

List of Hospital-wide/Department Policies and Procedures

New Hospital-wide Policies and Procedures

| Dept. | Policy # | Title | Notes |
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| _LHHPP | 22-07_A02 | Physical Restraints - Acute Units | The purpose of the Physical Restraints – Acute Unit policy is to ensure the use of restraints maintain a safe environment, prevents injury, and maintains dignity of patients and staff in the Laguna Honda Hospital (LHH) Acute Units (Acute Medical and Acute Rehab). The Acute Rehab unit is also known as the Inpatient Rehabilitation Facility (IRF). |
| _LHHPP | 22-14 | Resident Activities | New policy for resident activities |
| _LHHPP | 22-15 | Communications Within and External to the Facility | New policy |
| _LHHPP | 22-16 | Effective Communication - Resident Who is Deaf | New policy |
| _LHHPP | 22-17 | Resident Email and Video Communications | New policy |
| _LHHPP | 22-18 | Resident Right to Privacy in Communication | New policy |
| _LHHPP | 24-01 | Culturally Competent Care Policy | New policy |
| _LHHPP | 24-02 | Promoting Maintaining Resident Dignity Policy | New policy |
| _LHHPP | 24-04 | Trauma Informed Care | New policy |
| _LHHPP | 24-14 | Opioid Overdose Prevention | New policy for overdose prevention |
| _LHHPP | 25-14 | Unnecessary Drugs Without Adequate Indication for Use Policy | New policy |
| _LHHPP | 72-01 A02 | Infection Prevention and Control Program | New policy |
| _LHHPP | 72-01 A03 | Infection Preventionist | New policy |

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| _LHHPP | 72-01 A04 | Infection Reporting Policy | New policy |
| _LHHPP | 72-01 A10 | Infection Outbreak Investigation and SURGE Response | New policy |
| _LHHPP | 72-01 A11 | Water Management | New policy |

Revised Hospital-wide Policies and Procedures

| Dept. | Policy # | Title | Notes |
|--------|-----------|--|--|
| _LHHPP | 01-06 | Administrator on Duty | <p>1. Updated Policy section to include AOD designee during business and non-business hours, when to report issue/event to the AOD, Department Heads, Associate Administrator and/or CEO will be contacted to inform or elicit support, and AOD will activate HICS and assume role as Incident Commander.</p> <p>2. Updated Purpose section to include administrative responsibility, proper notification process and duties, responsibilities and the authority of the AOD.</p> <p>3. Update Procedures to Nursing Operations Nurse Manager will be AOD during non-business hours.</p> <p>4. Removed AOD shall be on call during non-business hours.</p> <p>5. Updated AOD responsibilities.</p> <p>6. Removed Administration Services responsibilities</p> |
| _LHHPP | 20-06 | Leave of Absence (LOA), Out on Pass (OOP) and Bed Hold | Updated with Phase 3 regulations |
| _LHHPP | 22-07_A01 | Physical Restraints | <p>o Revised Policy #4: "Each restraint order is valid only for the specific occurrence of application and cannot be written as a standing or PRN order."</p> <p>o Added definition for "Remove Easily: the manual method and/or physical or mechanical device, material, or equipment can be removed intentionally by the resident in the same manner as it was applied by the staff considering the resident's physical condition and ability to accomplish his or her objective."</p> <p>o Added that a bed rail is considered a restraint when: "The bed rail keeps a resident from voluntarily getting out of bed in a safe manner due to his/her physical or cognitive inability to lower the bed rail independently"</p> <p>o Reordered bullet points</p> <p>o Added Standards #7 and #8</p> <p>o Added "The ordering provider is accountable for evaluating the need for</p> |

