

**List of Hospital-wide/Departmental Policies and Procedures Submitted to JCC for Approval on
November 12, 2024**

Blue (Hospital-wide); Grey (Departmental)				
Status	Dept.	Policy #	Title	Notes
JCC Follow-up				
Revised	Rehab	80-05	Establishment of Treatment Programs and Documentation	<ol style="list-style-type: none"> Added "resident" Policy #1: replaced "person" with "medical provider", added "including but not limited to" Procedure: removed #3 – no P&P 50-04 Documentation: #1 added "but not limited to", #3 added "RCTs"
Revised Admissions and Eligibility Policies and Procedures				
Revised	A&E	04-03	Standard admission agreement Signature	<ol style="list-style-type: none"> Added "the conservator/assigned decision maker is responsible for signing." Deleted "it is advisable to secure signatures from both the conservator and the patient." Added "A copy of the signed form may be given to the patient and/or representative and the original scanned and filed into EPIC and chart." Replaced "appropriate surrogate" with "responsible party (Conservator, SDM, DFM) " Deleted "The procedure below should be followed when obtaining signatures on the SAA:The status of the signature must be entered into the Invision system account. The allowable INVISION values are: <ul style="list-style-type: none"> •Y = Yes, Patient Signed SAA •N = No, Patient did Not Sign SAA •P = Parent / Guardian Signed SAA for Minor •S = Spouse Signed SAA •O = Other Relative Signed SAA; Follow-up for Resident to Sign •R = Refused •A = Alert and Cannot Sign but Consents to Treatment •C = Countersigned by Medical Staff and FC, Patient Not Able to Sign •E = Expired For values of N, O, R, and A, Financial Counselor must return to resident for follow-up signature."
Revised	A&E	50-01	Admission and Eligibility Criteria for Acute Rehabilitation Services	<ol style="list-style-type: none"> Added "and would benefit from" Added "due to complex nursing, medical management and rehabilitation needs" Deleted " to achieve maximal functional independence may" Added "at Laguna Hoda Hospital and Rehabilitation Center (LHH)." Replaced "rehabilitation physician" with " psychiatry" Deleted "two ADL impairments that are functional, ADL, safety, or education-related, and has" Added "(one of which must be physical therapy or occupational therapy)" Added "an interdisciplinary team approach including but not limited to: Admissions & Eligibility (A & E), Utilization Management (UM), " Added ", the Director of Nursing, and the Assistant Nursing Home Administrator, support services or designee" Added " Assistant, or his/her designee, and/or designee from the respective departments." Added "This pre-admission screening may involve, but not limited to" Added ", and additional patient related factors" Deleted "by licensed or certified clinician " Added "24-" Deleted "Post-Admission Physician Evaluation: <ol style="list-style-type: none"> Must be completed within first 24 hours of admission to acute rehabilitation by a psychiatrist and includes <ol style="list-style-type: none"> documentation of patient's status on admission, documentation of any differences between the preadmission screening and post-admission physician evaluation. " Added "LHPP 27-06 Guidelines Inpatient Rehabilitation Facility Documentation"
Revised	A&E	50-02	Admission and Eligibility Criteria for SNF-Level Rehabilitation Services	<ol style="list-style-type: none"> Added "and would benefit from" Added "due to complex nursing, medical management and rehabilitation needs" Deleted " to achieve maximal functional independence may" Added "at Laguna Hoda Hospital and Rehabilitation Center (LHH)." Replaced "rehabilitation physician" with " psychiatry" Added "skilled" and "but not limited to" Added "an interdisciplinary team approach including but not limited to: Admissions & Eligibility, Utilization Management " Added "Director of Nursing," Added "of the respective departments"
Deleted Admissions and Eligibility Policies and Procedures				
Deletion	A&E	02-06	Residents from Other Hospitals for Re-Admission to LHH	The same poicy as Admission and Eligibility 02-03

Revised Nursing Policies and Procedures				
Revised	Nursing	B 6.0	Items Allowed at Bedside	<ul style="list-style-type: none"> Revised to indicate changing of liners qshift, with every pitcher refill and prn
Revised	Nursing	J 7.3	Subcutaneous Access Device	<ul style="list-style-type: none"> Added (SQ) to Subcutaneous Updated references and cross references
Revised Rehabilitation Policies and Procedures				
Revised	Rehab	30-01	Scope of Rehabilitation Services Scope of Services to Be Provide	<p>Policy: updated to include OT/SLP/PT disciplines & QOL statement Background: updted, removed "unit" updated to "Department, removed "49 SNF beds and 5 Acute Rehabilitation beds. Rehabilitation Center offers rehabilitation services for all 780 licensed beds at LH" Updated to reflect levels of care. Procedure: Removed "The following services are provided at the Rehabilitation Center by qualified individuals:" Updated to: Rehabilitation Department consists of skilled health care professionals who provide skilled rehabilitation services to meet patients' and or residents' needs, that include, but are not limited to:" Removed 1-18. ADDED: •Physical Therapy, Speech/Language Pathology, and Occupational Therapy departments are employed to meet the needs of patients and/or residents within the scope of rehabilitation services. •Rehabilitation services and consultation are available during regular working hours. •The delivery of evidence based clinical practice outlined within their scope of practice and in keeping with state laws and regulations, license board rules and regulations •The development and implementation of patient/resident treatment regimens based on clinical evaluations •Patient/resident, family, caregiver education •Effectively communication orally and/or in writing, and collaboration with other interdisciplinary departments to provide optimal care for all patients/residents ADDED: The statement of who rehab staff is comprised of with list of classifications and detailed job descriptions (Appendix A) ADDED: compliance with licensure, certification and education ADDED "Staffing" section: The Rehab Department will ensure that patients' needs are met with appropriate levels of staffing. In the event, the staffing levels are unable to meet patients' caseload, the Rehabilitation Department prioritization guideline will be followed to provide care in all areas (inpatient and outpatient).</p> <p>Registry staffing services may be utilized after completion of departmental orientation and training, to ensure all patient care needs are met. The registry will be held responsible for ensuring that registry staff maintain competency, licensure, certification, verification and job duties that are consistent with San Francisco Health Network policies and procedures.</p> <p>Minimum Staffing Plan for Disaster and/or Work Stoppage: Disaster and/or work stoppage staffing is dependent upon the needs of the hospital. Staff can be recalled 24 hours/day as indicated.</p> <p>ADDED new section "Authority, Responsibility, Accountability" The organizational plan is designed for the effective and efficient implementation of rehabilitation services. Delegation of responsibility and authority within the Rehabilitation Department can be seen directly in the organizational chart (See Appendix B). Added content to Appendix A (defining roles in Rehabilitation Services Added content to Appendix B</p> <p>Support Services: Moved above "Other Department Services" section, Added: Orthotics and Prosthetic Services by contract, vocational rehab services by referral</p> <p>Other Department Services: listed additional departmental services provided at the Rehab Center by licensed (removed "qualified" health care professions and/or avail via referral (removed "individuals") •Removed PT,OT, SLP •"Audiology" updated to "Audiology available upon referral" Consultations section description updated from "Consultations in the following medical and surgical subspecialties are available, as needed:" to "Rehabilitation Services are referred by physicians and the physician orders may be received from the following medical and surgical subspecialties, but not limited to, as indicated for patients and/or residents."</p> <p>Specialty Clinics section removed. Custom wheelchair ordering and maintenance removed from P&). Orthotics and Prosthetic Services moved to Support Services section</p>
Revised Social Services Policies and Procedures				
Revised	Social Services	7.09	Readmission Assessments	<ol style="list-style-type: none"> Deleted "on the discharge track" Added " of readmission" Deleted " for short stay codes and 5 business days for General SNF codes."

