

Board of Trustees
**Revised Policy Statements, Retired Policies, Revised Policies, & Unchanged
Policy Reviews**

New Policies (policies listed below)

- Care of the Post Acute Stroke Patient – Med-Surg
- Automatic Therapeutic Substitution for Epoetin alfa Products (Epoen/Procrit) – Pharmacy

Revised Policies listed below.

Unchanged Policy Reviews listed below.

New Policies

Title	Policy Area	Summary
Care of the Post-Acute Stroke Patient	Med-Surg	New policy to address the needs of the Post-Acute Stroke program through the American Heart Association. Approve with addition of telemetry monitoring for those patients whom the cause for the stroke has not been identified to rule out atrial fibrillation.
Automatic Therapeutic Substitution for Epoetin alfa Products (Epogen/Procrit)	Pharmacy	New policy to address automatic substitution due to hospital formulary.

Status **Pending** PolicyStat ID **16032889**



An Affiliate of **MERCYONE**

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	2 years after approval

Owner	Tara Porter: Patient Services Manager
Policy Area	Med-Surg
Applicability	Davis County Hospital

Care of the Post-Acute Stroke Patient

OBJECTIVE:

To identify and streamline care of the post-acute stroke patient in coordination with the American Heart Association's quality standards to achieve optimal patient outcomes.

POLICY:

DCHC aims to provide comprehensive care to stroke rehabilitation patients who are unable to return home after acute hospitalization through our specialized, individualized program. DCHC will meet all quality standards set forth by the American Heart Association which includes program management, personnel education, patient/family/caregiver education, care coordination, medical management, and quality improvement.

The proceeding information will outline DCHC's procedure to meet each standard.

PROGRAM MANAGEMENT:

DCHC has a continuous interprofessional committee consisting of clinical management, executive sponsorship, medical provider, and rehab specialists. The committee will meet quarterly (when there have been eligible patients) to review the post-acute stroke program, discuss patient outcomes, review quality data for gaps in care, and formulate performance improvement initiatives as needed.

PERSONNEL EDUCATION:

To assure staff are competent in caring for an acute or post-acute stroke patient, stroke-based education will be provided to all DCHC staff upon hire and annually. Education will be provided through DCHC's

online education platform(s).

Education for staff that have indirect patient care will include:

- warning signs/symptoms of stroke,
- demographic, medical, and behavioral risk factors for stroke,
- facility policy for alerting of acute stroke.

Education for staff with direct patient care will also include:

- Common physical, cognitive, and emotional signs/symptoms,
- Common cognitive, emotional and communication issues,
- Evidence-based rehab practices,
- Medical management of the patient, and
- Stroke team roles.

PATIENT/FAMILY/CAREGIVER EDUCATION

To ensure the post-acute stroke patient and caregivers are ready to learn, a readiness assessment will be completed upon admission. This assessment includes:

- Educational learning gaps
- Baseline knowledge
- Health Literacy
- Barriers to learning
- Preferred method of receiving education
- Preferred language of patient/caregiver

If outcome of assessment reveals that the patient or caregiver is not ready to learn, periodic re-evaluation of readiness will be completed. Emphasis on care giver education should be made if cognitive impairment of patient continues to restrict education opportunities.

If outcome of assessment reveals a readiness to learn, the care coordinator will initiate the “Life After Stroke” guide for patients and caregivers. Clinical staff will review the guide with the patient and family (if appropriate) and discuss and update the following sections:

- A. About my stroke (page 6-nursing)
- B. About my diagnosis (page 9-nursing)
- C. How my stroke is affecting me physically (page 12)
- D. How my stroke is affecting my communication and thought process (page 17)
- E. How my stroke may be affecting my emotions and behavior (page 21)
- F. My rehabilitation goals (page 29)

Readiness assessment outcomes may be found within the EMR under the learning assessment. It is also

encouraged that staff include learning readiness in the daily note.

Periodic review of the following (goal of weekly), sections 3-6 will be reviewed with the patient to track progression of symptoms and effectiveness of treatment. This may be completed following weekly multidisciplinary care conferences. Information in these sections will aid in the identification of additional needs and discharge planning.

CARE COORDINATION

Intake From Receiving Facility and Hand off to Next Level of Care

Nursing staff on acute care will complete the Stroke Admission Intake and Hand off form (attached) to assure all pertinent patient information is received prior to admission from an outside facility to DCHC for skilled level of care. The same form will be used when patient is discharged from DCHC to assure the receiving facility receives the appropriate information/level of care at time of discharge. This form will be placed in the patient's paper chart to be accessed by all staff.

