

POLICY AND PROCEDURE LIST

PATIENT RIGHTS AND ORGANIZATIONAL ETHICS

- POL001 Advance Directives**
Policy outlining how advance directives are handled in the hospital/healthcare environment, includes PSDA requirements, patient's right to make healthcare choices, revisions of advance directive and labeling record for advance directives.
- POL002 Conflict of Interest**
Policy outlining the nature of contractual arrangements, partnerships, other agreements or fiduciary relationships entered into by the organization and other parties, requiring that there be no conflict of interest with the organization's mission, vision, values, policies, procedures and directives.
- POL003 Conflict Resolution**
Policy outlining the provision of a systematic approach to resolve conflicts that may arise in the care of a patient.
- POL004 Ethical Dilemmas in Patient Care**
Policy outlining the right of staff members to refuse to care for a patient or to participate in an aspect of patient care that is in conflict with spiritual or ethical beliefs of that staff member. Includes processes for effectively dealing with, and resolving these ethical dilemmas.
- POL005 Convening of the Ethics Committee**
Policy outlining the process for convening of the organizationwide Ethics Committee to allow staff, patients and their families an avenue to address ethical issues.
- POL006 End of Life Issues**
Policy outlining processes to assist those patients who are facing end of life conditions to proceed through the death process with comfort, dignity and respect. Includes supportive issues of patient and family as these relate to psychological, social, emotional and spiritual issues.
- POL007 Informed Consent**
Policy outlining requirement that the patient must be given the opportunity to give an "informed consent" prior to the administration of anesthesia and prior to the performance of operative and/or invasive procedures, diagnostic or therapeutic procedures, or situations when it is advisable to have documentation of the patient's consent for treatment.
- POL008 Pediatric Rights and Responsibilities of Parents/Guardians**
Policy outlining the rights and responsibilities of the pediatric patient and his/her parents/guardians.
- POL009 Photographing/Videotaping Patients**
Policy outlining the processes for the facility to take photographs and/or film or video tape in an effort to assist educational, treatment, research, scientific, public relations and charitable goals of the institution; and to document certain physical conditions when it may be of benefit to the patient's plan of care and treatment. Includes obtaining patient/legal guardian consent.

POLICY AND PROCEDURE LIST (continued)

- POL010 Patient Grievance Process**
Policy outlining the requirements and process for the patient and/or family/visitors to voice concerns (grievances) about the quality and/or safety of care and services rendered at the facility. Includes process for registering concerns over perceptions related to premature discharge.
- POL011 Patient Rights and Responsibilities**
Policy outlining the rights and responsibilities of the patient pursuant to the organization's mission and scope and the requirements of regulatory bodies including CMS, JCAHO and the DHHS.
- POL012 Withholding or Withdrawal of Life-Sustaining Measures**
Policy outlining the organization's beliefs and allowance of withholding/withdrawal of life-sustaining measures as directed by the patient/patient's legal surrogate. Includes discussion of various types of advance directives and the process by which the organization will allow withholding or withdrawal of life-sustaining measures.

ASSESSMENT OF PATIENTS

- POL101 Assessment Prior to Induction**
Policy for Anesthesia Department to assess all patients prior to the delivery of anesthetic agents, includes requirement for preanesthesia evaluation prior to induction to assure stable hemodynamics of the patient. Defines the term "immediately prior to induction".
- POL102 Nutritional Assessment of Patients by the Clinical Dietitian**
Policy outlining the responsibility of the Clinical Dietitian to complete a nutritional assessment within 48 hours of patient admission for patients initially screened as having moderate or high nutritional risk.
- POL103 Medical Screening Exams and EMTALA Guidelines**
Policy and procedure outlining the EMTALA requirements. Covers the hospital's responsibility for on-call physicians, transfer of patients and the necessity of a medical screening exam for all patients seeking unscheduled care. Includes the required components of medical screening exam.
- POL104 Prevention Guidelines Fall**
Document listing fall risk factors, patient/family education and comprehensive guidelines to follow for prevention of patient falls.
- POL105 Fall Prevention**
Policy outlining use of fall assessment checklist, includes patient and family education, identification and prevention of fall risk factors, assessment/reassessment for fall risk, initiation of fall prevention precautions.
- POL106 Identification of Suspected Abuse and/or Neglect**
Policy outlining personnel identification of, assessment for and reporting of suspected abuse and/or neglect of patients. Includes descriptions of physical, sexual and emotional abuse and neglect and domestic violence. Policy includes reporting requirements and abuse/neglect patient management.
- POL107 Initial Patient Assessment and Reassessment**
Policy outlining the requirements and procedure for initial nursing assessment of patients. Includes physical, psychological, pain management, spiritual needs, social status, as well as educational and discharge preparedness/planning needs of patient. Reassessment requirements and procedures also included.

