New Policies, Revised Policies, Biennial/Annual Reviews
March 2023

New Policies

Action

- Human Resources:
  - Medical Imaging Weekend Staffing Package – On-Call Only
- Laboratory:
  - Evaluation of Employee Competence
- Behavioral/Mental Health:
  - PMC Policy Share Point Provider Folders
  - SharePoint Provider Folders
  - Separation of Psychotherapy Notes from Mental Health Record
  - Multiple (Dual Relationships)
  - Duty to Protect

Revised Policies

Action

- Health Information Management (HIM)
  - Access Electronic Health Records
  - Chart Order
  - Coding Guidelines
  - Information Access Control and Information Safeguard
  - Provider Deficiency Reports and Letters
  - Scanning
  - Signing Out Charts
- Behavioral/Mental Health
  - Management of Assaultive Behavior
  - Scope of Service
  - Senior Life Solutions Suicide Assessment
- Safety and Security
  - Violent Intruder/Active Shooter (Run/Hide/Fight)

Biennial/Annual Reviews

Action

- Administration/Critical Access Hospital
- EMTALA
- Health Information Management (HIM)
- Materials Management
- Diet Manual Approval 2023 (Annual Review)
- Diet Menu Attestation (Annual Review)

New Policies, Revised Policies, Biennial/Annual Reviews
March 2023

Procedures updated outside of scheduled review

Action

- Human Resources:
  - Termination of Employment – Retire
  - Reinstatement of Employee
- Sleep Lab:
  - Documentation
- Information Technology:
  - Identity and Access Management Policy
- Plant Operations:
  - Water Management Plan
  - Emergency Phone Numbers –Retire
  - Cutting, Welding, and Hot Work Operations
- Safety and Security:
  - Fire Plan
- Behavioral Health:
  - Management of Assaultive Behavior
  - Referral Process and Screening
  - Requirements for the Telepsychiatry Process
  - Scope of Service
  - Senior Life Solutions Suicide Assessment
- Employee Health:
  - COVID-19 Vaccination Policy
- Pharmacy:
  - Automatic Therapeutic Substitution for Rapid Acting Insulin – Retire (duplicate)

Status **Pending** PolicyStat ID **12962608**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	07/2023
Owner	Pam Young: Human Resources Director
Policy Area	Human Resources
Applicability	Davis County Hospital

Medical Imaging Weekend Staffing Package- On-Call Only

Purpose:

The Medical Imaging Weekend Staffing Package On-Call (IWSP-OC) exists to ensure consistent coverage to meet facility needs through staffing of the Medical Imaging department.

Procedure:

The Imaging Weekend Staffing Package On-Call (IWSP-OC) employee will follow these guidelines:

Hours/Shifts

A. Coverage will generally begin Friday at 6pm and continue through 7am the following Monday (coverage days and hours determined upon hire and written on a "Weekend Staffing Package On-Call Compensation Agreement" form and kept in HR employee file).

B. Employee will be scheduled to work weekends as stated on the "Weekend Staffing Package On-Call Compensation Agreement" form. The desired rotation and compensation will be mutually agreed upon at hire between the employee, Imaging Department manager, and Human Resources and will be based on the number of hours worked and/or on-call.

C. If employee wishes to request a change in the schedule/shifts, that request must be submitted to the Imaging Department Manager for consideration prior to the department schedule being made available to all department staff (generally the 15th of the preceding month).

D. Unscheduled absence or illness will follow DCHC Attendance Policy (HR guidelines).

E. Weekend on-call only staffing employees will follow the Medical Imaging Services On-Call Policy guidelines when working on-call shifts.

Compensation

IWSP-1 shifts:

A. Employee will be compensated for the IWSP-OC shifts at the "Lump Sum" rate as stated on the "Weekend Staffing Package On-Call Compensation Agreement" when working the IWSP-1 package.

B. If employee works partial days/shifts for the IWSP-OC, worked hours will be paid dividing the daily "Lump Sum" pay and prorate hours worked for that day.

C. The "off" weekends are unpaid.

Non-IWSP-1 shifts:

A. All employees will have an established "base" pay rate established upon hire by Human Resources. The employee will be paid this base rate when employee works "other shifts" that are NOT part of the IWSP-OC package.

B. Employee is eligible for evening, night, call back and Holiday shift premium pay when working "other shifts" per HR Compensation Policy.

Status & Benefits

A. The employee's status will be considered "On-Call Only".

B. Employees that agree to work a minimum of 1560 hours annually of "on-call", will be offered DCHC health insurance benefits under the Affordable Cres Act (ACA).

C. Annual review of employee's hours worked will be calculated by HR to determine benefit eligibility status for each calendar year. Adjustment of employee status may be changed based on these results.

D. All On-call and call-back hours, or hours worked during "other shifts" will be covered under IPERS.

E. No other benefits will be available to employees who are "on-call only".

F. Employee's status, pay rates, and benefit eligibility will be indicated on the Personnel Status Form in employee's HR file.

Davis County Hospital & Clinics is not responsible for provisions of food or bed accommodations, and this may rest solely on the employee.

Employee is expected to attend orientation, mandatory in-services and is encouraged to attend department/facility informational meetings. These meeting will be paid at employee's base rate.

If DCHC changes or discontinues the IWSP-OC position or the employee wishes to resign from the position 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	01/2023
	Pam Young: Human Resources Director	01/2023

Status **Pending** PolicyStat ID **12895698**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	2 years after approval
Owner	Corri Phillips: Lab Manager
Policy Area	Laboratory - General
Applicability	Davis County Hospital

Evaluation of Employee Competency

Purpose

In compliance with CLIA 88', the laboratory has developed a program for the assessment of continued employee competence. In order to ensure that the best possible healthcare is being given to every patient, each technician and any laboratory personnel performing testing procedures within the Davis County Hospital Laboratory will be evaluated.

This policy provides directions for the processes and procedures for how the laboratory assesses competence of all personnel who perform testing.

Competency Assessment Frequency

All laboratory personnel performing testing will be evaluated on an annual basis. In addition to annually, competence will also be assessed at the following times:

- Semi-annual competency assessment is performed within 6 months of a new employee completing training.
- When demonstrated competence does not meet criteria that determine competence, employee needs improvement and additional training is required.
- When a new test or instrument is implemented.

Competency Assessment Components

The evaluation of testing personnel includes the assessment of actual test performance and interpretation of results. The competency evaluation includes, but is not limited to, the six methods required by the Clinical Laboratory Improvement Amendments (CLIA 88'). They are:

1. Direct observation of routine test performance:
    a. Direct observations of specimen handling, processing, and testing.
    b. Direct observation of patient care with no adverse outcomes.
    c. All testing personnel will be directly observed on their performance of at least one analyte/instrument/year for each testing department.
2. Monitoring the recording and reporting of test results.
    a. Review of worksheets, documentation forms, quality control records, and proficiency testing records for completeness, following proper policies and procedures, and following up on problems.
    b. Patient chart reviews for appropriate specimen types, recorded vs. reported results, critical result documentations, verified results, error corrections and documentation.
3. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventative maintenance records.
    a. Records checked for things such as, proper QC intervals, proper QC run and results within acceptable limits, QC values properly entered into computer with any follow up action codes. Documentation of rerunning QC, QC out problem solving. Review of maintenance records and logs. Review of patient result logs and worksheets for proper result documentation and completeness.
4. Direct observation of performance of instrument maintenance and function checks. Reviewing of documentation for completeness and follow-up of problems.
5. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples.
6. Assessment of problem-solving skills.
    a. Problem solving skills evaluated using procedures such as bench quizzes, evaluating QC Action logs, Maintenance logs, observed problem solving/resolution, and/or scenario discussion of problem.

Note: Some tests do not lend themselves to be evaluated by direct observation. In these cases, methods 5 and 6 will be used to verify competency.

Responsibility

It is the responsibility of the Laboratory Director and Laboratory Manager to ensure that all technologists/technicians do not perform test procedures for which they have not demonstrated competency. The Laboratory Manager and Laboratory Director will review all competency evaluations and it will be placed in the personnel file.

New or modified procedures will be assigned in PolicyStat for acknowledgement to all testing personnel.

Failure of Competency Evaluation

If any deficiencies are noted during the evaluation, that technologist/technician may not perform the test

(s) in question until they have obtained further training. Any deficiency noted will be reviewed with the employee.

The employee will be offered additional training in the deficient area. This training may be provided in-house or through other education opportunities. The employee will then have the opportunity to be re-evaluated in the deficient area. This re-evaluation must occur within 30 days of the failed event. Competency will be evaluated twice during the first 90 days post training.

All training, re-evaluation and remedial action will be documented and kept in the employee's personnel file.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director	Carolyn Pease: Laboratory Medical Director	01/2023
Senior Leader	Rod Day: Ancillary Services Director	12/2022
	Corri Phillips: Lab Manager	12/2022

Status **Pending** PolicyStat ID **13075016**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

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

Owner	Rhonda Roberts: SLS Program Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

Pmc Policy Share Point Provider Folders

POLICY:

IOP healthcare professionals will utilize SharePoint to facilitate the storage and sharing of protected health information (PHI) and/or medical records. IOP staff and physicians will use SharePoint to collaborate internally and externally in a HIPAA compliant manner.

PROCEDURE:

- Psychiatric Medical Care (PMC) IT will generate a SharePoint folder for each IOP clinic on the PMC SharePoint site.
- Access to SharePoint program folders will follow HIPAA guidelines and be managed by PMC IT.
- Regional Directors will submit an IT ticket to request access for staff to a program's SharePoint folder.
- Program staff will create a SharePoint folder with files, as illustrated in Addendum A, for each of their patients.
- To meet best practice standards around efficacy, timeliness, and organization program staff will utilize each of the following folders: an 'MD Signature Needed' folder, a 'Doctor Day' folder, and a 'Charges' folder.
- It is the expectation for program staff to process documents through folders in compliance with our documentation timelines.
- Program staff will ensure the contents of their SharePoint folder remain current.
- Files within SharePoint folders will be labeled by date of completion and document name, e.g. 2-2-22 Progress Note.

- Program staff will delete patient folders from SharePoint at the time of discharge from IOP services. No archived patient data will remain in program folders.

