

New policies**Action****Human Resources**

Educational Assistance for Dependent Children & Spouses
Retiree Health Insurance continuation policy
Weekend Staffing Package VII

Accounting

Federal Awards Compliance

Revised Policy**Action****Pharmacy**

Vancomycin Monitoring

Nursing

Administration of Medication

Health Information Management

Listing of Professionals Documenting in Medical Records

Biennial/Annual Reviews**Action**

Employee Health
Medical Imaging Services
Patient Financial Services
Food & Nutrition Services
Quality Improvement/ Plan (Annual)
Risk Management/ Plan (Annual)
Trauma PIPS Plan (Annual)

Information Only Procedures updated outside of scheduled review

Release of Information and Uses and Disclosures of Protected Health Information – HIM
Job Posting – HR
Termination of Employment – HR
Attendance Policy – HR
Educational Assistance – HR
Family & Medical Leave of Absence – HR
Admissions to Acute Care: Observation or Inpatient – Med Surg



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

Owner Pam Young
Policy Area Human Resources
Applicability Davis County Hospital

Educational Assistance for Dependent Children and Spouses

The Davis County Hospital & Clinics (“DCHC”) will provide educational assistance for dependent children or spouses of full-time and part-time DCHC team members in good standing if the employee has not used the educational assistance funds for themselves within the calendar year. The purpose of this policy is to assist with recruiting and retaining employees.

- A. Educational assistance shall be used for courses providing college credit from an accredited college/university or courses for a recognized certification program approved by DCHC.
- B. Expenses eligible for assistance/reimbursement include tuition, course fees, required books and supplies, review courses, and fees for the credit by examination method for courses pre-approved by DCHC. Fees for training aids, transportation, graduation fees, college facility usage fees, and administrative fees are not eligible for financial assistance/reimbursement. Additionally, employees will not be reimbursed for tuition/course fees that are eligible for reimbursement from another source (e.g., if the employee/dependent/spouse receives tuition assistance through awarded grants, scholarships, or forgivable loans).
- C. Full-time employees can receive up to \$2,000 in educational assistance per calendar year, per employee. Part-time employees can receive up to \$1,000 per calendar year, per employee. The amount available for tuition assistance/reimbursement is subject to change without prior notice to DCHC employees.
- D. If a dependent’s parents are both employed by DCHC and eligible to receive educational assistance, the dependent may only receive the amount of assistance available to a single employee (e.g., \$1,000 for part-time and \$2,000 for full-time employees).
- E. A separate application must be submitted for each academic term/semester.
- F. Dependents or spouses of DCHC employees can apply for and receive educational assistance

only if the following requirements are satisfied at the time of the request:

- The employee has maintained a full or part-time job status in good standing with no outstanding disciplinary issues (e.g., verbal counseling and above) and is not on an Active Performance Plan.
 - The dependent or spouse completes/completed the course of study within the specified time frame and receives/received a final grade of "C" or better. For pass/fail courses, the student must pass/have passed the course.
 - The dependent or spouse qualifies as a tax-eligible dependent, per IRS guidelines.
- G. All determinations are made at the sole discretion of DCHC.
- H. If any issue arises about how this policy should be interpreted or applied, such interpretation or application will be made by DCHC in its sole discretion and will be binding upon all interested persons. DCHC reserves the right to make such exceptions to this program as are determined to be in the best interests of DCHC, and to change or terminate this program at any time. Any such exception, change, or termination will be effective on the date specified by DCHC, and could apply to any educational assistance provided on or after such effective date.

PROCEDURE:

- A. Employees must obtain an Educational Assistance/Specialty Certification Application form ("the Application") from the Human Resources department. The application must be completed and approved **at least 10 days** before the class begins. DCHC will not be responsible for late payment fees or finance charges.
- B. Employees can either request DCHC to directly pay the appropriate institution prior to the course's start date or that DCHC reimburse the employee after course completion as long as employee provides Human Resources with documentation of the required passing grade.
- C. Employees shall submit the Application along with the necessary documentation to verify such expenses to the Human Resources Director who will then forward the Application to the CEO for review. The CEO will return all approved applications to Human Resources to forward to the Accounting department. Accounting will issue a check for the appropriate amount indicated on the Application. Human Resources will maintain a copy of the finalized Application.
- D. Upon completion of the course, a copy of the student's grade must be submitted to Human Resources. The final course grade will be filed with the application.
- E. The employee will be responsible to repay any educational assistance or reimbursement under the following circumstances:
1. If the student does not pass the course with a "C", fails a pass/fail course, drops the course, fails to receive certification within one (1) year after completing a required course, or fails to complete the course in a timely manner if it does not have a fixed start and end date, the entire amount will be due and payable within sixty (60) days.
 2. If the employee failed to accurately complete the original Application or failed to provide any subsequent document within a timely manner, the entire amount will be due and payable within sixty (60) days.
 3. If the employee terminates employment with DCHC or is terminated by DCHC during the course, the entire amount will be due and payable within sixty (60) days.