POLICY AND PROCEDURE LIST (continued)

- POL108 Nutritional Screening/Monitoring**
Policy outlining the process of an initial screening of each patient's nutritional status to determine the nutritional risk and the need for further nutritional care and monitoring.
- POL109 Pain Assessment in Children**
Policy outlining the requirements and processes for assessment and reassessment of pain in the infant through adolescent population.
- POL110 Functional Reassessment of the Patient**
Policy outlining the requirements and processes of conducting functional reassessments on all patients who have been identified during initial patient assessment to have a functional illness, condition or dysfunction.
- POL111 Suspected Elder Abuse Reporting**
Policy outlining requirements and process for reporting elder abuse situations to protective and legal agencies. Includes description of physical abuse, neglect and fiduciary abuse/neglect of the elderly and how to report these events providing optimal protection of the elderly patient.

CARE OF PATIENTS

- POL201 Beds and Side Rails**
Policy outlining the requirements for bed and side rail use. Includes pertinent patient safety practices such as routine assessment of bed functionality, assessment of “gap” hazard between mattress and side rails, etc.
- POL202 Food-Drug Interaction Notification and Counseling**
Policy outlining the requirements and processes of providing the patient/family with known or potential food-drug interaction education. Includes emphasis on interdisciplinary approach to this education and focuses on safe medication practices and patient safety. Policy addresses how food-drug interactions are identified and how the patient/family is educated prior to discharge.
- POL203 Patient Use of Herbals and Natural Remedies**
Policy outlining the procedure to control all medications brought into the facility by patients, includes the identification and control of herbals and “natural” remedies and discusses management of these types of biologicals.
- POL204 Latex Sensitivity**
Policy outlining requirements and procedures for preventing latex sensitive patients from coming into contact with latex containing products. Includes identification of the patient at risk for latex sensitivity.
- POL205 Use of Multidose Vials**
Policy outlining the use of single dose vials patient medication administration throughout the organization, with the exception only of multidose vials for treatment of a single patient, (i.e., use of a multidose vial for one specific patient only), admixture or compounding performed in the Pharmacy Department or for vaccines.
- POL206 Verbal and Written Orders**
Policy outlining the processes required for giving and receiving orders for patient treatment and the administration of medications. Describes requirement for all orders to be written in the medical record of the patient or prescription form. Outlines which individuals may give and receive orders, how the orders are to be given and documented. Includes continuation of orders related to transferred patient and blanket orders.

POLICY AND PROCEDURE LIST (continued)