Admission of the Post-Acute Stroke Patient to DCHC

On admission to Davis County Hospital, patients are given an "Admission Folder" regardless of admission level of care. The purpose of the admission folder is to provide information to the patient and family related to advance directives, stroke specific information and assessments.

The admission folders includes but is not limited to:

- Brochure regarding Advanced Directives and how to set up if needed.
- When patient is admitted with a stroke diagnosis, patient will be issued the admission folder in addition to the "Living with Stroke," booklet (attached) that is to be filled out by all members of the team. Completion of the booklet will start on admission and continue throughout their acute or skilled stay.
- In addition, the nurse will assist the patient and caregiver to complete the patient and caregiver knowledge assesment forms

Nursing Admission Assessments/Documentation:

- Admission assessment in EMR within 24 hours of admission to hospital per admission guidelines. Assessment to include but not limited to:
 - A swallow screen will be completed by nursing staff utilizing the "Swallow Screen" in EMR
 - Skin Assessment and Skin Breakdown Risk Assessment (Braden Scale)
 - Fall Assessment (MORSE Fall Scale)
 - Social Determinates of Health Assessment (PRAPARE)
- Medication Reconciliation in coordination with pharmacist
- Individualized Care Plan Initiation

Care Coordinator Assessment:

- Depression Screening within 72 hours of admission, utilizing the PHQ2 and PHQ9 assessment when appropriate on the adult admission history form.
 - Provider will be notified of a positive screening.
- Review patient/family/caregiver readiness to learn. When readiness is noted, initiate the "Living with Stroke" booklet.
- Evaluate referral needs, as appropriate
- Work with collaboration with the case manager and/or provider to identify discharge needs.

PT/OT/Speech Admission Assessments:

- Initial evaluations will be completed within 24 hours of admission when able in efforts to obtain current functional status and to initiate individualized care plans for optimal outcome achievement.

Interdisciplinary Communication/Team Conference

Facilitate regular interdisciplinary team interactions to assure collaboration while working towards patient/health care team goals.

- Monday through Friday the team facilitates multidisciplinary briefs regarding status of each patient, (acute, observation, and skilled). This is an informal process with team consisting of MD/ARNP, case management, primary RN, and pharmacist present. During the brief the team discusses acute issues, individualized plan of care, discharge plan, and progress towards goals.
- Each Tuesday, the multidisciplinary team will meet with each skilled patient and family members/caregivers to discuss progress towards goals, individualized plan of continued care, community resources, appropriateness of current level of care, and discharge goals/plan.

Documentation of multi/interdisciplinary communication:

- PT/OT/Speech Therapy/RT: Patient care reports are completed by therapy staff after each visit and are found under the "documents" section of the patient chart.
- Nursing: Will document all cares in the electronic health record
- Following the Tuesday skilled meeting with patients and family, a member of the team will complete documentation in the electronic health record.
- Additional interdepartmental communication tools utilized:
 - White board in patients rooms-display recommendations, goals, and progress towards goals
 - Patient care signs by department (ex. speech recommendations as a reminder to staff, patient, and caregiver)

Referral Protocol

Services needed while under acute or swing bed level of care will be provided under the facilities inpatient scope. Services available include:

- Physical Therapy

- Occupational Therapy
- Speech Therapy
- Dietician
- Respiratory Therapy

Acute or skilled stroke patients requiring immediate specialized referral, outside of services provided, will be transferred to a higher level of care in which services are available.

Swing bed patients requiring specialized referral outside of services provided on a less urgent basis will be referred to outpatient referral sources such as behavioral health, neurology, ophthalmology, etc. These appointments may be made by our care team and patient would be provided off unit privileges to attend the appointments for specialized care.

Any recommendations provided by the specialist will be reviewed by our hospitalist and ordered within the EMR, if deemed appropriate.

Discharge Readiness/Planning

To assure discharge planning is started on admission and continues throughout the patient's stay in effort to facilitate a smooth transition to the individual discharge disposition.

Discussion of discharge planning will be initiated by the case manager or designated team member within 24-48 hours of admission to the acute/skilled level of care. The team member will assess the patient and caregivers hospital and discharge needs, concerns, and goals. This information will be documented in the chart and relayed verbally during multidisciplinary rounds. Patient goals, concerns and needs will remain at the forefront of the care team's treatment plan. Should plans or goals change due to safety concerns, medical status, etc communication to the patient and family will be facilitated quickly.