4. If the employee fails to work the required minimum "hours of employment" following completion of the course to avoid a repayment obligation. "Hours of employment" means any authorized hours of work in addition to hours credited through the use of PTO and education/training hours.
5. If the employee changes from a full-time or a part-time status to a PRN or a temporary status unless employee has worked the required "hours of employment" prior to the status change. Repayment is due within six (6) months of the change.

Educational assistance will be considered forgiven/repaid as follows:

Amount Forgiven	Minimum hours of employment after end date of the course
\$1.00 - \$749.99	1,040
\$750.00 - \$1,999.99	2,080
\$2,000.00 and up	4,160

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
CEO	Veronica Fuhs: CEO - DCHC	07/2022
	Pam Young: Human Resources Director	07/2022

History

Created by Young, Pam: Human Resources Director on 6/10/2022, 5:13PM EDT

This was received from Denton's. Kendra & Pam spoke with Denton's regarding the \$5,200 amount for tax liability/yr.

Last Approved by Young, Pam: Human Resources Director on 6/10/2022, 5:13PM EDT

Last Approved by Fuhs, Veronica: CEO - DCHC on 6/16/2022, 4:08PM EDT

Approval flow updated in place by Marlow, Amy: Quality Director on 6/17/2022, 8:17AM EDT

Draft saved by Marlow, Amy: Quality Director on 7/22/2022, 2:17PM EDT

Sent for re-approval by Marlow, Amy: Quality Director on 7/22/2022, 2:17PM EDT

changed approval workflow

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Last Approved by Young, Pam: Human Resources Director on 7/25/2022, 2:51PM EDT

py new policy

Draft saved by Fuhs, Veronica: CEO - DCHC on 7/25/2022, 3:15PM EDT

Edited by Fuhs, Veronica: CEO - DCHC on 7/25/2022, 3:16PM EDT

The title was in all caps.

Last Approved by Young, Pam: Human Resources Director on 7/25/2022, 3:19PM EDT

py

Last Approved by Fuhs, Veronica: CEO - DCHC on 7/27/2022, 9:48AM EDT

Status **Pending** PolicyStat ID **11369355**



An Affiliate of **MERCYONE**

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

Owner Pam Young
Policy Area Human Resources
Applicability Davis County Hospital

Retiree Health Insurance Continuation Policy

Employees who retire from Davis County Hospital & Clinic (DCHC) may elect to continue group health coverage under the hospital's major medical plan as described in this Policy.

Eligibility

Retirees who are on one of DCHC's major medical plans (the "Plan") at the time of retirement may continue the same coverage he/she had immediately prior to his/her retirement (including coverage for family members who were on the Plan at the time of the retiree's retirement) at the **retiree's sole cost** and expense until the retiree turns age sixty-five (65) and provided the retiree timely pays the total premium cost (both the employee and employer portion) for such coverage no later than the **first day of the month** for the applicable coverage month. If the premium is not timely paid, the coverage will be cancelled retroactively to the first of the month. Coverage cannot be reelected at a future date once it has been cancelled for non-payment. If a retiree chooses to remove a spouse or dependent from the coverage they cannot later be added. A "retiree" for purposes of this Policy is defined as an individual eligible to receive IPERS. This policy does not apply to supplemental and ancillary benefits such as health flexible spending accounts, health reimbursement arrangements, dental and or vision plans.

When Coverage Begins

An employee has thirty-one (31) days following the date of retirement to elect to continue coverage as a retiree. If elected on a timely basis, retiree health coverage will begin on the first day of the month following your last day of employment. If your last day of employment occurs in the middle of a month, you will remain on the employee group health plan until the commencement of your retiree coverage on

the first day of the following

month. If the retiree does not elect coverage within thirty-one (31) days following retirement, the retiree is not eligible for coverage under this Policy.