- POL207 Discharge from PACU**
Policy outlining the use of approved medical staff discharge criteria for release (discharge) of patients from the PACU. Policy states that all patients are discharged from the PACU by order of anesthesia provider after appropriate nursing and anesthesia assessment and after the patient has met the postoperative discharge criteria.
- POL208 PACU Scoring Guidelines**
Policy outlining the actual PACU scoring guidelines for discharge (discharge criteria).
- POL209 Management of Patient Pain**
Organizational policy outlining processes to effectively manage patient pain, including reduction and/or elimination of the adverse psychological and physiological effects of unrelieved pain. Policy focuses on enhancing healing and promoting both physical and psychological wellness.
- POL210 Guidelines for Pain Management in the Terminal Patient**
Policy outlining the processes throughout the organization to keep all terminally ill patients as pain free as possible to allow them to die comfortably and with dignity. Policy underscores the philosophy that pain relief and management medications may be given to the dying patient, even if this therapy may indirectly shorten the patient's life, as long as the intent is not to hasten death.
- POL211 Disposal of Controlled Substance Patches**
Policy outlining the requirement and process for disposal of controlled substance patches (such as fentanyl patches) after patient use.
- POL212 Patient Identification for Clinical Care and Treatment**
Policy outlining requirement and processes for proper identification of all patients prior to any care, treatment or services provided. Use of two (2) patient identifiers outlined in requirements.
- POL213 Prescribing/Ordering - General Practices**
Policy outlining the requirements and processes for prescribing and ordering medication practices which ensure the safe, clear and legal use of drugs. Includes comprehensive requirements for obtaining verbal orders, unacceptable medication abbreviations/symbols, common medication related definitions, standard administration times, PRN and renewal processes.
- POL214 Invasive Procedure Site Identification**
Policy outlining the requirement of and process for invasive procedure site/site identification.
- POL215 Range Orders for Medications**
Policy outlining the process for medication orders to be written in dose and frequency range, utilizing the lowest dosage at the greatest frequency for initial administration.
- POL216 Restraints**
Comprehensive policy and procedure meeting Medicare Conditions of Participation requirements for acute medical and surgical restraint use, as well as behavior management. This policy and procedure includes pediatric considerations, proper use of the various types of restraints available and documentation guidelines.
- POL217 Sedation**
Policy outlining guidelines for patient management of all procedures requiring the use of sedation. Includes definition of and clinical competency requirements for provision of mild/moderate and deep sedation.

POLICY AND PROCEDURE LIST (continued)

- POL218 Self-Medication (Bedside Medications)**
Policy outlining the organization's ruling on the use of bedside or "self" medications by the patient. The policy notes that under unusual circumstances it may be desirable for therapeutic reasons to allow the patient to self-medicate during hospitalization, however appropriate precautionary procedures must be followed to ensure patient safety.
- POL219 Telephone and Verbal Orders for Medication**
Policy outlining the processes required for giving and receiving telephone and verbal orders for administration of medications. Outlines which individuals may give and receive verbal and telephone orders and comprehensive description of what the order must include, in addition to a description of the circumstances under which telephone and verbal orders are allowed.
- POL220 Waived Testing**
Policy outlining the allowance of waived testing within the institution. Policy outlines the requirement that only individuals who have the clinical expertise and licensure to perform, interpret and take appropriate action on waived tests are allowed to perform the tests. Addresses issue of extent to which the test results are to be used in the care of the patient, noting whether the result is of screening value only or if the result is to be deemed definitive for diagnosis and treatment.

PATIENT/FAMILY EDUCATION

- POL301 Medical Equipment Education**
Policy outlining the requirements and processes to provide information to, and education for, patients/families in the safe and effective use of medical equipment.
- POL302 Collaborative Patient/Family Education**
Policy outlining the processes and procedures for the support and coordination of a systematic approach to patient and family education throughout the organization. Includes requirements of patient education, documentation on the multidisciplinary education record, evaluation of the individual patient/family's understanding and the organization's overall patient/family education program.

CONTINUUM OF CARE

- POL401 Discharge Planning**
Policy outlining discharge planning processes. Focus is on continuity of care and discharge preparation by the entire healthcare team. Includes emphasis on discharge planning from admission, with all disciplines involved in the assessment and planning of after discharge healthcare needs of the patient and/or family.
- POL402 Patient Requiring Psychiatric Evaluation**
Policy outlining processes for obtaining a psychiatric evaluation of a patient in an institution that is a non-psychiatric receiving facility. Includes referral and transfer to a psychiatric receiving facility and/or management through consultative psychiatric services on a temporary basis, and patients with acute clinical conditions and psychiatric needs received through the emergency department.

