



**SCURRY COUNTY HOSPITAL DISTRICT
GOVERNING BOARD NOTICE OF MEETING
Wednesday, November 4, 2020 | 8:00 am**

Hospital Administrative Board Room, 1700 Cogdell Blvd., Snyder, Texas

MISSION	VISION
<i>To provide compassionate, high quality healthcare to the patients we serve and to improve healthcare and healing within our community.</i>	<i>To be the Regional Healthcare System of choice for patients, physicians and employees.</i>

The purpose of this meeting is to discuss and, as necessary, act on the agenda items enumerated below.

Conflict of Interest Statement

I. Introduction

A. Call to Order

R. Riggan

B. Invocation

C. Announcements/Public Comment

R. Riggan

Receive

II. Meeting Minutes

Minutes from September 30, 2020 Meeting

R. Riggan

Review > Approve

III. Old Business

A. Board Self-Evaluation

E. Helms, CEO

Receive Information

B. Texas Healthcare Trustees Training - December 10, 2020 2:00-4:30pm

E. Helms, CEO

Receive Information

IV. New Business

A. Medical Staff Report

D. Kerr, MD

Review > Approve

B. Credentialing

D. Kerr, MD

Review > Approve

1. New Appointments

a. Michelle Hicks, DO (Envision)

b. Ammar, Taha MD (Direct Radiology)

2. Reappointments

a. David Blann, MD (Gynecology - Specialty Clinic)

b. Brett Gallagher, CRNA (Anesthesiology)

C. COVID-19 Situation Report

D. Kerr, MD

Inform

D. Mission Moment - Respiratory Therapy

Patsy Parmer, RRT

Inform

E. Documents/Policies/Forms

1. Individual Policies/Documents

E. Helms, CEO

Review > Approve

a. ORG 1.ORG.SM.1471 Family Leave Expansion & Emergency Paid Sick Leave Policy - FFCRA Coronavirus

2. Policy Manuals

K. Hanley, RN

Review > Approve

a. ORG 340B Program Policies and Procedures (Reviewed; no revisions.)

b. ORG Financial Services (See attached for revision notes.)

c. ORG Information Services (Reviewed; no revisions.)

d. ORG Materials Management/Central Supply (Reviewed; no revisions.)

e. ORG Medical Records Service (Reviewed; no revisions.)

f. PRS Care Mgmt (Discharge Planning & Utilization Review) (See attached for revision notes.)

g. PRS Patient Rights (See attached for revision notes.)

h. PTC Clinics (Reviewed; no revisions.)

i. PTC Emergency & Trauma Services, Forensic Nursing (See attached for revision notes.)

j. PTC Medication Management (See attached for revision notes.)

F. Resolutions

E. Helms, CEO

Review > Approve

Resolution authorizing the issuance of Scurry County Hospital District revenue bonds, Series 2020; prescribing the terms and provisions thereof; making provisions for the payment of interest thereon and the principal thereof; authorizing the sale thereof; and containing other provisions related to the subject

Resolution adopted by Scurry County Hospital District regarding declaration of official intent to Section 1.150-2 of the treasury regulations to reimburse for expenditures

G. Reports (Other Committees/Meetings)

1. Finance Report - Financial Report

J. Everett, CFO

Receive > Approve

2. Nursing Report - Monthly Update

K. Goodwin, RN

Inform

3. Quality Management

K. Hanley, RN

Inform

a. Quality, Risk & Regulatory Update

b. Committee Reports

4. Administration Report

E. Helms, CEO

Inform

H. Announcements

V. Board to convene in executive session pursuant to:

R. Riggan

Section 161.032(b) of the Texas Health and Safety Code, Re: Receive and Discuss Quality Assurance Report

Section 551.074 of the Texas Health and Safety Code, RE: Personnel Matters

VI. Board to convene in open session and take action if needed on matter discussed in Executive Session

VII. Meeting Finalization

R. Riggan

Next meeting scheduled for December 9, 2020.

VIII. Adjourn

R. Riggan

**SCURRY COUNTY HOSPITAL DISTRICT
GOVERNING BOARD MEETING RECORD OF MEETING**

Wednesday, September 30, 2020 | 8:00 am

Hospital Administrative Board Room, 1700 Cogdell Blvd., Snyder, Texas

MISSION	VISION
<i>To provide compassionate, high quality healthcare to the patients we serve and to improve healthcare and healing within our community.</i>	<i>To be the Regional Healthcare System of choice for patients, physicians and employees.</i>

The purpose of this meeting is to discuss and, as necessary, act on the agenda items enumerated below.