ESTABLISHMENT OF TREATMENT PROGRAMS AND DOCUMENTATION

POLICY:

1. When physical therapy is ordered, the patient/resident is evaluated by a physical therapist and a treatment program is established to include, **but not limited to**, treatment interventions, modalities, goals, frequency, and duration of treatments, **including but not limited to**. This program is approved by the medical provider or person who signed the order for service or by the attending physician.
2. Signed notes are entered into the patient's/resident's medical record each time a physical therapy service has been performed.
3. Patient/Resident care plans are completed on all patients/residents receiving physical therapy, except those seen for assessment only.

PROCEDURE:

1. Physical therapy will be provided only on receipt of a signed order from a person lawfully authorized to give such an order.
2. When a physician's request for physical therapy service is received:
 - a. The Physical Therapy supervisor or designee assigns the patient/resident to a physical therapist.
 - b. The physical therapist schedules the patient/resident for an initial evaluation.
 - c. Once the patient/resident has been evaluated, a written signed evaluation is completed that includes, but is not limited to, a treatment plan stating treatment interventions, modalities, goals and the frequency and duration of treatment and placed in the medical record.
3. ~~See Rehabilitation Services P&P #50-04, Summary of Responsibilities, "PT, OT, ST, Audiology, and Physiatry," paragraph 4, Treatment Modification regarding changes to treatment plans.~~

DOCUMENTATION: DAILY TREATMENT NOTES, DISCHARGE NOTES, AND PATIENT/RESIDENT CARE PLANS/PATIENT/RESIDENT CARE TEAM (PCT)/MDS:

1. Daily notes will include, **but are not limited to**, care provided, time of treatment, and, when appropriate, response to treatment, **including but not limited to**. Individual progress notes will be written and signed at least weekly by the physical therapist.

Weekly progress notes will include **but are not limited to**, response to treatment, progress to date, and any modifications to the treatment plan **including but not limited to**. All weekly notes performed by a physical therapist assistant will be discussed in a care conference and co-signed by a physical therapist. Procedures for documentation of treatment provided by therapy aides or physical therapy assistants are outlined in Policy and Procedure #80-02, Physical Therapy Staff in this manual.

2. A signed discharge summary is written by the physical therapist upon completion of the physical therapy treatment program.
3. Patient/Resident care plans, PCTs/RCTs, and MDS are completed per Rehabilitation Services Policy and Procedure # 40-08.

ATTACHMENT:

None

REFERENCE:

1. Barclays California Code of Regulations, Title 22 -§ 70555(c-e), § 72403 (a)
2. Rehabilitation Program P&P #50-04, Summary of Responsibilities

Most recent review: 16/08/16, 17/07/27, 18/08/14, 20/04/27, 21/07/14, 22/04/20, 23/05/16

Revised: 00/06/14, 06/09/20, 08/08/26, 10/10/21, 16/08/16, 17/07/27, 24/04/24

Original Adoption: 99/08/23

Revised Admissions and Eligibility Policies and Procedures

STANDARD ADMISSION AGREEMENT AND CONDITION OF ADMISSION & TREATMENT

POLICY: The purpose of this policy is to set forth the process for establishing the contractual relationship between Laguna Honda Hospital and Rehabilitation Center, and its patients.

PROCEDURE:

[Laguna Honda Hospital \(LHH\)](#) utilizes the "Standard Admissions Agreement and Terms and Conditions of Admission & Treatment forms to obtain and document each patient's consent to hospitalization and routine services, and to document the patient's assumption of financial responsibility for payment of charges for services rendered.

- [Laguna Honda Hospital LHH](#) Financial Counselors are responsible for securing signatures for the **California Standard Admission Agreement (SAA)** and **Conditions of Admissions/Treatment** when necessary.
- The Financial Counselor obtains signature on the SAA by interviewing the resident on the ward or interviewing family members / conservator.

I. GENERAL GUIDELINES

A. Obtaining the Patient's Consent

1. The Financial Counselor will obtain the appropriate signature on the "Terms and Conditions of Admission" form. When this is not possible due to the patient being unable to sign due to a lack of decision-making capacity, or disability the Financial Counselor will conduct the needed follow-up and obtain the proper signature.

B. Signature

1. The "Terms and Conditions of Admission" form must be signed by the patient and/or the patient's legal representative, e.g., a parent, conservator, legal guardian or designated family member. The form is for acute care inpatients, outpatients, ambulatory surgery patients and emergency patients and for Skilled Nursing Facility residents.
2. In the event the patient and/or the patient's legal representative refuses to sign the Terms and Condition form, the Eligibility Worker should explain to the patient and/or the patient's legal representative that refusal to sign does not mean that the patient is not responsible for their financial obligations. The Eligibility Worker should document at the bottom of the form that the patient's financial obligations have been explained and the patient and/or legal representative agrees to medical treatment but refuses to sign the form.

3. If the patient is under a conservatorship, the conservator/assigned decision maker is responsible for signing. it is advisable to secure signatures from both the conservator and the patient. Whenever a third-~~party~~ person has assumed assigned responsibility for payment for services rendered to the patient/resident by the patient/resident, that person's signature should be obtained in the financial responsibility agreement section of the form.

4. If an Interpreter is used to complete the Terms and Condition of Admission form, the Interpreter must sign in the appropriate line on the Terms and Condition of Admission form.

4-5. A copy of the signed form may be given to the patient and/or representative and the original scanned and filed into EPIC and chart.

C. Timing of Signature

1. The signature of the patient and/or patient's legal representative should be obtained at the earliest possible opportunity. For outpatient visits, the Eligibility Worker shall verify that a Conditions of Admissions form has been signed by the patient or responsible party (Conservator, SDM, DFM) ~~appropriate surrogate~~ on an annual basis.

2. The date and time on the form should always be the date and time the form was actually signed.

D. Length of Time "Terms and Conditions of Admission" Form is Valid.

1. All outpatients, regardless of whether they have been admitted as an inpatient or skilled nursing facility resident, must sign a separate Terms and Condition of Admission form which is valid for one year for outpatient services.

~~II. The procedure below should be followed when obtaining signatures on the SAA:~~

~~A. The status of the signature must be entered into the Invision system account. The allowable INVISION values are:~~

- ~~● Y = Yes, Patient Signed SAA~~
- ~~● N = No, Patient did Not Sign SAA~~
- ~~● P = Parent / Guardian Signed SAA for Minor~~
- ~~● S = Spouse Signed SAA~~
- ~~● O = Other Relative Signed SAA; Follow-up for Resident to Sign~~
- ~~● R = Refused~~
- ~~● A = Alert and Cannot Sign but Consents to Treatment~~
- ~~● C = Countersigned by Medical Staff and FC, Patient Not Able to Sign~~
- ~~● E = Expired~~

~~B. For values of N, O, R, and A, Financial Counselor must return to resident for follow-up signature.~~

Most recent review: 07/11/2024 ~~06/08/2022~~ ~~09/04/2009~~

Revised 07/11/2024 ~~06/08/2022~~ ~~01/04/2010~~
Original adoption: 06/08/2022 ~~09/14/2009~~

ADMISSION AND ELIGIBILITY CRITERIA FOR ACUTE REHABILITATION SERVICES

POLICY:

~~Any patient~~ Patients over the age of 16 who require and would benefit from intensive inpatient ~~intensive~~ rehabilitation services requiring utilizing an interdisciplinary team approach due to complex nursing, medical management and rehabilitation needs to achieve maximal functional independence may be eligible for acute-level rehabilitation services at Laguna Hoda Hospital and Rehabilitation Center (LHH).

