

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
			X		Alpha & Numeric Indexes	
			X		Hospital and Medical Administration Organizational Charts	
100					ADMINISTRATIVE	GOVERNANCE
100.01 v6		X			Administrative Operations Manuals - Organization and Contents	This policy was renamed and updated to the current structure and contents of the hospital-wide policy manuals.
100.02 v6		X			Administrative, Operations Infection Prevention, and Environment of Care Manuals - Approval and Distribution	This policy was renamed and updated to the current approval process and distribution of the hospital-wide policy manuals.
100.03 v9		X			Policy and Procedure Manuals - Format, Standards, and Approval Process	This policy was renamed and updated to the current structure and contents of all hospital policy manuals.
100.04 v6		X			Department Specific Policy and Procedure Manual: Approval Process	This policy was deleted and combined with Administrative (ADM) policy 100.03 due to similar processes in both policies.
110					ADMINISTRATIVE	OPERATIONS
110.01 v4			X		Customer Service - Provision of	
110.02 v6				X	Service Animals	
110.03 v7			X		Catering - Requests and Approval	
110.04 v4			X		County Vehicles - Approval and Use of	
110.05 v4			X		Documents - Framing of	
110.06 v3			X		Walls - Attachment Methods	
110.07 v5			X		Health Sciences Library - Use/Access	
110.08 v5			X		Medical Photography Management	
110.09 v4			X		Records Retention - Schedules of Record and Data Retention Schedules	
110.10 v5			X		Smoking - Prohibition of	
110.11 v3			X		Handcuffs and Batons	
110.12 v4			X		Telephone Services - Request for	
110.13 v5			X		Telephone Services - Use of Pagers	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
110.14 v3			X		International Telephone Calls	
110.15 v5			X		Telephone Services – Voice Mail	
110.16 v5			X		Spectralink Telephones	
110.17 v5				X	Mail Services	
110.18 v5		X			Visitors – Injuries to	Updated language from Meditech to EHR.
110.19 v5				X	Unusual Occurrences – Reporting of	
110.20 v6			X		Conference Room Scheduling and Room Set Up	
110.21 v4				X	Computerized Tube System and Security	
110.22 v4			X		Contract Services – Classification and Accountability	
110.23 v5			X		Contract Services – Establishment of Agreement	
110.24 v7				X	Contract Services – Review and Management of	
110.25 v5			X		Contract Services – Affiliation Agreements	
110.26 v5				X	Public Information and Media Contact	
110.27 v4				X	Administrative Coverage	
110.28 v10		X			Patient Charity Care	This policy was deleted and combined with ADM 110.29 because charity care is a part of the financial assistance process.
110.29 v10		X			Patient Financial Assistance	This policy was updated to combine the Charity and Full Financial forgiveness policies into one. In addition, the section pertaining to public health emergency was added to allow forgiveness of bills when there is a public health emergency.
110.30 v3				X	Controlled Substance Diversion	
110.31 v4			X		Bulletin Boards – Use of	
110.32 v3			X		Petitions – Circulation of	
110.33 v3				X	Meals – Employee	
110.34 v2				X	Meals – Allowance	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

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110.35 v2				X	Employee Participation in Defense of Claims	
110.36 v2			X		Grants: Glossary and Definitions	
110.37 v3		X			Grants: Search and Identification Process	This policy was revised because it included a grant process that no longer existed and was drafted prior to the creation of the Office of Research and Grants. The updates included adding a new grant intake process along with a grant intake form and a flowchart, which detailed the grant approval process.
110.38 v2			X		Grants: Roles and Responsibilities	
110.39 v3		X			Grants: Development	This policy was revised to remove outdated information and participants. It was updated to include a recommended timeline and references to the current County Grant Policy and standard operating procedure (SOP).
110.40 v3				X	Grants: Award and Contracting	
110.41 v3				X	Grants: Management and Reporting	
110.42 v2				X	Staff Volunteers at Arrowhead Regional Medical Center (ARMC) Events	
110.43 v3		X			Use of Color-coded Armbands	Updated language from Meditech to EHR.
110.44 v2			X		Bake Sales	
110.45 v2			X		Traffic and Parking Control, Citation Issuance and Vehicle Towing	
110.46 v2			X		Roles of Residents, Medical and Physician Assistant (PA) Students, App's (Registered Nurse Practitioner [RNP] & PA), Registered Nurses (RN's) and Others During Surgery	
110.47 v3		X			Patient Notification of Adverse Event/Medical Error	This policy was revised due to updates to the reporting structure. Staff must notify the Attending Physician, Administration/Administrator-on-Call, House Supervisor, ARMC Risk Management/Patient Safety, and/or the ARMC Communications Consult Team to coordinate the organizational response and situation management process. The term "sentinel event" was changed to "adverse medical event." The following

