

SUBJECT: WAIVED TESTING	REFERENCE #1109
DEPARTMENT: FACILITY-WIDE	PAGE: 1 OF: 2
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.

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;
 - Successful completion of competency evaluation on specific test, for which the individual will perform Waived Testing.
 - Competency evaluation will consist of:
 - ◆ Written evaluation of theory;
 - ◆ Direct observation of test performance by a qualified proctor;
 - ◆ Direct observation of quality control methodology (QC = equipment calibration, outdating, troubleshooting, etc.).
 - Competency evaluation, in addition to the above, may consist of:
 - ◆ Blind (unknown source) test performance and resulting;
 - ◆ Simulation of test performance with training equipment/materials for Waived Testing performed infrequently.

SUBJECT: STORAGE OF MEDICATIONS	REFERENCE #1207
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APPROVED BY:	EFFECTIVE:
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POLICY:

- Drug containers which are cracked, soiled or without secure closures shall not be used.
- All areas where drugs are stored must be kept dry, clean and neat at all times.
- Drugs (including sample medications) shall be stored in an orderly manner in specifically designated cupboards, cabinets, closets or drawers, away from public access or locked to prevent unauthorized access to drugs.
- Refrigerators containing drugs shall be maintained between 2° C (36° F) and 8° C (46° F). Room temperature for drug storage shall not exceed 30° C (86° F). Refrigerators used for drug storage must not contain food items.
- Narcotics shall be double-locked, with a sign-out log and restricted access to keys.
- Drugs for external use in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.
- Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs.
- Drugs shall not be kept in stock after the expiration date on the label. No contaminated or deteriorated drugs shall be used.
- Drugs shall be checked monthly, as well as each time a medication is dispensed for outdates.
- Multidose vials of injectable medications are to be dated and initialed when opened. The vials shall be destroyed when expired (per manufacturer) or after one month, whichever comes first.
- Single dose vials or vials without preservatives must be discarded at time of use and not reserved for further use.
- Bottles of sterile saline and sterile water for irrigation must be discarded 24 hours after being opened. These bottles shall also be dated and initialed when opened.

SUBJECT: PLAN FOR THE PROVISION OF PATIENT CARE	REFERENCE #1401
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APPROVED BY:	EFFECTIVE:
	REVISED:

MISSION AND VALUES:

This organization is a not-for-profit/for profit facility, which provides selected health care services.

Our mission is to: **(List the mission statement here)**

PHILOSOPHY OF PATIENT CARE SERVICES:

As a premier provider of community-based, family-oriented health care, this organization 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 design and an empowered work force.

- In collaboration with the community, this organization 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. This organization will support personnel relations which foster growth, encourage innovation and support teamwork. The facility recognizes the relationship between positive personnel relations and its ability to achieve the organization's 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.
 - Recognition of the need to be a responsible member of the community through contribution toward the quality of life by means of activities, services and involvement with the community. This organization is committed to supporting or initiating efforts concerned with the health of the community.

ORGANIZATIONAL PERFORMANCE IMPROVEMENT PLAN AMBULATORY CARE

PURPOSE:

- The purpose of the Organizational Performance Improvement Program is to ensure that patients are provided high quality care in an environment of minimal risk. The program has the responsibility for monitoring every aspect of patient care, in order to identify and rectify breakdowns that result in suboptimal care and safety, while striving to continuously improve and facilitate positive patient outcomes.
- There is a planned, systematic, collaborative ongoing process for monitoring, evaluating and improving the quality and appropriateness of patient care.
- When patient care problems or opportunities to improve care are identified, actions are taken and the effectiveness of the actions are evaluated.
- The Governing Body will support and have the final authority and responsibility for the assurance of a flexible, comprehensive and integrated Organizational Performance Improvement Program and will delegate the authority and accountability for the operation of the program to the administration and medical staff.
- Administration shall provide the resources, equipment and personnel reasonably required to maintain and support the program.
- The Medical Director shall make the commitment to support and participate in the management of the Organizational Performance Improvement Program.

OBJECTIVES:

- Maintain an ongoing performance improvement program, conducted in a cost effective manner, that include mechanisms for the monitoring and evaluation of the quality and appropriateness of patient care.
- Focus of Quality Management data at a central point, for examination analysis and documentation of ongoing implementation.
- Improvement of existing processes and functions through a systematic approach, that includes identifying potential improvement, testing the strategy for change by assessing data from the test to determine if the change produced improved performance and implementing the improvement strategy system wide.
- Review of adverse outcomes, in order assure system and procedure correction.
- Assurance of effective communication systems for reporting Quality Management activities to Medical Staff, Administration and Governing Body.

SUBJECT: CREDENTIALING OF MEDICAL STAFF MEMBERS	REFERENCE #2114
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APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

- Physician applications for privileges are reviewed consistently using the following criteria:
 - Current licensure;
 - Current DEA certification;
 - Completed application;
 - CV with 5-year work history;
 - NPDB inquiry;
 - Sanction activity for Medicare and Medicaid;
 - Federation of State Medical Board physician profile;
 - Appropriate training and experience verification;
 - ECFMG verification (if applicable);
 - Board certification verification;
 - Peer recommendations;
 - Professional liability insurance;
 - Malpractice claims status;
 - Practice patterns;
 - Patient case mix;
 - Need for specific specialties;
 - Geographic location of office.

- All recommendations by the Credentialing Committee will be submitted to the Board, along with the completed credential files, for review and approval or disapproval for participation.

- The Board will review and approve/disapprove each application within 60 days of the Board's receipt. The physician will be notified, by letter, of the Board's decision within 30 days following the Board's review of the application.