When Coverage Ends

Coverage for the retiree and retiree's spouse and dependents on the Plan ends on the earliest of the following dates:

1. The date upon which any required contribution for the coverage is due and unpaid; or
2. The date upon which written request has been received to cancel; or
3. The date of the retiree's death; or
4. The day the retiree turns 65.

Alternative to COBRA

The retiree continuation coverage under this Policy and Iowa Code 509A is offered as an alternative to COBRA. In other words, in order to elect the retiree continuation coverage, the employee must waive COBRA. The same is true for the employee's spouse and dependents eligible to continue coverage under this Policy.

For most situations, the retiree continuation coverage is more generous than COBRA. However, there are some situations in which COBRA may appear more attractive, such as:

1. Under COBRA, coverage can be added for dependents acquired after retirement.
2. Coverage under this Policy is automatically terminated for the retiree and any spouse/dependents on the coverage due to the retiree's death or upon the retiree turning age 65.
3. The length of COBRA coverage is limited to 18 months in most circumstances but can be extended due to second qualifying events in certain cases to 29 or 36 months. More information is provided in the qualifying event notice regarding COBRA coverage.

Before selecting whether to elect continuation under this Policy or COBRA, we urge you to think it over carefully and discuss the decision with a human resources representative or a reliable expert.

Because this coverage is an alternative to COBRA, a retiree spouse who loses retiree continuation coverage under this Policy due to divorce or legal separation can elect to continue this coverage for 36 months from the date of the divorce or legal separation. The retiree spouse remains responsible for the

full cost of the coverage.

At this time, retiree continuation coverage is simply an opportunity to continue coverage after employment ends. DCHC reserves the right at any time before or after an individual retires, to change providers, networks, types, and levels of medical coverage, co-payments, deductibles, required retiree contributions toward the purchase of health care and all other aspects of the retiree coverage. Because premiums paid by DCHC are adjusted annually, the cost to retirees and spouses may change at those times but may also change at other times as circumstances call for such changes.

DCHC has discretionary authority to interpret this Policy, decide factual issues, construe applicable law, and resolve all issues relating to a retiree's eligibility for participation and entitlement to benefits and DCHC's decision in such matters will be final and binding.

Attachments

[Early Retirement Q & A.pdf](#)

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
CEO	Veronica Fuhs: CEO - DCHC	07/2022
	Pam Young: Human Resources Director	07/2022



An Affiliate of **MERCYONE**

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

Owner	Pam Young
Policy Area	Human Resources
Applicability	Davis County Hospital

Weekend Staffing Package VII

Purpose:

The Weekend Staffing Package VII (WSP VII) exists to ensure consistent coverage to meet departmental needs.

Procedure:

Listed below are important points pertaining to the WSP VII.

- A. WSP VII schedule will provide department coverage under the following guidelines;
 - 1. Coverage will be between the hours of 5pm on Fridays through 6pm the following Monday.
 - 2. Hours will be a minimum of 3 – 12 hour shifts (36 hours) working in the department as outlined on the WSP VII Agreement.
 - a. Hours subject to change to meet the needs of the department. Department Manager is responsible for scheduling.
 - b. “Clocked-In” hours requires employee to be physically in the department performing duties outlined in employees job description.
 - 3. Employee will be scheduled to work 9 of 10 weekends (e.g. work 9 weekends, 10th weekend off, repeat). End of the year total weekends worked must equal 46 of 52 weekend shifts.
 - a. Employee will be compensated at the “Premium” rate when working the “Weekend Package”.
 - i. If employee works additional weekend shifts, those shifts will be paid at “premium” pay.