Conflict of Interest Statement

Board Members Present	Cogdell Staff Present	Others Present	Absent
Jason Cave, OD Bennie Marricle Andrea Martini Loretta McCravey Judy Moss Russell Riggan Mike Tyrrell	Ella Helms, CEO John Everett, COO Kristi Hanley, RN, CQO Kathy Goodwin, RN, CNO Bill Dickinson, Lab Rose Ragland, Admin Asst.	Kris Messick, RN, TTU Student Roger Kline, Snyder Daily News	David Kerr, MD (Detained w/ patient care)

I. Introduction

A. Call to Order

R. Riggan

The meeting was called to order at 8:00 am.

B. Invocation

Invocation provided by Jason Cave.

C. Announcements/Public Comment

R. Riggan

Ms. Goodwin introduced Kris Messick, RN (flight nurse with Native Air and relief nurse for Cogdell) and explained that he is attending today's meeting for a course requirement of his nurse practitioner program at Texas Tech.

II. Meeting Minutes

Minutes from August 26, 2020 Meeting

R. Riggan

Meeting minutes from August 26, 2020 were presented. Ms. Moss motioned to approve the minutes as presented. Mr. Marricle seconded the motion. Motion carried.

III. Old Business

No unresolved business was carried forward.

IV. New Business

A. Mission Moment - Laboratory Services

B. Dickinson, MT(ASCP)

Mission Moment was moved to the top of New Business. Today's Mission Moment is provided by Bill Dickinson, Lab Services Director. Mr. Dickinson explained that the lab's usual "behind-the-scenes" clinical support has been brought to the forefront by the COVID-19 pandemic as testing is essential to managing COVID-19 and, hopefully, mitigating negative consequences. The lab's workload has significantly increased with additional training requirements, increased volumes, staffing the drive-through and collecting specimens. The staff's efforts during this time have been extraordinary. Early on in the pandemic, Cogdell's lab worked to negotiate partnerships for processing our COVID-19 specimens to provide greater access to testing for this community, then began working to get results for COVID send-out tests to doctors and patients faster. For the past several months, we've been able to offer in-house testing with results typically available within 15-20 minutes. Now, the lab is excited to be able to offer direct access (without a doctor's order) testing to the community.

Mr. Dickinson expressed gratitude to the Board for their support which has allowed the lab the resources needed to be able to provide an extensive amount of tests in-house for our clinicians and this community.

Ms. Helms praised Mr. Dickinson and his staff for their "can-do" attitude and extensive efforts to care for our community during this challenging time.

B. Medical Staff Report

No report was received as Dr. Kerr was unavoidably detained with patient care.

C. Credentialing

1. New Appointments

- a. Lisa Hughes, MD (Direct Radiology)
- b. Michael Rozenfeld, DO (Direct Radiology)
- c. Manjula Mudduluru, MD (Children's Health)

2. Re-Appointment

a. William Eugene Winn, Jr. MD (Lubbock Radiology)

Mr. Everett presented the credentialing packets forwarded by Dr. Kerr for the Board's consideration. At its August 18, 2020 meeting, the medical staff voted to recommend membership and privileges as requested for all providers noted on the Board's agenda. Ms. Moss motioned that all appointments and reappointments be approved. Ms. McCravey seconded the motion. Motion carried.

D. COVID-19 Updates

Ms. Goodwin reported that we have been experiencing a sharp increase in COVID-19 activity over the past few weeks. Cogdell is now averaging 90 - 100 COVID tests per day, identifying 10-15 new cases each day in the community and have had to re-open our COVID Unit to care for those requiring hospitalization. The highly variable nature of our situation has made staffing challenging. Required exclusion of staff from work due to illness and/or quarantine is placing considerable strain on our resources. Cogdell remains able to provide the PPE needed to keep staff safe at present thanks to the persistence of our Central Supply Director, Iva Haywood. Ms. Goodwin also noted how important rapid testing and the lab's efforts have been in keeping our staff safe and helping to preserve our workforce and ability to care for the community.

Ms. Helms added that Cogdell is encouraging those with COVID-19 concerns (potential exposure or symptoms) who are relatively healthy, to call ahead rather than just coming to directly to the emergency room to help reduce additional risk of exposure and prevent delays for those in need of urgent or emergent care.

Mr. Everett stated, when you add it all up with PPE, testing supplies, testing, telehealth technology and extra equipment to allow quarantined staff to work remotely, Cogdell has spent over two million on COVID since March. Ms. Helms reported that, while we have already spent a lot of money on COVID, given the spike in activity over the past couple of weeks, we will need to spend some of the government COVID money to obtain additional PPE supplies, additional staffing and for modification of some of our rooms for negative pressure capability.

Ms. Helms fielded a question posed by the Board about the severity of illness among those presenting with COVID. She explained that as larger hospitals in surrounding areas have become saturated, our physicians are getting some push-back with transfers. We are keeping patients who would have been transferred to a higher level of care only a few weeks ago and expect this will continue.