PROCEDURE:

The patient must meet the following criteria for admission:

1. Presence of one or more major physical impairments that significantly interfere with the ability to function requiring an intensive interdisciplinary approach to effectively improve functional status.

These impairments may be a result of recent onset of progressive and chronic disease such as, but not limited to: stroke, traumatic brain injury, severe musculoskeletal injury resulting from trauma, neuromuscular disease, disorders of the central nervous system, severe arthritis, and lower-extremity amputation.

2. Rehabilitation needs will include at least two of the following: impairment in activities of daily living, impairment in mobility, bowel/bladder dysfunction, cognitive dysfunction, communication dysfunction, complicated prosthetic management, or medical problems best addressed on the Acute Rehabilitation Unit.
3. Patient must be medically stable.
4. Patient requires regular ~~rehabilitation physician~~ physiatry management.
5. Patient requires the availability or supervision of rehabilitation nursing 24 hours daily in one or more of the following:
 - a. Training in self-care
 - b. Training in bowel and bladder management
 - c. Training or instruction in safety precautions
 - d. Cognitive function training
 - e. Behavioral modification and management
 - f. Training in communication

20232

6. Patient has ~~two ADL impairments that are functional, ADL, safety, or education-related, and has~~ the ability to engage in:
 - a. At least fifteen hours (15) of therapy in a seven-day period.
~~Psychological or psychiatric therapy and social work services related to the acute rehabilitation treatment plan not to exceed four (4) hours of the 18 hours.~~
 - b. At least ~~T~~two of the following therapies (one of which must be physical therapy or occupational therapy): physical therapy, occupational therapy, and/or speech therapy.
7. Patients must have a reasonable plan for discharge into the community.
8. Pre-admission screening completed by an interdisciplinary team approach including but not limited to: Admissions & Eligibility (A & E), Utilization Management (UM), the Chief of Rehabilitation Services, the Director of Nursing, and the Assistant Nursing Home Administrator, support services or designee Assistant, or his/her designee, and/or designee from the respective departments. W or his/her designee,; ~~This pre-admission screening may involve, but not limited to, with~~ assessment reflecting the patient's ability to achieve significant improvement in a reasonable period of time with acute rehabilitation services, and additional patient related factors.
 - a. Pre-admission screening (PAS) must be conducted ~~by licensed or certified clinician~~ within 24-48 hours immediately preceding acute rehabilitation admission. The PAS must be documented in the medical record.
 - i. If the preadmission screening is conducted more than 48 hours prior to admission it will be accepted as long as an update is conducted in person or by telephone to document the patient's medical and functional status within 48 hours preceding the IRF admission.
 - b. Required elements:
 - i. prior level of function,
 - ii. expected level of improvement,
 - iii. expected length of time necessary to achieve level of improvement,
 - iv. evaluation of risk for clinical complications,
 - v. conditions that caused the need for rehab,
 - vi. treatments needed including expected frequency and duration of treatment,

20232

vii. anticipated discharge destination and any anticipated post-discharge treatments and other relevant information.

c. The physiatrist must document that he/she has reviewed and concurs with the results of the preadmission screening prior to the admission.

d. The preadmission screening documentation must be retained in the patient's medical record at LHH.

~~9. Post-Admission Physician Evaluation:~~

~~a. Must be completed within first 24 hours of admission to acute rehabilitation by a physiatrist and includes~~

~~i. documentation of patient's status on admission,~~

~~ii. documentation of any differences between the preadmission screening and post-admission physician evaluation.~~

9. Information pertinent to the patient's admission to Acute Rehabilitation will be forwarded to or made available to the LHH rehabilitation team prior to or at the time of admission.

ATTACHMENT:

None

REFERENCE:

1. Medical Staff P&P: B01 Admission Screening
2. Barclays California Code of Regulations, Title 22 § 70597(a7)(d)
3. Medicare Benefit Policy Manual. Chapter 1 - Inpatient Hospital Services Covered Under Part A

4. Medical Record Form MA 182, Acute Rehabilitation Pre-Admission Screen

4.5. LHPP 27-06 Guidelines Inpatient Rehabilitation Facility Documentation

Most Recent Review: 18/08/24, 16/08/14, 20/04/27, 20/07/21

Revised: 18/08/24, 06/09/22, 11/08/30, 14/08/22, 17/08/01, 19/03/15, 20/07/21, 22/04/29, 23/05/19, 03/04/24

Original Adoption: 99/08/23

ADMISSION AND ELIGIBILITY CRITERIA FOR SNF-LEVEL REHABILITATION SERVICES

POLICY:

~~Any patient~~ Patients over the age of 16 who requires and would benefit from SNF-level rehabilitation services requiring utilizing an interdisciplinary team approach to achieve maximal functional independence may be eligible for SNF-level rehabilitation services at Laguna Honda Hospital and Rehabilitation Center (LHH).

PROCEDURE:

The patient must meet the following criteria for admission:

1. Presence of one or more major physical impairments which significantly interfere with the ability to function, and which require an intensive interdisciplinary approach to effectively improve functional status.

These impairments may be a result of injury, recent onset of progressive and chronic disease, such as, but not limited to: stroke, traumatic brain injury, severe musculoskeletal injury resulting from trauma, neuromuscular disease, disorders of the central nervous system, severe arthritis, and lower-extremity amputation.

2. Rehabilitation needs will include at least one of the following: impairment in activities of daily living, impairments in mobility, bowel/bladder dysfunction, cognitive dysfunction, communication dysfunction, complicated prosthetic management, or medical problems best addressed on the SNF-level Rehabilitation Unit.
3. Patient must be medically stable.
4. Patient requires ~~rehabilitation physician~~ physiatry management.
5. Patient requires the availability or supervision of rehabilitation skilled nursing 24 hours daily in one or more of the following, but not limited to:
 - a. Training in self care
 - b. Training in bowel and bladder management
 - c. Training or instruction in safety precautions
 - d. Cognitive function training
 - e. Behavioral modification and management
 - f. Training in communication
6. Patient requires and has the ability to engage in at least one of the following therapies: physical therapy, occupational therapy, and/or speech therapy.

7. Patients must have a reasonable plan for functional improvement to achieve discharge into the community or relocation to a general SNF unit requiring a lower level of care.
8. Pre-admission screening must be performed by an interdisciplinary team including but not limited to: Admissions and Eligibility & E, Utilization Management, Directors of Nursing, the Chief of Rehabilitation Services, and the Assistant Nursing Home Administrator Assistant (Support Services), and/or the his/her designee of the respective departments, with assessment reflecting the patient's ability to achieve significant improvement in a reasonable period of time with SNF rehabilitation services.

ATTACHMENT:

None.