- b. The "off weekends" are unpaid. During these weekends, employee can elect to;
 - i. Not receive pay/wages.
 - ii. "Cash out" PTO if available. (See Human Resources Policy "Paid Time Off (PTO), refer to PTO Sell Back for further details).
 - iii. Substitute weekend "Clocked-In" hours during other days of the week, before and after the weekend. These hours will be paid at "base rate".
 - c. If employee wants to request a change in the scheduled rotation, the request must be submitted to the department manager for consideration prior to the monthly schedule being available to all department staff. Department manager reserves the right to approve or deny any requested changes to the scheduled rotation.
 - d. Unscheduled absence or illness will follow DCHC Attendance policy (HR guidelines). Absence can be made up within the 9-10 rotation or working other shifts as available. PTO must be used to cover scheduled or unscheduled absence/illness to meet the minimum hours required in the Agreement. This PTO will be paid out at the weekend premium rate.
- 4. 4. Employee will be considered a "full-time, non-exempt" employee.
 - a. As full time, the employee is eligible for full time benefits.
 - 5. 5. Employee is expected to work any holiday that falls on a scheduled weekend. This weekend day is paid at holiday rate, $(1.5) \times$ "Premium" pay rate per hour.

B. Reimbursement (Pay) Rates

- 1. Employees have an established "base" rate or starting salary upon hire determined by the HR department. See Compensation Policy HR018.
- 2. Premium rate is calculated by taking the "base rate" times $(x) 1.25\% =$ "Premium Rate".
- 3. Holiday pay rate on weekend worked (for paid holidays per Compensation Policy HR018) is calculated by taking "premium rate" $\times 1.5$ per hour.
- 4. Holiday pay rate worked during a weekday (for paid holidays per Compensation Policy HR018) is calculated by taking "base rate" $\times 1.5$ per hour.
- 5. If employee works shifts outside of the Weekend Staffing Package VII, they will be paid at the "base rate" for hours worked.
- 6. Employee is eligible for other compensation per HR018 such as Shift Differential, On-Call, Call-In, Overtime, and Holiday pay during WSP VII or "other" shifts worked.
- 7. Birthday Holiday (1 day only), see Employee Birthday Vacation Day policy #HR066.
 - a. is paid at "premium" rate for 8 hours only regardless of normal hours regularly scheduled during the WSP VII.
 - b. Can be used for one (1) scheduled WSP VII day when 8 or more hours are normally worked.

- C. PTO accrued may be used to cover medical expenses at Davis County Hospital or sold back (See Human Resources Policy "Paid Time Off (PTO) for further details). PTO paid out at the end of employment or cashed out (other than in C. ii. 2.) will be paid out at the employee's regular base rate of pay.
- D. Employee is expected to attend orientation, mandatory in-services, informational meetings, and staff/department meetings and will be paid at the "base" rate of pay.
- E. Davis County Hospital & Clinics will not be responsible for provision of off-shift accommodations and this responsibility rests solely on the WSP VII employee.
- F. If at any point Davis County Hospital & Clinics determines to change or discontinue the WSP position, or the WSP VII employee wishes to resign or transfer to another posted position, a 28-day notice is required by either party to the other.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
CEO	Veronica Fuhs: CEO - DCHC	07/2022
	Pam Young: Human Resources Director	07/2022

Status **Pending** PolicyStat ID **11929086**



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Last Revised N/A
Next Review 2 years after approval

Owner Kendra Warning
Policy Area Accounting
Applicability Davis County Hospital

Federal Awards Compliance

PURPOSE:

To ensure reporting compliance related to the U.S. Department of Health and Human Services (HHS), COVID-19 Provider Relief Fund Direct Award, Federal Financial Assistance Listing Number 93.498.

POLICY:

The terms and conditions of the CARES Act Provider Relief Fund (PRF) distributions state that funds are to only be used to prevent, prepare for and respond to coronavirus, and that funds may only be used for healthcare related expenses or lost revenue that is attributable to the coronavirus. Subsequent guidance issued by the Health Resources and Services Administration (HRSA) states that recipients may use payments for eligible expenses incurred prior to the receipt of PRF distributions dating back to January 1, 2020, so long as they are to prevent, prepare for, and respond to coronavirus. HRSA has also provided guidance related to reporting time periods based upon when PRF distributions were received. Each reporting period defines periods in which expenditures and lost revenue that is attributable to the coronavirus can be gathered for reporting.

