Board of Trustees
Revised Procedures, Policy Statement Changes, & Unchanged Biennial Reviews

Revised Procedures (attached here) and listed below.

Policy Statement Changes (attached here) and listed below.

Unchanged Biennial Reviews (attached here) and listed below.

Revised Procedures

Title	Policy Area	Summary of Changes
Alarm System Test and Drill	Plant Operations	removed the following due to code change: so anytime a silent/coded drill is conducted between 9:00 p.m. and 6:00 a.m.; an audible test of the fire alarm system shall be performed the following a.m. and documented, attached to the evening drill form. Changed the code reference from 19.7.1.2 to current code 19.7.1.6.
Ambulance Diversion - Bypass	Emergency Department	Addition made for diversion due to diagnostic capabilities and attachment to document phone calls to EMS agencies and surrounding hospitals.
Assessments	Senior Life Solutions DCHC	Nursing assessment portion of policy removed
Care of the Post-Acute Stroke Patient	Med-Surg	Under management of dysphagia, added "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 witll be ordered for swallow evaluation. Under Fall Safety, added "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 workn as a substitiution of the hospital provided socks. Refer to SOP High Risk for Falls
Definitions of Utility Failure	Plant Operations	Changed hours of a sprinkler system failure from 4 hours to 10 hours. Changed due to code updated to say this. Deleted the following as this does not fall under Plant Ops.: COMMUNICATION SYSTEM FAILURE: Page: Any area loss of overhead paging system. Phone: Failure of the telephone/data system greater than one room's service. Nurse Call: Any zone failure (2-3 rooms). Information Systems: Server down. Network: Communication closet switch failure.

Revised Procedures

Title	Policy Area	Summary of Changes
Emergency Generator Failure	Plant Operations	If both generators has failed call ALTORFER Power systems. If after hours(5PM-7AM) or on weekends/holidays call 319-398-9127 to request an emergency repair, if during normal business hours(M-F 7AM-5PM) call 319-365-6500 request ext.291 to get a service Tech in Route.
External Lock Down	Safety and Security	Deleted plant ops requirement to hang door signs.
Failure of Fire System	Plant Operations	Deleted notification of fire marshal. Only notification to Iowa DIAL is required per education provided at ISHE conference September 2024.
Failure of Natural Gas Supply	Plant Operations	Updated contact phone number and stated it will roll over to on call person after normal business hours
Failure of Plumbing System or Flooding	Plant Operations	Changed wording of Housekeeping Services will remove water to say water will be removed with Shop Vacs Removed- Housekeeping Services shall be directed to install red bag liners in the available bathrooms.
Failure of Water Distribution-System	Plant Operations	Deleted statement about back flow preventers on each water feeds. Use reserve water supply in boiler room for the boiler, if no other water available.(No longer have a storage tank in the boiler room) If city indicates that water supply will be interrupted for an unacceptable length of time, use the in house back up plan. SEE ABOVE (Removed from paragraph talking about only one service line being out of service, this doesn't pertain as long as we have a service line working).
Consent to Treat (Spanish)	Administration	Attached current version of Consent to Treat translated to Spanish.
Fire Door Inspections	Plant Operations	Removed the following: They (fire doors) shall be checked by zone whenever a fire drill is conducted. (There is a PM that comes out to service these twice a year).
Fire Extinguisher Inspection	Plant Operations	Removed verbiage: Check for clear indication of fire extinguisher via sign

Revised Procedures

Title	Policy Area	Summary of Changes
Insight Downtime Policy	Senior Life Solutions DCHC	Removed sentence from the downtime toolkit section: "There will be 2 options of the downtime toolkit including PDF forms generated from INSIGHT and word document versions created prior to the implementation of INSIGHT."
Outpatient Hospital Psychiatric Services Program Content	Senior Life Solutions DCHC	Removed code that was no longer applicable per PMCs recommendations (G0176)
Peer Review	Medical Staff	Revised peer review triggers, both internal and external per conversation at UR committee. Internal types - deleted 48 hr return to ED. Replaced with intermittent record reviews at that discretion of the Quality Director, Chief of Staff, or any other employed provider when valuable feedback can be provided by a qualified internal provider. External peer reviews - deleted 48 hr returns to ED as directed by ED medical director. Replaced with Return to the ED within 72 hours for the same or similar complaint resulting in admission or transfer.Review may be conducted internally when deemed appropriate.
Plain Language Emergency Codes	Safety and Security	Combative person language added
Program Content	Senior Life Solutions DCHC	Codes added per the request of Psychiatric Medical Care (PMC).
Record Retention	Plant Operations	11/15/24 Removed the following: 2-01.4Authorizations to Third Parties to Use Organization Property or Other AssetsFacilities ManagementActive + 11 years (This will be handled by Administration) 4-07.16Lead Poisoning RecordsFacility/Dept ManagementDuration of Employment + 20 years or 41 years, whichever is longer(These records will be kept by Admistration/ employee health) 4-07.18Manifest -- Radioactive Waste DisposalFacility/Dept Management4 years unless enforcement action pending(This Will be handled by Medical Imaging medical).