IMPROVING ORGANIZATION PERFORMANCE

POLICY AND PROCEDURE LIST (continued)

- POL501 Medication Errors**
Policy outlining how medication errors are managed throughout the facility. Includes classification of errors, (i.e., significance), intervention to protect the patient, documentation and reporting of errors.
- POL502 Conducting Root Cause Analysis**
Policy outlining the processes of a root cause analysis in response to a sentinel event.
- POL503 Sentinel Event**
Policy outlining the requirements and processes for sentinel event identification, reporting and interventions. Includes definition of sentinel event, conducting root cause analysis, performing relevant interventions, reporting, investigating and evaluating event.

LEADERSHIP

- POL601 Patient Age-Related Hazards**
Policy outlining age-related hazards inherent in the healthcare environment, with processes and procedures for patient management to ensure a safe environment for patients of all ages.
- POL602 Organ and Tissue Donation**
Policy outlining the requirements for identification of all potential donors of organs and tissues for transplantation according to state regulations. Includes process for the reporting of all deaths to the approved Tissue Donation Hotline for evaluation of donation potential.

MANAGEMENT OF THE ENVIRONMENT OF CARE

- POL701 Child Security**
Policy outlining the processes throughout the organization to protect pediatric through adolescent patients from removal by unauthorized persons. Includes the components of a child security system, security drills and processes to undertake in the event a child is missing.
- POL702 Compressed Gas and Oxygen Use**
Policy outlining use, storage and handling of medical gases. Includes hazards associated with use, proper handling, use of pressure regulators and needle valves, labeling, flammable gases, leak testing and management of empty cylinders.
- POL703 Infant Security**
Policy outlining the processes throughout the organization to protect infants as infants from removal by unauthorized persons. Includes the components of an infant security system, security drills and processes to undertake in the event an infant is abducted.
- POL704 Safe Medical Devices**
Policy outlining the requirements and process to comply with the Safe Medical Device Act of 1990, and to promote patient, visitor and staff safety when utilizing medical equipment and devices.

POLICY AND PROCEDURE LIST (continued)

- POL705 Reprocessing of Single-Use Devices**
Policy outlining the institution's approval of reprocessing of single-use devices with processes described to assure safe and efficacious reprocessing of single-use medical devices, following the FDA. Includes criteria for reprocessing as outlined in the FDA's Guidance for Industry on Enforcement Priorities for Single-Use Devices Reprocessed by Third Parties and Hospitals.
- POL706 Fire Safety - Smoking Policy**
Organizationwide policy outlining the prohibition of smoking in all buildings of the organization and in all areas except those designated for smoking. Includes exceptions to the smoking policy, requirement of authorization from physician or LIP in the form of a prescription and be based on established medical criteria set forth by the hospital medical staff to allow patients to smoke, monitoring of patients allowed to smoke.
- POL707 Vendor Information and Orientation**
Policy outlining requirement and process for providing all vendors with information and education pertinent to the life safety policies and procedures for the institution to optimize vendor, staff and patient safety. Includes vendor guidelines, responsibilities and expected actions related to appropriate infection control practices; institution's policy regarding patient, visitor, staff and building security; and the institution's policy regarding patient confidentiality.
- POL708 Visitor Control**
Policy outlining the organization's method of controlling visitors. Includes visiting hours, after hours visitation and an emphasis on increasing awareness among personnel of those individuals who do not have sufficient reason or need to be in the facility after regular visiting hours, and increasing the overall safety of the patients and personnel.
- POL709 Workplace Violence Prevention Plan**
Policy outlining management of violence in the workplace. Includes violence prevention techniques, security issues and response to workplace violence.

MANAGEMENT OF HUMAN RESOURCES

- POL801 Conducting Performance Evaluations and Clinical Competency Assessments**
Policy outlining performance evaluations and clinical competency assessments. Includes the process and time frames for conducting performance evaluations, and clinical competency assessments, addresses new hires, annual review and includes job transfers/promotions.
- POL802 Skills Inventory for Staff Competence**
Policy outlining the requirement and processes for the generation and completion of departmental personnel skills inventory lists. Policy outlines how inventory of skills on list is specific to job function and that competency is assessed via the inventory of skills and integrated into job performance and evaluation functions.
- POL803 Staff Competency**
Policy outlining the requirements and processes related to the ongoing assessment, maintenance, demonstration and improvement of staff competence. Policy requires performance appraisal at three months post hire and annually thereafter.