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

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						references were added: The Joint Commission and California Code of Regulations Title 22, §70972. The definitions of “Adverse Medical Event” and “Sentinel Event” were clarified to align with The Joint Commission definitions of these terms. Also, definitions for the following terms were added: “Medical Error”, “Serious Error”, “Minor Error”, “Near Miss”, “Incident”, “HIPAA”, “Authentic Apology”, and “Disclosure”.
110.48 v2			X		Patient Chargeable Pharmaceuticals Supplies	
200					HUMAN RESOURCES	EMPLOYMENT PRACTICES
200.01 v3				X	Human Resources Operations	
200.02 v5				X	Employee Association/Union Access to Medical Center Work Site	
200.03-200.04					No Policy	
200.05 v5				X	Solicitation and Distribution - Literature or Goods	
200.06 v9				X	Standards of Dress and Appearance	
200.07-200.08					No Policy	
200.09 v2				X	Eating at Work Stations	
200.10 v3				X	Information – Confidentiality	
200.11 v4				X	Employment – Equal Opportunity	
200.12					No Policy	
200.13 v4				X	Sexual Harassment – Prohibition of	
200.14 v5				X	Substance Abuse/Reasonable Suspicion – Drug and Alcohol Testing	
200.15					No Policy	
200.16 v2				X	Use of County Property and Work Time	
200.17 v4				X	Violence or Threats in the Workplace	
200.18 v5				X	Temporary Help Services	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
200.19 v4				X	Employment of Relatives	
200.20 – 200.21					No Policy	
200.22 v5				X	Standards for Employee Conduct	
200.23 v4				X	Separation from Employment	
200.24 v3				X	Contracted Service Provider Personnel	
210					HUMAN RESOURCES	ORIENTATION
210.01 v3				X	Time and Attendance – Recording of	
210.02 v9				X	Employee Identification Badge	
210.03 v4				X	Tardiness and Absenteeism Policy	
210.04 v4				X	Absence from Duty – Sick Leave Use	
210.05 v3				X	Return to Work – Modified Duty	
210.06 v3				X	Alternate Work Schedule	
220					HUMAN RESOURCES	PERFORMANCE IMPROVEMENT
220.01 v3				X	Pre-employment Medical Evaluation	
220.02 v7				X	Orientation – New Employee	
220.03 v6				X	Orientation for Individuals on Site Less Than Thirty (30) Days and All Students	
220.04 v8				X	Annual Employee Update	
220.05 v4				X	Licenses, Certificates, Registration – Verification of	
220.06 v6				X	Background and Reference Checks	
220.07 v4				X	Forensic Staff Orientation Less Than 30 Days	
220.08 v1				X	Management of Students and Student Placement	
220.09-220.10					No Policy	
220.11 v1				X	American Heart Association Card Renewal	
230					HUMAN RESOURCES	PERFORMANCE EVALUATION
230.01 v4				X	Work Performance Evaluations – Standards for	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
230.02 v4				X	Performance Review – Competence Assessment	
230.03 v4				X	Work Performance Evaluations (WPE) Report and Timelines	
240					HUMAN RESOURCES	MISCELLANEOUS
240.01 v3				X	Travel and Education – Expense Reimbursement	
240.02 v6				X	Education Assistance Proposal (EAP) Processing for Tuition and Membership Dues	
240.03 v4				X	Employee Discipline	
240.04 v5				X	Process to Fill Vacant Positions at Arrowhead Regional Medical Center (ARMC)	
240.05 v1				X	Use of Personal Electronic Devices Including Cellular Phones, Smartphones, Smart Watches, and Radio Transmitters	
240.06 v1				X	HEART Employee Behavioral Standard Examples	
300					PERFORMANCE IMPROVEMENT	GENERAL
300.01 v8				X	Adverse Event	
300.02					No Policy	
300.03 v15				X	Quality Assurance and Performance Improvement Plan (QAPI)	
300.04					No Policy	
300.05 v1				X	Patient Safety Evaluation System	
400					SUPPORT SERVICES	SUPPLIES & EQUIPMENT
400.01 v3				X	Purchasing – Authorization for	
400.02 v4				X	Purchasing – Vendor Selection	
400.03 v2				X	Purchasing – Management of Samples	
400.04 v1				X	Purchasing – Purchase Orders – Equipment Repair	
400.05 v2				X	Purchasing – Low Value Purchasing Authority	
400.06 v3				X	Petty Cash – Use of	
400.07 v2				X	Capital Equipment – Acquisition	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
400.08 v1				X	Equipment – Borrowing, Lending	
400.09 v2				X	Equipment – Disposal of Surplus	
400.10 v2				X	Equipment – Thefts of	
400.11 v3				X	Equipment Patient Care – Inspections	
400.12 v3				X	Equipment Non-Patient Care – Inspections	
400.13 v1				X	Disposable Devices – Reuse	
400.14 v2				X	Supply Requisitions	
400.15 v1				X	Annual Physical Inventory	
400.16 v2				X	Supply Access – After Hours	
400.17 v2				X	Equipment Maintenance/Service – Requests for	
400.18 v2				X	Facility Maintenance: Outside Contractors and Other County Departments Working in the Facility	
400.19 v1				X	Product Recall System	
400.20 v2				X	Emergency Purchase Authorization	
400.21 v2				X	Emergency Small Enterprise Program Compliance for County Contractors	
400.22 v2				X	Product Evaluation and Executive Value Analysis Leadership	
400.23 v1				X	Internal Signature Authority Minor Equipment Sub A	
400.24 v2				X	Storage of Equipment and Supplies	
400.25 v2				X	Central Plant – Wireless Remote Temperature Monitoring of Refrigerators and Freezers	
400.26 v2				X	Decentralization of Intravenous Pumps	
400.27 v1				X	(RPT) Relocatable Power Tap Policy	
400.28 v1		X			Wheelchairs, Management of Hospital Owned	This policy was deleted because its content was better suited in the Environment of Care (EOC) manual. The policy was changed to EOC policy 6015 v1.
500					MEDICAL STAFF	GENERAL