Since the initial release of PRF in April 2020, there has been clarifying guidance, changes to guidance, removal of previous issued FAQ's by HHS and numerous webcasts and seminars regarding usage of PRF. Final guidance is now available at hsra.gov/provider-relief. To ensure reporting compliance, the CFO will be responsible for reviewing the Provider Relief section of the HRSA website on a monthly basis to gather and review most current guidance. Understanding the guidance is essential in accumulating expenditures and lost revenue attributable to coronavirus that is required to be reported in prescribed periods. The CFO will be responsible for a thorough review of expenditures gathered to be reported to ascertain they are reported in the correct period and have not been reimbursed from other sources or other sources that are obligated to reimburse the expenditures.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Senior Leader	Kendra Warning: CFO	06/2022
	Lisa Warren: Controller	06/2022

COPY

Status **Pending** PolicyStat ID **11711841**



An Affiliate of **MERCYONE**

Origination 08/2014

Last Approved N/A

Effective Upon Approval

Last Revised 06/2022

Next Review 2 years after approval

Owner Wendy Barker

Policy Area Pharmacy

Applicability Davis County Hospital

Vancomycin Laboratory Monitoring Guidelines

Policy Number: Ph 05.12.0

POLICY:

A standard process for monitoring therapeutic levels of Vancomycin shall be employed for patients treated at Davis County Hospital

PROCEDURE:

1. Vancomycin Order - A **physicians** **physician's** order will be obtained to initiate Vancomycin therapy and monitoring. The order will contain the prescribed initial dose and interval based on the patient's weight, age, BUN and creatinine.
2. Monitoring Parameters – The American Society of Health-System Pharmacists, the Infectious Diseases Society of America and the Society of Infectious Diseases Pharmacists consensus statement on therapeutic monitoring of Vancomycin in adult patients indicates that "trough serum Vancomycin concentrations are the most accurate and practical method for monitoring Vancomycin effectiveness." The document further suggests that available evidence does not support the monitoring of peak serum Vancomycin levels as a means to decrease nephrotoxicity because nephrotoxicity due to Vancomycin monotherapy is uncommon, is usually reversible and occurs with an incidence only slightly above what is reported with other antimicrobials not considered to be nephrotoxic. In addition, ototoxicity is rarely associated with Vancomycin monotherapy and does not correlate with serum Vancomycin concentrations. Therefore, routine monitoring of peak serum Vancomycin concentrations will no longer be advocated. Routine monitoring of trough serum concentrations shall be employed according to the following guidelines:
 - a. Trough samples should be obtained just before (30 minutes before) the fourth dose

- following initiation of Vancomycin therapy.
- b. If dosage adjustments are made, trough samples 30 minutes prior to the fourth dose at the new dosage/interval are also recommended.
 - c. Once an optimal trough concentration is achieved, once-weekly trough monitoring in hemodynamically stable patients is recommended. More frequent trough monitoring may be employed for patients that are hemodynamically unstable.
 - d. "Peak" concentration levels or other random concentration levels may be ordered by the prescriber (or pharmacist, if consulted) as needed to facilitate calculation of dosage and/or interval adjustments.
 - e. The above monitoring parameters shall be employed for outpatients receiving Vancomycin therapy unless specified otherwise by the prescriber of the outpatient therapy.
 - a. For outpatients, scheduled doses of Vancomycin may be administered immediately following trough draw. The trough need not be resulted prior to commencement~~start~~ of the infusion. Lab results will be reviewed and Vancomycin dosage and/or frequency adjusted prior to the patient's next scheduled dose.
3. Optimal Trough Concentrations – The American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists have expressed specific recommendations for optimal Vancomycin trough concentrations:
- a. Uncomplicated Infections - Trough serum Vancomycin concentrations should always be maintained above 10mg/L (10mcg/mL) to avoid development of drug resistance. Therefore, the optimal trough concentration in uncomplicated infections is 10-15mg/L (10-15mcg/mL).
 - b. Complicated Infections - For complicated infections such as bacteremia, endocarditis, osteomyelitis, meningitis, and hospital-acquired pneumonia caused by *S. aureus*, trough serum Vancomycin concentrations of 15-20mg/L (15-20mcg/mL) are recommended.
4. Management of dosage and/or frequency adjustments - Pharmacy will be responsible for interpreting Vancomycin trough levels and making dosage and/or frequency adjustments as indicated. If a trough level returns within optimal range for a specific patient (see #3 above), the current Vancomycin dosage and frequency may be continued without further action. However, if a trough level returns outside of optimal range, call the DCHC pharmacist at (641) 208-6835 or contact the telepharmacist on duty for new orders. The pharmacist shall have discretion to adjust the Vancomycin dose and/or frequency as well as order pertinent follow-up labs (ex., repeat Vancomycin trough, BUN, serum creatinine).