REFERENCE:

1. Medical Staff P&P:- B01 -Admission Screening
2. Barclays California Code of Regulations, Title 22 § 70597(a7)(d)

Most Recent Review: ~~_____~~ 18/08/24, 16/08/14, 20/04/27, 20/07/21, 22/04/29, 23/05/19

Revised: ~~_____~~ 18/08/24, 06/09/22, 17/07/31, 03/04/24

Original Adoption: 99/08/23

Deleted Admissions and Eligibility Policies and Procedures

Residents from Other Hospitals for Re-Admission to LHH

LHH residents who have been discharged to an acute hospital for care, and are ready for re-admission to LHH, must be approved by the LHH attending physician prior to patient transport. The expectation is that the sending hospital MD and LHH MD will converse and LHH MD will accept the patient for re-admission on a given day. If no confirmation can be obtained that LHH MD has approved the patient to return, the transfer will be deferred/halted until LHH admissions department is notified by LHH MD.

LHH Admissions Staff Procedure

- ~~1. LHH admissions staff shall receive an email from Patient Flow to inform A&E staff of Re-admit.~~
- ~~2. Patient Flow will promptly notify the care unit to which the patient will return. Notification shall be to attending MD and/or care unit nurse manager. Admissions staff will obtain confirmation the patient has been accepted for return and record the name of person confirming.~~

Revised Nursing Policies and Procedures

ITEMS ALLOWED AT THE BEDSIDE

POLICY:

1. All medicated ointments, creams, lubricants lotions, shampoo, soaps (i.e., hydrocortisone ~~cream~~, ~~Selenium cream~~, ~~Selenium~~ Sulfide products such as Selsun Blue and Nizoral, lidocaine cream such as Aspercreme) ~~shall continue~~ shall continue to be stored in the treatment cart or the treatment compartment of the medication cart.
2. Non-medicated personal hygiene items may be stored at the bedside in a bag and placed in a closed drawer.
 - Non-medicated personal oral hygiene items must be kept in another bag separate from topical personal hygiene items.
3. All wound care and treatment supplies including cleaning/irrigation solutions, dressings, and scissors shall be stored in the treatment cart or treatment compartment of the medication cart.

Purpose:

To ensure resident safety as well as promote resident independence.

Procedures:

1. Nursing will ensure that the only the following items (see table below) are stored at the bedside.

Items Allowed for Bedside Storage
<p>Non-medicated ointments, creams, lubricants, lotions, shampoo, soaps Examples include:</p> <ul style="list-style-type: none"> • A & D Ointment • Aquaphor • LubriDerm • Protective barrier creams (i.e., Dimethicone, Zinc Oxide) • Aloe Vesta Body Wash and Shampoo • Remedy No-Rinse Cleanser • Deodorants — Shaving Cream • — Resident's personally supplied hygiene items such as shampoo, soap, deodorant, lotions, make-up as long as items are non-medicated • Oral hygiene items such as toothbrushes, toothpaste
<p>Oral hygiene items such as toothbrushes, toothpaste, and mouthwash, with or without fluoride</p>
<p>Non-medicated oils that are to be used for topical application only. Examples include but not limited to:</p> <ul style="list-style-type: none"> • Rosemary, hemp seed, coconut, avocado and lavender oils.
<p>Enteral syringe (labeled with date and changed every 24 hrs.)</p>
<p>Emergency respiratory equipment for residents with tracheostomies:</p> <ul style="list-style-type: none"> • Airway suction supplies including complete suction equipment set-up, unopened suction kit, and unopened sterile water/saline. • Tracheostomy of the same type, size (including inner cannula)- for emergency replacement -• Ambu bag if ordered by physician

Items Allowed at the Bedside

<p>O₂ tubing in use (labeled with date) and changed every 7 days and PRN:-)</p> <ul style="list-style-type: none">● <u>Daily and PRN:</u><ul style="list-style-type: none">○ <u>Pre-filled nebulizer, sterile water for humidifier, tracheostomy collar, tracheostomy tubing and tracheostomy mask.</u>● <u>Weekly and PRN:</u><ul style="list-style-type: none">○ <u>Nasal cannula oxygen tubing, suction tubing, suction cannister, Yankauer, nebulizer set (mask and tubing) and reusable humidifier bottles.</u>
<p>Water pitchers with liners <u>for resident:</u></p> <ul style="list-style-type: none">● Water pitchers labeled with date and resident's initials● <u>Pitcher and liner</u> changed every 7 days, and PRN● <u>Liner changed q shift, every time water is refilled, and PRN</u>● Water pitchers are replenished every shift and as often as necessary. Consider resident's preference when refilling water.

2. Remove all non-approved items if found at the bedside and store in the appropriate place.

REFERENCES:

NONE

CROSS-REFERENCES:

~~NONE~~

LHH NPP I 5.0 Oxygen Administration

ATTACHMENT/APPENDIX:

NONE

New: 2022/11/08

Revised: 2022/11/08; 2024/07/09

Reviewed: 2024/07/09; 2024/09/13

Approved: 2024/07/09

Items Allowed at the Bedside

SUBCUTANEOUS ACCESS DEVICE

POLICY:

1. Subcutaneous (SQ) access device may be inserted by a licensed nurse with a physician's order for medication administration by bolus or continuous infusion.

PURPOSE:

To describe a safe and alternate route for intermittent medication administration that avoids frequent punctures.

PROCEDURES:

- A.** Assess for any condition that may be contraindications to subcutaneous access device placement such as, generalized edema, poor peripheral circulation, minimal SQ tissue, bleeding disorders, severe pain with frequent boluses, irritant medications, -or need for rapid boluses or dose escalations that may require large volumes of medication.
- B.** Assemble equipment for the procedure and educate resident/family about procedure:
 1. Smallest available gauge (e.g. 24 or smaller), short length (3/4" or smaller) IV catheter
 2. Short extension tubing with safety injection hub
 3. Alcohol swipes or antiseptic skin preparation
 4. Transparent site dressing
- C.** Select and prepare site using aseptic technique:
 1. Preferred subcutaneous sites include: anterior chest wall, upper abdomen, anterior or lateral aspects of thighs, above scapula on back or upper outer arm. Chest site is recommended for ambulatory residents abdomen site for residents with little SQ tissue.
 2. Prepare site with cleansing agent (alcohol or chlorhexidine) and allow to air dry.
 3. Prime extension set with sterile Normal Saline solution or medication.
 4. Use gloved hands to stabilize tissue over site, insert catheter/butterfly needle at 20-30° angle with bevel down. Note angle of insertion may vary depending on the amount of subcutaneous fat.
 5. Secure hub or wings with tape or securing device.
 6. Check for blood return. Remove if any blood return. Repeat insertion with new needle etc.
 7. Cover with transparent dressing and date.
- D.** Site maintenance
 1. Observe site every shift for irritation or leakage.
 2. Replace needle if any signs of irritation, absorption difficulties, or weekly unless other indicated.
 3. Transparent dressings may remain in place for up to 1 week
 4. Consult with physician if recurrent problems with site or concerns regarding medication absorption.
- E.** Administration of medication
 1. Medications (e.g., opioid analgesics, antiemetics, and benzodiazepines, etc., except irritant agents) ordered subcutaneously may be given through subcutaneous access device if volume of the medication is less than or equal to 2 ml.

Subcutaneous Access Device

2. If giving medications by bolus (not continuous infusion) flush extension set with 0.5 ml NS to ensure medication was instilled (note flushing larger amount is often associated with discomfort).

~~2. C~~

~~1~~

~~File: J 7.3 March 12, 2019 Revised~~

~~Subcutaneous Access Device LHH Nursing Policies and Procedures~~

3. Continuous infusions of medications at a rate of 3-5 ml/hour may provide more consistent medication blood level and will be regulated by an infusion pump.

F. Remove subcutaneous access device using aseptic technique, carefully dispose of sharps, and apply dressing if necessary.

