



July 1, 2017

Rick Combs, Director
Legislative Counsel Bureau
401 S. Carson Street
Carson City, NV 89701-4747

Dear Mr. Combs,

Pursuant to NRS 439.877(4)(d) (AB280), which requires patient safety committees in medical facilities to report annually on the facilities review, revision, and usage of patient safety checklists and policies, the following is a summary of Complex Care Hospital at Tenaya activities during the time frame from July 1, 2016 to June 30, 2017.

All policies, procedures, forms and checklists are reviewed on an annual basis. Complex Care Hospital at Tenaya Patient Safety Program Policy includes the patient safety and policy compliance requirements.

Attached you will find a summary of all revisions during the above mentioned time frame.

Please do not hesitate to contact me should you require additional information.

Sincerely,

Roxanne Shaw

Roxanne Shaw, RN, CPHQ
Director of Quality/Risk Management
Complex Care Hospital at Tenaya
702-341-1401

**REPORT TO THE DIRECTOR OF THE LEGISLATIVE COUNSEL BUREAU PURSUANT TO
NRS 439.877(4)(d) – SUBMITTED BY: Roxanne Shaw, RN, CPHQ**

Complex Care Hospital at Tenaya

2500 North Tenaya Way, Las Vegas, NV 89128

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July 1, 2016 – June 30, 2017

New Check Lists Developed (during above timeframe):	Department/Unit to use checklist	Reviewed annually
None	N/A	N/A
Patient Safety Policies developed include:	Department/Unit to use checklist	Reviewed annually
None	N/A	Yes

Summary of Review	Total # developed	Total # revised	Total # Reviewed
Patient Safety Checklists	0	0	*100%
Patient Safety Policies	0	126	*100%

*All hospital policies, procedures, forms, and checklists are reviewed on an annual basis

Policy Revisions for Quarter 2 2016 and Ad Hoc July 13, 2016

POLICY # and NAME	REVISION
001-01-035.9 Abuse, Neglect, Assault Alleged or Suspected	Clarify steps to take after alleged sexual abuse for patients stable enough for transport to an Emergency Dept. versus steps to take if not stable for transport. <i>Ad Hoc 7/13/16; Approved 7/14/16; Posted 7/19/16</i>
001-05-002.9 Grievance, Patient/Family	Align the grievance policy with CMS requirements for a written response to grievances within 7 days on average. <i>Ad Hoc 7/13/16; Approved 7/14/16; Posted 7/19/16</i>
021-24-001.5 Transdisciplinary Care Planning	Updated to reflect first conference occurring within 24 hours of admission and the change to Care Coordination Conference Also changed word "ulcer" to "injury."
021-25-005.6 Care Coordination Team Conference and Rounds	Updated to reflect first conference occurring within 24 hours of admission and added tracking metrics for quality Management /CNO to follow during Care coordination Conference.
021-29-003.3 Patient Follow-up Post-discharge	Updated to reflect follow up the day following discharge and weekly for the following 30 days. Sample form updated to allow for follow up changes
021-41-005.3 Discharge Criteria	Updated to reflect all disciplines provide discharge education
053-38-056.7 Safety – Refrigerator and Freezer Temperatures	Added a requirement that medication refrigerators temperatures be verified twice daily. (Update needed due to Joint Commission response)
055-35-013.4 CNA Knowledge Assessment Test	Changed 'ulcer' to 'injury.'
120-00-001.2 Laboratory Policies and Procedures-Review and Approve	In response to the NTX lab survey. Added Lab Medical Director's 2 year review of nursing policy on blood transfusion services and blood administration.
120-03-011.4 General-Specimen Collection	In response to the NTX lab survey. Added the requirement for a "written" physician order prior to sample collection. Removed specimen collection procedures for which Lippincott is referenced.
In response to the NTX lab survey. Added the requirement for a "written" physician order prior to sample collection. Removed specimen collection procedures for which Lippincott is referenced.	In response to the NTX lab survey. Specified an allowable date range for semiannual linearity testing schedules
120-03-153.8 Waved Testing – Precision Xceed Pro	In response to the NTX lab survey. Added the need for the first drop of blood to be wiped away during capillary collection; added using the second drop of blood for testing; proper disposal of lancets; consideration on when using bleach wipe on a