E. Documents/Policies/Forms

1. Ambulatory (AM) (No changes. Summary sheet attached.)

2. Anesthesia Services (AS) (No changes. Summary sheet attached.)

3. Medical Imaging (See summary page for changes.)

a. Numed Policies and Procedures Manual, Version 05.01.2018 (See attached introduction and table of contents.)

4. Perinatal Services (PN) (See summary page for changes.)

5. Quality Management (See summary page for changes.)

6. Surgical Services (SS) (See summary page for changes.)

7. Staffing Management/Medical Staff/Nursing Staff

a. Required certifications for Cogdell staff (New.)

8. Corporate Compliance - HIPPA (See summary page for changes.)

The new Required Certification for Cogdell Staff policy and all policies contained in the above noted manuals were presented for review and approval. Ms. McCravey motioned to approve all as presented. Mr. Tyrell seconded the motion. Motion passed.

F. Ratify/Approve Radiology Renovation

E. Helms, CEO

Ms. Helms presented the request to approval additional funds needed for the radiology renovation, specifically for an expanded, lead-lined space to house the new equipment. Bids have been received from contractors who specialize in construction of spaces for radiological equipment. The lowest bid received was for \$73,052 from Fry Construction. Ms. Helms reported that this is a reputable company who have completed work on Cogdell's MRI space previously. Mr. Riggan requested and received clarification from Mr. Everett that these funds would be paid out of the capital budget. Ms. Moss motioned to approve the request as presented. Ms. Martini seconded the motion. Motion passed.

G. Interlocal Agreement with SISD for housing rental

E. Helms, CEO

Ms. Helms reports that SISD may have need of temporary housing on occasion. This agreement provides an option to offer our units for rental if/when not needed by the hospital. Mr. Riggan inquired about current vacancy. Ms. Helms reported that two units were vacated recently and noted that the hospital has plans to keep one of the units available for intermittent use by contracted, non-local clinicians. Dr. Cave motioned to approve the agreement as presented. Mr. Tyrell seconded the motion. Motion passed.

H. Tax Deed

J. Everett, COO

1. R18113

2. R12280

Mr. Russell presented the tax deed transfers for approval. Dr. Cave made motioned to approve tax deeds as presented. Ms. Moss seconded the motion. Motion passed.

I. Discuss Date for November/December 2020 Finance & Board Meetings		E. Helms, CEO
<i>Ms. Helms presented the option of moving the last board meeting of the year to December 9th. Following a brief discussion, Ms. Moss motioned to move the last meeting of the year to December 9th. Andrea seconded the motion. Motion passed.</i>		
J. Board Self Evaluation		E. Helms, CEO
<i>Ms. Helms provided information regarding an on-line self evaluation for board members through Texas Hospital Trustees and asked if this board would like to participate. After a brief discussion, Mr. Riggan stated the board is willing to participate in the self-evaluation process through Texas Health Trustees. Ms. Helms will provide information about how to access the self-evaluations.</i>		
K. Reports (Other Committees/Meetings)		
1. Finance Report - Financial Report		J. Everett, COO
<i>Mr. Everett presented the financial report. The month of August shows \$2.7 million profit. This reflects inclusion of the Payroll Protection funds into the operating income per the recommendation of our auditors. Volumes are in line with last year. Financial reports now breakout telehealth visits and walk-in clinic visits from in-person family clinic visits. Also, the report reflects that, as mentioned previously, we are now able to bill for COVID-19 testing performed in-house as we have received our own supply Abbott ID Now test kits (in addition to the kits allocated by the State which cannot be billed).</i>		
2. Nursing Report - Monthly Update		K. Goodwin, RN
<i>Ms. Goodwin was called away to attend to an urgent issue. Ms. Hanley presented the nursing report in her stead. Ms. Hanley reported that Ms. Goodwin has been doing a phenomenal job keeping Cogdell staffed during a very challenging time and the nursing staff have been really great about stepping up and being flexible, cross-training and providing coverage where needed with the ever-changing situation. As the pandemic continues, the need for agency nurses is increasing. Demand is high nation-wide making it difficult to find contract nurses and, with the increased demand, we are seeing a significant increase in agency rates. This is unfortunate and every effort is being made to be financially prudent; however, we expect to incur increased staffing costs in order to provide safe care as the pandemic progresses.</i>		
3. Quality Management		K. Hanley, RN
<ul style="list-style-type: none"> a. <i>Quality, Risk & Regulatory Update</i> b. <i>Committee Reports</i> 		
<i>Ms. Hanley reported that, despite ongoing pandemic challenges, metrics have remained stable overall. Modest improvements were observed in ED throughput for arrival to triage, door to doc and length of stay. However, our hospital-wide, all-cause 30-Day readmit rate is beginning to creep up, but remains well under the national average. We've been able to resume our regular QAPI meeting schedule and are moving forward with quality initiatives and survey readiness.</i>		
4. Administration Report		E. Helms, CEO
<i>Information communicated previously in the meeting.</i>		
L. Announcements		
<i>The board convened in executive session @ 8:35 am.</i>		
V. Board to convene in executive session pursuant to		R. Riggan
<ul style="list-style-type: none"> A. <i>Section 161.032(b) of the Texas Health and Safety Code, Re: Receive and Discuss Quality Assurance Report</i> B. <i>Section 551.074 of the Texas Health and Safety Code, RE: Personnel Matters</i> 		
VI. Board to convene in open session and take action, if needed, on matter(s) discussed in executive session		
<i>The board reconvened into open session @ 8:42 am. with no action taken from the closed session.</i>		
VII. Meeting Finalization		R. Riggan
Next meeting scheduled for October 28, 2020.		
VIII. Adjourn		R. Riggan
<i>The board adjourned at 8:43 am</i>		