G. Documentation

1. Document the insertion of subcutaneous access device and ongoing site monitoring in the Electronic Health Record (EHR).

REFERENCES:

Camp-Sorrell, D (2017). *Access Device Guidelines: Standards of Practice for Oncology Nursing*. Oncology Nursing Society

[Elsevier Skills: Medication Administration: Continuous and Intermittent Subcutaneous Infusion - CE/NCPD \(elsevierperformancemanager.com\)](#);

CROSS REFERENCE:

[Hospitalwide Policy & Procedure](#)
[Nursing P&P #25-15J-1.0 Medication Administration](#)

[Nursing Policy & Procedure](#)

[Nursing P&P J 9.0 Insulin Subcutaneous Infusion Therapy for Patient Managed Insulin Pump](#)

NEW: 2012/02/10

Revised: 2015/11/10; 2017/08, 2019/03/12; [2024/08/12](#)

Reviewed: 2019/03/12

Approved: 2019/03/12

Revised Rehabilitation Policies and Procedures

SCOPE OF LAGUNA HONDA HOSPITAL (LHH) REHABILITATION SERVICES TO BE PROVIDED

POLICY:

~~The Rehabilitation Services provides~~ Center provides a wide range of services to ~~including~~ Occupational Therapy (OT), Physical Therapy (PT), and Speech Language Pathology (SLP) ~~to are provided to~~ enhance and facilitate the rehabilitation process ~~and overall~~ patients' and/or residents' quality of life (QOL).

BACKGROUND:

The Rehabilitation Department ~~offers~~provides ~~Unit~~ Rehabilitation Services at Laguna Honda Hospital and Rehabilitation Center ~~for the~~: ~~consists of~~ Inpatient Rehabilitation Facility, Skilled Nursing Facility, ~~Long Term Care Facility,~~ a and Outpatient Clinics.

~~49 SNF beds and 5 Acute Rehabilitation beds.~~ Rehabilitation Center offers rehabilitation services for all 780 licensed beds at LH.

PROCEDURE:

Rehabilitation Department consists of skilled health care professionals who provide skilled rehabilitation services to meet patients' and/or residents' needs, that include, but are not limited to: ~~based on as follows, but not limited to:~~

- Physical Therapy, Speech/Language Pathology, and Occupational Therapy departments are employed to meet the needs of patients and/or residents within the scope of rehabilitation services.
- Rehabilitation services and consultation are available during regular working hours.
- ~~Knowledge of~~ The delivery of evidence based clinical practice, ~~state laws and regulations, license board rules and regulations as~~ outlined within their scope of practice and in keeping with state laws and regulations, license board rules and regulations
- ~~As per clinical judgement, evaluate the condition of the patient/resident, plan and implement an appropriate treatment regimen~~ The development and implementation of patient/resident treatment regimens based on clinical evaluations
- ~~Provide education to patients~~ Patient/residents, families, caregivers education and other health care professionals based on evidence based practices

- Effectively communication, e orally and/or in writing, and collaboration with other interdisciplinary departments to provide optimal care for all patients/residents

The Rehabilitation Department staff is comprised of different classifications, see detailed job descriptions – Appendix A. All Rehabilitation Department staff titles are as follows include , but not limited to:

- Chief of Rehabilitation Services
- San Francisco Health Network (SFHN) Executive Administrator Integrated Rehabilitation Services and Health at Home
- SFHN Director of Integrated Rehabilitation Services
- Senior Occupational Therapist
- Senior Physical Therapist
- Speech Language Pathologist Supervisor
- Occupational Therapist
- Physical Therapist
- Speech Language Pathologist
- Physical Therapist Assistants
- Therapy Aides
- Office Clerks
- ***Occupational Therapist Assistants? (why not?)

Health care worker
?

The Rehabilitation Department staff must remain in good standing and in compliance with required licensure, certification or education that includes as follows, but is not limited to:

- Active professional licenses, CPR and any related specialized certifications or licenses
- Mandatory core courses educational requirements through department of education and training
- Annual health completion and compliance

Staffing:

- The Rehab Department will ensure that patients' needs are met with appropriate levels of staffing. In the event, the staffing levels are unable to meet patients' caseload, the Rehabilitation Department prioritization guideline will be followed to provide care in all areas (inpatient and outpatient).
- Registry staffing services may be utilized after completion of departmental orientation and training, to ensure all patient care needs are met. The registry will be held responsible for ensuring that registry staff maintain competency,

licensure, certification, verification and job duties that are consistent with San Francisco Health Network policies and procedures.

- Minimum Staffing Plan for Disaster and/or Work Stoppage: Disaster and/or work stoppage staffing is dependent upon the needs of the hospital. Staff can be recalled 24 hours/day as indicated.

Authority, Responsibility, Accountability:

The organizational plan is designed for the effective and efficient implementation of rehabilitation services. Delegation of responsibility and authority within the Rehabilitation Department can be seen directly in the organizational chart (See Appendix B).

Appendix A:

Chief of Rehabilitation Services

The Medical Director is a UCSF physician who is certified by the American Board of Medical Specialties in their appropriate specialty with specialty training in rehabilitation. They possess medical staff privileges at ZSFG and a California medical license. The Medical Director's responsibilities include, but are not limited to:

- Providing medical care to patients and patient care programs
- Developing policies governing the use and availability of rehabilitation services with the Director of Rehabilitation
- Coordinating rehabilitation services with referring services
- Reviewing the quality and appropriateness of rehabilitation services and assures the appropriate actions based on findings
- Developing new and expanding programs in conjunction with the San Francisco Health Network (SFHN) Director of Integrated Rehabilitation Services and the Executive Administrator, Integrated Rehabilitation and Health at Home
- Acting as a consultant to other physicians, other departments at ZSFG and across the continuum of care
- Acting as liaison between Rehabilitation Services, hospital personnel and administration

Coordinating, planning, and implementing programs and establishing annual departmental goals, objectives, programs and services in concert with the the San Francisco Health Network (SFHN) Director of Integrated Rehabilitation Services and the Executive Administrator, Integrated Rehabilitation and Health at Home

- Complying with all regulatory, departmental, hospital, state, and federal regulations

SFHN Executive Administrator Integrated Rehabilitation Services and Health at Home must possess a valid, unrestricted clinical license issued by the State of California as a Registered Nurse (RN), Registered Physical Therapist (RPT), Registered Occupational Therapist (OTR), Licensed Speech Pathologist (LSP), Registered Respiratory Therapist (RRT), or similar/closely related health care license. SFHN Executive Administrator Integrated Rehabilitation Services and Health at Home has the following

responsibilities that include but are not limited to:

- Responsible for all day-to-day operations
- Adherence to Materials and Supplies and Contract budgets
- Developing and executing staffing plans
- Assists the SFHN leadership team in ensuring Rehabilitation Services aligns procedures and workflows to meet the rehabilitation services needs of patients across the SFHN.