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	glucometer; use of patient label on wristband when scanning patient ID
120-03-161.9 General-Laboratory Department Requirements	In response to the NTX lab survey. Added TJC terms of accreditation; Maintenance procedure and documentation of monthly review; testing the water from the purified system for bacterial contamination; education verification of personnel with foreign diploma/degree
120-03-165.5 General i-STAT Operations	In response to the NTX lab survey. Added semi-annual thermal probe check requirement on iSTAT
120-08-002.4 General Laboratory Director Responsibility	In response to the NTX lab survey. Added Lab Medical Director's 2 year review of nursing policy on blood transfusion services and blood administration.
120-22-030.1 ABG Specimen Analysis – Gem Premier 3000	Reduced the number of levels from 4 to 3 each time a new cartridge is installed per the manufacturer's guidelines.
120-22-035.2 Triage BNP and Cardiac Panel with EDTA Whole Blood and Plasma	Made distinction between moderate complexity and waived methods utilized on Triage as it would relate to calibration verification
120-37-017.4 General – Laboratory Proficiency Testing	In response to the NTX lab survey. Lab Director or designee will review survey results document the review on the "performance summary page"
120-37-022.6 Documentation of Quality Control Results	Added CLIA's IQCP requirement for systems utilizing eQC; Removed sections on maintenance procedure and documentation
130-46-005.3 Controlled Drugs Inventories Supplemental	Allows the pharmacist in charge to designate someone to conduct physical inventory of controlled substances and requires a secondary pharmacy staff member to witness the monthly inventory.
140-22-001.1 Arterial Puncture and Specimen Collection	Added the requirement that the Allen's Test be documented on the ABG report. That has been attached as well.
146-21-045.1 Stump Wrapping (Above & Below Knee)	Changed 'ulcer' to 'injury.'
146-39-001.3 Hydrocollator Cleaning Procedure	In response to TJC Survey in Shreveport Revised to clarify cleaning frequency and temperature requirements that reflect manufacturer's recommendations.
160-03-002.2 Staffing- Special Procedures Area	Changed language to remove Surgery and staffing related language with attendance and work schedule
160-18-001.1 Operating and Procedure Room Services- Maintenance of Procedure Register	Changed language in policy and form to identify operative and procedure room register.
160-31-004.1 History and Physical	Changed language to be consistent with Medical Records Component Policy and added language related to need for H&P to be updated before a procedure if the H&P

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	is older than 30 days.
160-38-003.3 Procedure & Surgical Department Latex Policy	Deleted old policy language and inserted latest AORN guideline language
160-39-017.1 Packaging and Preparing Equipment for Invasive Procedures	Deleted old policy language and inserted latest AORN guideline language
180-21-007.1 Use of Sterile Maggots for Wound Debridement	Replaced the word 'ulcers' with the word 'injuries.'
180-21-012.2 Wound Vacuum – Negative Pressure Wound Therapy	Replaced the word 'ulcers' with the word 'injuries.'
180-21-016.3 Wound Photographic Documentation	Replaced the word 'ulcer' with the word 'injury.'
180-21-019.2 Braden Scale, Use of	Replaced the word 'ulcers' with the word 'injuries.'
180-21-024.2 Skin Tears	Replaced the word 'ulcers' with the word 'injuries.'
201-21-005.11 Blood Product Administration	Revision to add to page 3- under Types of Transfusion Reactions, "Reactions requiring intervention but no lab investigation – <i>Unless required by blood bank services.</i> "
201-21-036.13 Restraints	Deleted language related to Behavioral only restraints in medical section. Moved clinical justification for Behavioral restraints. Added "with
201-21-082.1 Therapeutic Surface Decision Tree	Replaced the word 'ulceration' with the word 'injury.'
201-38-001.11 Fall Prevention	Clarified and added more current fall definition language from ECRI. Changed note related to clarifying a fall from a low bed. All falls count from any height, witnessed or witnessed, with or without injury