Addendum A

ASSESSMENTS

Psychosocial Assessment (23)

Psychosocial Update, if applicable (23A)

ACE Questionnaire (3D)

Nursing Assessment (20A)

AIMS Assessment (20D)

CONSENTS

Release of Information (7)

FACESHEET

HISTORY, PHYSICAL & CONSULTS

Annual History & Physical from PCP

INPATIENT STAY DOCUMENTATION

Psychiatric and/or general medical discharge summaries

INTAKE ASSESSMENT

Referral Intake Form (3)

LABS & OTHER MEDICAL TESTING

Labs, X-ray, EKG, etc.

MED LOGS

Medication Log and Updates (22)

MISC PSYCH HX DOCUMENTATION

Documents from previous psychiatric care, if applicable and when available

MULTIDISCIPLINARY NOTES

Multidisciplinary Notes (29)

OUTCOME TESTING

Mini Mental Status Index

Geriatric Depression Scale

CORE-10

ZUNG Anxiety Scale

SBQ-R Suicide Assessment

C-SSRS Suicide Risk Assessment, if applicable

PSYCHIATRIST'S NOTES

Physician Progress Notes (26)

Psychiatric Evaluation (15)

PSYCHIATRIST'S ORDERS

Physician Orders (18)

Physician Admission Orders (17)

BP Parameters Order (18.3)

TREATMENT PLAN

Treatment Plan Update (28)

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	02/2023
Senior Leader	Carleena Brown: Clinic Director	02/2023

Status **Pending** PolicyStat ID **13182913**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	N/A
Last Approved	N/A
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Last Revised	N/A
Next Review	10/2023
Owner	Rhonda Roberts: SLS Program Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

SharePoint Provider Folders

POLICY:

Intensive Outpatient Therapy (IOP) healthcare professionals will utilize SharePoint to facilitate the storage and sharing of protected health information (PHI) and/or medical records. IOP staff and physicians will use SharePoint to collaborate internally and externally in a HIPAA compliant manner.

PROCEDURE:

- Psychiatric Medical Care (PMC) IT will generate a SharePoint folder for each IOP clinic on the PMC SharePoint site.
- Access to SharePoint program folders will follow HIPAA guidelines and be managed by PMC IT.
- Regional Directors will submit an IT ticket to request access for staff to a program's SharePoint folder.
- Program staff will create a SharePoint folder with files, as illustrated in Addendum A, for each of their patients.
- To meet best practice standards around efficacy, timeliness, and organization program staff will utilize each of the following folders: an 'MD Signature Needed' folder, a 'Doctor Day' folder, and a 'Charges' folder.
- It is the expectation for program staff to process documents through folders in compliance with our documentation timelines.
- Program staff will ensure the contents of their SharePoint folder remain current.
- Files within SharePoint folders will be labeled by date of completion and document name, e.g. 2-2-22 Progress Note.
- Program staff will delete patient folders from SharePoint at the time of discharge from IOP

services. No archived patient data will remain in program folders.

Addendum A

ASSESSMENTS

- Psychosocial Assessment (23)
- Psychosocial Update, if applicable (23A)
- ACE Questionnaire (3D)
- Nursing Assessment (20A)
- AIMS Assessment (20D)

CONSENTS

- Release of Information (7)

FACESHEET

HISTORY, PHYSICAL & CONSULTS

- Annual History & Physical from PCP

INPATIENT STAY DOCUMENTATION

- Psychiatric and/or general medical discharge summaries

INTAKE ASSESSMENT

- Referral Intake Form (3)

LABS & OTHER MEDICAL TESTING

- Labs, X-ray, EKG, etc.

MED LOGS

- Medication Log and Updates (22)

MISC PSYCH HX DOCUMENTATION

- Documents from previous psychiatric care, if applicable and when available

MULTIDISCIPLINARY NOTES

- Multidisciplinary Notes (29)

OUTCOME TESTING

- Mini Mental Status Index
- Geriatric Depression Scale
- CORE-10
- ZUNG Anxiety Scale
- SBQ-R Suicide Assessment

- C-SSRS Suicide Risk Assessment, if applicable

PSYCHIATRIST'S NOTES

- Physician Progress Notes (26)
- Psychiatric Evaluation (15)

PSYCHIATRIST'S ORDERS

- Physician Orders (18)
- Physician Admission Orders (17)
- BP Parameters Order (18.3)

TREATMENT PLAN

- Treatment Plan Update (28)

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	03/2023
Senior Leader	Carleena Brown: Clinic Director	03/2023

History

Created by Marlow, Amy: Quality Director on 2/21/2023, 9:45AM EST

> New

Last Approved by Brown, Carleena: Clinic Director on 3/3/2023, 3:35PM EST

Last Approved by Brown, Carleena: Clinic Director on 3/3/2023, 3:36PM EST

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Davis County HOSPITAL & CLINICS

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Effective	Upon Approval
Last Revised	N/A
Next Review	10/2023
Owner	Rhonda Roberts: SLS Program Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

Separation of Psychotherapy Notes From Mental Health Record

PURPOSE AND SCOPE:

This policy describes how Senior Life Solutions handles psychotherapy notes and designates where these records may be maintained.

POLICY:

- Psychotherapy notes is a narrowly defined subset of protected health information (PHI) that has stronger protection provisions under the Health Insurance Portability and Accountability Act (HIPAA) than other types of PHI. The purpose for the heightened protection is to foster effective treatment by increasing patient confidence that intimate mental healthcare information will not be used or disclosed without the patient's authorization, except in certain instances.
- To comply with federal CMS regulation 45 CFR §164.501 regarding separation of psychotherapy notes from the Mental Health Record.

Under the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), *psychotherapy notes* mean notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and

progress to date.

DEFINITIONS:

A. Mental Health Records: Mental healthcare professionals maintain information as necessary to document the provision of mental health treatment. Mental health information includes information typically shared with a patient and by definition is part of a mental health note. Examples of information found in the designated record set include:
    1. Strategies for promoting treatment adherence and optimizing disease management;
    2. Medication prescription and monitoring;
    3. Counseling session start and stop times;
    4. Objective behavioral assessments upon which clinical treatment decisions are made;
    5. The modalities and frequencies of treatment furnished;
    6. Results of clinical tests, and
    7. Any summary assessment of the following items: diagnosis, functional state, treatment plan, patient's presenting symptoms, prognosis, and progress to date.
        a. Examples of notes that are included in the designated record set include:
            i. Physician progress notes;
            ii. Nursing notes;
            iii. Case management notes;
            iv. Individual and group therapy notes; and
            v. Other mental health notes.

B. Psychotherapy Notes are notes recorded in any medium, by a mental health professional analyzing or detailing the explicit contents of conversation during a private counseling session or a group, joint, or family counseling session; and that are separated from the rest of the individual's medical record. Examples of psychotherapy notes include:
    1. Documentation of intimate personal content;
    2. Details of fantasies and dreams;
    3. Process interactions;
    4. Sensitive information about other individuals in the patient's life; or
    5. The mental health provider's personal reactions, hypotheses or speculations as a result of a patient or group interaction.

PROCEDURE:

- At Davis County Hospital and Clinics (Senior Life Solutions), psychotherapy notes are only used by the mental health provider who creates the notes except as set forth below. Mental health records that do not qualify as psychotherapy notes are subject to the general privacy and access requirements as for other PHI. The general exceptions allowing use or disclosure

of PHI without patient authorization do not apply to psychotherapy notes.

- An authorization for a use or disclosure of psychotherapy notes may only be combined with another authorization for a use or disclosure of psychotherapy notes. Even if the use is an internal [Hospital Name] use, access to and use of psychotherapy notes is restricted.
- Psychotherapy notes may be used and disclosed, absent patient authorization, only for the following purposes:
    - The mental health professional that created the psychotherapy notes can use the notes for treatment purposes. Psychotherapy notes maintained in electronic format must only be accessible by the author of the notes. The author of psychotherapy notes is responsible for the maintenance, storage and safeguarding of the notes. The author of the notes can determine the retention timeframe based upon when the notes are no longer useful for treatment and/or after treatment has been concluded. Psychotherapy notes must be destroyed in accordance with [Hospital Name] destruction policies and procedures;
    - Senior Life Solutions may use or disclose psychotherapy notes to conduct training programs in which students, trainees or practitioners in mental health learn, under supervision, to practice or improve their skill in group, joint, family or individual counseling. De-identified information should be used when appropriate for these activities.
    - Davis County Hospital and Clinics may use psychotherapy notes to defend a legal action or other proceeding brought by the individual who is the subject of the notes. The mental health provider who created the psychotherapy notes may disclose the psychotherapy notes to the Davis County Hospital and Clinics attorney for the purpose of defending against the action or proceeding.
    - To the Secretary of the U.S. Department of Health and Human Services (DHHS), to assure compliance with HIPAA;
    - When required by law;
    - To a health oversight agency for the purpose of oversight of the provider who created the notes;
    - To a coroner or medical examiner for official duties;
    - To prevent or lessen a serious and imminent threat to health or safety of a person or the public, to a person(s) reasonably able to prevent or lessen the threat, including the target of the threat.
- The patient does not have the right to access psychotherapy notes. In the event that a patient submits a written request for access to psychotherapy notes, the mental health provider may deny the individual's request from the individual. Any denial must be in writing. The provider is not required to make a determination that release of the notes would be harmful to the patient. The patient does not have a right to review or appeal of the denial.

NOTE:

Regulations may vary from state to state.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	03/2023
Senior Leader	Carleena Brown: Clinic Director	03/2023

History

Created by Marlow, Amy: Quality Director on 2/21/2023, 9:27AM EST

> New

Last Approved by Brown, Carleena: Clinic Director on 3/3/2023, 3:34PM EST

Last Approved by Brown, Carleena: Clinic Director on 3/3/2023, 3:35PM EST

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Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	N/A
Last Approved	N/A
Effective	Upon Approval
Last Revised	N/A
Next Review	10/2023
Owner	Rhonda Roberts: SLS Program Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

Multiple (Dual) Relationships

Policy:

- Psychiatrists, psychologists, counselors, social workers, or marriage and family therapists shall avoid multiple relationships and conflicts of interest with any patient/consumer-of-services, ex-patient, family members of patients or ex-patients, or other persons encountered in professional or non-professional setting, which are not in the best interest of the patient and might impair professional judgment or which increases the risk of patient/consumer-of-services exploitation.
- When a multiple relationship is first recognized or cannot be avoided, psychiatrists, psychologists, counselors, social workers, and marriage and family therapists shall take the following appropriate professional precautions:
- All potential multiple relationship and/or conflicts of interest shall first be discussed with Psychiatric Medical Care and subsidiary businesses with Corporate Clinical team Also, any potential multiple relationship and/or conflicts of interest must be discusses with the patient as soon as possible after being first recognized and shall continue only with all parties (including PMC corporate clinical team, regional director, program director, therapist & patient) agreement;
    - All multiple relationships and/or conflicts of interest shall be noted in the patient record with reasoning as to why it is in the best interest of the patient and/or not harmful;
    - Such notation shall be continually reassessed and justified in the record throughout treatment;
    - Issues such as informed consent, consultation, and supervision shall be considered to ensure that judgment is not impaired, and that no exploitation occurs.
    - A patient of the agency is considered a patient of each psychiatrist, psychologist,

counselor, social worker, or marriage and family therapist employed or contracted by the hospital/Psychiatric Medical Care for purposes of ethics under the rules of multiple relationships rule.