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| _LHHPP | 22-09 | Psychiatric Emergencies | MSPP policy translated to LHHPP hospital-wide |
| _LHHPP | 22-12 | Clinical Search Protocol | Updated with Phase 3 regulations |
| _LHHPP | 22-13 | Bed Rail Use | <p>the alternatives that were attempted prior to the installation or use of a bed rail and how these alternatives failed to meet the resident's assessed needs."</p> <p>o Added to Policy #4: "When the bed rail keeps a resident from voluntarily getting out of bed in a safe manner due to his/her physical or cognitive inability to lower the bed rail independently, they fall under the definition of a physical restraint. If they are not necessary to treat medical symptoms, and less restrictive interventions have not been attempted and determined to be ineffective, bed rails used as restraints should be avoided."</p> <p>o Added #7: Appropriate alternatives</p> <p>o Added to procedures information regarding beds with rails that are pre0installed, and the following of manufacturers recommendations regarding disabling or tying rails down</p> |
| _LHHPP | 23-02 | Completion of Resident Assessment Instrument Minimum Data Set | Updated with Phase 3 regulations |
| _LHHPP | 24-06 | Resident/Patient and Visitor Complaints/Grievances | <p>1. Updated "Resident" to "Resident/Patient"</p> <p>2. Updated policy to include patients in the acute medical unit to raise concerns for resolution without discriminator or fear reprisal.</p> <p>3. Added to procedure 1, "If admitted to the acute medical unit at Laguna Honda, the admitting nurse will remind the resident of their right to file a grievance. "</p> <p>4. Added acute team to policy 5 and procedure 4</p> <p>Updated Assistant Hospital Administrator to Administrative Director or their designee</p> |
| _LHHPP | 24-07 | Resident Visitation | Updated with Phase 3 regulations |
| _LHHPP | 24-10 | Close Observation | Updated with Phase 3 regulations |
| _LHHPP | 24-16 | Code Blue | Updated with Phase 3 regulations |
| _LHHPP | 24-16 | Code Blue Appendix 8 - Crash Cart Injection Reference | <p>1. Updated syringe to syringe/vial</p> <p>2. Added "follow each dose with 20mL of NS flush to Adenosine</p> <p>3. For Epinephrine, updated 4 syringes to 5 and added Epinephrine Kit x5.</p> |
| _LHHPP | 24-16 | Code Blue Appendix 11 - Emergency Box Contents | Updated emergency box contents. |

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| _LHHPP | 24-16 | Code Blue Appendix 12 - Crash Cart Medication Drawer | Updated crash care medications. |
| _LHHPP | 24-25 | Harm Reduction | <ol style="list-style-type: none"> 1. Minor grammar edits 2. Inclusion of a sentence to help validate Harm Reduction 3. Addition of 3 new definitions: Trauma Informed System, Motivational Interviewing, Cycle of Change 4. Included a general description of Harm Reduction on rationale; descriptions 5. Additions to better describe Harm Reduction Interventions 6. Removed Quality Assurance section |
| _LHHPP | 24-28 | Behavioral Health | Updated with Phase 3 regulations |
| _LHHPP | 25-06 | Pain Recognition Assessment and Management | Updated with Phase 3 regulations |
| _LHHPP | 25-07 | Antimicrobial Stewardship Program | <ol style="list-style-type: none"> 1. Defines members of the antimicrobial stewardship program members and meeting requirements. 2. Eliminated distinction between acute and snf. 3. Expansion of Added language to reflect current program and it's adherence to the CMS critical elements pathway |
| _LHHPP | 25-13 | Herbal Supplement | Updated with Phase 3 regulations |
| _LHHPP | 55-04 | Triple Check Process | Updated with Phase 3 regulations |
| _LHHPP | 60-04 | Unusual Occurrences | <ol style="list-style-type: none"> 1. Add Downtime procedures for reporting an unusual occurrence 2. Added Appendix 1 - Confidential Report of Unusual Occurrence |
| _LHHPP | 70-01 B3 | Resident Evacuation Plan | Added how to engage Non-Compliant Residents |
| _LHHPP | 71-12 | Fire Drill | <ol style="list-style-type: none"> 1. Added LHH 2. Updated Executive Administrator to Chief Executive Officer (CEO) 3. Updates Officer (NOO) to Supervisor |
| _LHHPP | 72-01 A05 | Infection Control Surveillance Program | Updated with Phase 3 regulations |
| _LHHPP | 72-01 B5 | Transmission-Based Precautions | Updated with Phase 3 regulations |
| _LHHPP | 72-01 B14 | Visitors Guidelines for Infection Prevention | Updated with Phase 3 regulations |
| _LHHPP | 75-05 | Illicit or Diverted Drugs and Paraphernalia | Updated with Phase 3 regulations |