Revised Procedures

Title	Policy Area	Summary of Changes
Records on Contracted Equipment and Services	Plant Operations	Changed verbiage in the following: All departmental staff using contracted equipment or service shall be responsible for delivery of service reports to maintenance personnel.
Refrigeration Equipment	Plant Operations	Deleted the following in the procedure area: Housekeeping will surface sanitize wipe/wash all refrigeration equipment daily. Dietary will wash ice dispenser equipment daily.
Respiratory Illness Policy	Employee Health	added link to flu VIS updated flu declination form with current year updated link to Iowa respiratory illness surveillance page
Rules and Regulations	Plant Operations	Deleted in time off covering shifts : A general Plant Ops Department work schedule is located on the payroll system "Kronos". Variations to this work schedule are noted on each employee's outlook calendar including the Managers. This process is used to approve days off.
Safe Handling of Hazardous Drugs	Pharmacy	Replaced all references to Sodium Hypochlorite wipes (and sodium thiosulfate) with Peridox RTU because the wipes are hard to obtain and expiration dates are always short. Peridox is available in bottles that we can easily stock with each spill kit.
Sprinkler System Impairment Policy and Procedure	Plant Operations	Put dash in phone number of alarm company and changed licensure to licensing.
Therapy Pool Sanitation Policy	Plant Operations	Made spelling corrections to wording on #7, and changed wording of Infection control staff to state if a water sample comes back positive they will be notified
Trauma Transfer Protocol	Trauma	Wording changes on additional staff requested for transfer, changed >2 unilateral rib fractures to >3 to meet Up To Date standards, included consulting Avel
Medical Marijuana	Administration	Changed DCH to DCHC throughout
Underground Storage Tank	Plant Operations	Changed verbiage on how the ATG is monitoring for leaks. Changed verbiage on the twice a year testing to state how to do it and to record it on the PM.

Revised Procedures

Title	Policy Area	Summary of Changes
Utilities Management Emergency Power	Plant Operations	Removed Medical air system, Delivery rooms and Newborn Nurseries as we no longer have these in the facility.
Utilities Management Program	Plant Operations	Deleted Medica/surgical air as we no longer have this piece of equipment Deleted window units as we no longer have any of these.
Photographic Guidelines	Administration	Updated DCH to DCHC throughout
Policy and Procedure Access and Development Process	Administration	Formatting changes throughout.
Provision of Service	Administration	Added Cardiology, Iowa Donor Network, and Iowa Lions Eye Bank
Specialized Rehabilitative Services	Skilled Services	Removed mental health services from availabile rehab services.

Policy Statement Changes

Title	Policy Area	Summary of Changes
Admissions	Administration	Changed Davis County Hospital and Medical Associates Clinic to Davis County Hospital and Clinics throughout (including in Policy Statement)
Compounding of Non-Sterile Preparations in the Pharmacy	Pharmacy	Completely revised according to new USP 795 regulations. Policy statement reflects USP 795 as does definitions and procedure sections.
Auxiliary Aids and Services for Persons with Disabilities	Administration	Edited policy statement, removing requirement to provide all staff policy in writing. Updated DCH to DCHC throughout.
Description of Service	Administration	Changed policy statement. Updated body of policy to match current practice.
MSLT Study	Sleep Lab	abbreviations declared throughout
Patient Rights	Senior Life Solutions DCHC	Policy Statement change

Status Pending PolicyStat ID 17378056

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	01/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2025
Next Review	2 years after approval

Owner	Amy Marlow: Quality Director
Policy Area	Administration
Applicability	Davis County Hospital

Admissions

Policy Number: ADM 26.01

POLICY:

To ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in ~~the~~ Davis County Hospital~~/Davis County Medical Associates~~ and Clinics programs/services.

PROCEDURE:

As a recipient of Federal financial assistance, ~~the~~ Davis County Hospital~~/Davis County Medical Associates~~ and Clinics (DCHC) does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, age, sex, sexual identity, or gender identity in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, and in staff and employee assignments to patients, whether carried out by ~~the Davis County Hospital/Davis County Medical Associates~~DCHC directly or through a contractor or any other entity with which ~~the Davis County Hospital/Davis County Medical Associates~~DCHC arranges to carry out its programs and activities.