- The licensed professional shall not undertake or continue a professional relationship with a patient/consumer-of-services when the objectivity or competency of the psychiatrist, psychologist, counselor, social worker, or marriage and family therapist is, or could reasonably be expected to be, impaired or where the relationship with the patient/consumer-of-services is exploitative.
- Examples of multiple relationships that shall be avoided include but are not limited to those listed below:
    - Familial relationships;
    - Social relationships;
    - Emotional relationships;
    - Legal relationships.
    - Social media/personal virtual relationships, including online communities.
    - Financial relationships;
    - Supervisory relationships;
    - Political relationships;
    - Administrative relationships;

The list of relationships as well as others require careful consideration to ensure that impaired judgment or exploitation is not involved and that the best interest of the patient is always served.

Psychiatrists, psychologists, counselors, social workers, and marriage and family therapists shall avoid potentially harmful effects of non-patient contacts in their practice that would reasonably impair the professional's objectivity or otherwise interfere with the professional's effectiveness as a psychiatrist, psychologist, counselor, social worker, or marriage and family therapist or would reasonably harm or exploit the other party. The standard to be used shall be what an ordinary, reasonable professional with similar education and training would have considered in similar circumstances.

When psychiatrists, psychologists, counselors, social workers, and marriage and family therapists provide services to two or more people who have a relationship with each other (for example couples, family members), they shall clarify with all parties which individuals shall be considered patients and the nature of the licensee's professional obligations to the various individuals who are receiving services. Licensed professionals who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, divorce proceeding involving patients), shall clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

Procedure:

- The individual involved will viewed the *required* “Dual Relationship Video” and taken the test on Relias.

- If there is any question concerning the possibility of a multiple relationship (dual relationship) the provider will complete the "*Dual Relationship Compliance Form.*"
- The Corporate Clinical Team and your Regional Director must be contacted prior to admitting the potential patient. The party involved will attach any pertinent emails & written responses.
- The Corporate Clinical Team will review the "Dual Relationship Compliance Form" and will decide on whether the individual can be admitted into the program.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	03/2023
Senior Leader	Carleena Brown: Clinic Director	03/2023

History

Created by Marlow, Amy: Quality Director on 2/21/2023, 9:11AM EST

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Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

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Last Revised	N/A
Next Review	10/2023
Owner	Amy Marlow: Quality Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

Duty to Protect

POLICY:

- To comply with state regulations regarding warning a potential victim of violence, a Licensed Mental Health Professional (*including but not limited to psychiatrists, psychologists, counselors, social workers, clinical nurse specialists licensed independently to provide mental health services) must warn, or take other appropriate action to protect, the foreseeable victim of a patient's violent tendencies, if:
  - A mental health professional*-patient relationship exists
  - The mental health professional* knows or should have known that the patient is dangerous
  - There is a foreseeable victim of the patient's violent tendencies
- In carrying out this duty, the mental health professional* may need to release confidential patient information.
- The duty to protect arises not only when a patient expresses specific threats against an identifiable victim, but also if a patient's previous history indicates that he or she would likely direct violence against a person who can be identified.
  - A mental health professional* may be liable for injuries a third party suffers as a result of a patient's violent acts if the therapist fails to carry out his/her duty to appropriately evaluate the patient and identify his/her dangerous propensities.

PROCEDURE:

- A staff member who hears a threat will report this to the Program Director or attending physician and follow-up accordingly, as well as documenting the incident in the patient's medical record.

- A Licensed Mental Health Professional is including but not limited to psychiatrists, psychologists, counselors, social workers, clinical nurse specialists licensed independently to provide mental health services or as otherwise defined by the law. Registered interns, non-independently licensed providers, clinically supervised nurse specialists, physician's assistants and any other discipline must report the incident immediately to their supervisor who will follow through with the procedures.
- The Licensed Mental Health Professional should contact the potential victim as soon as possible regarding their concerns. The professional should document this conversation in the medical record. A certified letter should also be sent to the potential victim with a statement regarding the professional's concern.
- The local law enforcement agency must be given detailed information regarding both the patient statement and the victim (name, address, relationships, etc.)
- The patient needs to be advised of these proceedings, preferably by one staff member with another staff member present.
- An incident report must be written, as well as proper documentation in the medical record.

NOTE:

Regulations can vary from state to state. Please consult your state's laws, policies & rules on 'duty to protect.'

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	03/2023
Senior Leader	Carleena Brown: Clinic Director	03/2023

History

Created by Marlow, Amy: Quality Director on 2/21/2023, 9:06AM EST

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Davis County HOSPITAL & CLINICS

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Last Approved	N/A
Effective	Upon Approval
Last Revised	01/2023
Next Review	2 years after approval
Owner	Lissa Jarr: Health Information Management Manager
Policy Area	Health Information Management
Applicability	Davis County Hospital

Access Electronic Health Records

Policy Number: HIM04.06.0

POLICY:

Those employees who have a professional need to view patient records will have access. It is the policy of Davis County Hospital & Clinics to determine the need for access and appropriate levels of security and confidentiality of healthcare information and to provide sufficient safeguards to protect PHI that meets Minimum Necessary HIPAA standards.

PROCEDURE:

All members of the medical staff and clinical staff will be given access to view electronic records of all patients under their care, and to the medical records of all patients for bona fide study and research and to carry out peer review provided the confidentiality of personal health information maintained in Davis County Hospital's EHR is preserved. All others wanting access will require written consent of the patient or one authorized to consent on the patient's behalf.

Former members of the Medical Staff requiring access to medical records of former hospital patients attended by them shall first obtain the approval of the CEO. All access shall be in compliance with HIPAA requirements

The IT department and/or the Privacy Officer will provide access to authorized personnel.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Senior Leader	Lisa Warren: CFO	01/2023
	Lissa Jarr: Health Information Management Manager	01/2023

Status Pending PolicyStat ID 13003009

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

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Next Review	2 years after approval

Owner	Lissa Jarr: Health Information Management Manager
Policy Area	Health Information Management
Applicability	Davis County Hospital

Chart Order

Policy:

It is the policy of Davis County Hospital & Clinics to maintain a record for each patient, either inpatient or outpatient. Within the chart will be the following documents if applicable.

Procedure:

The following is a listing of the most common chart types and documents within those chart types that are housed in "Note/Scan/Import. They may not be all inclusive.

Acute Inpatient

- ED Physician Reports and information (if applicable)
- ED Notes Nurse (if applicable)
- Admission Nursing Note
- History and Physical
- Physical Therapy Initial Evaluation (if applicable)
- Occupational Therapy Initial Evaluation (if applicable)
- Speech Therapy Initial Evaluation (if applicable)
- Nursing Discharge Summary Documentation
- Telemetry (if applicable)
- Cardiology (if applicable)
- Transfer Note (if applicable)

- ED Patient Education Note (if applicable)
- ED Patient Summary (if applicable)
- Discharge Summary by provider
- Discharge Nursing Information
- Phone Message/Call (if applicable)
- Coding Summary
- Coding Query (if applicable)
- Billing Authorization (if applicable)
- Consent Forms
- Covid-19 Prescreen
- Outside Records (if applicable)
- Death/Deceased Documentation (if applicable)
- Expiration Record (if applicable)
- Continuity of Care Document (UR)
- Discharge Planning Assessment (nursing)
- Height/Weight/Allergy
- ED Vital Signs and Pain (if applicable)
- Ed Triage and Assessment (if applicable)
- Nutrition Evaluation (if applicable)
- Patient History (nursing)
- PT, OT, ST Documents (if applicable)
- Respiratory Therapy Documentation (if applicable)
- Point of Care Testing (if applicable)
- Lab Reports (scanned send out reports)
- Radiology Reports
- Miscellaneous Reports
- Progress Notes (physician)
- Progress Notes (nurse) (if applicable)
- Nutrition/Dietary Progress Note (if applicable)
- Physician Orders (if applicable)(Scanned)

The electronic health record houses many different electronic links to information that is stored individually. User may need to click on the menu to find other relevant information related to any account.

Inpatient Swingbed

- History and Physical
- Nutrition/Dietary Consultation (if applicable)

- Physical Therapy Initial Evaluation (if applicable)
- Occupational Therapy Initial Evaluation (if applicable)
- Speech Therapy Initial Evaluation (if applicable)
- Discharge Summary
- Discharge Nursing Information
- Provider Letter (if applicable)
- Phone Message/Call (if applicable)
- Coding Summary
- Utilization Review Information
- Consent Forms
- Continuity of Care Document (UR)
- Nursing Discharge Summary
- Covid-19 Pre-screening
- Lab Reports (if applicable) (scanned)
- Interdisciplinary Rounds
- Discharge Planning Assessment
- Medicare Certification of Skilled Stay
- Height/Weight/Allergy
- SNF Certification and Recertification
- Discharge Planning Assessment Ongoing
- Nutrition Evaluation (if applicable)
- Occupational Therapy Daily Notes
- Patient History (nursing)
- Physical Therapy Daily Notes
- Activities Evaluation
- Miscellaneous Documents (if applicable)
    - Plan of Care
    - PASRR
    - Patient Rights & Responsibilities
    - SB Patient Bill of Right
- Case Manager Progress Notes
- Progress Note - Physician
- Progress Note Nurse
- Nutritional/Dietary Progress Note (if applicable)
- Physician Orders (if applicable)(Scanned)

The electronic health record houses many different electronic links to information that is stored

individually. User may need to click on the menu to find other relevant information related to any account.