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

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500.01					No Policy	
500.02 v3				X	Temporary Disaster Clinical Privileges	
500.03 v3				X	Graduate Medical Education – Institutional Commitment to	
500.04 v1				X	Staff Verification of Medical Staff and Allied Health Membership and/or Clinical Privileges and Resident Competency	
500.05 v1				X	Medical Student Supervision	
600					PATIENT CARE	LEADERSHIP
600.01 v7				X	Plan – Provision of Care	
600.02 v5		X			Interdisciplinary Plan of Care	This policy was updated to include the Nursing Plan of Care to have one comprehensive policy that can be provided to Surveyors when they present to the hospital. Updated language from Meditech to EHR.
600.03 v4				X	Provision of Care for Hospitalized Patients Birth Through 21 Years of Age	
600.04 v2				X	Therapeutic Limit Setting	
610					PATIENT CARE	CONTINUUM OF CARE
610.01 v8		X			Surge Management Plan	The policy was renamed and revised to a proactive approach that emphasizes resource distribution during emergencies rather than reacting to surges, ensuring both immediate and ongoing needs are met. Additionally, Attachment A, the Department Specific Response Plan for Overcrowding checklist, was updated to reflect the hospital's operating census, providing a systematic way to manage overcrowding in line with current patient capacity and demand fluctuations.
610.02					No Policy	
610.03 v5				X	Inpatient Transfer To and From ARMC	
610.04 v4				X	Patient Transport Within the Hospital	
610.05 v5		X			Emergency Medical Treatment and Labor Act ("EMTALA")	The policy was renamed and revised to

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

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						provide a comprehensive explanation of the process of transferring patients and to memorialize the processes.
610.06 v7			X		Transition (Discharge) Planning / Management	
610.07 v5		X			Patient Evaluation – Medical Screening Examination	Updated language from Meditech to EHR.
610.08 v4				X	Discharge Planning/Transfers and Change to Lower Level	
610.09 v4				X	Patient Discharge Lounge	
610.10 v5				X	Provision of Durable Medical Equipment (DME) Upon Patient Discharge	
610.11 v6		X			Management of “Unknown” Patients	Updated language from Meditech to EHR.
610.12 v6		X			Patient Identification	Updated language from Meditech to EHR.
610.13 v5		X			Patient Registration Guidelines – Outpatient Services	Updated language from Meditech to EHR.
610.14					No Policy	
610.15 v4				X	Palliative Care: Scope of Practice	
610.16 v4				X	Palliative Care: Referral Process	
610.17 v3				X	Palliative Care: Palliative Care Committee	
610.18 v3				X	Palliative Care: Care Planning	
610.19 v3				X	Palliative Care: Assessment and Treatment of Physical/Emotional Symptoms	
610.20 v4				X	Palliative Care: Pain Management and Opioid Prescribing	
610.21					No Policy	
610.22 v3				X	Palliative Care: Pastoral Care Priorities	
610.23 v4		X			Safe Patient Handling and Movement	This policy was updated to reflect current patient handling procedures and designated staff roles. Additionally, a Bedside Mobility Assessment Tool was created for nurses.
610.24 v4				X	Physician Orders for Life Sustaining Treatment	
610.25 v6		X			Stroke Response	This policy was deleted, and the stroke response was added to ADM policy 610.26, Code Stroke.
610.26 v6		X			Code Stroke	This policy was revised to reflect new guidelines and process changes. Updated