SFHN Director of Integrated Rehabilitation Services responsibilities include as follows:

The Director of Integrated Rehabilitation Services is a Physical Therapist, Occupational Therapist or Speech Language Pathologist. As an Occupational Therapist they must be licensed by the Occupational Therapy Board of the State of California. As a Physical Therapist they must be licensed by the Physical Therapy Board of the State of California. As a Speech Pathologist they must be licensed as a Speech Pathologist by the Speech Language Pathology and Audiology Board of California and the American Speech and Hearing Association. The Director of Integrated Rehabilitation Services responsibilities include but are not limited to:

- Developing and executing operational policies, ensure that the entire department complies with all regulatory, departmental, hospital, state, and federal regulations.
- Supervising department leadership personnel and other staff as needed to ensure that the department's operational needs are met, maintaining an equitable "just culture" environment for both patients and staff
- Manage departmental fiscal stewardship program, including direct oversight of charge capture, salary variance reports, materials and supply procurement and distribution systems.
- Ensure proper care and maintenance of equipment, implementation of infection control measures, and departmental compliance with national and local safety standards.
- Promote development of programs for the continuing education of personnel related to rehabilitative care.
- Collaborate to coordinate, plan, and implement programs and establish annual departmental goals, objectives, programs, and services with the San Francisco Health Network Rehabilitation Director and Chief of Rehabilitation.
- Promoting development of programs for the continuing education of personnel related to rehabilitative care
- Maintaining administrative records and reports
- Complying with human resources policies and procedures
- Providing oversight of rehabilitation quality of services
- Coordinating, planning, and implementing programs, and establishing annual departmental goals, objectives, programs and services along with SFHN Rehabilitation Director and Chief of Rehabilitation
- Supervising Senior Therapists and other staff
- Complying with all regulatory department, hospital, state, and federal regulations

Senior Occupational Therapist

The Senior Occupational Therapist is licensed by the Occupational Therapy Board of the State of California and possesses a knowledge of current evidence based occupational therapy practice, clinical skills, client training and education.

The Senior Occupational Therapist responsibilities include but are not limited to:

- Establishing and implementing policies, standards, and procedures governing the operation of the occupational therapy department
 - Supervising and evaluating staff performance including support personnel as allowed by discipline specific state practice acts
 - Staff scheduling for inpatient, ambulatory, and skilled nursing services, and outpatient services
 - Staffing
 - Participation in the hiring process for direct reports
 - Participating in the treatment and rehabilitation of patients or clients in a physical disability, psychiatric, or pediatric setting of a hospital or other institution
 - Using and applying various modalities including splinting
 - Performing tests and measures as part of evaluations of ADL and/or functional mobility
 - Participate in quality improvement opportunities using LEAN methodologies
 - Maintains accurate records per regulatory guidelines and enforces safety procedures
 - Develops departmental learning opportunities for staff including monthly in-services and discipline specific competencies
 - Serves as a mentor to staff and supports clinical education
-
- Conducting patient evaluations including assessment, treatment program planning and implementation
 - Providing therapeutic interventions that may involve: activities of daily living and related functional activities, coordination activities, therapeutic exercises, therapeutic agents, activity and task analyses, work evaluation and home assessments, and the application, and/or training in the use of assistive devices
 - Fabricating orthotic and prosthetic devices and educating patients in their use
 - Providing patient/caregiver training and education , including instruction regarding community re-entry
 - Completing documentation required by hospital and department policies and federal and state regulations
 - Complying with all regulatory department, hospital, state, and federal regulations
 - Directing and participating in student and staff development, performance improvement, coordination of in-services and clinical mentoring for therapists
-
- Performs other duties as required

Senior Physical Therapist

The Senior Physical Therapist is licensed by the Physical Therapy Board of California and possesses knowledge of current evidence based physical therapy practice, clinical

skills, client training and education. The Senior Physical Therapist responsibilities include but are not limited to:

- Direct supervision of PTs, PTA's, and supportive staff.
 - Regular participation and oversight of performance improvement projects and direct patient care within an acute care hospital and skilled nursing facility, and/or outpatient that serves a diverse patient population with complex rehabilitation needs.
 - Participates collaboratively with the executive administration, department leadership team, staff, and patients, assisting, as necessary, in ensuring the entire department's operational needs are met.
 - Staffing
 - Participation in the hiring process for direct reports
 - Patient care
 - Supervising and coaching professional and non-professional personnel in the delivery of therapy services at the acute and skilled nursing levels, and/or outpatient services
 - Using and applying various modalities and procedures
 - Keeping accurate records for compliance, regulatory, and quality improvement projects
 - Reviewing, developing, and implementing appropriate safety procedures
 - Assisting in developing budgets and supply requests
 - Participate in quality improvement opportunities using LEAN methodologies
 - Maintains accurate records per regulatory guidelines and enforces safety procedures
 - Develops departmental learning opportunities for staff including monthly in-services and discipline specific competencies
 - Serves as a mentor to staff and supports clinical education
-
- Conducting patient evaluations including assessment, treatment program planning and implementation. Provides therapeutic intervention including the use of therapeutic exercise, functional mobility training and physical agents such as heat, ice, hydrotherapy, electricity, and manual techniques
 - Training patients in the use of orthotic and prosthetic devices
 - Providing patient/caregiver training and education, including instruction regarding community re-entry
 - Completing required documentation required following hospital and department policies, federal and state regulations
 - Complying with all regulatory department, hospital, state, and federal regulations
 - Directing and participating in student and staff development, performance improvement, coordination of in-services and clinical mentoring for therapists
- Other related duties as assigned/required
- _____

Speech Language Pathology Supervisor

Speech Language Pathologists are licensed by the Speech Language Pathology and Audiology Board of California and American Speech and Hearing Association and possess a certification of clinical competence in Speech and Language Pathology. The Speech Language Pathologists Supervisor responsibilities include but are not limited to:

- Establishing and implementing policies, standards, and procedures governing the operation of the occupational therapy department
- Supervising and evaluating staff performance including support personnel as allowed by discipline specific state practice acts
- Staff scheduling for inpatient, ambulatory, and skilled nursing services, and outpatient services
- Keeping accurate records for compliance, regulatory, and quality improvement projects
- Reviewing, developing, and implementing appropriate safety procedures
- Assisting in developing budgets and supply requests
- Participate in quality improvement opportunities using LEAN methodologies
- Maintains accurate records per regulatory guidelines and enforces safety procedures
- Develops departmental learning opportunities for staff including monthly in-services and discipline specific competencies
- Serves as a mentor to staff and supports clinical education
- Directing, planning, prioritizing and coordinating daily operations of the Speech Language Pathology service
- Supervising Speech Language Pathologists
- Performing diagnostic evaluations and treatments for patients utilizing oral sensory stimulation and integration, auditory reception, verbal expression, speech intelligibility, oral motor ROM/strength coordination/control, socialization skills, dysphagia and cognitive training, gestural language, augmented communication, reading, and writing
- Providing patient/caregiver training and education, including instruction regarding community re-entry
- Completing required documentation required following hospital and department policies, federal and state regulations
- Complying with all regulatory department, hospital, state, and federal regulations
- Directing and participating in student and staff development, performance improvement, coordination of in-services and clinical mentoring for therapists.

Occupational Therapists

Occupational Therapists are licensed by the Occupational Therapy Board of the State of California. The Staff Occupational Therapists responsibilities include but are not limited to:

- Conducting patient evaluations including assessment, treatment program planning and implementation. Providing therapeutic intervention including ADLS's and related functional activities, coordination activities, therapeutic exercises, therapeutic agents, activity and task analyses, work evaluation and home assessments, and instruction on the application, and/or training in the use of assistive devices.
- Fabricating orthotics and prosthetic devices and educating patients in their use
- Providing patient/caregiver training and education, and community re-entry
- Completing required documentation required following hospital and department policies, federal and state regulations
- Complying with all regulatory department, hospital, state, and federal regulations.