Policy Revisions for Quarter 3 2016

POLICY # and NAME	REVISION
021-41-004.2 Utilization Management Plan	<p>Enhancement to the purpose or designed to include:</p> <ol style="list-style-type: none"> 1. Ensure regulatory compliance by the UM committee and those agents acting on behalf of this committee 2. Establish the scope and frequency of the UM review process. 3. Establish and support the process for rendering medical necessity determinations for admissions and continued stay reviews. 4. Ensure utilization review is conducted, per regulatory guidelines, for both admission and extended stays (inpatient stays exceeding the DRG length of stay threshold for the illness or condition). 5. Support the Case Management, Utilization Review (UR) and the Discharge Planning process. <p><input type="checkbox"/> Identifies the organization-wide utilization management</p>

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	<p>statistics to be monitored with increased the focus on Resource Utilization including Testing (Lab/RAD), Procedures, outside appointments, and Ambulance/Transport Costs.</p> <p><input type="checkbox"/> Identification of times when the physician advisor should be utilized (see policy #021-01-004 for Medical director review form), and</p> <p><input type="checkbox"/> Addresses Medicaid issues for the states that need their Utilization Management Plan to comply with Medicaid requirements.</p>
035-16-012.3 LifeCare Virtual Private Network(VPN), Access and Use	<p>Section B – 1: Added exception for approved vendors and changed reference to “group account name” to username; Added requirement of all vendor Active Directory accounts to have an expiration date. Deleted unnecessary “review” section.</p>
035-16-016.3 LifeCare Virtual Private Network (VPN), Vendor Access and Use	<p>Updated audit time frame from semi-annual to annual. Removed unnecessary “review” section.</p>
035-38-001.2 Security of Portable Electronic Devices	<p>Updated verbiage.</p>
050-31-005.2 HIM Discharge Procedure	<p>Modified language to better reflect facility performance and added language requiring entry of deficiencies into our Record Management System</p>
050-31-015.3 Basic Clinical Documentation	<p>Added language related dating and timing of entries into the medical record</p>
050-31-021.4 Medical Record Components	<p>Change verbiage to refer to invasive procedures instead of operative. Added language to reflect correct documentation forms. Also added language to require and update to the H&P if it is 30 days or older, an appropriate update must be made to the history and physical prior to the invasive procedure.</p>
051-39-090.1 High Level Disinfection of Endoscopes – Medivators DSD-201	<p>Added language to section E last bullet to say: “Tip of scope must not touch bottom of closet or any other item.”</p>
051-39-029.3 Hand Hygiene	<p>Changes stating that Alcohol based rub should be the preferred method for hand hygiene unless the patient has cdiff. APPROVED via Ad Hoc 10/19/16</p>
051-39-062.3 Precautions for Resistant Organisms	<p>051-39-062.3 Precautions for Resistant Organisms</p>
051-39-074.11 Influenza Vaccination, Healthcare Personnel Vaccination	<p>Policy language change: Aligned LMS language with CMS language regarding when annual flu season starts. Revised 3 forms attached to policy: 1) LMS Influenza Vaccine Consent; Attestation-Added 2 lines for Vaccine Information Sheet Version and Date given to employee; 2) Declination of Influenza Vaccine – Added language</p>