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

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						language from Meditech to EHR.
610.27 v2				X	Hyperglycemia Management in Hospitalized Adults	
610.28 v4		X			Infection – Sepsis of the Adult Patient	This policy updated SIRS/Sepsis/Severe Sepsis frequency for Intensive Care Unit (ICU), Non-ICU, and Emergency Room (ER) patients and assessment data to the latest guidelines. The policy updated patient/family education provided and staff Education and Orientation Requirements including allied health providers. The policy was revised to include a statement that clarified Code Sepsis is not called in the Emergency Department (ED). The formatting, grammar, and the references were updated. The term “physician” was revised to “practitioner”. Additionally, a procedure was added to address Sepsis for Labor and Delivery.
610.29 v5		X			Reconciliation of Medication Profiles	This policy updated Non-admitted patients Invasive Outpatient procedures/Sedation procedures. Updated language from Meditech to EHR.
610.30 v2				X	Indwelling Urethral Catheter	
610.31 v5			X		Prevention of Stroke: Treatment of Acute and Chronic Atrial Fibrillation and Atrial Flutter	
610.32 v1				X	Patient Observation, Monitoring, and Escorts for Patient Requiring Constant Supervision	
610.33					No Policy	
610.34 v2				X	Involuntary Holds on Non-Psychiatric Units	
610.35 v1				X	Magnetic Resonance Imaging and Computerized Tomography Perfusion Stroke Series Policy	
610.36 v1				X	Arterial Line: Insertion and Management	
610.37 v3			X		Care for Patients with Stroke Symptoms Greater Than 24 Hours After Symptom Onset	
610.38 v2		X			Discharge Planning Activities	This policy was updated to include patients discharging on a legal hold status such as, but not limited to “5150, 5250, and patients on conservatorship.” Updated language from

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
						Meditech to EHR.
610.39 v1				X	Accepting Practitioner Orders	
610.40 v3		X			Management of Observation Patients	The policy was revised to define "Observation" as a billing status and add procedures for services not covered as Observation Services.
610.41 v1				X	California End of Life Option Act	
610.42 v1				X	Wound Dressings, Ordering Using Wound Algorithm	
610.43 v3		X			Code Sepsis	This policy removed Data Collection, Performance Improvement (PI), and Discharge After Sepsis and placed it into ADM policy 610.28. The attachment was removed because it was no longer needed due to documentation being tracked in the Electronic Health Record (EHR). The formatting, grammar, and the references were updated. The policy was revised to include a statement that clarified Code Sepsis is not called in the Emergency Department (ED). The term "physician" was revised to "practitioner". Additionally, updates were made to clarify the medication referenced.
610.44 v1				X	Discontinuing a Urinary Catheter Utilizing the HOUDINI Protocol	
610.45 v1				X	Therapeutic Hypothermia	
610.46 v1				X	Walk of Honor	
610.47 v1				X	Barbiturate Coma	
610.48 v1				X	Care of the Craniectomy Patient	
610.49 v1				X	Emergent Life-Threatening Reversal of Non-Vitamin K Antagonist Oral Anticoagulants (NOACs)	
610.50					No Policy	
610.51 v1				X	Admission of a Patient	
610.52 v1	X				Code STEMI	This is a new policy that provides a multidisciplinary, timely, and effective approach to care for patients with Acute Coronary Syndrome (ACS)/ ST Elevation