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| _LHHPP | 76-02 | Smoke and Tobacco Free Environment | Updated with Phase 3 regulations |
| _LHHPP | 80-03 | Student, Volunteer and Consultant Orientation | contractors 2. Updated non-employee terms and responsible manager 3. Updated Volunteer Services and DET will provide physical tour of the hospital and orientation in accordance to CMS regulations. |
| _LHHPP | 80-05 | Staff Education Program | Updated with Phase 3 regulations |

Revised Pharmacy Policies and Procedures

| Dept. | Policy # | Title | Notes |
|----------|----------|--|---|
| Pharmacy | 01.03.00 | Personal Medication | Updated with Phase 3 regulations |
| Pharmacy | 02.01.03 | Bedside Storage of Medications | Updated with Phase 3 regulations |
| Pharmacy | 02.01.04 | Pass Medication | 1. Changed how pass meds are ordered (not eprescribed) 2. Add relabeling with outpatient label for bulk medications on unit being used on pass |
| Pharmacy | 02.01.05 | Pharmacy Computer Down Time | Minor change to include printing of the MAR summary report. |
| Pharmacy | 02.01.09 | Repacking Medication | 1. Added new language for including "Hazardous" on any repackaged meds that meet this criteria. 2. Updated expiration dating 3. Added NDC and barcode on repackaging label. 4. Added elements to the repackaging record. |
| Pharmacy | 02.01.10 | Operations When Pharmacist is not Present | Minor grammar changes. |
| Pharmacy | 02.02.02 | Fentanyl Transdermal Patches | Updated with Phase 3 regulations |
| Pharmacy | 02.03.00 | Emergency and Supplemental Medication Supplies | Remove section on - "documenting medication used" on the sign-out card" |
| Pharmacy | 02.05.00 | Investigational Drugs | Minor change |
| Pharmacy | 03.01.00 | Quality Assessment and Improvement Plan | 1. Removed nursing station refrigerators are reported monthly via DRR to head nurse and Director of Nursing 2. Removed Pharmacy Omnicell Medication Transaction Audit |
| Pharmacy | 03.01.02 | Medication Pass Observation | 1. Changes to reflect broader pharmacist involvement in the process. 2. Calling out utilization of the critical element pathway and reporting structure to include PIPS |

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| Pharmacy | 03.03.00 | Infection Control | Updated to refer to Pharm 02.01.06 (instead of 02.01.08) for a list of expiration dates for non-sterile compounding. |
| Pharmacy | 04.01.00 | Safety and Emergency Preparedness | 1. Remove safety inspection form audits 2. Add fire evacuation information |
| Pharmacy | 04.01.01 | Duties and Responsibilities During Disasters and Disaster Drill | Removed reference to attachments |
| Pharmacy | 06.03.00 | Discharge Counseling | 1. Add "eprescribe discharge orders" 2. Update counseling procedures, grammar changes |
| Pharmacy | 07.01.00 | Sterile Product Preparation, Handling and Disposal | Minor edits, few changes to add clarity |
| Pharmacy | 07.02.00 | Hazardous Drug Preparation, Handling and Disposal | Minor grammatical changes |
| Pharmacy | 09.01.00 | Automated Dispensing Cabinets | 1. Removed call outs to "INVISION" and replaced with "EHR" 2. Omnicell login ID is based off DSW ID #. 4. Remove section regarding reporting % compliance of cycle counts 4. Edit "charging/crediting" section to "Item Return Responsibility" 5. Remove section regarding faxing orders/bringing copies to Pharmacy during pharmacy off hours. Pharmacy reconciles overrides using report + EHR (Epic) 6. Techs retrieve non controlled meds from ERB, but does not reconcile and report discrepancies |
| Pharmacy | 09.02.00 | ADC Report Review | Minor change to remove reference to QS/1 |
| Pharmacy | 09.03.00 | Periodic Check of Registry | 1. Removed reporting of non-controlled items 2. Addition of pharmacist monthly random audit |
| Pharmacy | 09.04.00 | Medication Unit Dose Packager (Parata ATP) | 1. Remove irrelevant sections in operations, remove the troubleshooting section all together add cleaning details and cadence to maintenance section 2. Add pharmacist verification instructions add instructions on medication naming |