Physical Therapists

Physical Therapists are licensed by the Physical Therapy Board of California. The staff physical therapists' responsibilities include but are not limited to:

- Conducting patient evaluations including assessment, treatment program planning and implementation. Providing therapeutic intervention including the use of therapeutic exercise, functional mobility training and physical agents such as heat, ice, hydrotherapy, electricity, and manual techniques
- Training patients in the use of orthotic and prosthetic devices
- Providing patient/caregiver training and education, including instruction regarding community re-entry
- Completing required documentation required following hospital and department policies, federal and state regulations
- Complying with all regulatory department, hospital, state, and federal regulations

Speech Language Pathologists

Speech Language Pathologists are licensed by the Speech Language Pathology and Audiology Board of California and American Speech and Hearing Association and possess a certification of clinical competence in Speech and Language Pathology. The Speech Language Pathologists responsibilities include but are not limited to:

- Conducting diagnostic evaluations and treatments for patients utilizing oral sensory stimulation and integration, auditory reception, verbal expression, speech intelligibility, oral motor ROM/strength coordination/control, socialization skills, dysphagia and cognitive training, gestural language, augmented communication, reading, and writing
- Providing patient/caregiver training and education, including instruction regarding community re-entry
- Completing required documentation required following hospital and department policies, federal and state regulations
- Complying with all regulatory department, hospital, state, and federal regulations

Physical Therapist Assistants

Physical Therapist Assistants are licensed by the Physical Therapy Board of California. Physical Therapist Assistants responsibilities include but are not limited to:

- Providing physical therapy services to patients under the supervision of a Physical Therapist. With regular consultation with the patient's primary physical therapist, physical therapy assistants facilitate program implementation and modification. Activities include the use of therapeutic exercise, ROM, functional mobility training, massage, manual techniques, durable medical equipment training, physical agents such as heat, ice, hydrotherapy, electric stimulation
- Providing patient/caregiver training and education, including instruction regarding community re-entry
- Completing required documentation required following hospital and department policies, federal and state regulations
- Complying with all regulatory department, hospital, state, and federal regulations

Rehabilitation Aides

Therapy Aides are unlicensed health care workers who receive on the job training. The therapy aides' responsibilities include but are not limited to:

- Conducting patient related activities under direct supervision of the licensed occupational, physical and speech therapists
- Performing non-patient related tasks
- Complying with all regulatory department, hospital, state, and federal regulations

Office Clerks

Office clerks provide clerical functions. Responsibilities include but are not limited to:

- Scheduling patient appointments
- Preparing and maintaining a wide variety of operating, financial, purchasing, and accounting records
- Receptionist's duties
- Complying with all regulatory department, hospital, state, and federal regulations.

SUPPORT SERVICES

1. Orthotics and Prosthetic Services by contract.

2. Vocational Rehabilitation Services by referral.

OTHER DEPARTMENT SERVICES

The following services are additional departmental services provided at the Rehabilitation Center by ~~qualified~~ licensed health care professionals individuals:

1. Physiatry care, provided by a specialist in the field of Physical Medicine and Rehabilitation
2. Medical care, provided by an internist or family practitioner
3. Rehabilitation Nursing care
4. ~~Physical Therapy~~
5. ~~Speech/Language Therapy~~
6. ~~Occupational Therapy~~
7. ~~4.~~ Audiology
8. ~~5.~~ Social Services
9. ~~6.~~ Nutrition Services
10. ~~7.~~ Activity Therapy
11. ~~8.~~ Pharmacy Services
12. ~~9.~~ Psychiatric care
13. ~~10.~~ Psychologic support
14. ~~11.~~ Neuropsychology testing
15. ~~12.~~ Substance treatment and recovery services

~~16.13.~~ Outpatient Rehabilitation services

~~17.14.~~ Basic cardiopulmonary resuscitation is available at all times when in the Rehabilitation Services department. Advanced cardiopulmonary support is provided by the Code Blue Team if needed.

Laguna Honda Hospital-Rehabilitation Services
Scope of Rehabilitation Services
Scope of Services to Be Provided

Page 1 of 2 File. 30-01

Reviewed April 19, 2022

CONSULTATIONS

Rehabilitation Services are referred by physicians and the physician orders may be received from the following Consultations in the following medical and surgical subspecialties, but not limited to, are available, as indicated for patients and/or residents' care needed:

1. Cardiology
2. Neurology
3. Urology
4. Rheumatology
5. Dermatology
6. Neuropsychology
7. Gastrointestinal Medicine
8. Electrodiagnostic Study
9. Psychiatry
10. Hematology/Oncology
11. Endocrinology
12. Ophthalmology
13. Orthopedic Surgery
14. Vascular Surgery
15. Plastic Surgery/Hand Surgery
16. General Surgery
17. Ear, Nose, and Throat
18. Podiatry
19. Dentistry
22. Gynecology
23. Optometry
24. Nephrology
25. Pain

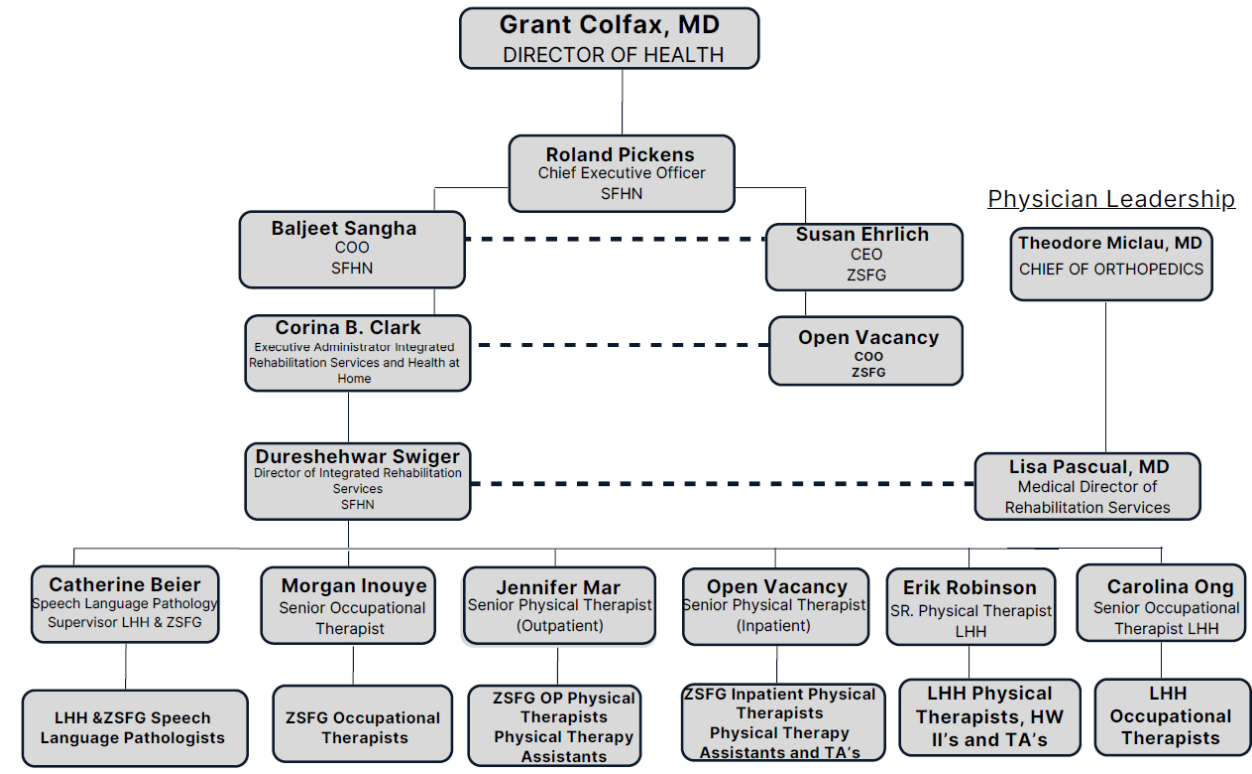
SUPPORT SERVICES

~~1.3.~~ Orthotics and Prosthetic Services by contract.