~~The~~ Davis County Hospital~~/Davis County Medical Associates~~ and Clinics does not have any practices or restrictions limiting admissions and services on the basis of race, color, national origin, disability, age, sex, sexual identity, or gender identity.

All patients seen in ~~the Davis County Hospital/Davis County Medical Associates~~DCHC will be registered and entered into the computer system by Patient Access staff.

Following registration the patients will be directed to the appropriate waiting area. Assistance will be

provided as needed (i.e. escort, wheelchair).

Each patient seen in ~~the Davis County Hospital/Davis County Medical Associates~~DCHC will have a medical record established recording their visit and the treatment provided.

Approval Signatures

Step Description	Approver	Date
CEO	Veronica Fuhs: CEO - DCHC	Pending
	Amy Marlow: Quality Director	01/2025

Applicability

Davis County Hospital

Status Pending PolicyStat ID 17200569

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	08/2014
Last Approved	N/A
Effective	Upon Approval
Last Revised	12/2024
Next Review	2 years after approval
Owner	Wendy Barker: Pharmacy Manager
Policy Area	Pharmacy
Applicability	Davis County Hospital

Compounding of Non-Sterile Preparations in the Pharmacy

Policy Number: PH. 01.11.0

POLICY:

~~Davis County Hospital will allow orders for compounded drugs or drug mixtures not commercially available as appropriate to meet the needs of the patient population, following applicable State and Federal laws, rules and regulations. Compounded drugs may be prescribed when the prescribing provider determines, in his/her professional judgment, that the compounded drug's benefit over any approved alternative outweighs the risk for a particular patient. The goal is preparation of safe and effective products using the best available resources and techniques.~~

All compounded nonsterile preparations (CNSPs) at Davis County Hospital will be compounded within the pharmacy under controlled conditions and in accordance with USP 795 regulations. The ultimate goal of DCHC's nonsterile compounding program is to minimize harm, including death, to human patients that could result from excessive microbial contamination, variability from the intended strength of correct ingredients, physical and chemical incompatibilities, chemical and physical contaminants, and/or use of ingredients of inappropriate quality.

PROCEDURE:

1. ~~The Pharmacy Department will prepare compounded drugs in situations where drugs not commercially available are widely used based on literature reports and where there exists a supported recipe with ancillary directions (i.e., storage, expiration, etc.) for the preparation of these products. The following includes, but may not be limited to reasons for ordering and preparing compounded drugs:~~
    a. ~~The drug required is not manufactured in the needed strength.~~

b. ~~The prescriber requests a different form of the drug to improve patient compliance with prescribed drug therapy (for swallowing or taste purposes, etc.).~~

c. ~~The prescribed drug needs to be combined in forms not available from the manufacturer to improve patient response to prescribed drug therapy.~~

d. ~~The patient is allergic to inactive ingredients (dye, lactose, etc.) in the manufactured form of the drug.~~

e. ~~The prescribed therapy requires tailoring to the individual patient (intravenous feeding solutions, etc.).~~

2. ~~The drug to be compounded must be individually prescribed for an identified patient.~~
3. ~~A bulk drug substance (the chemical that becomes the drug's active ingredient) qualifies for use in compounding when:~~

a. ~~It is found in a FDA-approved product.~~

b. ~~It is listed in a book of widely used drug substances published by the United States Pharmacopeial Convention (authoritative body).~~

c. ~~It is listed by a FDA rule as acceptable for pharmacy compounding.~~

4. ~~Previously marketed drugs found to be unsafe or ineffective and removed from the market may not be compounded.~~
5. ~~Prior to preparing the compounded drug, the Pharmacist will review the medical record of the patient. The risks of the patient receiving the compounded drug, along with the benefits, will be weighed in the context of a specific patient's medical condition. If the Pharmacist, in his/her clinical expertise, feels the risks outweigh the benefits, the prescriber will be contacted for revision of the order.~~
6. ~~If the prescriber has ordered a compounded drug that is either found to be unsafe or ineffective, removed from the market, or consists of non-formulary ingredients (chemical and/or medications) or is listed in the FDA's regulations as difficult to compound, the prescriber will be contacted for revision of the order.~~
7. ~~If the ordered product has not been previously compounded at Davis County Hospital, a recipe will be obtained from Mercy – Des Moines, another rural Mercy affiliate hospital or University of Iowa Hospitals and Clinics. If no supported recipe can be obtained, the pharmacist will contact the prescriber for revision of the order.~~
8. ~~Appropriate personal protective equipment to be worn when preparing the compounded product will be determined on a case-by-case basis by the pharmacist.~~

a. ~~At a minimum, when compounding involves non-hazardous ingredients, compounding personnel shall wear a pair of vinyl or nitrile gloves to protect the integrity of the product as well as themselves.~~

Definitions:

- Active pharmaceutical ingredient (API) – Any substance or mixture of substances intended to be used in the compounding of a preparation, thereby becoming the active ingredient in that preparation and furnishing pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals or affecting the

structure and function of the body.