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	<p>requiring documentation from outside entity, if flu vax was received outside LMS;</p> <p>3) Flu Vaccine Consent/Declination Form – Removed attestation for flu vax declination, since this seems redundant with the REASONS for flu vaccination.</p> <p>Also added lines for the Vaccine Information Sheet Version and Date Given to employee</p> <p>Removed Dayton Addendum – MEC was not in agreement with proposed revisions, they will be developing their own policy with their Host Hospital</p>
110-01-004.3 Release of Images-Subpoena	<p>Changed "Medical Records" to "Health Information Management". Included preference for electronic copies and that electronic copies must be password protected.</p>
110-03-001.3 Film Storage	<p>Grammar changes. Added C "Refer to HIM 'Record Management and Retention' Policy for time required to keep film records."</p>
110-03-006.4 Radiology-Scope of Services	<p>Changed titles to reflect current positions. Updated regulatory agencies to include FDA and OSHA. Removed ARRT since it is not a regulatory agency.</p>
110-03-008.4 General – Reporting Radiology Results (Turn Around Times)	<p>Added "Radiology results are expected to be returned timely so that physicians can modify care as necessary." to Policy Statement and "Radiology turnaround times (TAT) is expected as follows:" to Procedure. Clarified in C. that contracted services TAT should not conflict with this policy.</p>
110-22-003.5 Administration of Contrast Media by Non-Physician	<p>Added "lab values, and any other contraindications" to items to be reviewed prior to iodinated contrast administration in B.</p>
110-22-019.4 Radiology Requisition	<p>Punctuation changes. Removed "Method of transportation" from required elements.</p>
110-38-002.2 Radiation Protection-Pregnancy	<p>Changed terminology to that currently used. In C, changed "must" to "should" to reflect the voluntary nature of a declaration of pregnancy. Added "Note: Declaration of pregnancy by an employee is voluntary and may be rescinded (in writing) at the employee's discretion." to the end of B.</p>
110-38-004.3 Operation and Safety Procedures	<p>Changes: A.3 change "physician" to "radiologist". B.2.a. Strike "film badge or thermoluminescent". B.2.c. Grammar changes to reflect declaration of pregnancy. B.2.f. Changes made to reflect location of dosimeter storage. B.3.a.1. Changed "then" to "than". B.3.d. Spelled out ways protective devices can be imaged and specified storing images in PACS. L.3 Changed "monthly" to</p>

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	<p>"at least every 4 weeks". Added L.4 "If a facility is accredited by the ACR, the facility must perform QA checks as required in this policy AND as required by the ACR." and added L.5."If QA checks are not performed at the prescribed interval, the reason must be noted in the log (i.e. "department closed", "equipment down", etc.)." N.8. Added language to reflect the voluntary nature of declaration of pregnancy and added a statement allowing for the rescinding of said declaration. O.2.a.iii. Changed "proscribed" to "prescribed". O.2.d. Grammar corrections. P.2. Added "annually and when the policy has been updated" to when this policy must be reviewed by employees.</p>
110-38-008.2 Non-Radiology Personnel Radiation Safety	Procedure A. changed "necessary lead aprons and gloves where applicable" to "appropriate protective devices". C. grammar correction.
110-38-011.2 Physicist Review of Equipment/Procedures	Added Procedure A requiring the medical physicist to provide copies of degree and certification/licensure. Added to C that repairs will be done in the time frame specified by either the survey or the State.
110-38-019.1 Radiation Safety Officer Responsibilities	Added Purpose Statement. "To define the responsibilities of the Radiation Safety Officer." Moved the old purpose statement into the Policy Statement. Changed "Responsibilities of the RSO" to "The RSO has the following responsibilities:" Grammar corrections.
110-45-003.3 Medication Storage-Maintenance of Emergency Medication Equipment	Changed "drug" to "medication" throughout policy. Removed "Department Stock drugs are replaced individually by the pharmacy."
112-21-001.3 Administration of Intravenous Radiologic Contrast Media	Under "Procedure #7"Added: Clarifying statement: "These two devices shall never be power injected". Added: Exception statement: These dialysis catheters may be injected by hand with prior approval of the patient's nephrologist.
130-24-001.1 Antimicrobial Stewardship	Updated to allow broader measurement of effectiveness of antimicrobial stewardship.
140-03-001.2 Priority Classification and Response Time for Respiratory Procedures	B #3 omitted & B #4 changed to reflect current practice during periods of high workload
140-18-001.2 Respiratory Therapy Patient Evaluation	Changed general verbiage & omitted duplication B #4 & B #10
140-20-001.2 Emergency Procedures for RCP's	Added the use of "Intubation Box" to A #9 & B #1 to reflect current practice
140-21-007.2 Respiratory Therapy	Additions made to B #2 in order to update current RT