Outpatient Observation

- ED Note - Physician (if applicable)
- ED Note - Nursing (if applicable)
- History and Physical
- Health Coach information (if applicable)
- EKG (if applicable)
- Cardiology Reports (if applicable)
- ED Documentation (if applicable)
    - ED Education Note
    - ED Patient Summary
- Discharge Information
- Provider Letter (if applicable)
- Other Correspondence (if applicable)
- Phone Message/Call (if applicable)
- Coding Summary
- Billing Authorization/UR (if applicable)
- Outside Records (if applicable)
- Continuity of Care Document - UR (if applicable)
- Discharge Planning Assessment
- Height/Weight/Allergy
- ED Vital Signs and Pain (if applicable)
- ED Triage and Assessment (if applicable)
- Discharge Planning Assessment (if applicable)
- Patient History -nursing
- Respiratory Therapy Information (if applicable)
- Radiology Documents (if applicable)
- Physician orders (scanned - if applicable)
- Miscellaneous Documents (if applicable)
    - Patient Rights and Responsibilities
    - Moon Notice

The electronic health record houses many different electronic links to information that is stored individually. User may need to click on the menu to find other relevant information related to any account.

Surgical / Procedure Chart

- History and physical
- Health Coach information (if applicable)
- Physical Therapy ~~Intial~~Initial Eval (if applicable)
- Occupational Therapy Initial Eval (if applicable)
- EKG (if applicable)
- Procedure Note
- ~~Peroperative Record~~Perioperative Record
- Intraoperative Record
- PACU Record
- Anesthesia Record
- Postoperative Note
- Education Note
- Discharge Summary (provider)
- Discharge ~~Information~~ Summary (nursing)
- Consultation (if applicable)
- Provider Letter (if applicable)
- Other Correspondence (if applicable)
- Phone Message/Call (if applicable)
- Coding Summary
- Coding Query (if applicable)
- Utilization Review information
- Consent Forms
- Outside Records (if applicable)
- CCD Forms from UR
- Covid-19 Pre-screen
- Continuity of Care (UR)
- Nursing Discharge Summary
- Discharge Planning Assessment
- Postoperative Phone Call
- Surgery Admit Assessment (if applicable)
- Surgery Preadmit History & Assessment (if applicable)
- Height/WeightAllergy
- Surgery Admit Assessment Comprehensive
- Preadmission Visit Assessment (if applicable)

- Physical Therapy Daily Notes (if applicable)
- Occupational Therapy Daily Notes (if applicable)
- Preprocedural Checklist
- Patient History (Nursing)

  ~~Physical Therapy Daily Notes (if applicable)~~
- Pathology Report (if applicable)
- ~~Radiology~~Radiology Reports
- Physician Order (scanned - if applicable)
- Miscellaneous Documents
  - Implant log (if applicable)
  - Patient Rights and Responsibilities (if applicable
- Progress Note - Physician
- Progress Note - Nurse
- Respiratory Therapy Progress Notes (if applicable)

The electronic health record houses many different electronic links to information that is stored individually. User may need to click on the menu to find other relevant information related to any account.

Emergency Room Records

- ED Note - Physician
- ED Note - Avera eCare (if applicable)
- ED Note - Nursing
- ED Note - Nursing - Communication Book (if applicable)
- EKG (if applicable)
- Telemetry (if applicable)
- Medication Administration (if applicable)
- Transfer Note (if applicable)
- Transfer Documentation (if applicable)
- Health Coach Note (if applicable)
- ED Patient Education Note (Nursing)
- ED Patient Summary (Nursing)
- Phone Message/Call (if applicable)
- Discharge Information
- Coding Summary
- Consent Forms
- Death/Deceased Documentation (if applicable)

- Nursing Documentation (if applicable)
- Nursing Discharge Summary
- ED Assistance Summary (if applicable)
- ED vital signs and pain
- ED Triage and Assessment
- Radiology (if applicable)
- Results Callback ~~Lot~~Log (if applicable)
- Respiratory Therapy documents (if applicable)
- Miscellaneous (if applicable)

The electronic health record houses many different electronic links to information that is stored individually. User may need to click on the menu to find other relevant information related to any account.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Senior Leader	Lisa Warren: CFO	02/2023
	Lissa Jarr: Health Information Management Manager	02/2023

Status Pending PolicyStat ID 13003178

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

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Effective	Upon Approval
Last Revised	01/2023
Next Review	2 years after approval
Owner	Lissa Jarr: Health Information Management Manager
Policy Area	Health Information Management
Applicability	Davis County Hospital

Coding Guidelines

Policy Number: HIM 06.05.0

POLICY:

Davis County Hospital & Clinics will comply with established coding guidelines for diagnosis and procedures.

PURPOSE:

To comply with government regulations and maintain compliance by providing ethical coding principals.

PROCEDURE:

Standards of Ethical Coding Principles

~~Coding professionals should:~~

1. ~~Apply accurate, complete, and consistent coding practices that yield quality data.~~
2. ~~Gather and report all data required for internal and external reporting, in accordance with applicable requirements and data set definitions.~~
3. ~~Assign and report, in any format, only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, and requirements. .~~
4. ~~Query and/or consult as needed with the provider for clarification and additional documentation prior to final code assignment in accordance with acceptable healthcare~~

~~industry practices.~~

5. ~~Refuse to participate in, support or change reported data and/or narrative titles, billing data, clinical documentation practices, or any coding related activities to skew or misrepresent data and their meaning that do not comply with requirements.~~
6. ~~Facilitate, advocate, and collaborate with healthcare professionals in the pursuit of accurate, complete and reliable coded data and in situations that support ethical coding practices.~~
7. ~~Advance coding knowledge and practice through continuing education, including but not limited to meeting continuing education requirements.~~
8. ~~Maintain the confidentiality of protected health information in accordance with the code of ethics.~~
9. ~~Refuse to participate in the development of coding and coding related technology that is not designed in accordance with requirements.~~
10. ~~Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.~~
11. ~~Refuse to participate in and/or conceal unethical coding, data abstraction, query practices, or any inappropriate activities related to coding and address any perceived unethical coding related practices.~~

The following principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members, non-members, CCHIIM certifications, and students.

1. Advocate, uphold, and defend the consumer's right to privacy and the doctrine of confidentiality in the use and disclosure of information.
2. Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.
3. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regard health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.
4. Refuse to participate in or conceal unethical practices or procedures and report such practices.
5. Use technology, data, and information resources in the way they are intended to be used.
6. Advocate for appropriate uses of information resources across the healthcare ecosystem.
7. Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.
8. Represent the profession to the public in a positive manner.
9. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.
10. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.

11. State truthfully and accurately one's credentials, professional education, and experiences.
12. Facilitate interdisciplinary collaboration in situations supporting ethical health information principles.
13. Respect the inherent dignity and worth of every person.

How to Interpret the Standards of Ethical Coding

Please see attached document.

Attachments

Updated Coding Ethics and Guidelines_2019.2017.pdf

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Senior Leader	Lisa Warren: CFO	01/2023
	Lissa Jarr: Health Information Management Manager	01/2023

Status Pending PolicyStat ID 13065631

Davis County HOSPITAL & CLINICS

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Owner	Lissa Jarr: Health Information Management Manager
Policy Area	Health Information Management
Applicability	Davis County Hospital

Information Access Control and Information Safeguard

Policy Number: HIM03.01.0

POLICY:

The Health Information Management (HIM) department will ~~remained~~remain locked ~~during non-business hours~~at all times. Those employees who have a professional obligation to view medical records will have access. It is the policy of Davis County Hospital and Clinics to determine the need for access and appropriate levels of security and confidentiality of healthcare information and to provide sufficient safeguards to protect protected health information (PHI).

PROCEDURE:

HIM personnel will have access to all documentation present in the medical record (electronic and paper) relating to performance of their specific job duties.

Nursing personnel will have access to all pertinent patient information (electronic and paper) to allow for optimum assessment, treatment, and care of the patient in accordance with general nursing policies and procedures.

Medical staff will have access to all pertinent electronic and paper patient information that will allow them to provide optimum treatment to any patient for which they are attending, covering, or serving as a consulting physician in accordance with medical staff performance expectations.

Patient Financial Services personnel will have access to all necessary patient information that allows for appropriate billing, insurance, and financial procedures.

Performance improvement, utilization review, and risk management department personnel will have

access to all pertinent patient information, both clinical and financial, to allow for optimum assessment to perform the expected function within the department. **Determination of access to other staff will be made based on need, allowing access only to the minimum necessary PHI needed to complete their job duties.**

All other ancillary and administrative personnel will have access to patient information on an as needed basis, restricted to the level of authority, according to hospital wide policies and procedures which govern the security and confidentiality of patient information.

With respect to the hospital information system, authorized personnel are issued a log in and password by the Security Officer, or designee to use when accessing information on the system. The Security Officer or designee will control the degree of access of information on the system by granting privileges with respect to appropriate level of access based on the employee's role. The hospital will implement appropriate security policies to safeguard PHI (please refer to Davis County Hospital ~~Security~~Information Technology Policies).

In the event of any employee's status change or upon voluntary or involuntary termination, the Security Officer or designee will delete the electronic authorization privileges. A log may be submitted to the Privacy Officer for periodic compliance and review.

Any documents containing PHI are to be shredded prior to disposal. Examples include notes taken by nurses during change of shift, notes made during course of providing patient care, demographic information, notes made from communication among and between other providers, and scanned documentation after designated time-frame to retain has expired.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Senior Leader	Lisa Warren: CFO	02/2023
	Lissa Jarr: Health Information Management Manager	01/2023

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Davis County HOSPITAL & CLINICS

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Effective	Upon Approval
Last Revised	01/2023
Next Review	2 years after approval
Owner	Lissa Jarr: Health Information Management Manager
Policy Area	Health Information Management
Applicability	Davis County Hospital

Provider Deficiency Reports and Letters

Policy Number: 12.23.1

POLICY:

The Health Information Management (HIM) Department will be responsible for evaluating medical records for all patient types for specific documentation and signature requirements as specified in the policy HIM05.01.0 in accordance with DIA and the COPs.

PROCEDURE:

HIM staff will run reports and distribute to individual providers or Clinic Manager when warranted. Staff will follow up reports ~~to all providers~~ with ~~current deficiencies. Staff will follow up reports with~~ appropriate letters based on the aging parameters.