Patients who plan to discharge home with family/caregiver support will be provided an ongoing assessment of discharge readiness.

Discharge Planning Procedure

- Follow [Discharge Planning](#) Policy for nursing and [Discharge Plan](#) policy for therapy to determine patient's needs and discharge plan for patient.
- Within 24-48 Hours of admission, case manager will go over case management discharge planning assessment form with patient and family as indicated, (Ad Hoc form in EHR) and document discussion in EMR.
- Case manager and/or nurse to provide education to patient and family regarding recommended discharge services including but not limited to home health, follow-up appointments, outpatient services, etc.
- Educate patient and family on stroke survivor and caregiver support groups including education on page 34 of the Life after Stroke Handbook.
- Case manager and/or nurse to arrange family PT/OT training. This can be facilitated by having family attend therapy sessions and/or work with nursing staff on how to assist patient appropriately. This should occur 2-3 days prior to discharge.

- Case manager and/or nurse to arrange home equipment needs suggested by therapy services. Equipment should be arranged 1-2 days prior to discharge or sooner as indicated.
- If patient is a primary patient of Davis County Medical Associates Clinic (DCMA), DCMA staff will contact patient post discharge to arrange further follow up.
- Post-discharge status contact may include:
 - Confirmation of referrals and community-based resources (e.g. home health services)
 - Confirmation of scheduled appointment with primary care provider within 14 days of discharge
 - Medication compliance
 - Management of care giving issues or concern

Discharge Summary

Each patient will be provided discharge instructions on day of discharge. Nursing staff will go through the document with patients and family prior to discharge.

The discharge instructions include:

- Discharge education on precautions, mobility, diagnosis, etc.
- Discharge follow up appointments (with dates and times listed)
- Medication List- which RN and/or Pharmacy will review with patient and family
- Summary of hospital stay

MEDICAL MANAGEMENT

Swing bed patients who have transferred from an outside facility for continued skilled therapy post-acute stroke will follow recommendations from referring physician, which are communicated at time of admission. DCHC provider will review and place appropriate orders in the EMR for nursing staff and medical team to follow while patient remains on skilled.

Skin Breakdown

Patients that are on acute or observation level of care will have a thorough skin assessment completed on admission and a minimum of two times per 24 hours. In addition, the Braden Scale is utilized to evaluate skin breakdown risk two times per 24 hours. .

Patients on swing bed level of care will have a thorough skin assessment completed on admission and a minimum of once per 12-hour shift along with the Braden Scale which is utilized to evaluate skin breakdown risk.

VTE Prophylaxis

Providers admitting a patient under swing, acute, or observation level of care will utilize the general admission order set. These orders are kept in the EMR for staff to follow and perform daily or as ordered. Adjustments may be made throughout the hospital stay, as needed.

Pain Management

Pain is assessed as a 6th vital sign and documented on admission and with all patient assessments and PRN. When pain is reported, the medical team will try both non-medicated (positioning, warm blankets, hot packs, cold packs, etc.), as well as medication routes to aid in pain control.

Identify the process for managing post-acute stroke complications to assure a positive patient outcome.

If complications arise, the provider will assess the patient and manage the complications. If higher level of care need is determined, the provider will place an order in the EMR to transition the patient to an acute level of care. If a higher level of care is determined requiring specialist consultation/intervention, the provider will initiate transfer to a tertiary facility (preferably the facility in which the patient fulfilled the acute stay).

Bowel and Bladder Management

Bowel and Bladder management is part of hourly rounding completed by clinical staff. If patient is incontinent or needs further bladder and bowel training the team (therapy and nursing staff) will initiate a toilet schedule that is documented in patient's chart as well as in the patient room so the patient, family, and caregivers are aware of developed schedule.

Management of Dysphagia

A swallow screen will be completed by nursing staff utilizing the "Swallow Screen" in EMR within 24 hours of admission,

If patient demonstrates clinical signs and symptoms of dysphagia from the swallow screen, the provider will be notified to determine if a referral for speech therapy will be ordered for swallow evaluation.

Alternative Routes of Nutrition

If patient requires an alternative feeding method, the provider will determine appropriateness of PPN, NG TUBE, PEG TUBE. Orders will be placed in EMR pending recommendations by Dietician and Pharmacy.

