ARROWHEAD
REGIONAL MEDICAL CENTER

# THIS IS TO CERTIFY THAT

# ARROWHEAD REGIONAL MEDICAL CENTER'S

## Rehabilitation Services Department

# HAS BEEN REVIEWED AND UPDATED

# AS NEEDED

| | | |
|---|---|---|
| Department Manager | Andre Carrington | 8/1/19 Date |
| Department Chair (if applicable) | DR. ROBERTUS KOUNANG<br>CA LIC# A40627<br>DEA# AK1630359<br>URIN# A29165 | 8/1/19 Date |
| Associate Hospital Administrator (if applicable) | Wesley Toh | 8/1/19 Date |
| Chief Nursing Officer (if applicable) | Nanette Buenavidez | Date |
| Chief Medical Officer (if applicable) | Varadarajan Subbiah | 8/1/19 Date |
| Chief Executive Officer | William L. Gilbert | 8/6/19 Date |
| Chair, Board of Supervisors | Curt Hagman | AUG 20 2019 Date |

# ARROWHEAD REGIONAL MEDICAL CENTER
## Rehab Services
## 2019 Summary of Policy Revisions

| Policy # | New | Major | Minor | Reviewed | Policy Title | Explanation (All New Policies and Major & Minor Revisions) |
|---|---|---|---|---|---|---|
| 100 | | | | X | Departmental Mission | |
| 101 | | | X | | General Information | Changed hours of operations. Changed list of department personnel. Listed new form. |
| 102 | | | | X | Legal Responsibility | |
| 103 | | | | X | Performance Improvement | |
| 104 | | X | | | Scope of Service | Removed references of services no longer providing. |
| 105 | | | X | | Staffing Plan and Assignments | Changes in patient prioritization. |
| 200 | | | X | | Competency Assessment | Changes in list of employees the policy applies to. |
| 202 | | | X | | In-service Training & Staff Meetings | Combining of repetitive staff meeting dates and recommendations. |
| 203 | | | X | | Leave Time Request | Changes in position titles included in clerical and management classifications. |
| 204 | | | X | | Staff Development | Changes in wording and addition of topics for in-services. |
| 205 | | | X | | Department New Hire Orientation | Change in wording from department to hospital. |
| 206 | | | X | | Information, Privacy, Security & HIPAA Compliance | Addition of proper disposal container for confidential information. |

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| 300 | | | X | | Environment of Care | Removal of references to discontinued services. Modification of modality instructions. Removal of reference of deleted position. |
| 301 | | | X | | Emergency Response to Codes | Addition of code white instructions to procedures. |
| 302 | | | X | | Disaster Evacuation Plan | Removed Attachment B. |
| 303 | | | | X | Hazardous Materials and Waste | |
| 304 | | | | X | Hazard Communication | |
| 306 | | X | | | Disinfecting Operation – Whirlpools | **DELETED:** Outpatient wound care service line eliminated due to duplication of services. |
| 307 | | | X | | Temperature Log: Refrigerator & Hydrocollator | Removed Hydrocollator and procedure pertaining to it due to removal of hydrocollator. |
| 308 | | X | | | Environmental Cultures – Whirlpools | **DELETED:** Outpatient wound care service line eliminated due to duplication of services. |
| 309 | | X | | | Department Laundry | **DELETED:** Laundry within the department no longer done. |
| 400 | | | X | | Access to Rehabilitation Services Treatment Areas | Modified to separate procedure for caregiver and patient. |
| 401 | | | X | | Referral to Rehabilitation Services Department | Added specification of which personnel will be removing referrals from printer. |

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| 402 | | X | | | Documentation Standards | Modified policy to differentiate between Re-assessments and Re-evaluations. |
| 403 | | | X | | Itemized Billing for Rehabilitation Services | Change in completion time for Daily Billing Sheet and change in ITS Module. |
| 404 | | X | | | Custom Compression Garment Ordering, Measuring And Fitting | **DELETED:** Custom compression garment services line eliminated due to no reimbursement. Service provided by outside organizations. |
| 405 | | | X | | Patient Assessment and Plan of Care | Change in pain assessment procedure. |
| 406 | | X | | | Patient Prioritization | Modified the priority of patients. |
| 407 | | | X | | Photographing of Patients | Addition of device digital photos can be taken on. |
| 408 | | | X | | Discharge Planning Protocol | Change in discharge criteria. |
| 409 | | | | X | Provision of Patient & Family Education | |
| 410 | | | X | | Termination of Rehabilitation Services | Change in descriptive wording: plateau, unresponsive and no improvement. |
| 411 | | | X | | Blue Dye Testing of Tracheostomy Patients | Removal of tracheostomy tube capping when assessing for supraglottic airflow. Clarification of Tracheal Suctioning process. |
| 412 | | | X | | Food and Liquid Consistencies for Dysphagia Patients | Change in language for Dysphagia Diet Levels to be consistent with Nutrition Services Policy No. 900.00. |

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| 413 | | | | X | Interdisciplinary Coordination and Continuum of Care | |
| 414 | | | X | | Information System Downtime Procedures | Change wording from Meditech to EHR software. |
| 415 | | X | | | Maggot Debridement Therapy (MDT) | **DELETED:** Service no longer provided. |
| 500 | | | X | | Patient Supervision and Behavioral Management | Added functional level to procedure when therapist is to provide supervision. |
| 501 | | | X | | Pediatric Equipment Utilization | Added supervising therapist as person to consult as needed for clarification or additional training. |
| 502 | | | X | | Pediatric Special Services | Removed references of high risk infant development and evaluation as function that requires specialized training. |
| 503 | | | X | | Treatment Technique Utilization | Change in wording for Utilization of treatment techniques and discontinuance of services. |
| 504 | | | X | | Prosthetics and Orthotics | Removal of vendors for DME consultation, as this information is subject to change. |
| | | | | | | |