References:

Rybak M, et al. Therapeutic monitoring of vancomycin in adult patients: A consensus review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists. *Am J Health-Syst Pharm.* 2009;66:82-98.

Approval Signatures

Step Description	Approver	Date
CAH	Amy Marlow: Quality Director	Pending
Medical Director	Robert Floyd: Chief of Staff/ Internal Medicine Physician	06/2022
Senior Leader	Nikki Thordarson: CNO	06/2022
	Wendy Barker: Pharmacy Manager	06/2022

COPY

Status **Pending** PolicyStat ID **11763982**



An Affiliate of **MERCYONE**

Origination 11/1999

Last Approved N/A

Effective Upon Approval

Last Revised 06/2022

Next Review 2 years after approval

Owner Tara Porter

Policy Area Nursing Policies

Applicability Davis County Hospital

Administration of Medication

POLICY:

Medications will be administered following the "Five Rights" (right patient, right medication, right time, right route and right dose). All drugs, biologicals, and IV medications will be administered by an LPN, RN, or Paramedic under the supervision of an A.R.N.P., P.A., M.D., or D.O. and as permitted by their scope of practice. All drugs, biologicals, and IV medications must have a written or electronic order including the date and time received in accordance with the orders.

PROCEDURE:

1. Medications are to be administered within 60 minutes either side of the scheduled time for administration if ordered daily or BID. If ordered more frequently, 30 minutes on either side will be allowed.
2. IV antibiotics shall be administered as close as possible to the scheduled time.
3. All medication errors will be reported to the medical provider and house supervisor immediately.
 - a. If the error requires any type of intervention, causes an adverse reaction, or has potential to cause an adverse patient outcome, the medical provider will be notified immediately.
 - b. At the discretion of the supervisor, if the medication error occurs during the night and has low potential to cause an adverse patient outcome, the medical provider will be notified in the morning.
 - c. An incident report will be filled out for medication errors. Include the date, time and name of medical provider notified.

- d. A Med Error RCA Form will be filled out as soon as possible with the staff involved.
 - e. Document the notification of the medical provider of the medication error in the electronic health record.
4. Retrieve medications from the proper area, either from the Omnicell, from the patient's bin in the medication room, or from pharmacy. Take the medication to the patients' bedside. Open the patient's chart, and the medication administration system within the electronic health record. Scan the patient's wristband and scan the medication. Give the patient the medication and ensure that the medication has been taken prior to signing the medication off as complete.
 5. Chart PRN medications in the same manner as above, in nursing charting make an entry regarding why patient given PRN and follow-up in one hour regarding effectiveness of PRN medication and if order needed from physician.
 6. Indicate site of injections.
 7. Document and explain omitted medications by using the "not given" in the medication administration section of electronic MAR.
 8. Observe patients for any untoward drug reactions.
 9. Use only medications that are clearly labeled.
 10. Return to pharmacy liquid medications that are cloudy or have changed color.
 11. Before administering a medication, identify the patient correctly - identification bracelet and/or asking patients to state their name.
 12. Do not leave medication at bedside except as ordered by medical provider and specified in the pharmacy policy for bedside medications.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director	Robert Floyd: Chief of Staff/ Internal Medicine Physician	06/2022
Senior Team Member	Nikki Thordarson: CNO	06/2022
Nurse Manager	Tara Porter: Patient Services Manager	06/2022

Status **Pending** PolicyStat ID **11740835**



An Affiliate of **MERCYONE**

Origination 10/2012

Last Approved N/A

Effective Upon Approval

Last Revised 06/2022

Next Review 2 years after approval

Owner Lissa Jarr

Policy Area Health Information Management

Applicability Davis County Hospital

Listings of Professionals Documenting in Medical Records

Policy Number: HIM 09.01.0

POLICY:

The Health Information Management (HIM) ~~department~~ Department and Employee Education/Health Wellness Department will retain a list of those Medical Providers and other professionals documenting in the medical record.

PURPOSE:

To ensure that all professionals' signatures who documented in the medical records are authenticated, as instructed by Iowa Department of Inspection and Appeals.