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
						Myocardial Infarction (STEMI) Symptoms. It provides guidelines for staff to follow in the care of ACS/STEMI patients.
620					PATIENT CARE	PATIENT ASSESSMENT
620.01 v3				X	Abuse – Children – Reporting of	
620.02 v3				X	Abuse – Elder, Dependent Adult	
620.03 v4				X	Abuse – Health or Community Care Facility	
620.04 v3				X	Abuse – Domestic Violence, Reporting of	
620.05 v8				X	Pain Assessment and Management	
620.06					No Policy	
620.07 v6		X			Rapid Response Team	This policy was renamed from Rapid Assessment Team (RAT) to Rapid Response Team.
620.08 v3				X	Baby Rapid Assessment Team	
620.09 v7				X	Screening, Assessment, Reassessment, and Managing Patients at Risk for Suicide	
620.10 v2			X		Fall Program	
620.11 v1				X	Behavioral Emergency Response Team	
630					PATIENT CARE	NUTRITION
630.01 v3				X	Nourishments – Bulk	
630.02 v2				X	Patient Nourishment	
630.03 v3				X	Patient Meals	
630.04 v3				X	Patient Meals – Sandwich	
630.05 v3				X	Refrigerator/Freezer Temperature Checks – Patient/Nourishment/Galley	
630.06 v1				X	Gastrointestinal (GI) Tube Insertion and Maintenance, Enteral Nutrition, and Gastric Decompression in Adults	
640					PATIENT CARE	CONSENTS
640.01 v7				X	Consents – Management of	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
640.02 v4				X	Consent – Patient Photography	
640.03 v5		X			Consent – Antipsychotic Medication	The policy was revised to include patient consent for administering psychotropic medications and their legal implications.
640.04 v3				X	Next of Kin – Location of and Search for	
640.05 v4				X	Guidelines for Consenting/Ethical Issues in Pediatric Patients	
650					PATIENT CARE	ANESTHESIA
650.01 v8				X	Moderate Sedation and Analgesia Performed by Non-Anesthesia Providers During Procedures on Adults Older Than 10 Years of Age	
650.02 v6				X	Moderate Sedation and Analgesia Performed by Non-Anesthesia Providers During Procedures on Neonates, Infants and Children Less Than 10 Years of Age	
650.03 v5				X	Ambulatory Surgery Center Patients – Selection and Choice of Anesthesia	
650.04 v5				X	Alternate Post-Procedure Recovery Areas	
650.05 v7				X	Management of the Routine Peri-Operative Patient Prior to the Day of Surgery	
650.06 v5				X	Management of the Urgent or Emergent Peri- Operative Patient	
650.07					No Policy	
650.08 v5				X	Malignant Hyperthermia	
650.09 v5				X	Post-Operative care of the Intensive Care Unit Patient	
650.10 v2				X	Guidelines for Perioperative Urine Drug Screening	
650.11 v2				X	Perioperative Autologous Blood Collection and Administration	
650.12 v2				X	Non-Obstetric Surgery During Pregnancy	
660					PATIENT CARE	BLOOD
660.01 v1				X	Femoral Lines and Blood Administration	
660.02 v5		X			Administration of Blood – Lookback	The policy was revised due to updates to the notification structure. The Laboratory Medical Director or designee shall notify the ARMC

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
						Risk Management department via the Event Reporting System and the physician will maintain all records. Additionally, the physician shall notify the patient via certified mail. If the physician is unavailable or declines to make the notification, the Laboratory Medical Director will notify the department chair if the attending is unable to provide notification to the patient.
660.03 v4				X	Massive Blood Transfusion (Massive Transfusion Protocol)	
660.04 v5		X			Blood and Blood Products: Patient Identification, Requisition and Administration	Updated language from Meditech to EHR.
670					PATIENT CARE	SPECIAL PROCEDURES
670.01 v13		X			Restraint/Seclusion Guidelines for Non-Violent/Non- Self-Destructive and Violent/Self-Destructive Behavior Management	This policy was updated to include 'seclusion' throughout the policy and added 'risk factors' to be included in the documentation of the patient's plan of care. The term "Practitioner" was defined as Physicians, Nurse Practitioners and Physician Assistants. The word "Licensed" was removed from the signature documents to refer to "Practitioner" instead.
670.02 v4				X	Latex Allergy Program	
670.03 v6				X	Code Blue Team Role and Responsibilities	
670.04 v5		X			12-Lead Electrocardiogram (EKG or ECG)	Updated language from Meditech to EHR.
670.05 v6				X	Tumor Node Metastasis Staging	
670.06 v3				X	Healthcare Facilities Accreditation Program Tumor Board Requirements	
670.07					No Policy	
670.08 v3				X	Tissue Excluded from Examination by a Pathologist	
670.09 v4				X	Evaluation of Pacemakers and ICDs	
670.10 v3				X	Breast Receptor Assays	
670.11					No Policy	
670.12 v2				X	Management of Patients with Suspicious Breast	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
					Pathology – Emergency Department Point-Of-Entry	
670.13 v4				X	Documentation For Procedures Which May Require Moderate Sedation or Anesthesia Services	
670.14 v1				X	Legal Orders for The Control Of Tuberculosis	
670.15 v11				X	Site/Side Verification and Time-Out Procedure	
670.16 v3				X	Post-Procedure Pre-Cleaning of Endoscopes	
670.17 v4				X	Receiving and Storage of Endoscopes	
670.18 v2				X	Cleaning of Endoscope Cabinets	
670.19 v2		X			Guidelines for the Administration of Hypertonic Sodium Chloride 23.4% Solution	Updated language from Meditech to EHR.
670.20 v3			X		Telemetry: Care of the Patient on Centralized Telemetry Monitoring	
670.21 v3				X	Procedure For Endocavity Transducer High Level Disinfection	
670.22 v1				X	Cleaning and Preparing Endocavity and Trans- abdominal Probes	
670.23 v1				X	Operative and Other Invasive Procedures	
670.24 v1				X	Orthopedic Guidelines for Trauma Room Fracture Wash Outs	
670.25 v3		X			Alcohol Withdrawal: Management of Patient in Telemetry Unit and Intensive Care Unit (ICU)	Updated language from Meditech to EHR.
670.26 v7		X			Administration of Influenza and Pneumococcal Vaccines	This policy was updated to allow state authorized licensees to administer vaccinations. Patient consent for inpatient vs outpatient was clarified. The references were updated to incorporate guidance from CDC/ACIP. Vaccine specific information was removed because it may change annually. The requirements for age group, education, competency, and standing order were updated to current standards. Attachment A is labeled as a "Sample" due to potential annual change(s). Documentation of the Vaccines section was incorporated into procedures (inpatient vs outpatient). (Note: The standing order form will be updated as needed based on