The entire medical record shall be completed within 30 days following the patient's discharge per the Conditions of Participation. If the record remains incomplete thirty (30) days after discharge, or if any part of the record is otherwise delinquent, the CEO shall notify the practitioner in writing that his or her clinical privileges, including admitting privileges, will be automatically suspended five (5) days from the date of the notice, unless the practitioner completes the records within such period or provides evidence and the CEO concurs that there is good cause for such delinquency. The CEO shall notify the Chief of Staff of the delinquency and suspension of privileges and shall notify the Hospital admissions office of the suspension.

I. Running Report and Distributing to Provider or Clinic Manager

1. Report of provider deficiency list for the hospital side will be ran and monitored daily and distributed to provider as needed. The Medical Associates reports will be ran

and given to the ~~MA Director~~DCMA Clinic Manager once a week.

II. ~~Distributing~~Notifying Provider of Deficiency ~~Letters to Providers~~

1. History and Physical letter - Distributed after 24 hrs. following admission when H&P not present on chart
2. Ten day pending suspension letter - Distributed when deficiencies reach 10 days from discharge
3. Fifteen day letter - Distributed on the 14th day after discharge
4. Signature and documentation deficiency letter - courtesy letter used upon HIM Manager and Clerk discretion

Approval Signatures

Step Description	Approver	Date
Senior Leader	Lisa Warren: CFO	Pending
	Lissa Jarr: Health Information Management Manager	01/2023

Status Pending PolicyStat ID 13066013

Davis County HOSPITAL & CLINICS

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Owner	Lissa Jarr: Health Information Management Manager
Policy Area	Health Information Management
Applicability	Davis County Hospital

Scanning

Policy Number: HIM 12.10.0

POLICY:

The HIM Department at Davis County Hospital and Clinics is committed to ensuring that every record is scanned into the hospital EHR imaging system within 24 hours of discharge or next business day. ~~Scanning Clerk will retrieve records from the 'HIM Trays' on a daily basis. Records are scanned according to discharge date with the oldest date being scanned first. Scanning staff are also responsible for scanning most Specialty Clinic documents into the clinic EHR.~~

~~PROCEDURE:~~

PROCEDURE:

Scanning Clerk will retrieve records from the 'HIM Trays" throughout the hospital on a daily basis. Records are scanned according to discharge date with the oldest date being scanned first. Charts are prepped, scanned and indexed according to processes of batch scanning or single document scanning pre established criteria.

Attachments

Image 02

Image 03

Image 04

Image 05

Approval Signatures

Step Description	Approver	Date
Senior Leader	Lisa Warren: CFO	Pending
	Lissa Jarr: Health Information Management Manager	01/2023

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Davis County HOSPITAL & CLINICS

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Owner	Lissa Jarr: Health Information Management Manager
Policy Area	Health Information Management
Applicability	Davis County Hospital

Signing Out Charts

Policy Number: HIM 04.07.0

POLICY:

All patient records removed from the file area must be replaced with ~~a red~~an outguide ~~showing the name of the patient, patient's MR#, location where the chart was taken, the date it was taken, and by whom~~.

PROCEDURE:

In order to keep a record of all paper charts removed from their file, the following procedure should be followed:

- Retrieve an outguide that will replace the paper chart being removed.
- Fill out the required information on the form enclosed in the pocket of the outguide (Patient's name, medical record #, location of record, date taken, and who taken by).
- Remove the folder from the shelf and replace it with the ~~red~~ outguide.
- Take the chart to the location indicated on the outguide information sheet.
- After the chart returns, pull the outguide, shred the information sheet and file the chart back on the shelf in it's original spot.

Approval Signatures

Step Description	Approver	Date

Senior Leader	Lisa Warren: CFO	Pending
	Lissa Jarr: Health Information Management Manager	01/2023

Status **Pending** PolicyStat ID **13182807**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

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Effective	Upon Approval
Last Revised	02/2023
Next Review	10/2023
Owner	Rhonda Roberts: SLS Program Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

Management of Assaultive Behavior

Policy Number: 2111

POLICY:

~~Staff will determine the appropriate steps in managing an assaultive~~In the event that a patient~~. In the event that a patient~~ escalates and becomes assaultive/combative, all measures shall be taken to utilize the least restrictive intervention to satisfactorily handle the situation in order to safeguard all parties involved.

PROCEDURE:

- Following assessment of the situation, call for back-up, if necessary.
- If there is insufficient staff to handle the situation, call 911 for the local police department. Be prepared to give the address, description of the incident and whether weapons are involved.
- Do not attempt to physically intervene with the patient ~~until adequate help is available~~.
- Designate one person to take command of the situation.
- Make every attempt to isolate the assaultive patient from other patients. Remove other patients from the immediate environment to a safe place.
- Remove any potentially dangerous objects or furniture from the immediate area.
- A calm, professional manner will be maintained by staff as they attempt to verbally de-escalate patient.

  ~~If verbal intervention proves unsuccessful, proceed with a plan for physical containment in which staff clearly understand their roles.~~
- Notify patient's physician.
- Document events clearly in the medical records' progress notes and include the following:

    - Time
    - Persons involved (do not include names of other patients)
    - Place of incident
    - Circumstances leading up to the incident
    - Actual assault, if occurred
    - Injuries sustained

- Complete a Hospital Notification/Incident Report form.
- If any injuries result 911 will be called so that the patient can be transferred to the Emergency Room.
- Notify Program Director of the incident if the Program Director is not on site. Also notify the PMC Regional Director of the incident.
- Notify PMC Medical Director
- All clinical staff will successfully complete Non-Violent Crisis Intervention training. A copy of current certification is maintained in each staff member's personnel file. This must be updated ~~every two (2) years~~annually.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	03/2023
Senior Leader	Carleena Brown: Clinic Director	03/2023

Status **Pending** PolicyStat ID **13185008**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

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Last Revised	02/2023
Next Review	10/2023

Owner	Rhonda Roberts: SLS Program Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

Scope of Service

Policy Number: 6003

POLICY:

- ~~Patient care for the psychiatric patient includes the actions of a multidisciplinary team that are directed toward assessment and intervention in response to dysfunctional behaviors of patients primarily 65 years and older. Services are provided by a multidisciplinary team including the attending physician, licensed therapists, registered interns (under supervision), nursing staff and cna's/administrative staff.~~
- ~~The multidisciplinary process of assessment, planning, intervention and evaluation provides the framework for individualized treatment plans with patients and/or families and/or significant others.~~
- ~~The quality of care is continuously monitored following the procedure of the performance improvement plan.~~
- ~~Outpatient Hospital Psychiatric Services include:~~
    - ~~Psychiatric diagnostic evaluation~~
    - ~~Pre-treatment assessment~~
    - ~~Psychosocial assessment~~
    - ~~Nursing checklist~~
    - ~~Individualized treatment planning~~
    - ~~Family education and therapy as needed~~
    - ~~Group therapy~~
    - ~~Individual therapy~~
    - ~~Discharge planning~~

- ~~Aftercare planning~~
- ~~Discharge referrals~~

~~OPERATIONAL HOURS AND SERVICES:~~

- ~~The Outpatient Hospital Psychiatric Services will provide Outpatient Hospital Psychiatric Services for the community.~~
- ~~Patients will be transported to and from the facility in vans provided by the facility, if available.~~
- ~~The census is anticipated to be between 2 to 10 patients and staffing will be 2 to 4.~~
- ~~The facility will be open from 8:00 AM to 4:30 PM, Monday - Friday, with patients arriving around 9 AM and leaving by 2 PM.~~
- ~~The treatment program which consists of individual, group and family therapy will be provided primarily to adults 65 years and older who have a psychiatric diagnosis, which is debilitating but does not require inpatient hospitalization.~~
- ~~The staff will consist of a Clinical Director, program director, nurse, a licensed therapist which may be a clinical social worker, professional counselor, or a marriage and family therapist and a cna/administrative position. Patients are supervised at all times by program staff. Other ancillary services will also be provided as needed.~~
- ~~Patients will be provided with education regarding community resources.~~

a. Overview

- Senior Life Solutions is an outpatient geropsychiatric service provided by the hospital.
- The Outpatient program is grounded in clinical geropsychiatry, interdisciplinary patient care standards, and administrative policies, all of which have been used to design an Outpatient Psychiatric Hospital Program for patients primarily 65 and older. The program does not discriminate on the basis race, color, religion, national origin, age (except within the scope of the programs geriatric focus), sex, disability, or any other prohibited basis in admission, treatment or participation in its services. The primary service area is defined by patient's ability to attend the program usually three days per week.
- In order to meet the needs of the community, Senior Life Solutions has developed a treatment program focused on psychotherapy including process groups, psycho-educational groups, coping skills groups, individual therapy, and family therapy, as warranted. Such goals as distinguishing between normal and pathological aging, maximizing patient functioning and enhancing quality of life are inherent to the program. Appropriate treatment for older patients must be interdisciplinary in nature, based on comprehensive and detailed patient assessment and be developed jointly by the patient and treatment team. It is imperative that the needs of the patient's family and caregiver are addressed for the patient to optimize treatment goals and return to the community at the highest level of independent functioning. Senior Life Solutions requires dedicated, knowledgeable professional staff who have chosen to work in the field of geriatric psychiatry.
- The outpatient program provides scheduled psychotherapy Monday through Friday, excluding holidays recognized by the hospital. The outpatient program is designed to be multidisciplinary in its approach to treatment, maximizing the strengths of all disciplines in order to return each patient to his/her highest level of functioning.

- Senior Life Solutions is focused on providing the following services:
    - A clinical program that is superior ethically and clinically.
    - A clinical program that meets the expectations of the Centers for Medicare and Medicaid Services (CMS).
    - An environment that allows personal and professional growth for all staff.
    - Individualized treatment services based on the needs of each client/patient.
    - Any additional services along the continuum of care which allow treatment of the client/patient in the least restrictive environment as needed.

PROCEDURE:

a. Program Values Statement

Our goal is to provide the highest level of quality care to all of the clients, patients and families (as applicable) we serve. We will be caring and compassionate and treat each individual with dignity and respect. Specifically,

- We value treating the elderly with compassion, dignity and respect
- We value the interdisciplinary approach to caring for the elderly We value our professional code(s) of ethics
- We value the services we provide in the continuum of care
- We value client relationships
- We value all of our staff
- We value trust in each member of the team
- We value communication

b. Program Vision Statement

Our vision is to redefine the treatment available to the elderly by developing a program that is focused on patient outcomes. We believe that a sound clinical program will result in patients not only living longer but enjoying the quality of life that comes with aging.

c. Staffing

- The multidisciplinary team in the Senior Life Solutions program consists of a
    - Medical Director
    - Nurse Program Director
    - Therapist
    - Patient and Office Coordinator.
- All clinicians are certified and/or licensed by the governing board of each independent profession. Clinicians providing individual, group and/or family therapy must be certified, licensed and/or authorized by the State to perform psychiatric services, specifically the provision of clinical psychotherapy for the treatment of mental illness including Licensed Clinical Social Workers (LCSW), Licensed Practical Counselors (LPC) and others, as applicable.