- Beyond-use date (BUD) – The date, or hour and date, after which a CNSP must not be used, stored, or transported. The date is determined from the date or time the preparation is compounded.
- Component – Any ingredient used in the compounding of a preparation, including any API, added substance, or conventionally manufactured product.
- Compounded nonsterile preparation (CNSP) – A preparation not intended to be sterile that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance.
- Compounding – The process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation.
- Compounding area – An area that is specifically designated for nonsterile compounding.
- Compounding personnel – Personnel trained to compound or oversee compounding of preparations.
- Compounding record (CR) – Documents the compounding of each CNSP.
- Designated person(s) – One or more individuals assigned to be responsible and accountable for the performance and operation of the facility and personnel as related to the preparation of CNSPs.
- Formulation – The specific qualitative and quantitative composition of the final CNSP.
- Master formulation record (MFR) – A detailed record of procedures that describes how the CNSP is to be prepared.
- Stability – The extent to which a product or preparation retains physical and chemical properties and characteristics within specific limits throughout its expiration or BUD.

Procedure:

A. Generalities Regarding Preparation of CNSPs

1. Nonsterile compounding is defined as combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance to create a nonsterile preparation. While not an exhaustive list, the following CNSPs are considered nonsterile preparations that may be compounded at DCHC:

    a. Solid oral preparations

    b. Liquid oral preparations

    c. Rectal preparations

    d. Vaginal preparations

    e. Topical preparations (i.e., creams, gels, and ointments)

    f. Nasal and sinus preparations intended for local application (i.e., nasal sprays and nasal irrigation)

    g. Otic preparations (excluding use in perforated eardrums)

2. The following practices frequently carried out at DCHC are not considered compounding and are not required to meet the requirements of this policy or USP Chapter 795:
    a. Reconstitution – Reconstitution of a conventionally manufactured nonsterile product in accordance with the directions contained in the manufacturer approved labeling.
    b. Repackaging – Repackaging of conventionally manufactured drug products.
    c. Splitting tablets – Breaking or cutting a tablet into smaller portions.
    d. Administration – Preparation of a single dose for a single patient when administration will begin within 4 hours. This includes crushing a tablet(s) or opening a capsule(s) to mix with food or liquids to facilitate patient dosing.
3. Pharmacy personnel will minimize the need for non-sterile compounding by purchasing commercially available, FDA approved products whenever possible.
4. When the need arises, non-sterile compounds will be researched appropriately for correct information and directions for compounding, as well as the storage requirements, BUD, etc related to the compounded product.
5. Compounding ingredients of the appropriate identity, purity and quality will be purchased from reliable sources and stored properly according to manufacturer specifications and/or USP standards.
6. All equipment used in non-sterile compounding will be properly maintained, cleaned and stored.
7. The designated compounding area shall be suitable for its intended purpose and efforts to avoid cross-contamination, especially during compounding activities, shall be upheld.

B. Roles and Responsibilities for Preparation of CNSPs
1. DCHC must designate one or more individuals to be responsible and accountable for the performance of and operation of the facility and personnel for the preparation of CNSPs.
    a. DCHC's designated person shall be the pharmacy manager.
2. The responsibilities of the designated person include but are not limited to:
    a. Overseeing a training program to ensure competency of personnel involved in compounding, handling, and preparing CNSPs
        i. At DCHC, only the pharmacy manager or another pharmacist shall carry out nonsterile compounding.
    b. Selecting components
    c. Monitoring and observing compounding activities and taking immediate corrective action if deficient practices are observed
    d. Ensuring that standard operating procedures (SOPs) are fully implemented

and ensuring that follow-up is carried out if problems, deviations, or errors are identified

e. Establishing, monitoring, and documenting procedures for the handling and storage of CNSPs and/or components of CNSPs

C. Master Formulation Record (MFR)

1. The DCHC Pharmacy department will maintain a binder of Master Formulation Records for non-sterile compounds made at DCHC. Every non-sterile compounding will have a master formulation record created and vetted before it is compounded. This record shall include the following:

a. The facility assigned name, strength, and dosage form of the preparation.

b. All calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients.