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
						CDC/ACIP vaccine guidance and product availability/formulary.)
670.27 v1				X	Non Chemotherapy Extravasation	
670.28 v1				X	Spinal Orthotic Devices and Management	
670.29 v1				X	Code White	
670.30 v2		X			Ventilator-Associated Events (VAE) Prevention Bundle	This policy was updated to include patient evaluation for Spontaneous Breathing Trail (SBT) and to facilitate Early Mobility. The policy recommends the use of endotracheal tubes with subglottic secretion drainage ports for patients expected to require greater than 48 or 72 hours of mechanical ventilation. Additionally, the references were updated.
670.31					No Policy	
670.32 v2			X		Pre-Operative Skin Decolonization Using 2% Chlorhexidine Gluconate	
670.33					No Policy	
670.34 v1				X	Protocol Guidelines for Traumatic Brain Injury (TBI)	
680					PATIENT CARE	PATIENT FAMILY EDUCATION
680.01 v4				X	Plan – Patient/Family Education	
680.02 v3				X	Nutrition Patient Instruction	
690					PATIENT CARE	OPERATIONAL
690.01 v6			X		Visitation	
690.02 v4				X	Patient Personal Property – Management of	
690.03					No Policy	
690.04 v4				X	Medi-Cal Pending – Management of	
690.05 v3				X	Morgue – Placement, Viewing, and Releasing of Bodies	
690.06 v4				X	Medication Variance – Reporting Of	
690.07 v3				X	Children – Car Seats	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
690.08 v4				X	Safe Surrender of Newborn	
690.09 v1				X	Surgical Procedures Requiring Assistant Surgeon or Assistants to the Surgeon	
690.10 v4				X	Emergency Medical Evaluation Requested by Law Enforcement Officers	
690.11 v4				X	Prisoners in Detention Unit – Management of	
690.12 v5				X	Prisoners – Use of Restraints	
690.13 v5				X	Medical Imaging – Department Services/Department Plan for Provision of Care	
690.14 v3				X	Medical Imaging – Request for Exam	
690.15 v3				X	Medical Imaging – Scheduling Exam	
690.16 v3				X	Death of Patient	
690.17 v2				X	Autopsies	
690.18 v3				X	Death Certificates	
690.19 v3				X	Coroner's Case: Notification of the Coroner	
690.20 v1				X	Coroner's Duties in Hospital	
690.21 v4		X			Abuse: Staff to Patient	The policy revisions included updates to position titles for the House Supervisor, Administrator on Call and/or Administrator, Quality & Accreditation and the Human Resources Officer. Clarified notification path that includes the House Supervisor, Administrator on Call and Administrator, Quality & Accreditation. Definitions for "Alleged" and "Staff" were added to the policy. The definition of a "Dependent Adult" was revised to align with the Title 22 definition. Included the Chief Medical Officer in the notification of an allegation involving a member of the Medical Staff. References to Meditech were removed and grammar was updated. Contact information to send the Abuse Checklist to the Regulatory Compliance Department was added. The following

