



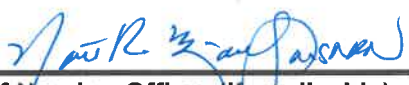
THIS IS TO CERTIFY THAT

ARROWHEAD REGIONAL MEDICAL CENTER'S

Rehabilitation Services Department

HAS BEEN REVIEWED AND UPDATED

AS NEEDED

	Andre Carrington	8/1/19
Department Manager	DR. ROBERTUS KOUNANG CA LIC# A40627 DEA# AK1630359 URIN# A28165	Date
		8/1/19
Department Chair (if applicable)		Date
	Wesley Toh	8/1/19
Associate Hospital Administrator (if applicable)		Date
	Nanette Buenavidez	
Chief Nursing Officer (if applicable)		Date
	Varadarajan Subbian	8/1/19
Chief Medical Officer (if applicable)		Date
	William L. Gilbert	8/1/19
Chief Executive Officer		Date
	Curt Hagman	AUG 20 2019
Chair, Board of Supervisors		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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Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (All New Policies and Major & Minor Revisions)
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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Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (All New Policies and Major & Minor Revisions)
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.