c. A description of all ingredients and their quantities.

d. All compatibility and stability information, including references when available.

e. Mixing instructions, such as:

i. Order of mixing

ii. Mixing temperatures or other environmental controls

iii. Duration of mixing

iv. Other factors pertinent to the replication of the preparation of the compound

f. All labeling information, such as:

i. Each generic name and quantity or concentration of each active ingredient

ii. The assigned Beyond Use Date (BUD)

iii. Storage conditions

iv. Internal Control Number

g. Container used for dispensing of compound

h. All packaging and storage requirements

D. Compounding Record (CR)

1. The DCHC Pharmacy department will maintain a compounding record of all non-sterile compounds prepared. Each entry shall include the following:

a. The facility assigned name, strength, and dosage of the preparation

b. Control number to reference the master formulation record for the compounded preparation

c. All component information

d. Medication name

e. Quantities of all ingredients
f. Lot numbers of all ingredients
g. Expiration dates for all ingredients
h. Initials of personnel who prepared the compound
i. Initials of pharmacist who approved and verified the compound
j. Date of preparation
k. Assigned internal lot number for the compound
l. Assigned Beyond Use Date (BUD)
m. Documentation of any quality control issues and any adverse reactions or preparation problems reported

E. Compounding Process

1. Personnel who engage in preparing compounded nonsterile preparations (CNSPs) should do so according to the following steps:
    a. Select the appropriate Master Formulation Record
    b. Collect appropriate components and equipment
        i. Inspect all components for identity, purity, and quality including expiration dates
        ii. Clean and disinfect compounding equipment as necessary
        iii. Inspect all equipment for defects
    c. Prepare and disinfect designated compounding area
    d. Wash hands and don appropriate personal protective equipment
    e. Prepare compound per the Master Formulation Record
        i. Double check all calculations, quantities of all ingredients, and process for mixing
    f. Complete the compounding record
    g. Label the product
    h. Obtain inspection and verification of Registered Pharmacist, if not the personnel involved in preparation
    i. Deliver product
        i. The product is to be delivered to the appropriate staff to be stored, handled and administered to the patient according to the original medication order

Status Pending PolicyStat ID 17433898

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

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Next Review	2 years after approval
Owner	Amy Marlow: Quality Director
Policy Area	Administration
Applicability	Davis County Hospital

Auxiliary Aids and Services for Persons with Disabilities

Policy Number: ADM PP 26.05

POLICY:

Davis County Hospital~~/Davis County Medical Associates~~ and Clinics will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights, consent to treatment forms, financial and insurance benefits forms, etc. All necessary auxiliary aids and services shall be provided without cost to the person being served.

~~All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.~~

PROCEDURES:

1. Identification and assessment of need:

   Davis County Hospital~~/Davis County Medical Associates~~ and Clinics (DCHC) provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our brochures and through notices posted in our waiting areas. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or

manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

~~Davis County Hospital/Davis County Medical Associates~~DCHC shall provide the following services or aids to achieve effective communication with persons with disabilities:

A. **For Persons Who Are Deaf or Hard of Hearing presenting in person for services**

i. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, there are two means of providing a qualifed sign language interpreter:

i. Language Line

a. Language Line offers Insight Video Interpreting via an iPad, with both video and voice capability. This equipment is located in the Medical Associates Clinic when not in use.

ii. eAvel (Emerency Department)

a. Persons presenting to the ED requiring an American Sign Language interpreter should be placed in a room with eAvel equipment and tele-health activated, requesting sign language services.

B. **Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing**

a. ~~Davis County Hospital/Davis County Medical Associates~~DCHC utilizes relay services for external telephone with teletypewriter (TTY) users. We accept and make calls through a relay service.

i. ~~The state relay service number is 7-1-1 or (800) 735-2942 TTY/ASCII. For voice calls, it is (800) 735-2943.~~

ii. ~~Relay Iowa VCO Direct can be reached at (800) 735-4313 TTY or VCO Phone.~~

iii. ~~Relay Iowa Spanish Service is available at (800) 264-7190 Voice/TTY.~~

iv. ~~Relay Iowa Speech to Speech Service can be reached at (877) 735-1007.~~

a. ~~For more information on Relay Iowa, log on to www.relayiowa.com.~~

v. The State relay service number is 711, or call any of the following:

a. TTY/ASCII - (800) 735-2942

b. Voice - (800) 735-2943

c. Speech-to-Speech (STS) - (877) 735-1077

d. Visually Assisted Speech-to-Speech (VA STS) - (800) 855-8440

e. Voice Carryover (VCO) - (800) 735-4313

f. Spanish Relay - (800) 264-7190

i. For more information on Relay Iowa, visit www.relayiowa.com.