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
						references were added to the policy: Centers for Medicare & Medicaid Services (CMS), California Department of Public Health (CDPH), The Joint Commission and ARMC Policies. Updated language from Meditech to EHR.
690.22 v3		X			Laboratory Specimen Labeling and Patient Identification Verification	Updated language from Meditech to EHR.
690.23 v1				X	Staff Rights	
690.24 v4		X			Homeless Discharge	This policy required updates to align with state mandates in Senate Bill 1152: Hospital Patient Discharge Process: Homeless Patients. This included adding a Homeless Determination screening and other required documentation.
690.25 v2				X	Outline For Unit Closure and Opening	
690.26 v1				X	Ordering Out Outpatient Services	
690.27 v5		X			Critical Value, Read Back Verification of	Updated language from Meditech to EHR.
690.28 v2				X	Patient's Home Medications	
690.29 v2				X	Medical Device Alarm Safety	
690.30 v1				X	Wound Care Referral Process	
690.31 v2				X	Chain of Command: Duty to Intervene and/or Conflict Resolution	
690.32					No Policy	
690.33 v1				X	Self-Administration of Hospital Acquired or Patient's Own Medications	
690.34 v2		X			Code Green – Missing/Eloped Patient	The policy revisions expanded patient status and procedures for Conserved, Inmate and/or Custodial.
690.35 v1				X	Multi-Dose and Single-Dose Medication Containers	
690.36 v4				X	Intravenous Admixture and Administration	
690.37 v1				X	Drug Shortages	
690.38					No Policy	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
690.39 v1				X	Intensivist Policy	
690.40 v2			X		Blood Glucose Monitoring and Management	
690.41 v1				X	Crash Carts	
700					INFORMATION MANAGEMENT	INFORMATION SECURITY
700.01 v4			X		Information Security – General Requirements	
700.02 v4			X		Security Management and Evaluation Process	
700.03 v3				X	Workforce Security Requirements	
700.04 v4				X	Information Access Management	
700.05 v1				X	Security Awareness and Training	
700.06 v6			X		Security Incident Procedures and Sanctions	
700.07 v3			X		Contingency Planning	
700.08 v3			X		Physical Security Access Controls	
700.09 v3			X		Workstation Use & Security	
700.10 v5			X		Device and Media Controls	
700.11 v3				X	Access Control	
700.12 v3				X	Audit Controls	
700.13 v2				X	Data Integrity	
700.14 v2				X	Person or Entity Authentication	
700.15 v4			X		Transmission Security	
700.16 v5		X			Management of Identity Theft	Updated language from Meditech to EHR.
700.17 v3			X		Portable Storage and Media Management	
700.18 v2		X			Citrix Access and Appropriate Use Policy	Updated language from Meditech to EHR.
700.19 v3			X		Data Encryption	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
700.20 v2			X		Laptop Computer Use and Security	
700.21 v1				X	Data Storage	
700.22 v2			X		Data Integrity and Internal Data Validation	
700.23 v1		X			Electronic Health Record Documentation Requirements Policy	This policy was deleted because its content was better suited in the 840 Health Information Management Section. The policy was changed to ADM policy 840.05.
800					No Policy	
810					HEALTH INFORMATION MANAGEMENT	RELEASE OF INFORMATION
810.01 v3				X	Patient Information – Release of Medical Records	
810.02 v1				X	Patient Information – Release of Medical Records	
810.03 v4				X	Patient Access – Medical Records	
810.04 v2				X	Medical Records – Requests for Information Except Subpoenas (For Subpoenas See Policy 820.03)	
810.05 v2				X	Anonymity – Patient	
820					HEALTH INFORMATION MANAGEMENT	CHART FORMS
820.01 v4				X	Health Information Management – Litigation Access	
820.02 v3				X	Printed Forms – Standards	
830					HEALTH INFORMATION MANAGEMENT	MISCELLANEOUS
830.01					No Policy	
830.02 v4			X		Clergy Information – Documentation of	
830.03 v3			X		Subpoenas, Search Warrants, Court Orders, Summons or Other Requests by Legal Entities	
830.04 v1				X	Active Lawsuits – Management of Accounts	
830.05 v1				X	Medical Record Corrections, Late Entries and Addendums	
830.06 v1				X	Do Not Use Abbreviations	
840					HEALTH INFORMATION MANAGEMENT	ELECTRONIC MEDICAL RECORDS