POLICY AND PROCEDURE LIST (continued)

- POL804 Staffing**
Policy outlining the accountability for the provision of patient care to patients in the organization. Policy requires each unit or patient care area to have staffing plan that reflects state requirements and staffing ratios as well as staffing based on the healthcare needs and response of the patient population.

MANAGEMENT OF INFORMATION

- POL901 Use of Summary List**
Policy and procedure outlining the requirement of the use of a summary list by the third visit for the ongoing provision of care to patients receiving ambulatory care. Includes documentation of known significant medical diagnoses, conditions, procedures, drug allergies and medications in the record of each patient who receives continuing ambulatory care services.
- POL902 Medical Record Review Function**
Policy outlining the process of the medical record review function. Outlines responsibilities to assure the appropriateness of clinical information, timely entry, timely completion and legibility of medical records. Describes requirements for determination if the record clearly, completely and accurately reflects the diagnosis, results of diagnostic tests, therapy rendered, conditions, in-hospital progress of the patient and the condition of the patient at discharge.
- POL903 Confidentiality of Information - General Issues**
Comprehensive policy outlining the requirements to maintain an individual's right to privacy and confidentiality of information. Emphasizes that information concerning patients, visitors and staff shall be managed with the highest degree of appropriateness and confidentiality, pursuant to organizationwide policies and procedures. Includes discussion of protected health information, however focus is on general issues of confidentiality.
- POL904 Uses and Disclosures of Protected Health Information - General Rules**
Policy outlining the HIPAA guidelines and requirements for managing protected health information.

SURVEILLANCE, PREVENTION AND CONTROL OF INFECTION

- POL1001 Hand Hygiene**
Policy outlining guidelines for effective hand hygiene, in order to prevent the transmission of bacteria, germs and infections. Includes CDC recommended guidelines for use of non-antimicrobial soap and water, antimicrobial soap and water or alcohol-based hand rub.
- POL1002 Statement of Authority**
Policy outlining the Infection Control Committee's ultimate authority to institute any appropriate infection control measures or studies and to recommend corrective action to safeguard the patient and staff population throughout the institution.

GOVERNANCE

MANAGEMENT

POLICY AND PROCEDURE LIST (continued)

MEDICAL STAFF

- POL1301 Fair Hearing and Appeals Process for Allied Health and Nonmedical Staff Members with Clinical Privileges**
Policy stating that any allied health practitioner or nonmedical staff member that holds current clinical privileges is entitled to a fair hearing and appeals process.
- POL1302 Approval and Use of Contracted Services**
Policy outlining the requirements for administrative and medical staff approval of contracted (outside) services, outlines responsibilities for physical inspection and review of the contracted agency.
- POL1303 Autopsy Criteria and Next of Kin Authorization**
Medical staff criteria list for requesting autopsy performance, with recommendations promulgated by the American Society of Clinical Pathologists. Includes next of kin authorization.
- POL1304 Expedited Appointment and Reappointment Process**
Policy outlining designation to a committee of the Governing Body the authority to render determinations regarding initial appointment, reappointment and renewal or modification of clinical privileges.
- POL1305 Impaired Professional Program**
Policy outlining the medical staff program to educate hospital leaders and the medical staff about licensed independent practitioner health, address prevention of physical, psychiatric or emotional illness, and to facilitate confidential diagnosis, treatment and rehabilitation of licensed independent practitioners who suffer from a potentially impairing condition.
- POL1306 Telemedicine Services**
Policy stating telemedicine services are allowed at the organization and outlining processes by which telemedicine services can be rendered. Includes medical staff determination of which services can be provided via telemedicine, credentialing and privileging processes relevant to the practice of telemedicine, how telemedicine services will be utilized within the organization.

NURSING