C. **For the following auxiliary aids and services**

a. Staff will contact the Utilization Review Coordinator (641~~.664.7087~~) 664-7087, who is responsible to provide the aids and services in a timely manner:

i. Note-takers;

ii. computer-aided transcription services;

iii. telephone handset amplifiers;

iv. written copies of oral announcements;

v. video text displays;

vi. other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and ***after*** an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

NOTE: Children and other patients will *not* be used to interpret in order to ensure confidentiality of information and accurate communication.

A. **For Persons Who are Blind or Who Have Low Vision**

i. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.

ii. For the following auxiliary aids and services, staff will contact the Utilization Review Coordinator at (641~~.664.7087~~) 664-7087 who is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials

not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

B. **For Persons With Speech Impairments**

1. To ensure effective communication with persons with speech impairments, staff will contact the Utilization Review Coordinator at (641.664.7087) 664-7087 who is responsible to provide the aids and services in a timely manner: These may include writing materials; typewriters; computers; flashcards; alphabet boards; communication boards; and other communication aids.

C. **For Persons With Manual Impairments**

1. Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following:
    a. Note-takers;
    b. computer-aided transcription services;
    c. speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments.
        i. For these and other auxiliary aids and services, staff will contact the Utilization Review Coordinator at (641.664.7087) 664-7087 who is responsible to provide the aids and services in a timely manner.

Approval Signatures

Step Description	Approver	Date
CEO	Veronica Fuhs: CEO - DCHC	Pending
	Amy Marlow: Quality Director	01/2025

Applicability

Davis County Hospital

Status Pending PolicyStat ID 17433330

Davis County HOSPITAL & CLINICS

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Owner	Amy Marlow: Quality Director
Policy Area	Administration
Applicability	Davis County Hospital

Description of Service

Policy Number: ADM.18.00.0

Policy:

To describe the services provided by the Davis County Hospital and Clinics (~~DCH~~DCHC), a Critical Access Hospital (CAH) affiliated with ~~Mercy Hospital~~MercyOne Medical Center, Des Moines, Iowa.

Procedure:

The administrator/(CEO) is responsible for CAH operation and assumes responsibility for determining, implementing, and monitoring policies governing the operation of the CAH including all services provided whether or not they are furnished under arrangement or contract. Staffing coverage is planned and provided to ensure that all essential services are provided.

The Medical Providers on the Active Medical Staff provide medical direction for health care provided.

Chief Nursing Officer will monitor length of stay (LOS) on a monthly basis to assure no greater than an annual 96-hour average for acute CAH admissions. Services are furnished in accordance with appropriate written policies that are developed by the hospital leadership team with input and approval of administration, Medical Staff (when appropriate) and Board of Trustees and are consistent with applicable state law.

~~Note: *Patient inpatient admissions that exceed six (6) days will be reported by utilization review staff to the Administrator or Administrative person on call. The patient status will be reviewed and the need for interaction with the admitting physician determined.*~~

Agreements: ~~Davis County Hospital~~DCHC has executed agreements with ~~Mercy Hospital~~MercyOne

Medical Center, Des Moines, for patient referral and transfer, the development and use of communication systems of the network, quality assurance, and the provision of emergency and non-emergency transportation among ~~DCH and Mercy~~DCHC and MercyOne.

Services Provided Directly: The CAH staff furnishes (at a minimum) direct services, those diagnostic and therapeutic services and supplies that are commonly furnished in a medical providers' office or at another entry point into the health care delivery system. Direct services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions. Nursing services are provided to meet the needs of patients served ~~with a Registered Nurse on duty at all times~~.

~~DCH~~DCHC provides a total of (25) beds, which can be used, interchangeably for acute or skilled (swing bed) level of care. Emergency services are provided to meet the needs of inpatients and outpatients including availability of on call personnel as needed. Basic laboratory services essential to the immediate diagnosis and treatment of the patient, and radiology services needed to meet the requirements as a CAH are provided directly. Specific services provided by each department are described in the Policy: Provision of Services.

Contracted Services: A list of services provided through agreements or arrangements, which describes the nature and scope of services provided in the Policy: Provision of Services.