Revised EVS Policies and Procedures

| Dept. | Policy # | Title | Notes |
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| EVS | VIII | Safety | Updated Mopping Procedures |

Revised Facility Policies and Procedures

| Dept. | Policy # | Title | Notes |
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| Facility | LS-1 | Fire Safety | 1. Updated terminology 2. Replaced PIPS with EOC |
| Facility | LS-12 | Fire Watch | 1. Updated procedure for fire watch initiation 2. Updated group that Facility will notify |

New Nursing Services Policies and Procedures

| Dept. | Policy # | Title | Notes |
|---------|----------|-------------------------|--|
| Nursing | XX | Nursing Staff Education | <p>1. The Laguna Honda Hospital (LHH) Acute unit are defined as the Acute Medical and Acute Rehab units.</p> <p>2. It is the policy of LHH to maintain an effective training, orientation, and education program to maintain and improve staff competence and support an interdisciplinary approach to patient care. The acquisition, maintenance, and improvement of competency in nursing staff supports the facility's goal to continuously improve the outcomes of patient care, promote patient and employee safety, encourage employee self-development and serve the public. LHH promotes participation in educational activities by all levels of nursing staff.</p> <p>3. Acute Unit nursing staff must all complete all orientation, education, training, and competencies required by the distinct part SNF.</p> <p>4. All Acute Unit nursing staff are oriented to their job performance expectations and pertinent organization and unit policies and procedures prior to independent performance.</p> <p>5. Successful completion of the Acute Unit Orientation is achieved when</p> |

Revised Nursing Services Policies and Procedures

| Dept. | Policy # | Title | Notes |
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| Nursing | A 02.0 | Nursing Services | Updated with Phase 3 regulations |
| Nursing | A 4.0 | Nursing Clinical Competency Program | <p>1. 3 new policies: RNs, LVNs, CNAs/PCAs, HHAs responsible and accountable for assuring their own clinical competence consistent with their Board</p> <p>2. Removed "Clinical Resource Nurse" and replaced with "Nurse Educator"</p> <p>3. Add charge nurse for person to assign preceptors for orientees</p> <p>4. Update staff titles</p> <p>5. Clarified that orientation and training programs are based on CDPH approved orientation program</p> <p>6. Included completion of POCT training during orientation, 6 months post orientation and then annually thereafter</p> |