Fall Safety/Mobility Management

Fall assessments are completed by nursing staff on admission and at least one time per shift. Assessments are completed utilizing the "MORSE fall scale" assessment that is built into the EMR. Interventions are also documented.

When fall risk is identified, the patient will be provided non-slip socks to wear when ambulating. If patient provides supportive shoes, they may be worn as a substitution of the hospital provided socks.

Refer to SOP: High Risk for Falls

PROGRAM PERFORMANCE IMPROVEMENT

The post-acute stroke quality spreadsheet will be completed in real time by the care coordinator. Completion of the spread sheet will allow the interdisciplinary team to track, monitor and identify gaps without the DCHC program.

The interdisciplinary team will meet quarterly to review the post-acute stroke program. The post-acute stroke team lead will identify gaps in our program through analysis of the quality data spreadsheet that will be completed on each qualifying patient. Gaps in care will be discussed and performance improvements will be made.

Review of current practice and policy will occur, and adjustments made to assure the gap is closed. Frontline staff will be educated on any changes during monthly department meetings or via online learning platform, as appropriate. Continued auditing of the spreadsheet and interdisciplinary meetings will assist in identifying improvements in the process and effectiveness of education.

Attachments

[Caregiver Knowledge Assessment.pdf](#)

[Life-After-Stroke-Guide](#)

[Patient Knowledge Assessment.pdf](#)

[Stroke Admission Intake and Handoff Form.docx](#)

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director	Sarah Brewer: Internal Medicine, DO	09/2024
Senior Leader	Nikki Thordarson: CNO Tara Porter: Patient Services Manager	07/2024 06/2024

Applicability

Davis County Hospital



An Affiliate of **MERCYONE**

Origination N/A
 Last Approved N/A
 Effective Upon Approval
 Last Revised N/A
 Next Review 2 years after approval

Owner Wendy Barker:
 Pharmacy Manager
 Policy Area Pharmacy
 Applicability Davis County Hospital

Automatic Therapeutic Substitution for Epoetin alfa Products (Epogen/Procrit)

POLICY:

Davis County Hospital Pharmacy will consider Procrit® as the preferred epoetin alfa product for use within the facility and will maintain on formulary 10,000 units/mL single-dose vials, 20,000 units/mL multi-dose vials and 40,000 units/mL single-dose vials. Orders for all other epoetin alfa reference products (ex., Epogen®) shall be subject to an automatic therapeutic substitution according to the table and procedure below.

PROCEDURE:

Epogen® (epoetin alfa) dose ordered	Procrit® (epoetin alfa) dose to be substituted
1,000 units	1,000 units
2,000 units	2,000 units
3,000 units	3,000 units
4,000 units	4,000 units
5,000 units	5,000 units
6,000 units	6,000 units
... x units	... x units

- A. Medication conversions shall be automatic and shall not require prescriber authorization prior to application to the MAR provided that conversions are made according to the above table.

- B. Dosage conversions shall be made per a 1:1 ratio where 1 unit of Epogen is equivalent to 1 unit of Procrit.
- C. The pharmacist or nurse processing the initial order shall perform the conversion at the time of order processing and application to the MAR. They shall place an order in the patient's chart indicating the strength and dose of Procrit (epoetin alfa) substituted and that such substitution was made per the Automatic Therapeutic Substitution policy. The prescriber shall sign off on the order at their earliest convenience. (Written orders from outside providers (ex., Outpatient Department orders) shall not require future sign off from the prescriber. Substitution shall be made at pharmacist discretion according to this policy/procedure.)
- D. When orders are issued for doses or formulations of epoetin not listed in the above table, including epoetin biosimilar products such as Retacrit[®] (epoetin alfa-epbx), the prescriber shall be contacted to discuss alternative options.
In certain instances, it may be necessary to order in and administer the specific product indicated on a prescription order instead of utilizing our favored Procrit[®]. Such instances may include but are not limited to a prior authorization having already been completed for a specific product or a patient objecting to substitution. Those instances will be evaluated on a case-by-case basis at the discretion of the pharmacist.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director	Sarah Brewer: Internal Medicine, DO	09/2024
Senior Leader	Nikki Thordarson: CNO	07/2024
	Wendy Barker: Pharmacy Manager	07/2024