~~**Annual Review:** The CAH Advisory Committee performs an annual review of services provided. The purpose of this review is to determine if policies and procedures are followed and if changes are needed.~~

Approval Signatures

Step Description	Approver	Date
CEO	Veronica Fuhs: CEO - DCHC	Pending
	Amy Marlow: Quality Director	01/2025

Applicability

Davis County Hospital

Status Pending PolicyStat ID 16183840

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	01/2018
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2025
Next Review	2 years after approval
Owner	Tammy Wirtanen: Cardiopulmonary Manager
Policy Area	Sleep Lab
Applicability	Davis County Hospital

MSLT Study

POLICY:

The sleep staff will perform ~~MSLT's~~Multiple Sleep Latency Tests (MSLTs) in accordance with the ~~Clinical~~Clinic Practice Parameters for ~~MSLT's~~MSLTs established by the Accreditation Commission for Health Care (ACHC).

PROCEDURE:

- The MSLT consists of 5 nap opportunities performed at two hour intervals. The initial nap opportunities begins 1.5 to 3 hours after termination of the nocturnal recording. A shorter four-nap test may be performed, but this test is not reliable for the diagnosis of narcolepsy unless at least two sleep onset Rapid Eye Movement (REM) periods have occurred
- The MSLT must be performed immediately following polysomnography recorded during the individual's major sleep period. The use of MSLT to support a diagnosis of narcolepsy is suspect if total sleep time on the prior night sleep is less than six hours. The test should not be performed after a split night sleep study (combination of diagnostic and therapeutic studies in a single night).
- Sleep logs may be obtained for 1 week prior to the MSLT to assess sleep-wake schedules.
- Standardization of test conditions is critical for obtaining valid results. Sleep rooms should be dark and quiet during testing. Room temperature should be set based on the patient's comfort level.
- Stimulants, stimulant like medications, and REM suppressing medications should be ideally stopped 2 weeks before MSLT. Use of the patients other usual medications should be thoughtfully planned by the sleep clinician before MSLT testing, so that undesired influences by the stimulating or sedating properties of the medications are minimized. Drug screening may

be indicated to insure that sleepiness on the MSLT is not pharmacologically induced. Drug screening is usually performed on the morning of the MSLT, but its timing and the circumstances of the testing may be modified by the clinician. Smoking should be stopped at least 30 minutes prior to each nap opportunity. Vigorous physical activity should be avoided during the day and any stimulating activities by the patient should end at least 15 minutes prior to each nap opportunity. The patient must abstain for any caffeinated beverages and avoid unusual exposures to bright sunlight. A light breakfast is recommended at least one hour prior to the first trial, and a light lunch is recommended immediately after the termination of the second noon trial.

- Sleep technologists who perform MSLT's should be experienced in conducting the test.
- The conventional recording montage for the MSLT include central EEG (C3-M2, C4-M1), frontal electroencephalogram (EEG) (F3-M2, F4-M1) and occipital (O1-M2, O2-M1) derivations, left and right eye electrooculograms (EOG's), mental/submental electromyogram (EMG), and electrocardiogram (EKG).
- Computer set-up will be performed and the appropriate montage will be selected. *(refer to Montage Protocol)*
- Once the hook up and computer set-up is completed, an ~~impedence~~impedance check is performed to verify that all electrodes are at or below 10Kohms. Any electrode over 10Kohms will be ~~reprepped~~re-prepped or replaced. When the subject is ready, have them lie in the bed. Check the signals in the recorded channels to insure they are of a high quality, (no artifact).
- Prior to each nap opportunity, the patient should be asked if the need to go to the bathroom or need other adjustments for comfort. Standard instructions for bio- calibrations prior to each nap include: 1. Lie quietly with your eyes open for 30 seconds, 2. Close both eyes for 30 seconds, 3. Without moving your head, look to the right, then left, then right, then left, right and then left, 4. Blink eyes slowly for 5 times, and 5. Clench or grit your teeth tightly together.
- With each nap opportunity, the subject should be instructed as follows: "Please lie quietly, assume a comfortable position, keep your eyes closed, and tried to fall asleep." The same instruction should be given prior to every test. Immediately after these instructions are given, bedroom lights are turned off, signaling the start of the test. Between naps, the patient should be out of bed and prevented from sleeping. This generally requires continuous observation by a laboratory staff member.
- Sleep onset for the clinical MSLT is determined by the time from lights out to the first epoch of any stage of sleep, including stage 1 sleep. Sleep onset is defined as the first epoch of greater than 15 seconds of cumulative sleep in a 30 second epoch. The absence of sleep on a nap opportunity is recorded as a sleep latency of 20 minutes. This latency is included in the calculation of mean sleep latency (MSLT). In order to assess for the occurrence of REM sleep, in the clinical MSLT, the test continues for 15 minutes from after the first epoch of sleep. The duration of 15 minutes is determined by "clock time", and is not determined by a sleep time of 15 minutes. The REM latency is taken as the time of the first epoch of sleep to the beginning of the first epoch of REM sleep, regardless of the intervening stages of sleep or wakefulness.
- A nap session is terminated after 20 minutes if sleep does not occur.
- The MSLT report should include the start and end times of each nap or nap opportunity, latency from lights out to the first epoch of sleep, mean sleep latency, (arithmetic mean of all naps or nap opportunities), and number of sleep onset REM periods (defined as > 15 seconds

of REM sleep in a 30 second epoch).