PROCEDURE:

The Health Information Management (HIM) department will retain individual sheets for those Medical Providers documenting in the medical record. Providers will be asked from time to time if their signature changes for any reason to resign. Example: age change, accident, stroke that may affect a change in a signature.

Interpretative Guidelines ~~485.638~~ 635(a)(14)(iv)

The CAH must have a system in place that ensures that the identity of the author of each entry is correct. The author of every entry must take a specified action to identify himself/herself as the author (or responsible person) of the entry, the time and dating of the entry, that the entry is accurate, and that he/she takes responsibility for accuracy of the entry.

~~There should be a current list of authenticated signatures, as well as a list of computer codes and signature stamps (when used for authorship purposes) that have been authorized by the governing body and are protected by adequate safeguards. CAH policies and procedures should provide for appropriate sanctions for unauthorized or improper use of computer codes or signature stamps.~~

Entries in the medical record may be made only by individuals as specified in CAH and medical staff policies. All entries in the medical record must be timed, dated, and authenticated, and a method established to identify the author. The identification may include written signatures, initials, computer key, or other code.

A list of computer or other codes and written signatures must be readily available and maintained under adequate safeguards. There shall be sanctions for improper or unauthorized use of stamp, computer key, or other code signatures. The CAH must have policies and procedures in place and operational before an electronic medical record system would be deemed acceptable.

Clinical Staff who are required to document in the medical record will authenticate their signature on the medical record documentation log at employee orientation. Providers who are employed will also be on this log. This signature on the log is obtained by the Education/Health Wellness Staff and who will be the keeper of the master copy. The original will always remain in the possession of the Education/Health Wellness Staff member.

This will include employee signature and credential, initials, orientation date, department, and resignation date, if applicable.

COPY

Attachments

[Provider Signature Log](#)

Approval Signatures

Step Description	Approver	Date
CAH	Amy Marlow: Quality Director	Pending
Senior Leader	Kendra Warning: CFO	05/2022
	Lissa Jarr: Health Information Management Manager	05/2022

Employee Health 2022

Title	New	No Changes	Revised Statement	Revised Procedure	Retired	Comments
COVID 19 Vaccination Policy						Still being reviewed
Employee Health Program		X				Few changes in wording only
Flu Vaccination Policy						Still being reviewed

Medical Imaging Services Biennial Review
2022

Title	New	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Analyzing Primary Examination of DEXA Hip				x		updated current practice
Analyzing Primary Examination of DEXA Spine		x				
Annual Update and Review of Charge-Master				x		verbiage change
Attendance Policy					x	see HR policy
Backing Up & Archiving DEXA Data		x				
CEU / Meeting Attendance				x		
Consultation with a Qualified Physician				x		updated verbiage
Consulting Physicist		x				
Contrast Administration Information Form		x				
Contrast Injection/Infusion				x		updated lab procedure to follow mercy protocol
Contrast Reactions				x		updated code blue to medical emergency,
CT Preventive Maintenance & Service				x		updated current practice
CT Scanner Quality Assurance Guidelines		x				
CT Systems Power on/off			x			verbiage change
DEXA Operator Safety Precautions			x			updated equipment name
DEXA Patient Set-up			x			updated current practice
DEXA Quality Assurance Testing		x				
Emergency CT Scans				x		verbiage change
Identification of Pregnant Patients				x		updated verbiage and format
Infectious Waste				x		updated protocol
Interpretation of Imaging Procedures, Physician Consultant Requirements				x		verbiage change
Inventory & Expiration Date Review of Medical Imaging Supplies				x		updated verbiage and format of document
IV Contrast Extravasation				x		updated verbiage and format of document
Labeling of Medical Images				x		updated verbiage
Lead Aprons and Radiation Protective Gear				x		updated verbiage
Linen Procedures for Mobile Imaging Services			x	x		updated proc and statement verbiage