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
840.01-840.02					No Policy	
840.03 v1				X	Practitioner Suspicion and Notification of Incomplete Records	
840.04					No Policy	
840.05 v1	X				Electronic Health Record Documentation Requirements Policy	This policy was moved from the 700 Information Management section, and it was previously ADM 700.23. Updated language from Meditech to EHR.
900					PATIENT RIGHTS	GENERAL
900.01 v6				X	Patient's Rights	
900.02 v8				X	ADA-Effective Communication for the Deaf or Hard of Hearing	
900.03 v3				X	Patients' Rights – Spiritual	
900.04 v3				X	Patient's Rights – Refusal of Blood	
900.05 v1				X	Limited English Proficiency Effective Communication	
900.06 v1	X				Report of Firearms Prohibition	This is a new policy to adhere to the mandated reporting requirement as set forth by Assembly Bill (AB) 1587 Welfare & Institutions Codes (WIC) 8100, 8103, and 8105. All persons who meet the criteria for 72-hour holds are required to be reported on the date of admission to the Department of Justice (DOJ) Bureau of Firearms.
910					PATIENT RIGHTS	CARE AT THE END OF LIFE
910.01 v5				X	Advance Health Care Directives – Use of	
910.02 v5				X	Withdrawing/Withholding of Therapy	
910.03 v4				X	Care at the End of Life	
910.04 v4				X	Prehospital Do Not Resuscitate	
910.05 v4				X	Medical Ethics Committee Consultation	
910.06 v5				X	Donor Guidelines	
910.07 v6			X		Determination of Death	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
910.08 v4		X			Donation after Cardiac death (DCD)	This policy was updated to reflect current OneLegacy guidelines. Additionally, the ethics committee review was removed for each DCD case.
910.09 v4				X	Nonviable Neonates, Guidelines for the Care of	
910.10 v6		X			Adult-End of Life Care (EOLC)	The policy revisions include an addition of a new comfort care definition and comfort care protocol to allow for evidence-based end-of-life care to those who are not withdrawing life-sustaining measures. Opioid and sedative guidelines for termination of life support were clarified. A standardized sequence and guidance of removal of life-sustaining measures were added. The nursing documentation expectation and guidance for patients who require transfer out of the ICU after withdrawal of life-sustaining measures were updated.
910.11 v2				X	Referral or Transfer of a Patient Who is Requesting End of Life Options	
920					PATIENT RIGHTS	COMPLAINTS, CONFLICTS
920.01 v2				X	Patient's Rights - Resolution of Conflicts	
920.02 v6		X			Patient Rights - Management of Complaints, Grievances	The policy revisions include updates to the process for complaints and grievances pertaining to Medical Staff.
1000					COMPLIANCE	GENERAL
1000.01 v3				X	Compliance Program – General	
1000.02 v3				X	Compliance Program Elements	
1000.03 v4				X	Compliance Reporting Process – Anonymous Reporting	
1000.04 v1				X	Employee Code of Conduct	
1000.05 v5				X	Billing and Claims Reimbursement Policy	
1000.06 v4			X		Coding Practices	
1000.07 v4			X		Uses and Disclosures of Protected Health Information	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
1000.08 v1				X	Access, Amendment and Accounting for Disclosures	
1000.09 v2				X	Procedures for Accounting for Disclosures of Protected Health Information	
1000.10 v7			X		Facsimile Transmission Management and Security	
1000.11 v1				X	Disclosures of Protected Health Information to Physician Corporations For Billing Purposes	
1000.12 v4			X		Business Associates – Protected Health Information (PHI)	
1000.13 v2				X	Uses and Disclosures of Protected Health Information for Marketing Purposes	
1000.14 v3		X			Minimum Necessary Restrictions	Updated language from Meditech to EHR.
1000.15 v2				X	Notice of Privacy Practices	
1000.16 v3			X		Communication of Protected Health Information	
1000.17 v3			X		Mitigation of Privacy & Security Violations	
1000.18 v3				X	Organizational Ethics	
1000.19 v3				X	Statement of Economic Interest (Form 700)	
1000.20 v3				X	Charge Description Master (CDM)	
1000.21 v4				X	Establishing CDM Prices	
1000.22 v2			X		Using Protected Health Information for Training and Educational Purposes	
1000.23 v3			X		Federal and State False Claims Act	
1000.24 v2			X		Vendor Relations – Acceptance of Gifts and Other Business Courtesies	
1000.25 v2			X		De-Identification of Protected Health Information	
1000.26 v1				X	Use and Disclosure of Protected Health Information for Research	
1000.27 v2			X		Removal of Protected Health Information from Hospital Premise	
1000.28 v2			X		Privacy Complaints	

**ARROWHEAD REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES AND PROCEDURES
2022-2024 SUMMARY OF POLICY REVISIONS**

Policy #	New	Major	Minor	Reviewed	Policy Title	Explanation (New and Major Only)
1000.29 v2				X	Compliance Officer/Reporting to the Joint Conference Committee (Board)	
1000.30 v1				X	Conflict of Interest – Prevention of	
1000.31 v1				X	Anti-Kickback and Stark Laws	
1000.32 v1				X	Personal Representative of Patients	
1000.33 v2			X		Health Information Exchange	
1000.34 v2			X		Uses and Disclosures of Decedent Information	
1000.35 v2				X	Breach Notification	
1000.36 v2			X		Disclosures of Protected Health Information to Law Enforcement	
1000.37 v1				X	Verification of Identity and Authority to Disclose Protected Health Information	
1000.38 v2			X		Disclosure of Patient Information to Family and Friends	
1000.39 v1				X	Patient Directory	
1000.40 v2			X		Patient Privacy Protections	
1000.41 v1				X	Use and Disclosure of Patient Information for Fundraising	
1000.42 v2			X		Uses And Disclosures Of Protected Health Information That Require Authorization	
1000.43 v2			X		Use and Disclosure of HIV Test Results	