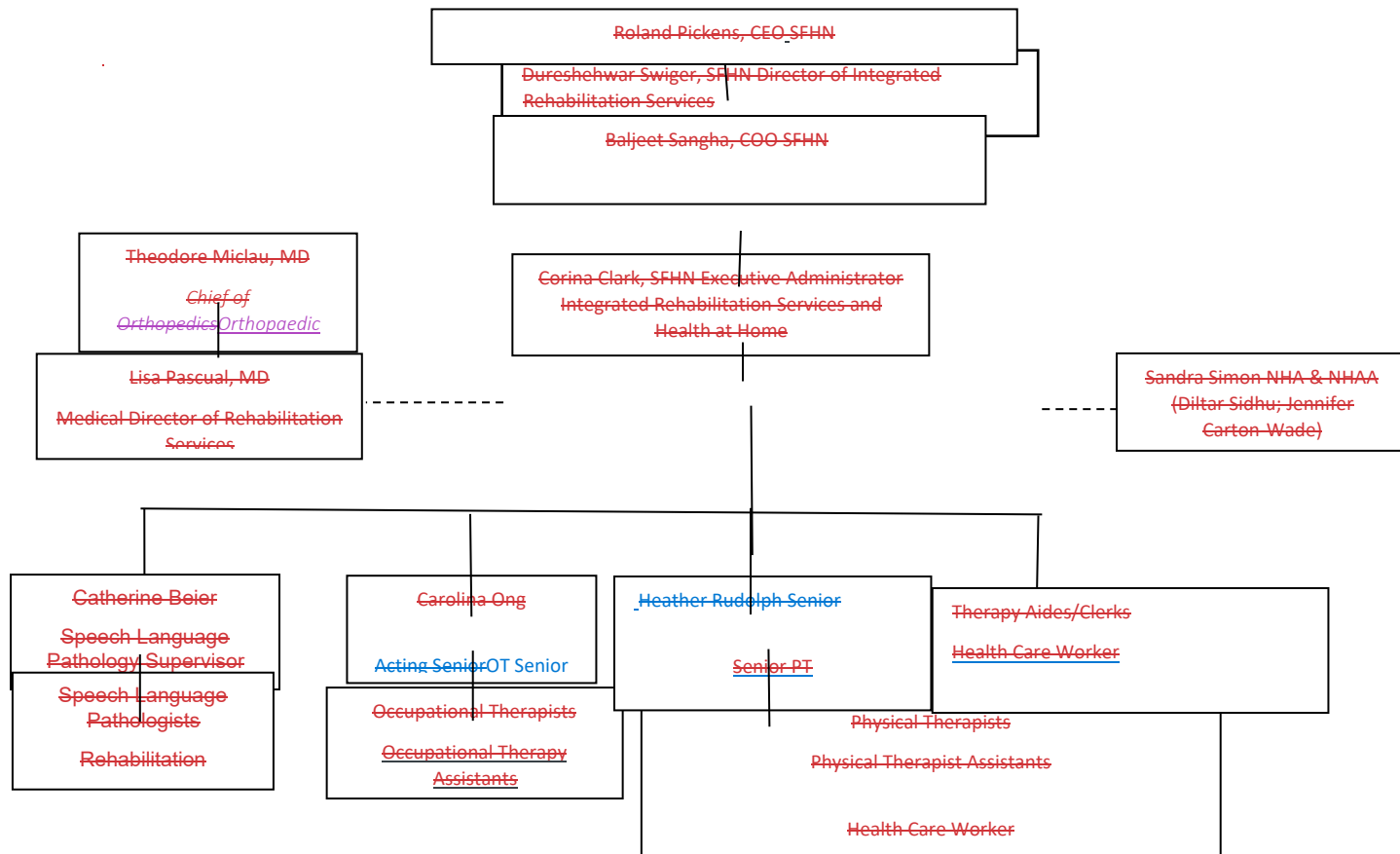
~~2.4.~~ Vocational Rehabilitation Services by referral.

Appendix – B: [ZSFG & LHH Rehabilitation Organizational Chart](#)

SFHN Rehabilitation Organizational Chart



The SFHN Rehabilitation Department Org Chart: (Remove the following ORG Chart)



SPECIALTY CLINICS:

- ~~1. Custom wheelchair ordering and maintenance~~
- ~~2. Orthotics/Shoe/Prosthetics Clinic~~

ATTACHMENT:

None

REFERENCES:

- HWP&P: 23-01 Interdisciplinary Care Planning
- Barclays California Code of Regulations, Title 22 § 70597(a)(4), § 72403 Physical Therapy Service Unit–Services, § 72413 Occupational Therapy Service Unit–Services, § 72423 Speech Pathology and/or Audiology–Services

Most Recent Review: 22/04/19, 18/08/24, 17/08/14, 16/08/14, 20/04/22, 20/07/21, 21/07/13

Revised: 18/08/24, 06/09/22, 10/12/07, 13/08/22, 14/08/21, [04/02/24](#)

-Original Adoption:

Revised Social Services Policies and Procedures

INTERDEPARTMENTAL POLICIES AND PROCEDURES

7.9 Social Services Department: Readmission Assessments

Policy: Residents readmitted following either an acute medical or acute surgical transfer to another facility or to Laguna Honda's Acute Care Unit will be reassessed for change in psychosocial status and discharge planning status requiring social service intervention.

Purpose: To record any changes due to acute episode, analyze psychosocial, discharge or other needs that have arisen and provide more comprehensive social service interventions.

Procedure:

I. Readmission from acute care to SNF *WITHIN* 7 days:

1. The case will be assigned to the previous social worker, if possible, who provided coverage to allow for continuity of care. An initial assessment will be completed addressing any significant psychosocial changes in the electronic health record (EHR).
2. A brief readmission consult note is to be completed within five (5) days of readmission and address any significant psychosocial changes.
3. A Trauma Care Screening (TICS) will be completed. A Consults note will be entered in the EHR noting that a TICS was completed.
4. A Care Plan will be completed for all residents ~~on the discharge track~~ within 48 hours of readmission for short stay codes and 5 business days for General SNF codes.
5. For Readmissions from acute care to SNF *AFTER* 7 days:
 - Complete Procedure I, 1-4 as well as the Expected Discharge and Discharge Planning sections in the Social Work tab in the EHR.
6. Readmission notes will be reviewed by a social service supervisor and/or the Social Service Director as part of the quality improvement activities of the department and as part of the employee evaluation process.

II. Readmission from the community to SNF:

1. Upon readmission, the Resident Social History Initial Assessment will be updated in the EHR under Notes section by copying a previous note and addressing any

significant psychosocial changes. A readmission note outlining any significant psychosocial changes will be recorded in a consult note.

2. Complete Procedure I; 1-5 as pertinent.
3. Readmission assessment will be reviewed by a social service supervisor and/or the Social Service Director as part of the quality improvement activities of the department and as part of the employee evaluation process.