Applicability

Davis County Hospital

Revised Policies

Title	Policy Area	Summary of Changes
Provision of Service	Administration	Added employee health, education, human resources, and marketing
Cardio-Pulmonary Clinical Responsibilities	Cardiopulmonary	Deleted infant hood from oxygen devices.
Employee Health Program	Employee Health	Added matrix as attachment (linked here). Corrected grammatical/spelling errors. Added proof of two doses of Varicella vaccine, a positive titer, or a signed declination are required.
Respiratory Illness Policy	Employee Health	added link to flu VIS updated flu declination form with current year (linked here) updated link to lowa respiratory illness surveillance page
Blood Bank - New Processes and Procedures	Laboratory - Blood Bank- DCHC	Updated LifeServe to read - LifeServe Blood Center.
Emergency Transfer of Blood Components with a Patient to Another Institution	Laboratory - Blood Bank- DCHC	Minor edit in Identification of Patient and record retention section. Changed lab to transfusing personnel to send a copy of the unit tags with the completed unit tag to DCHC Lab upon completion.
Massive Blood Transfusions	Laboratory - Blood Bank- DCHC	Minor edits, typo corrections
Notifying FDA of Fatalities Related to Blood Collection or Transfusion	Laboratory - Blood Bank- DCHC	Updated contact information for reporting.
Blood Lead Test Mandatory Reporting	Laboratory - General	Updated Reporting procedure information. Changed "Provider Memo" Section to Provider information and included 2 attachments for guidance on Blood Level Testing. (#1 Linked here) (#2 Linked here)
Guide To Laboratory Services	Laboratory - General	Fix minor typos, reword sentences.
Laboratory Results Turn-Around Time	Laboratory - General	Updated tests
Quality Assurance Plan	Laboratory - General	Changed frequency of observations to verify confidentiality is maintained and verification of results release from quarterly to monthly. Removed PolicyStat IDs on reference policies because these keep changing. Added that policy changes will be acknowledged by lab personnel. Replaced attached audit forms with updated versions. Updated additional wording to make policy clearer and more concise.

Revised Policies

Title	Policy Area	Summary of Changes
Quality Control Daily Decision	Laboratory - General	Updated one QC decision. Now reads: If shifts or trends are noted (>12 values on one side of the mean) but QC is within 2SD of mean, then Warning - Notify laboratory manager and begin troubleshooting process.
Quality Control Requirements	Laboratory - General	Updated QC requirements to reflect current practice.
Visiting Hours	Med-Surg	fixed a typo
Clinic Office Schedule	Physicians Clinic	Updated providers and their hours
Emergency Care During Clinic Hours	Physicians Clinic	Added that the drugs for emergency use in the clinic were selected by the Medical director.
Guidelines for Medical Management	Physicians Clinic	Changed review of guidelines performed annually to every two years.
Normal Daily Routine of the Clinic	Physicians Clinic	removed scribes from policy
Patient Dismissal	Physicians Clinic	Changed DCH to DCHC
Patient Health Records	Physicians Clinic	Changed responsibility for health record completion and accuracy from clinic reception to health information management to reflect current practice.
Performing an Electrocardiogram	Physicians Clinic	Changed DCH to DCHC. Changed process for documentation of notification to the provider on critical values.
Rural Health Clinic Emergency Operations Plan	Physicians Clinic	Fixed spelling errors. Updated evacuation location and circumstances to notify to patient families in the event an evacuation is needed.
Diagnostic Polysomnogram (PSG)	Sleep Lab	changed the spelling of a word. (from know to known)
MSLT Study	Sleep Lab	Corrected the spelling of three words.
Performance of Sleep Study	Sleep Lab	Corrected the spelling of two words.
Scoring	Sleep Lab	changed study's to study.
Suspected Brain Death	Trauma	Corrected spelling error
Trauma Performance Improvement and Patient Safety (PIPS) Plan	Trauma	Corrected spelling and sentence structure. Updated audit filters, meeting structure, and core measures to reflect current practice.