- Events that represent deviation from standard protocol or conditions should be documented by the sleep technologist for review by the interpreting sleep clinician.
- If there is a Continuous Positive Airway Pressure (CPAP) titration study immediately prior to the MSLT, and there is a change of pressure by 2 cwp or less, the MSLT is ran using the patient's original pressure. Any CPAP pressure increase of 3 cwp or greater, the physician will be notifed prior to MSLT start.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director	Silas Shin: Provider	01/2025
Senior Team Member	Rod Day: Ancillary Services Director	09/2024
	Tammy Wirtanen: Cardiopulmonary Manager	09/2024

Applicability

Davis County Hospital

Status **Pending** PolicyStat ID **17310235**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	03/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2025
Next Review	2 years after approval
Owner	Rhonda Roberts: SLS Program Director
Policy Area	Senior Life Solutions DCHC
Applicability	Davis County Hospital

Patient Rights

Policy Number: 1001

POLICY:

It is the policy of the *Senior Life Solutions* program ~~providing outpatient hospital psychiatric services at Davis County Hospital and Clinics that~~ no patient shall be deprived of any rights or privileges guaranteed by law while a patient in the facility.

PROCEDURE:

- Upon admission to the program, the patient and the patient's family or legal guardian (as appropriate) shall be fully informed of the rights of patients.
- The patient shall sign the Patients' ~~Legal and Human~~ Rights ~~Form~~and Responsibilities form. The signature is witnessed and signed by a staff member.
- The listing of Patients' Rights will be posted prominently in the facility.
- The patient and/or family may be given a copy of the patients' rights.

Approval Signatures

Step Description	Approver	Date

Unchanged Biennial Reviews

Title	Policy Area
Administrator On-Call	Administration
Appropriate Use of Hospital Funds	Administration
Auditing 96-hour Average Length of Stay	Administration
Capital Expenditure and Repairs	Administration
Weapons on Hospital Property	Administration
Reporting Changes in Management Positions	Administration
CAH Compliance with Emergency Services Conditions of Participation and EMTALA Requirements	EMTALA
COVID-19 Mandatory Reporting	Laboratory - General
PATIENT Financial Services PRN	Patient Financial Services
Chemotherapy safety and chemotherapy spill procedures.	Pharmacy
Guidelines for Medical Management	Physicians Clinic
Hand Hygiene	Physicians Clinic
Human Resources	Physicians Clinic
Medical Record Content	Physicians Clinic
Patient Right and Responsibilities	Physicians Clinic
Refrigerators at the Clinic	Physicians Clinic
Security and Confidentiality of the Health Record	Physicians Clinic
Storage of Medications	Physicians Clinic
Air Handling Eguipment	Plant Operations
Back-Up Energy Source for Boilers	Plant Operations
Boiler/Boiler Room	Plant Operations
Electrical Distribution System Annual Inspection	Plant Operations
Elevator Failure	Plant Operations
Failure of Gas or Vacuum Systems	Plant Operations
Failure of HVAC System	Plant Operations
Kitchen Hood Fire Extinguishing System	Plant Operations
Personal Electrical Equipment	Plant Operations
Preventative Maintenance of Emergency Generator	Plant Operations
Preventive Maintenance of Air Filters	Plant Operations
Test of Emergency Diesel Generators	Plant Operations
Types of Fires Fire Extinguishers	Plant Operations
Use of Electric Equipment in Oxygen Enriched Environments	Plant Operations
Utilities Management Emergency Shutoff Labels	Plant Operations
Water Management Plan	Plant Operations
Water Temperatures in Patient/Exam room	Plant Operations
Outpatient Hospital Psychiatric Services Sharepoint Provider Folders	Senior Life Solutions DCHC
Pmc Policy Share Point Provider Folders	Senior Life Solutions DCHC
Requirements for the Telepsychiatry Process	Senior Life Solutions DCHC
Scope of Service	Senior Life Solutions DCHC
Acceptance Criteria	Sleep Lab
Oxygen Therapy	Sleep Lab
Patient Records Retention	Sleep Lab
Proper Clinical Oversight	Sleep Lab
Release of Patient Records	Sleep Lab
T3 Home Sleep Study System Cleaning Guide	Sleep Lab