In addition to education and prior experience, Senior Life Solutions provides the Program Director, Therapist, Nurse, and Patient Coordinator with additional job specific training. Training includes specific geropsychiatric training, crisis prevention, and community education. The Medical Director is responsible for overall direction of the program's psychiatric care, monitoring and evaluating the appropriateness of medical diagnosis, and treatment of all patients enrolled in the outpatient program.

d. Referral

- Patients are referred to the Senior Life Solutions Program from a potential patient, potential patient's family, an outside agency, physician or mental health professional. A referral call could include inquiries about community psychiatric services, the program's services or procedures for admission to the program.
- During program hours, referral calls are handled by qualified personnel on the Senior Life Solutions unit.
- After hour calls are handled the next business morning.
- Emergencies are referred to surrounding Emergency Rooms 24 hours a day. If after hours, patients are requested to hang up the phone and call the nearest emergency room or dial 911.
- The Referral Assessment is completed by a competent, licensed staff member such as a Registered Nurse (RN), Licensed Practical Nurse (LPN), Licensed Practical Counselor (LPC), Licensed Clinical Social Worker (LCSW), or other staff trained to perform mental health assessments. Documentation is completed on all inquiries into the program using the Referral Screening Log. A disposition is made on the basis of information provided by referral source or caller. One of the following dispositions is made:
    - Information given
    - Referral to another level of care and/or treatment source
    - Referral Assessment scheduled with a qualified staff member. In circumstances where there is a wait-list for treatment the potential patient should be screened for severity of symptoms, offered referral to alternative treatment sources or placed on the program's wait list.
    - The Wait List Sheet should be utilized to help ensure continuity of care with other providers.
- In arriving at a disposition, the Program Director will consult with the attending psychiatrist or the other professional staff as necessary.
- When the caller is requesting only information about the Program or other treatment programs in the area, this information is provided in an accurate and professional manner. When appropriate, a brochure describing the program is sent to the caller.
- If the disposition of a direct referral call is referred to an alternative treatment source, this is made in a cooperative manner. If clinically indicated, the alternative treatment source is contacted to review the patient's case consistent with the rules and regulations on confidentiality. A list of alternative treatment resources is available on site.

e. Admission Assessment

- The Program Director schedules the potential admission in coordination with the attending

physician.

- A face-to-face assessment is completed by a qualified staff member on every potential admission to Senior Life Solutions unless the referral was made by an attending physician who has evaluated the potential admission face-to-face within the previous 24 hours.
- Standardized assessment tools should be utilized to facilitate clinical data gathering.
- If the referral is made from an outside source, and the patient meets criteria for admission, an appointment is made for the patient to see the Medical Director during his/her next scheduled visit to the program.
- A completed Referral Intake form is placed in the medical record. Prior to the Referral Intake staff should request verbal consent to conduct the Referral Intake and obtain written consent by signature of patient at time assessment is performed.
- If indicated, the attending Physician is consulted, and assessment information reviewed with him/her before disposition is made. If the patient does not meet admission criteria, the patient is referred to an appropriate agency or service.

f. Admission to the Program

- If admission to the program is indicated after completing the pre-admission assessment, the Program Director or his/her designee will review the clinical information with the Medical Director. The physician then makes a determination as to whether or not the patient is appropriate for admission based on a psychiatric evaluation and the willingness of the patient to be admitted. If the patient is to be admitted to the program, the physician orders the admission and treatment pursuant to an individualized treatment plan. The plan must state the type, amount, frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals. (A plan is not required if only a few brief services are furnished.)
- Upon the patient's arrival to the program, the assigned staff member or therapist coordinates:
    - Orientation to the program;
    - The review of patient rights and confidentiality
    - Review of the patients' handbook
    - Signing of all legal forms for admission to the program
- Upon admission, when appropriate and feasible, the therapist meets with the patient's family so that they can gather additional information regarding the patient's psychosocial history and also receive information about the program.
- The patient will attain "patient" status only after all of the admission forms are properly signed and reviewed by the personnel designated to complete the admission packet.

g. Admission Criteria

- The Senior Life Solutions program will primarily admit persons age 65 and older who meet the requirements for eligibility for outpatient hospital psychiatric services. Persons under the age of 65 may also be admitted with approval from the Program Director and Medical Director of the program if they will benefit from the therapeutic milieu of the program. The impairment leading to treatment should be acute and inconsistent with the patient's usual behavior.

Outpatient hospital psychiatric services represent a level of care less intensive than partial hospitalization. It is not appropriate for patients whose psychiatric illness is so severe that they require 24-hour care thus resulting in an inpatient admission. All referrals will be assessed, by qualified staff, for appropriateness of admission to the outpatient program.

- Inclusion Criteria
    - Patients will be 65 years of age and older. (All referrals less than 65 years of age will be assessed on an individual basis, i.e. appropriateness.)
    - The patient exhibits psychiatric symptoms that significantly impair their social, occupational, or other important areas of functioning.
    - The patient would otherwise require admission or continued admission to an inpatient or partial hospitalization facility.
    - The Outpatient program is appropriate for individuals who:
        - Are likely to benefit from a coordinated program of services and require more than isolated sessions of outpatient treatment
        - Do not require 24-hour care and have an adequate support system outside the hospital setting while not actively engaged in the program
        - Are not judged to be dangerous to themselves or others.
        - Have a diagnosable condition that, in general can be referenced in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders. However, the diagnosis in itself is not the sole determining factor for treatment. A specific list of accepted diagnosis codes is usually included in the Local Coverage Determination (LCD) provided by the Medicare Administrative Contractor (MAC).
        - Services must be reasonable and necessary for the diagnosis and active treatment of the individual's condition; reasonable expectation to improve or maintain the individual's condition and functional level to prevent exacerbation, deterioration, and /or relapse must be expected.
        - Individual has one or more psychiatric disorders and is expected to participate in a structured interdisciplinary program that provides intensive services within an individualized treatment plan.
        - Program is designed to treat patients who exhibit severe to moderate or substantially disabling conditions related to psychiatric/psychological condition or a mild to moderated exacerbation of a severe and persistent mental disorder.
    - Exclusion Criteria
        - Patients who refuse or who cannot participate (due to their behavioral, cognitive, or emotional status) with the active treatment process or who cannot tolerate the intensity of the outpatient program.
        - Patients who are gravely suicidal, homicidal, or severely demented, who require 24-hour supervision and present a significant security risk.
        - Patients who demonstrate inadequate impulse control manifested by self-mutilating or self-destructive behavior, requiring 24-hour supervision.

- Patients who require primarily social, custodial, recreational, or respite care (i.e. moderately to severely demented patients with no evidence that active treatment would modify the clinical course)
- A patient with multiple unexcused absences is not receiving “active treatment” and, therefore, it is not appropriate for him/her to participate in the outpatient program.
- Patients who have achieved sufficient stabilization of the presenting symptoms and sufficient intervention in skills or coping ability and mobilization of family and/or community support no longer require involvement of an outpatient program.
- Patients who have achieved sufficient stability that they now require limited intervention (medication management) on an intermittent basis which may be performed in the outpatient or office setting.
- Patients who require a higher level of care, such as inpatient or partial hospitalization.

h. Psychiatrist Supervision and Evaluation

Services must be supervised and periodically evaluated by a psychiatrist to determine the extent to which treatment goals are being realized. The evaluation must be based on periodic consultation and conference with therapists and staff, review of medical records, and patient interviews. Psychiatrist entries in medical records must support this involvement. The psychiatrist must also provide supervision and direction to any therapist involved in the patient's treatment and see the patient periodically to evaluate the course of treatment and to determine the extent to which treatment goals are being realized and whether changes in direction or emphasis are needed.

i. Reasonable Expectation of Improvement

Services must be for the purpose of diagnostic study or reasonably be expected to improve the patient's condition. The treatment must, at a minimum, be designed to reduce or control the patient's psychiatric symptoms so as to prevent relapse or hospitalization and improve or maintain the patient's level of functioning.

- It is not necessary that a course of therapy have as its goal restoration of the patient to the level of functioning exhibited prior to the onset of the illness, although this may be appropriate for some patients. For many other psychiatric patients, particularly those with long-term, chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement. "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the patient's condition would deteriorate, relapse further, or require hospitalization, this criterion is met.
- Some patients may undergo a course of treatment that increases their level of functioning, but then reach a point where further significant increase is not expected. Such claims are not automatically considered non-covered because conditions have stabilized, or because treatment is now primarily for the purpose of maintaining present level of functioning. Rather, coverage depends on whether the criteria discussed above are met. Services are non-covered

only where the evidence clearly establishes that the criteria are not met; for example, that stability can be maintained without further treatment or with less intensive treatment.

j. Individualized Treatment Plan

- An Individualized Treatment Plan is initiated on the first day of treatment and is completed within 3 treatment days of admission to the program. Each member of the treatment team is required to submit information on the treatment plan, review, and sign it. The Individualized Treatment Plan is also reviewed and signed by the patient. Treatment planning is an ongoing, collaborative effort. Such effort should be documented on the Treatment Team Update which includes a patient status update, individualized treatment plan update, and a recertification of medical necessity. Each patient is reassessed to determine current clinical problems, needs and responses to treatment. Reviews occur approximately every 2 weeks in the Senior Life Solutions program and are documented on the Treatment Team Update.

k. Patient Discharge

The Attending Psychiatrist orders the patient's discharge. The treatment team is responsible for developing and coordinating the continuing care and discharge plan. All disciplines complete the Continuing Care/Discharge Instructions and then the plan is reviewed with the patient (and the family, as allowed). A copy of the discharge and continuing care plan is given to the patient and/or family upon discharge. The patient is informed of any follow-up appointments, medication community resources, etc. upon discharge. All patients will be referred back to their Primary Care Provider and/or a less intensive level of treatment, if indicated. The attending physician may determine that he/she will provide the follow-up therapy with the patient. In addition, patients may be referred to a local community mental health program. Other providers involved in the patient's care will be notified of discharge to promote continuity of care. As a part of the discharge and continuing care plan, all patients will be asked to sign consent for follow-up form, giving the Program consent to contact the patient and/or the continuing care provider for the provision of aftercare. Continuing care follow-up is attempted with every patient who completes the program on a routine basis. Such continuing care (aftercare) is documented, accordingly. The Senior Life Solutions Program will develop an approach to aftercare that ensures continued care and interest. The Program Director (or designee) is responsible for making sure an adequate amount of aftercare is provided.

