appropriate action on waived tests.

REQUIREMENTS:

- Any test requested for inclusion in the Waived Testing Index (list of those tests that may be performed at the point where care is rendered), must be approved by the medical staff and Clinical Laboratory and must meet FDA and CLIA requirements for waived testing.
- Any individual performing approved tests listed on the Waived Testing Index must meet the following requirements:
 - Level of licensure required by the State Board of Nursing
 - Level of licensure required by the State Department of Health Services
 - Successful completion of instruction and training course on the specific test, for which the individual will perform waived testing on an annual basis
 - Successful completion of orientation specific to this organization and the unit upon which the waived test is performed
 - Successful completion of competency evaluation on specific test, for which the individual will perform waived testing
 - Successful completion of competency for an instrument that is used for a test; staff must be trained on the use and maintenance of the instrument
 - Staff competency is evaluated, at a minimum, at orientation and annually thereafter
 - Competency evaluation must consist of at least two (2) of the following per staff member per test:
 - ◆ Blind (unknown source) test performance and resulting
 - ◆ Periodic observance of routine work by a supervisor or qualified delegate
 - ◆ Monitoring of the user’s quality control performance

SUBJECT: ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN	REFERENCE #5001
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 16
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

- The purpose of the Organizational Performance Improvement Plan at _____ Facility is to ensure that the Governing Body, medical staff and professional service staff demonstrate a consistent endeavor to deliver safe, effective, optimal patient care and services in an environment of minimal risk.
- In keeping with _____ Facility's mission; to foster, nurture and perpetuate the concept of a family centered, quality conscious and cost-effective medical center of excellence providing a continuum of care from birth to death with a profound respect for life and dignity at each stage of the human experience, the Organizational Performance Improvement Plan allows for a systematic, coordinated and continuous approach to improving performance focusing upon the processes and mechanisms that address these values.
- As patient care is a coordinated and collaborative effort, the approach to improving performance involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the performance improvement activities at _____ Facility. The organizational program, established by the medical staff and interdisciplinary Performance Improvement Committee, with support and approval from the Governing Body, has the responsibility for monitoring every aspect of patient care (including contracted services), from the time the patient enters the facility through diagnosis, treatment, recovery and discharge in order to identify and resolve any breakdowns that may result in suboptimal patient care and safety, while striving to continuously improve and facilitate positive patient outcomes.

GOALS OF PERFORMANCE IMPROVEMENT:

- The primary goals of the Organizational Performance Improvement Plan are to continually and systematically plan, design, measure, assess and improve performance of critical focus areas, improve healthcare outcomes, and reduce and prevent medical/health care errors. To achieve these goals, the plan strives to:
 - Incorporate quality planning throughout the facility
 - Provide a systematic mechanism for the facility's appropriate individuals, departments and professions to function collaboratively in their efforts toward performance improvement, providing feedback and learning throughout the facility

SUBJECT: PLAN FOR THE PROVISION OF PATIENT CARE AND SERVICES	REFERENCE #6006
	PAGE: 1 OF: 28
DEPARTMENT: FACILITYWIDE	EFFECTIVE:
APPROVED BY:	REVISED:

FACILITY MISSION AND VALUES:

- _____ Facility is a not-for-profit/for-profit facility, owned and operated by _____ (name of corporation, etc.) which provides selected healthcare services.
- Our Mission is to: (List the mission statement here)

PHILOSOPHY OF PATIENT CARE SERVICES:

- As a premier provider of community based, family oriented healthcare, _____ Facility believes it can best maintain this level of service through a customer focus, where we continually strive to understand and exceed the expectations of our customers. This focus is enabled through effective communication systems, staff education, team building, process improvement, work redesign and an empowered work force.
- In collaboration with the community, _____ Facility will provide customer-focused care and service through:
 - A mission statement which serves as a foundation for planning.
 - Long-range strategic planning with facility leadership.
 - Establishment of core values which guide employee behavior. _____ Facility will support personnel relations that foster growth, encourage innovation and support teamwork. The organization recognizes the relationship between positive personnel relations and its ability to achieve organizational objectives and will pursue the means to strengthen and enhance this association.
 - Provision of services that are appropriate to the scope and level required by the patient population to be served.
 - Ongoing evaluation of services provided through performance improvement activities.
 - Integration of services through a variety of mechanisms, i.e., continuous quality improvement (CQI) teams, informational meetings, staff meetings, leadership council and employee education.
 - Priority focus on patient relations, their interests, needs and expectations.

SUBJECT: THE PRIVILEGING PROCESS	REFERENCE #7112
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 6
APPROVED BY:	EFFECTIVE: REVISED:

PURPOSE:

- Privileging refers to the process where a healthcare organization determines what specific medical procedures a physician may do within that organization. Although many parts of the privileging process parallel and overlap with the credentialing process, the specific part of the privileging process is the determination of a practitioner’s ability to do certain procedures based on training and experience.
- Occasionally, however, an applicant may be granted privileges but not medical staff membership. For example, a dentist may be granted privileges to do the appropriate dental work but not qualify as a member of the medical staff since he or she does not have a medical degree.
- This privileging process is facility-specific as well as practitioner-specific. The healthcare organization must determine what medical procedures can be done with the facility’s resources, support personnel and equipment. The specific regulations that apply to the privileging process come from the Joint Commission and NCQA as well. In the Joint Commission standards, the privileging and credentialing regulations are linked.

POLICY:

- Privileges shall be granted for a period not to exceed two (2) years.
- Responsibilities for the privileging process:
 - Governing Body grants privileges based on the organized medical staff’s recommendations.
 - The Governing Body is responsible for:
 - Reviewing recommendations made by the organized medical staff
 - Reviewing documentation that the recommendation is based on
 - Reviewing records of hearing or appeals addressing adverse decisions
 - Granting appropriate clinical privileges
 - The organized medical staff has the following responsibilities:
 - Developing and approving a procedures list
 - Establishing the mechanism to review privileges