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| Nursing | A 5.0 | Nursing Clinical Affiliations (Student Placements) | <p>to 8</p> <p>2. Added that clinical instructor will provide copy of students' daily sign-in sheets to DET</p> <p>3. Included DET updating Director of DET regarding affiliation concerns</p> <p>4. Added to policy</p> <ul style="list-style-type: none"> • LHH nursing staff are not permitted to be paid or unpaid clinical instructors of educational programs and supervise students at their place of employment • LHH nursing staff are not permitted to be placed into a student placement at LHH • LHH nursing staff are not permitted to serve as a nursing student preceptor for other LHH nursing staff <p>5. Schools must have an approved school affiliation contract with CCSF</p> <p>6. Clinical instructor will send list of students with complete demographics for</p> |
| Nursing | A 6.0 | Orientation of Nursing Personnel | <p>1. Updated to include Nurse Educator title</p> <p>2. Included preceptor for discussion with orientee on specific skills and whether or not orientee meets criteria and if it warrants the need for further training. Orienteer and Nursing Orientation Coordinator will review documentation</p> |
| Nursing | A 8.0 | Decentralized Staffing | <p>Added new Pavilion Acute Unit section</p> <p>New - Appendix A: PMA Acuity Staffing Grid</p> <p>New - Appendix B: Acute Unity Acuity Tool Form</p> <p>New - Appendix C: Care Indicator Guide</p> |
| Nursing | B 5.0 | Resident Identification and Color Codes | <p>1. Removed ribbon placement</p> <p>2. Revised sticker placement on ID wristbands and bedcards</p> <p>3. Added bedside safety alerts</p> |
| Nursing | C 3.0 | Documentation of Resident Care/Status by the Licensed Nurse - SNF | <p>1. Added "SNF" to title to designate this as a SNF policy</p> <p>2. Removed Acute section – there will be a new acute documentation policy</p> <p>3. Removed weekly summaries x 4. Summaries are to now be completed weekly.</p> <p>4. Remove appendix. Most assessments are in EPIC. Appendix refers to paper.</p> <p>5. Removed MAR items and referred to J1.0</p> <p>6. Clarified tasks vs. care plan interventions</p> <p>7. Added allergies documentation</p> <p>8. Deleted Section E and updated appendix</p> |
| Nursing | C 9.0 | Transcription and Processing of Orders | <p>1. Added cut off times for acknowledging orders (due to staff feedback)</p> <p>2. Removed nurses reviewing orders monthly – this is not current practice</p> <p>3. Removed nightly chart reviews – this is not current practice</p> <p>4. Removed #4-8 regarding STAT orders and specific medication orders ☐ Referred to nursing medication policy and Pharmacy policies to remove risk of possible conflicting information</p> <p>5. Removed monthly review of printed physician order sheets</p> <p>6. Added lab policy to cross reference list</p> |

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| Nursing | D5 1.0 | Foot Care | Updated with Phase 3 regulations |
| Nursing | D6 3.0 | Range of Motion Exercise | 1. Removed ROM competency skill evaluation – this is not done during orientation 2. Distinguished between SNF vs Acute practices 3. Removed procedure and “Pictorial Guidelines for Range of Motion” Appendix |
| Nursing | I 5.0 | Oxygen Administration | 1. New Policy #5 Disposable oxygen tubing administration shall be labeled with the date and initials every 7 days and PRN. Routine weekly changes shall be documented by the AM shift nursing staff. 2. Nursing will disinfect oxygen cylinder, put “empty tag” on cylinder, and place in the oxygen cabinet in clean utility room in designated area 3. Removed procedure section ☐ Refer to Elsevier for procedure |
| Nursing | J 1.0 | Medication Administration | Updated with Phase 3 regulations |

Deletion Nursing Services Policies and Procedures

| Dept. | Policy # | Title | Notes |
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| Nursing | B 9.0 | Documenting and Reporting Resident Allergies | Remove policy. The key points were added into C3.0 Documentation Policy. |

Revised Food and Nutrition Services Policies and Procedures

| Dept. | Policy # | Title | Notes |
|-------|----------|----------------------------|----------------------------------|
| FNS | 1.74 | Safety Inspection | Updated with Phase 3 regulations |
| FNS | 1.93 | Food Preparation Standards | Updated with Phase 3 regulations |
| FNS | 1.94 | Safety Standards | Updated with Phase 3 regulations |

Deletion Food and Nutrition Services Policies and Procedures

| Dept. | Policy # | Title | Notes |
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| FNS | 1.120 | Isolation Trays | Deletion |