Mammography Consumer Complaint Mechanism				x		corrected verbiage
Mammography Equipment Calibration				x		updated current procedure
Mammography Equipment Failure Service Procedure				x		updated current procedure
Mammography Federal, State & Local Laws & Regulations Issued		x		x		updated proc and statement verbiage
Mammographic Images Release, Request and Preservation				x		updated verbiage
Mammography Infection Control				x		cupdated verbiage
Mammography Medical Audit of Positive Mammograms				x		physician to provider
Mammography Orientation Program for all Technologists who Perform Mammography				x		changed tech to technologist
Mammography Patients Under Institutional/Custodial Care				x		updated verbiage
Mammography Personnel Licensure and/or Registration				x		updated dept name
Mammography Quality Assurance/Quality Control Testing Guidelines		X				updated verbiage
Mammography Visual Checklist				x		updated layout
Mammography Written and Signed Reports				x		changed verbiage
Medical Imaging Orthopedic Views				x		updated current practice
Medical Imaging Protocols				x		updated to include Mercy one
Medical Imaging Services On-Call Policy				x		tech to technologist
Medical Imaging Week-End Technologist Staffing					x	
Mobile Imaging Radioactive Material Safe Handling/Contamination				x		updated to follow contracted companies p and p
Mobile Imaging Sharps and Needle Disposal				x		updated verbiage
Mobile Imaging Waste Disposal			x	x		updated to follow current policy in Infection Prevention
MRI Safety				x		added attachments, updated verbiage
Obtaining Equipment Service				x		update PO approval
Occupational Radiation Exposure and Records					x	updated to reflect chapter 40 on IDPH radiology website
Ordering of CT Scans			x			updated DCH to DCHC, updated verbiage
Patient Preparation for Contrast CT Scanning				x		updated Creat to Creat\GFR
Patient's Right to Refuse Radiological Procedure				x		updated verbiage
Pediatric CT Scanning				x		verbiage changes to indicate "provider" and use of "intravenous".
Provider Orders for Medical Imaging Procedures				x		updated DCH to DCHC, Took out "legal" in name and added "preferred
Pregnant Medical Imaging Workers				x		updated current practice

PRN Radiology Technologist				x		updated verbiage
Radiation Badge Continuity		x		x		updated to reflect chapter 40
Retention of Radiographs and Reports				x		(excluding Mammography and Echocardiograms)
Sharps, and Needle Disposal		x				
Ultrasound Call-in Policy			x	x		updated purpose and procedure verbiage,
Ultrasound Definity Imaging SOP				x		updated needle size and MI
Ultrasound Definity Standing Orders			x			updated verbiage
Ultrasound Guided Interventional Procedures		x				
Ultrasound Room Cleaning Equipment Disinfection		x		x		updated verbiage
Ultrasound Scheduling Procedures				x		updated imaging times, added new procedures
Ultrasound: Viewing of OB US Exam				x		updated verbiage

Patient Financial Services Biennial Review
2022

Title	New	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Billing		X				
Collections		X				
Credit		X				
Departmental Record Retention Standard		X				
Discount for Uninsured (Self Pay) Patients With Ability to Pay		X				
Employee Benefit Prompt Pay		X				
Financial Assistance Program		X				
Financial Inducement/Waiver of Co- payments or Deductibles		X				
Patient Access PRN		X				This policy should be listed under Patient Access Department
Prompt Pay Discount for Insured Patients		X				
Record Retention		X				

**Food and Nutritional Services
2022**

Title	New	No Changes	Revised Statement	Revised Procedure	Retire	Comments
Assembly of Patient Trays		x				
Cafeteria Meal Service		x				
Calibration & Use of Thermometers		x				
Cleaning and Sanitizing Pots, Pans and Dishes		x				
Contact with Blood and Bodily Fluids		x				
Employee Health, Hygiene & Uniforms		x				
Food & Nutrition Services Employees Meals		x				
Food & Nutrition Services Manager		x				
Food & Nutrition Services Staff Continuing Education		x				
Food Preparation, Cooling and Reheating		x				
Food Safety and Disaster Planning		x				
Food Storage-Refrigerated & Frozen		x				
Hand Washing		x				
Hours of Work				x		Updated to reflect hours of operation of dept instead of specifying hours for each position
Patient & Visitor Meals				x		Updated to reflect current procedures
Pest Control		x				
Putting Away Products & Storage		x				
Schedules				x		Updated to reflect current procedures

Quality Improvement Annual Review 2022

Title	New	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Quality Improvement Plan		x				

**Risk Management Biennial Review
2022**

Title	New	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Risk Management Plan		x				

**Trauma
2022**

Title	New	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Trauma Performance Improvement and Patient Safety (PIPS) Plan		x				Annual Review Required