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Scope of Services	therapeutic services
140-21-020.1 Airway Management: Trach Button	Updated to reflect current practice with Trach buttons
140-21-022.4 Patient-Ventilator System Checks	Grammatical errors and verbiage, Procedures (1F) omitted to reflect current practices and in preparation for new ventilator equipment. (D2) omitted oxygen analyzer to reflect current equipment and in preparation of new equipment. (D4) Omitted to reflect current practices. Combined (f) c and d). Omitted (H 5) to reflect current practices and new equipment. Omitted K (f) as in i.e. ratio is not applicable to all patients.
140-21-041.1 ExPAP Therapy	C (10) removed "an effective treatment should last approximately 10-15 minutes" Grammatical changes in policy.
C (10) removed "an effective treatment should last approximately 10-15 minutes" Grammatical changes in policy.	Clarified Director title throughout and change "is" to "will be" and "due to" to "through" in B.
150-03-007.3 Nutrition Floor Stock	Added new C, D, and E related to rotating floor stock. C. FANS staff will utilize a rotating system to ensure older items are used first. D. FANS staff will remove and replace all expired or quickly expiring items in the nourishment rooms. E. Items in nourishment rooms will not be stored in corrugated boxes.
150-03-008.5 Food Brought into Patients	Clarified language related to bringing food from the outside into the hospital, covering, storage and returning to the refrigerator after being in a patient room.
150-21-002.4 Diet Manual and Therapeutic Diets	Changed language to reflect the online Manual of Nutrition Care at NutritionCareManual.org . Also combined this policy with policy 150-03-027.2 Nutritional Content of Diets which is being deleted.
151-03-001.1 Standards for Cafeteria Service	Added language to Section A.3. to reflect checking temps of foods and monitoring according to appropriate policies.
160-39-018.1 Decontamination Process	Revised entire policy to reflect current AORN and AAMI guidelines.
160-39-021.1 High-Level Disinfection	Clarified language related to allowed storage time in between uses and reprocessing. Added reference to AAMI/ANSI ST91
160-39-022.1 Cleaning and Processing Flexible Endoscopes and Endoscope.Bronchoscope Accessories	Clarified language related to allowed storage time in between uses and reprocessing. Added reference to AAMI/ANSI ST91
201-21-025.10 Nursing Assessment, Daily	Changed verbiage and order of content to reflect changes to forms made earlier in 2016.
201-21-050.6 Pain Management-	Changed the pain scale in the education section to align with

Education	3 categories, Mild, Moderate, and Severe.
201-21-071.3 Responsibilities Related to Assisting with Percutaneous Endoscopic Gastrostomy-PEG	Added language to policy statement to say "Only registered nurses with documented competency to perform moderate sedation will administer and perform moderate sedation." Also clarified the name of the documentation form. In section G, added #3 related to documenting medications administered in dose amount and not in mL's.
201-21-084.1 Gastric Tube Feeding	Clarified language related to not using Dobhoff's or J-tubes unless ordered to do so, removed gravity language in section F, changed frequency of GRVs in I and in K. 7 changed frequency of change of bag and tubing to every 48 hours if using ultra paks, and changed residual amount from 10 ml to 200 ml in number 11.
201-28-008.1 Sedation of the Mechanically Ventilated Patient	Removed references to Ramsay scales. Only refers to RASS now.
201-31-001.7 Nursing Assessment, Initial	Changed verbiage and order of content to reflect changes to forms made earlier in 2016. Included sections on restraints and Bedside Clinical Care Record.

Policy Revisions for Quarter 4 2016

POLICY # and NAME	REVISION
001-01-051.2 Disruptive and Inappropriate Behavior	Added statement in policy that reinforces the policy is not intended to prevent activity protected by the NLRA
021-24-001.6 Transdisciplinary Care Planning	Eliminated a portion of this policy stating that we placed the POC in the physician progress notes – because it did not match our actual process.
033-03-005.3 Use of Communication Devices and Electronic Devices	Added comment in bullet C prohibiting the use of personal equipment to record hospital patients, hospital property or hospital equipment.
033-35-014.4 Education Plan, Initial and Ongoing Education	Revised bullet J to state that any employee who has not completed required annual education assignments will be suspended without pay until such education is completed. Also clarifies that if the employee's education is not completed within thirty days of the due date, the employee may be terminated from employment.
130-03-002.12 Orders for Medication	Added guidance to define an "As Needed Order"
130-27-002.5 Dispensing - Labels	Reinforced that room number, while it may be used to identify the patient's location to allow for efficient medication delivery/dispensing, should not be used as a unique patient identifier.
130-27-026.2 Patient-Specific	Added Body Surface Area, when necessary, to the list of