Unchanged/Annual Reviews

Title	Policy Area
Modified Diets and Diet Manual	Dietary Services
Blood Bank Record Retention	Laboratory - Blood Bank- DCHC
Comparison of Past Blood Bank Records	Laboratory - Blood Bank- DCHC
Error File - Blood Banking	Laboratory - Blood Bank- DCHC
Identification of Blood-Product Unit	Laboratory - Blood Bank- DCHC
Look Back and Patient Notification	Laboratory - Blood Bank- DCHC
Release of Blood in Emergency Situations	Laboratory - Blood Bank- DCHC
Releasing of Crossmatched Units Back to Blood Bank Inventory	Laboratory - Blood Bank- DCHC
Selection of Donor ABO/RH	Laboratory - Blood Bank- DCHC
Evaluation of Employee Competency	Laboratory - General
Laboratory Call	Laboratory - General
Laboratory Quality Assessment: Phlebotomy Adverse Reactions	Laboratory - General
PRN Lab Personnel	Laboratory - General
Proficiency Testing	Laboratory - General
Critical Hematology Results	Laboratory - Heme/Coag/Urinalysis
Microbiology Safety Guidelines	Laboratory - Microbiology
Admissions to Acute Care: Observation or Inpatient	Med-Surg
Authorization for Decisions in the Absence of the CNO	Nursing Policies
Basic Life Support/CPR Education	Nursing Policies
Chain of Command for Patient Care Concerns	Nursing Policies
Changes in Patient Status	Nursing Policies
Patient Self-Determination Act (Advanced Directives)/ Do Not	Nursing Policies
Patient Transfer within Hospital	Nursing Policies
PRN Nursing Pool	Nursing Policies
Public Inquiries of Patient's Physical Condition	Nursing Policies
Restraints	Nursing Policies
Safe Haven for Newborns	Nursing Policies
Time Out - Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery	Nursing Policies
Admitting, discharging, and transferring of patients in the automated dispensing machines.	Pharmacy
Adverse Drug Reactions	Pharmacy
After Hours Drug Procurement	Pharmacy
After Hours Pharmacy Coverage	Pharmacy
Ambulance Service	Pharmacy
Antimicrobial Stewardship	Pharmacy
Automatic Stop Orders	Pharmacy
Automatic Therapeutic Substitution for Hydrocodone/Acetaminophen (APAP) Tablets	Pharmacy
Automatic Therapeutic Substitution for Proton Pump Inhibitors	Pharmacy
Automatic Therapeutic Substitution of Rapid-Acting Insulin Products	Pharmacy
Bedside Medications	Pharmacy
Bulk Medication Dispensing Upon Discharge	Pharmacy

Unchanged/Annual Reviews

Title	Policy Area
Chemotherapy safety and chemotherapy spill procedures.	Pharmacy
Controlled Substance Medication Removal from Omnicell	Pharmacy
Controlled Substance Restock	Pharmacy
Controlled Substances	Pharmacy
Daily Pharmacy Routine	Pharmacy
Drug Allergies	Pharmacy
Drug Product Recall	Pharmacy
Drug Substitution	Pharmacy
Drug Utilization Review/Antibiotic Utilization.	Pharmacy
Drug/Drug Interactions	Pharmacy
Drugs and Services in a Disaster	Pharmacy
Emergency Boxes and Carts	Pharmacy
End of Shift Count of Narcotics and Controlled Substances	Pharmacy
Financial Tracking	Pharmacy
Formulary	Pharmacy
General Nursing Access Options	Pharmacy
General Safety	Pharmacy
General Support	Pharmacy
High Alert Medications	Pharmacy
Infiltration and Extravasation Management	Pharmacy
Investigational Drugs	Pharmacy
Licensure of Pharmacy Personnel	Pharmacy
Medication Acquisition, Inventory Control and Floorstock Inspections.	Pharmacy
Medication Administration with a Patient on Leave of Absence	Pharmacy
Medication HCPCS J-Codes and Software Behavior With Regard to Quantity	Pharmacy
Medication Orders to be Administered in the Outpatient Department	Pharmacy
Medication Removal	Pharmacy
Medication Restock	Pharmacy
Medication Shortages	Pharmacy
New employee orientation.	Pharmacy
New Medication Orders	Pharmacy
Obtaining Non-Formulary Drugs from Outside Pharmacies	Pharmacy
Omnicell Drawer will Not Open	Pharmacy
Operator Access	Pharmacy
Patient Education	Pharmacy
Patients Home Medications	Pharmacy
Pharmaceutical Sales Representatives	Pharmacy
Pharmacist Responsibilities for Automated Medication Distribution Systems (AMDS)	Pharmacy