- Contacts with the patient may be made by telephone, in person, or by mail.
- Documentation of such contact may be documented on the Aftercare Log or another document approved by an executive member of PMC.
- A confidential aftercare file is maintained in the program director's office.

l. Medical Records

Medical records are maintained in a secure double locked area. Only authorized personnel have access to the medical records. Once the records are no longer being utilized by a staff member who is present in the room, the medical records must be stored in a locked area.

m. Supplies

The Program does not maintain any clinical supplies. Staff will make sure that supplies are maintained,

replaced, and disposed of when outdated.

n. Quality Assurance

The Senior Life Solutions Program staff members participate in the development of quality improvement activities specific to the program and in collaboration with the Quality Assurance Department.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	03/2023
Senior Leader	Carleena Brown: Clinic Director	03/2023

Status **Pending** PolicyStat ID **13185096**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	03/2015
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2023
Next Review	10/2023

Owner	Rhonda Roberts: SLS Program Director
Policy Area	Behavioral/ Mental Health
Applicability	Davis County Hospital

Senior Life Solutions Suicide Assessment

Policy Number: 2014

PURPOSE:

All patients attending our program have the potential to be at risk for suicide. They will be assessed, reassessed, and have treatment that is congruent with their needs.

The purpose of this policy is to describe the process for assessing for risk and developing a plan of care for patients with suicidal ideation.

Risk factors for suicide include but are not limited to:

- Psychosocial Factors: history of suicide attempt, history of deliberate self-harm, comorbid alcohol and other substance disorders, current or past psychiatric disorders – particularly mood disorders, schizophrenia, anxiety, and personality disorders, history of trauma or physical/sexual abuse, major physical illness, chronic pain, family history of suicide, history of violent or aggressive behavior, triggering event leading to humiliation or despair, loss (job, financial, relational, social).
- Environmental Factors: easy access to firearms or other lethal means.

Acutely or imminently suicidal patients are not appropriate for Outpatient Hospital Psychiatric Services. These patients, following assessment, will be referred for inpatient hospitalization.

POLICY:

~~All patient attending our program have the potential to be at risk for suicide. They will be assessed, reassessed, and have treatment that is congruent with their needs.~~

~~Acutely or imminently suicidal patients are not appropriate for Outpatient Hospital Psychiatric Services.~~

~~These patients, following assessment, will be referred for inpatient hospitalization.~~

The approach to the care of the suicidal patient is multidisciplinary. Screening is performed for all program patients regardless of diagnosis.

In compliance with The Joint Commission's National Patient Safety Goals, this program utilizes a validated, evidenced-based tool for screening and assessment of patients at risk for suicide. This program has elected to use the Suicide Behaviors Questionnaire Revised (SBQ-R) for screening and the Columbia-Suicide Severity Rating Scale tools (C-SSRS) for assessment.

If screening identifies that a patient may be at risk, further assessment is required by a qualified health professional who has demonstrated competency in determining the patient's level of risk.

PROCEDURE:

- ~~Patient~~Patients are ~~assessed~~screened at initial intake for suicide risk ~~and risk classified~~. If the Suicide Behaviors Questionnaire-Revised (SBQ-R) shows patient at risk for suicide, then the Columbia-Suicide Severity Rating Scale (~~CSSR~~C-SSRS) will be administered and risk level will be determined.
- Patients are reassessed at intervals based upon their ~~risk level~~clinical presentation, but at minimum once monthly. ~~This interval will be documented in the patients Individualized Treatment Plan.~~

  ~~When a patient expresses suicidal ideation, staff must notify the Program Director who will initiate a course of action.~~

  ~~The patient should not be left alone and will be monitored by a staff person continuously.~~

  ~~If patient is assessed to be acutely suicidal, the Senior Life Solutions Medical Director must be advised immediately.~~

  ~~If Medical Director cannot be reached, and the patient agrees, patient is to be sent voluntarily to the Emergency Department.after appropriate arrangements are made by the Program Director.~~

  ~~The Medical Director will be notified timely about the change in patient status, if a current patient.~~

  ~~Documentation will be detailed with language quoted by patient as well as action taken.~~

  ~~If the patient does not agree to go to the Emergency Department to be assessed for voluntary hospital admission, as staff member will call 911. 911 will also be contacted if the patient is deemed to be in immediate threat to themselves or others.~~
- If patient is assessed as moderate to high risk for suicide this will be documented in the patients Individualized Treatment Plan and a safety plan will be initiated/continued.
- When a patient expresses suicidal ideation, staff must notify the Program Director who will initiate a course of action to include:
  - The patient should not be left alone and will be monitored by a staff person continuously.
  - If patient is assessed to be acutely suicidal, the attending physician must be advised immediately.

    - If attending physician cannot be reached, and the patient agrees, patient is to be accompanied to the hospital emergency
    - department. Hospital Policy will be followed regarding the safe transport of the patient.
    - The Medical Director will be notified timely about the change in patient status.
    - If the patient does not agree to go to the emergency department and leaves, 911 is to be notified of imminent danger to patient.

- If the patient is not deemed acutely suicidal, the attending physician will be informed of patient's remarks and outcome of assessment. A Safety Plan will be initiated, and the patient's treatment plan will be updated to include suicidal ideations. Staff will be advised to heighten awareness. Patient's family or place of residence will be advised to promote support as well as heightened awareness. This will be documented in the medical record.
- If a patient does not arrive for a scheduled appointment, program staff will attempt to reach the patient by phone. If they cannot reach the patient, they will call the persons approved by the patient for a phone safety check. If program staff are unable to verify patient's safety and the patient is at risk for suicide, the staff will notify the local Sheriff's Office for a well-being check.

Staff Training and Competency

- All program staff responsible for performing suicide risk screening is provided training on-hire and annually.
- All licensed nursing and therapy staff is provided training on-hire and annually in completing a comprehensive suicide assessment. The staff is also required to demonstrate competency in completing the assessment. The staff is also required to demonstrate competency in determining a patient's level of risk and appropriate interventions.

Discharge of the Patient At-Risk for Suicide

Patients at risk for suicide have the opportunity to participate in the development of their own discharge and safety plan. Discharge plans must be documented and communicated with the patient and family (if appropriate) and will include:

- Suicide crisis hot-line numbers
- Information about how to recognize/help someone in crisis
- Safety plan for the patient
- Appointments/Referral information
- Local suicide/mental health resources

Patients who have been identified as suicidal should be referred for potential admission to an inpatient psychiatric unit and should not be discharged home except under direction of the provider. Transfer to a psychiatric facility appropriate for the needs of the patient may be considered.

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
Medical Director- Nina Jordania, MD	Carleena Brown: Clinic Director	03/2023
Senior Leader	Carleena Brown: Clinic Director	03/2023

Status **Pending** PolicyStat ID **13191889**

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Origination	10/2014
Last Approved	N/A
Effective	Upon Approval
Last Revised	02/2023
Next Review	2 years after approval
Owner	Amy Marlow: Quality Director
Policy Area	Safety and Security
Applicability	Davis County Hospital

Violent Intruder/Active Shooter (Run, Hide, Fight)

POLICY:

Davis County Hospital will use the ~~A.L.I.C.E.~~Run, Hide, Fight approach in dealing with aggressive intruders:

~~Alert:~~

~~Announcement is made overhead giving specific information as to the location of the aggressive intruder, so that informed decisions can be made. There is no one person responsible for making the announcement. Davis County Hospital supports and encourages any/all staff who can safely do so make an announcement by utilizing the overhead paging system and alerting law enforcement.~~

~~Lock down:~~

~~The need for a lock down of the hospital will be determined based on the circumstances of the incident. An internal lock down should occur immediately by all who do not have the ability to evacuate safely.~~

~~Inform:~~

~~Real time information is provided to all occupants using the overhead paging system. Movements and actions of the suspect will be broadcast to continually provide current information.~~

~~Counter:~~

~~If occupants are unable to evacuate and have contact with the suspect and feel that they are in danger, they have the option of using counter techniques to interrupt the violent actions of the suspect.~~

~~Evacuation:~~

~~Immediately leave an area that could expose you to danger and go to a secure area safe from the threat. The decision must be made on real time information and previous planning and training.~~

Aggressive/Violent Intruder:

An individual who is actively engaged in attempting to harm, in any way, a DCHC staff member, patient, or visitor.

PROCEDURE:

1. ~~An aggressive intruder is defined as someone with the intent to cause harm that could cause death, injury or physical damage who has access to the facility.~~
2. ~~Upon a staff member receiving information of someone within the hospital or on hospital property appearing to be aggressive or acting in a threatening manner, they shall immediately dial 911. Never assume someone else has already made a call for help. A description, location and actions of the aggressive person should be given. If this person is actively using a firearm or weapon or has the intent to use it, anyone can initiate the A.L.I.C.E. program by making an overhead announcement using the overhead paging system (dialing *51 to activate paging). The overhead announcement should state: **Security Assistance Requested + Location + Description + Action Required** . Continuously update location as further information is obtained.~~
3. ~~Caller should stay in direct contact with the 911 dispatcher providing them with real-time information as to the actions and location of the aggressive intruder. Caller will also provide real-time information through the public address system to employees, patients, and visitors in accordance with the A.L.I.C.E. program.~~
4. ~~Staff, with the information they have available to them, will make a determination to evacuate, barricade, or engage the intruder.~~
5. ~~These procedures and the A.L.I.C.E. program will remain in effect until law enforcement have determined that the hospital is safe and secured. Individuals who were able to evacuate should meet in the Bloomfield Care Center Parking Lot which will serve as a rally point. An "all clear" will be announced by local law enforcement or the administrator on call utilizing the overhead paging system working in connection with law enforcement.~~
6. ~~**Law enforcement response**~~
   ~~During an aggressive intruder incident, Law Enforcement Officers will respond with one objective, to enter the scene, locate and stop the aggressive intruder as quickly as possible. Responding officers will not necessarily know the identity of the shooter and may treat everyone they come into contact with as the suspect. You may be given verbal orders by the officers and possibly restrained.~~

   ~~How to react to arriving officers:~~

   - ~~Immediately raise your hands and show that you have nothing in them.~~
   - ~~Follow officer's instructions. Do not stop to ask them questions.~~
   - ~~Avoid making quick movements, screaming or yelling~~

- ~~If you have seen the shooter(s), give them the last location seen.~~

In the event an individual on Davis County Hospital and Clinics (DCHC) property is displaying the qualities of an aggressive or violent intruder, DCHC will institute procedures to minimize the risk to patients, visitor, and employees by evacuation, facility lock down, and/or 'shelter in place' procedures and by containing the incident as much as possible.