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Information	information we must have readily accessible.
130-27-030.6 Recalls of Drugs	Added the reporting of drug recalls to the state board of pharmacy, if required.
130-27-054.3 Automated Dispensing: Profiles and Overrides	Clarified the need for a pharmacist to review the override report on a daily basis.
130-28-008.6 Medication Administration Record	130-28-008.6 Medication Administration Record
130-34-003.2 Patient and Medication Information	Added drug sensitivities to the list of information on drug profiles.
130-42-003.4 Hazardous Drugs	Removed the 2012 NIOSH List and replaced with a statement that says the current NIOSH List of Antineoplastic and Other Hazardous Drug in Healthcare Settings will be available for all employees and staff involved in the medication management processes at the hospital. Also, added a statement that says hazardous drugs shall be stored, prepared and disposed of in a manner which minimizes the risks of exposure to hazardous drugs.
146-21-004.3 Functional Maintenance Program	146-21-004.3 Functional Maintenance Program
146-21-012.2 Lift Device Equipment	Added manual hand control to H.
146-21-029.3 Gait Training	Added to general instructions re: hand hygiene, identifiers, prepping patient, vital signs and proper body mechanics. Added new F.G. and H.
146-21-030.3 Ice Massage/Cold Packs	Changed modality to modalities in the policy statement. In B. 1. B changed cold pack temps to be below 20 degrees F. Deleted B. 1. c. 4. Added "and document erythema response" to 3.d. and added d. and e. to #5. Contraindications
146-21-042.3 Standing Frame	Added to A. "Patient must wear non-skid footwear (shoes or socks) for standing in standing frame." Added a K. Contraindications
Added to A. "Patient must wear non-skid footwear (shoes or socks) for standing in standing frame." Added a K. Contraindications	Added new A. "Obtain physician order to initiate stump wrapping." Added 6 and 7 to 2. Added 4 and 5 to D.
146.21-047.2 Therapeutic Massage	Added new A to "Obtain a physician's order for massage". Changed B to new C and replaced "place mineral oil, lavacol" to Place massage lotion".
146-21-048.2 Tilt Table Procedure	Added the use of anti-friction transfer pads and slides. And on V. added "and incline level of tilt table.....throughout treatment session.
146-21-050.3 Treatment Orders	Added in A. "Orders must be recorded in the order section of the chart; signed, dated and timed by person recording the order and authenticated by the physician providing the order. "
146-21-051.3 Treatment – Progress Report	Added Daily documentation of treatment provided and patient's response to treatment." to A. and "The progress note is to include patient's subjective status; changes in objective findings; and progression or regression toward established goals and updated short term goals." to C.

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146-21-055.2 Hot Packs	146-21-055.2 Hot Packs
146-26-009.2 Ultrasound	Added "Ultrasound is also used to promote tissue healing or to increase flexibility of scar tissue." to purpose. Added additional contraindications to Policy. Deleted B. Changed C. In Ultrasound A. b. changed Contact to Underwater and deleted 1, 2, and a. b. c. In B, Initiating Treatment clarified treatment times. In C Dosage – Guidelines added d. frequency of US for treatment. Clarified other language and in F. added an additional guideline related to tolerance to treatment and frequency.
146-26-010.2 Ultrasound and Electrical Stimulation Combination	Added "(only if Manual for equipment used states that equipment is safe for Underwater technique)" to A.2.b. Added "mild tingling sensation and/or mild warmth." To B.1.a. and "and adjust or stop treatment as indicated." To B.1.b. Deleted B.5. Added C. Contraindications.
146-26-015.1 Paraffin Bath	Added "to increase blood flow/vasodilatation, and increased cell metabolism" to purpose. Added ideal to B.1. and added range of temp from 125 to 132. On C.7., added "and document patient's response to treatment."
146-31-002.3 Content of Documentation	Added "according to the Medical Records policy 050-01-006 on medical records error corrections." And removed discovery using a single line drawn through the entry with the word "Error", date, time, and initialed by the staff member." , and "The correct data is to be written above or after the incorrect data, as neatly as possible. " in the policy statement.
146-31-004.3 Patient Reassessment	Added "Therapy Clarification orders needed when therapy is resumed or if there is a change is therapy modalities provided." to A.3. and 8. Updated Short Term Goals
146-34-002.3 Transfer Training	Fixed typos, added "when indicated" to 6.e. and deleted f. Added "Therapist may choose to transfer to weaker side for therapeutic training." to 7.e. and deleted last sentence of 7.f. added "or position as appropriate" to B.2.d and deleted "keeping shoulders, hips,...". On B. 7.added non-friction equipment language.
146-39-001.4 Hydrocollator Cleaning Procedure	Added "and record" to temperature checks.
Best Practice – Antibiotic Stewardship 02-23-17	Updated best practice to reflect new TJC requirements and LMS' Antimicrobial Stewardship Program.