Unchanged/Annual Reviews

Title	Policy Area
Pharmacist Review of Medications and Medication Orders	Pharmacy
Pharmacy Access when Pharmacist is Absent	Pharmacy
Pharmacy and Therapeutics Committee	Pharmacy
Pharmacy Department Hours of Operation	Pharmacy
Pharmacy Record Keeping	Pharmacy
Pharmacy Requirements	Pharmacy
Proper Disposal of Pharmaceutical Waste	Pharmacy
Report Request	Pharmacy
Reporting of Medication Errors, Adverse Drug Events and Drug Incompatibilities	Pharmacy
Returning Unused Medications to Omnicell	Pharmacy
Safe Handling of Hazardous Drugs	Pharmacy
Safe Injection Practices	Pharmacy
Sample Drugs	Pharmacy
Security of the Pharmacy Department	Pharmacy
Sound Alike / Look Alike Drugs (SALAD)	Pharmacy
Stat Orders	Pharmacy
Unit Dose Packaging	Pharmacy
Unresolved Controlled Substance Discrepancy	Pharmacy
Wasting Controlled Substance Medications	Pharmacy
Administrative Structure	Physicians Clinic
Bladder Scanner	Physicians Clinic
Chaperone Policy	Physicians Clinic
Cleaning and Sterilization of Instruments	Physicians Clinic
Cleaning of the Clinic	Physicians Clinic
Clinic Charges and Billing	Physicians Clinic
Clinic Management	Physicians Clinic
Clinic Operating Hours	Physicians Clinic
Clinic Staffing	Physicians Clinic
Compliance with Federal, State and Local Laws	Physicians Clinic
Concurrent Review of Patient Care	Physicians Clinic
Confidentiality of the Clinical Record	Physicians Clinic
Consent to Treatment/Informed Consent	Physicians Clinic
COVID 19 HRSA test kits	Physicians Clinic
Disclosure of Ownership	Physicians Clinic
Documentation	Physicians Clinic
Drugs and Biologicals	Physicians Clinic
Emergency Drugs	Physicians Clinic
Fire Safety	Physicians Clinic
Governing Body	Physicians Clinic
Hand Hygiene	Physicians Clinic
Human Resources	Physicians Clinic
In-service Training/Continuing Education	Physicians Clinic

Unchanged/Annual Reviews

Title	Policy Area
Infection Prevention	Physicians Clinic
Injection Administration	Physicians Clinic
Laboratory Services	Physicians Clinic
Location of Clinic	Physicians Clinic
Management of Infectious Waste	Physicians Clinic
Medical Director	Physicians Clinic
Medical Record Audit	Physicians Clinic
Medical Record Content	Physicians Clinic
New Vs. Established Patient Visits	Physicians Clinic
No Show Appointments	Physicians Clinic
Non-Medical Emergencies	Physicians Clinic
Orientation of Staff	Physicians Clinic
Oxygen Therapy	Physicians Clinic
Parental Consent	Physicians Clinic
Patient Assistance Plan	Physicians Clinic
Patient Right and Responsibilities	Physicians Clinic
Performance Improvement	Physicians Clinic
Physical Plant Safety	Physicians Clinic
Physician Responsibilities	Physicians Clinic
Policies and Procedures	Physicians Clinic
Preventive Maintenance	Physicians Clinic
Program Evaluation	Physicians Clinic
Admission to Skilled (Swing Bed) Level of Care	Skilled Services
Dental Services	Skilled Services
Referrals from Outside Facilities	Skilled Services
Skilled Rehab Services	Skilled Services
Skilled Resident Assessments	Skilled Services
Skilled Resident Nutrition	Skilled Services
Skilled Social Services	Skilled Services
Skilled/Swing Bed Resident Activities	Skilled Services
Skilled/Swing Bed Resident Rights	Skilled Services
Swing Bed/Skilled Comprehensive Care Plans & Service Provided	Skilled Services
Transfer or Discharge of Skilled/Swing Bed Resident	Skilled Services
Bi-level Therapy	Sleep Lab
Calibrations	Sleep Lab
CPAP Therapy	Sleep Lab
Direct Referrals	Sleep Lab
Electrical Safety, Maintenance & Repair	Sleep Lab
Electronic Records	Sleep Lab
Emergency Procedures	Sleep Lab
Equipment Cleaning	Sleep Lab
Medical Director of Sleep Lab	Sleep Lab
Montages	Sleep Lab

Unchanged/Annual Reviews

Title	Policy Area
Pediatric Protocols	Sleep Lab
Polysomnogram Quality Review	Sleep Lab
Records	Sleep Lab
Split-Night Polysomnogram	Sleep Lab