As soon as safe to do so, call 911 to report to law enforcement and as soon as possible and safe to do so, announce overhead by dialing *51 "Violent Intruder (or Active Shooter) – the intruder's location – evacuate if able – police are responding". Repeat this three times.

The concept of Run, Hide, Fight shall be used in that order. Run (or evacuate) if you can do so. Hide if you are not able to evacuate. Fight as a last resort.

- **RUN:**
  - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
  - Have an escape route and plan in mind
  - Leave immediately
  - Evacuate regardless of whether others agree to follow
  - Leave your belongings behind. If you have your cell phone, take it with you.
  - Help others escape, if possible
    - Special Considerations: Patient Care Staff
      - If you are with a patient, discontinue care and leave. If the patient is mobile take them with you.
      - Secure patient room upon exiting to the best of your ability
      - Do not stop for victims
    - Special Considerations: Evacuation
      - Keep hands raised, visible, and empty
      - Keep others from entering
      - Don't point, scream or yell
      - Follow law enforcement's instructions
      - Don't make sudden movements towards officers
  - When you are a safe distance from the facility
    - Call 911 if you don't know that it's been reported
    - Do not re-enter the scene
  - Davis County Hospital and Clinics does have 'panic buttons' located in Acute Care, the Emergency Department, Senior Life Solutions, and Radiology. If staff are carrying this button during an active intruder situation, press the button immediately to alert law enforcement.
- **HIDE**

- If evacuation is not possible, find a place to hide where the violent intruder is less likely to find you.
- Your hiding place should:
  - Be out of the active shooter's view
  - Provide protection if shots are fired in your direction (i.e., and office with a closed and locked door)
  - Not trap you or restrict your options for movement
- To prevent the active shooter from entering your hiding place:
  - Lock the door
  - Block the door with heavy furniture
  - Silence your cell phone
  - Turn off any sources of noise (i.e., radios, televisions) or lights if possible
  - Hide behind large items (i.e., cabinets, desks)
  - Remain quiet
- Actions
  - Report the incident by calling 911 if you can do so safely
  - Do what you can to help any injured who are with you
  - Stay in place until you are given an 'all clear'
  - Plan for a fight
    - Look for objects that you can use as a weapon, or items that can be thrown

If evacuation and hiding are not possible:

- **FIGHT**
  - As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the violent intruder by:
    - Acting as aggressively as possible against him/her. Work as a team if possible.
    - Throwing items and improvising weapons
    - Yelling
    - Committing to your actions

When law enforcement arrives, they will assume full charge of the situation. The following persons should be notified as soon as possible:

- House Supervisor
- Administrative Person on Call
- CEO

Approval Signatures

Step Description	Approver	Date
CAH	CAH: DCHC Critical Access Hospital Committee	Pending
	Amy Marlow: Quality Director	02/2023

Administration/CAH Biennal Policy Review

2023

Title	Primary	New	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Administrator – On - Call	LB		x				
Admissions	AM		x				
Appropriate Use of Hospital Funds	CEO		x				
Auditing 96 Average Length of Stay (LOS)	LW		x				
Auxiliary Aids and Services for Persons with Disabilities	AM				x		Revised options for ASL interpreters.
Capital Expenditure and Repairs	LW		x				
Capital Investment	LW					x	No longer needed
Consent to Treat (Spanish)	AM		x				
Corporate Credit Card	LB				x		Added Human Trafficking Verbiage
Critical Access Hospital (CAH) Periodic Evaluation	AM		x				
Description of Service	AM		x				
Employee Birth of Child or Bereavement Recognition	CEO					x	
Hospital Functions	CEO		x				
Impaired Practitioner	AM		x				
Language Line- Communication with Persons with Limited English Proficiency	AM				x		Revised attachment listing bilingual staff
Medical Identity Theft	JB LW		x				
Medical Marijuana			x				
Nondiscrimination	AM		x				
Open Records Release	CEO		x				
Patient Rights and Responsibilities (Spanish)	AM		x				
Photographic Guidelines	AM				x		Revised to current practice utilizing Cerner's camera capture functionality instead of a digital camera.
Policy and Procedure Access and Development Process	AM		x				

Patient/Visitor Complaints, Grievances and/or Suggestions	AM				x		Revised contact information for applicable agencies and called to verify accuracy.
Provision of Service	AM				x		Deleted Rheumatology, added Urology
Red Flags of Identity Theft	JB LW		x				
Reporting Changes in Management Positions	LB		x				
Section 504 Grievance Procedure	AM		x				
Section 504 Notice of Program Accessibility	AM		x				
Service Animals	AM		x				
Sign Language Interpreters	AM					x	No longer needed. We have two services that provide ASL Interpreters.
Storage and Disposal of Board of Trustees Meeting Recordings	LB		x				
Visitor Rights	AM		x				
Volunteering during Hospital Work Hours	CEO		x				
Weapons on Hospital Property	CEO		x				

Date Reviewed and/or Changes made

EMTALA Biennal Policy Review
2023

	No Changes	Revised Statement	Revised Procedure	Retired	Comments
CAH Compliance with Emergency Services CoPs and EMTALA requirements			**x**		**Changed Avera to Avel throughout**
EMTALA	**x**				

Health Information Management Biennal Policy Review
2023

	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Access Electronic Health Records		X			ADDED "and clinics"
Alternate Media Document			X		Revised attachment
Assisted Review of Medical Records	X				
Attendance	X				
Birth Certificate and Transmission	X				
Chart Order		X	X		Added "and clinics" revised document listing
Coding Guidelines		X	X		Added "and clinics" Uploaded new document
Confidential Paper Shredding			X		Revised procedure to match process
Departmental Record Retention Standard	X				
Documentation Requirements for All Levels of Care	X				
Faxing Protected Health Information	X				
Information Access Control and Information Safegaurd		X	X		Revised both to reflect current process
Listing of Professionals Documenting in Medical Records	X				To CAH August 2022
Living Wills/Durable Power Of Attorney (DPOA)			X		Revised language in procedure
Medical Record Removal			X		Revised language in procedure
Provider Deficiency Reports and Letters		X	X		Added "The" to policy/Revised Proc
Provider Queries			X		Revised language in procedure
PRN/Casual Health Information Management Staff	X				To CAH March 2022
Release of Information and Uses and Disclosures of Protected Health Information	X		x		To CAH August 2022
Rubber Stamps	X				
Scanning		X	X		Moved part of statement to procedure. Revised language
Signing Out Charts		X	X		Revised policy statement due to repition of language. Took out "Red" in both
Use of Abbreviations, Acronyms, and Symbols in the Medical Record	X				

Material Management Biennal Policy Review
2023

	No Changes	Revised Statement	Revised Procedure	Retired	Comments
Checking in Supplies and Equipment	X				
Equipment Records	X				
Fiscal Year End Physical Inventory Count	X				
Materials Management Department Operations	X				
Product Evaluation and Standardization Team	X				
Purchase Agreements	X				
Removal/Disposal of Equipment	X				
Outdated Supplies	X				
Supply Purchases	X				

Davis County HOSPITAL & CLINICS

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Diet Manual Approval for Year 2023

This document is to acknowledge that the **Simplified Diet Manual, 13th Edition**, by the Iowa Dietetic Association, has been reviewed by the Dietitian(s) who approve and recommend as the standard resource Diet Manual for Davis County Hospital & Clinics. By signing below, each requests the approval of the Medical Staff Committee, Critical Access Hospital (CAH) Committee, and the Board of Trustees for the use of this manual for its patients.

Angela Bikner, RDN LD
Dietitian

3-1-2023
Date

Samantha Thomas, RDN, LD
Dietitian

3-1-2023
Date

Chief of Medical Staff

3/6/23
Date

CEO

3/8/2023
Date

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

March 8, 2023
Date

Diet Menu Attestation

By signing below, I attest that the Davis County Hospital and Clinics Food & Nutrition Diet Menus provided by ABM Healthcare meet the nutritional needs of patients of the facility.

Angela Brickner, RDN LD
Dietitian

3-1-2023
Date

Jasmin Tellez, RDN, LD
Dietitian

3-1-2023
Date

Food & Nutrition Manager

3-8-2023
Date

DCHC Director Ancillary Services

3-6-2023
Date

Medical Director

3/8/23
Date

Davis County HOSPITAL & CLINICS

An Affiliate of MERCYONE

Diet Manual Approval for Year 2023

This document is to acknowledge that the **Simplified Diet Manual, 13th Edition**, by the Iowa Dietetic Association, has been reviewed by the Dietitian(s) who approve and recommend as the standard resource Diet Manual for Davis County Hospital & Clinics. By signing below, each requests the approval of the Medical Staff Committee, Critical Access Hospital (CAH) Committee, and the Board of Trustees for the use of this manual for its patients.

Angela Bikner, RDN LD
Dietitian

3-1-2023
Date

Samantha Thomas, RDN, LD
Dietitian

3-1-2023
Date

Chief of Medical Staff

3/6/23
Date

CEO

3/8/2023
Date

Davis County HOSPITAL & CLINICS

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March 8, 2023
Date

Diet Menu Attestation

By signing below, I attest that the Davis County Hospital and Clinics Food & Nutrition Diet Menus provided by ABM Healthcare meet the nutritional needs of patients of the facility.

Angela Brickner, RDN LD
Dietitian

3-1-2023
Date

Jasmin Tellez, RDN, LD
Dietitian

3-1-2023
Date

Food & Nutrition Manager

3-8-2023
Date

DCHC Director Ancillary Services

3-6-2023
Date

Medical Director

3/8/23
Date