Policy Revisions for Quarter 1 & 2 2017

POLICY # and NAME	REVISION
001-48-014.17 Informed Consent	In last update of this policy, this form was removed, but the verbiage about the form was not removed. So revised to remove verbiage concerning form being attached.
020-18-002.6 Referral Process- Clinical Evaluation	Changes from the referral process following the RAD process to the new Red Flag Checklist process. Approval is only required by the Administrator/CEO instead of having two separate approve paths, one clinical and one financial. <i>Received 2/28/17 from Becky Burton</i>
020-19-001.4 Referral Evaluation Process and Admissions Guidelines	Changes from the referral process following the RAD process to the new Red Flag Checklist process. Approval is only required by the Administrator/CEO instead of having two separate approve paths, one clinical and one financial.
021-29-003.4 Patient Follow-up Post-discharge	Changes in policy were to adjust the time requirements for the follow-up calls. To make it clearer that "three no response follow-up calls" cancels the obligation to continue with the follow-up calls.
023-01-001.3 Media Requests for Information	Clarification of LifeCare's response to the media.
051-39-010.2 Respiratory Therapy Role in Infection Control	Revised details under G. Sterilization of non-disposable Equipment; 1. Mechanical Ventilators; removed the following concerning cleaning: " <i>Sprayed and</i> " cleaned with facility approved wipes. Also, per manufacturer's recommendations, " <i>swiped down with an antibacterial, anti-viral agent upon discontinuance of the appliance.</i> " Also removed verbiage ' <i>and covered with a plastic cover</i> ' following being cleaned and moved to storage area. <input type="checkbox"/> Added: Under H. Arterial Blood Gas Laboratory, 1. All blood and body fluids transported in leak proof containers, "with a biohazard label."
055-35-010.4 Nursing Orientation Program	<ul style="list-style-type: none"> • Policy was updated to reflect current passing score for Orientation exam and medication/calculation test. <input type="checkbox"/> Emended the statement regarding blood administration exam; the Nurse Orientation exam is administered when nurse orientation is complete and covers all topics including blood administration.
051-39-025.1 Environmental Service Role in Infection Control	Changed Director of Support Services to Director of Plant Operations and added linen carts covers will be clean and without tears, holes or other defects.

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055-35-011.5 Required Resuscitation Certification	The policy addressed requirements for CPR certification but was not clear as to whether these requirements applied to Basic Life Support Certification, Advanced Cardiac Life Support Certification, or both. Language was amended to clarify that the requirements outlined in the policy apply to all resuscitation certifications to include BLS and ACLS.
120-03-161.10 General-Laboratory Department Requirements	Added a section on IQCP to provide definition, purpose, and all required constituents. Added a section for Quality Control and eliminated Policy 120-37-022.6 - Documentation of Quality Control Results. Added verbiage under Quality Management regarding the need for supervisor/manager to document the monitoring of routine lab activities and added an "example tool" as a supervisor review log.
055-35-013.5 CNA Orientation Program	Policy renamed and revised to reflect LifeCare's CNA Orientation Program (reflective of Nurse Orientation Program) to include education goals, orientation topics, and completion of final exam with passing score. <input type="checkbox"/> Test questions removed from policy.
180-21-016.4 Wound Photographic Documentation	Removed requirement for documented competency, replaced with 'staff will be trained in camera use.'
201-21-008.9 Cardiac Monitoring	Changes are based on review of evidence, best practices, Joint Commission and ECRI recommendations. Cardiac alarm section revised to reflect recent changes to alarm parameters in cardiac monitoring policy "Monitor Tech Patient" Log changed to "Cardiac Monitor" Log.