These minutes have been reviewed and approved by the Board of Directors.

Russell Riggan, President of the Board

Date

Virtual Board Education Program

In partnership with the State Office of Rural Health, Texas Healthcare Trustees will offer FREE regional board education workshops for rural trustees and leadership designed to:

- Take a deep dive into the issues facing rural hospitals with governance experts
- Deliver high-quality education with continuing education credit
- Provide a safe (virtual) location for trustees to meet!

Join rural trustees for a live, interactive workshop specifically tailored to your geographic region! While this program is aimed at supporting rural hospital trustees and leadership, we welcome trustees from all across the state to join us.

In this session, we will cover:

- Governance Best Practices
- Top Trends in Healthcare: 2021
- Board/CEO Relations
- Advocacy Issues at the State and National Level

Registrants will also receive:

- Rural Hospital Finance Webinar (1 Hour)
- The Board's Role in Quality & Patient Safety Webinar (1 Hour)
- Rural Public Hospital Issues Webinar (1 Hour)
- THT Guidebooks on Quality & Patient Safety and Finance & Reimbursement
- THT's Healthcare Terms and Abbreviations

PANHANDLE REGION

Thursday, December 10, 2:00-4:30 p.m. CT

Faculty

- **Kevin Reed**, J.D., Reed Claymon Meeker Hargett LLC
- **Susannah Ramshaw**, Trustee Programs and Engagement, Texas Healthcare Trustees
- **John Henderson**, President & CEO, TORCH
- **Regional Coordinators** from the State Office of Rural Health
- **Deborah Whitley**, BKD
- **Quang Ngo**, Vice President, TORCH
- **Karen Kendrick**, Vice President, Clinical Initiatives, THA
- **Jennifer Claymon**, J.D., Reed Claymon Meeker Hargett LLC
- **Robert Spurck**, J.D., Reed Claymon Meeker Hargett LLC

Continuing Education credits are eligible for THT's Certified Healthcare Trustee status.

Program contact:

Susannah Ramshaw
Trustee Programs and Engagement
Texas Healthcare Trustees
sramshaw@tcht.org
512/465-1015

Generously supported by:



State Office of Rural Health

Registration Link

<https://us02web.zoom.us/join/register/tZYsc--pqj8vHNHFScyBAGRBLaPPf6MNgGAV>

Date: 10/26/2020

Location: Admin Foyer

Time: 1315

Facilitator: Kathy Goodwin

Health Authority: Testing updates	Dr. Cooper	<p>All staff is reminded to be very diligent about all PPE, especially the wearing of masks. Staff is encouraged to take mask breaks throughout the day as possible, away from other people, and preferably outside.</p> <p>See algorithms on the portal in the toolbox under 'Return to Work Criteria'. School and Community RTW criteria has been added.</p> <p>Case counts in Scurry Co have INCREASED the last 4 weeks. Highest per day average to date.</p> <p>AS OF 10/23 396 NEW CASES; 6 DEATHS in LAST 4 WEEKS AVG of >14 NEW CASES PER DAY FOR LAST 4 WEEKS</p> <p>AS OF 9/25 (1 month ago): AVG of 8.21 NEW CASES PER DAY FOR 4 WEEKS 151 NEW CASES IN LAST 4 WEEKS AVG of 5.39 CASES PER DAY FOR 4 WEEKS</p> <p>10/25/2020 Total Cases 827 Deaths 12</p> <p>9/28/20 Total 441 Deaths 6</p> <p>8/28/2020 Total 290 Deaths 2</p>
Laboratory Testing	Bill	<p>Current inventory of rapid test kits = 624. 554 more expected by tomorrow. When we reach 350 rapid test kits, we will move back to using MGDx (send out lab) in order to maintain enough rapid tests for clinical decision making in house. Please see toolbox for more info. We are receiving shipments of the rapid test kits, but the quantity and delivery date are inconsistent. Please refer to the ABBOTT ID NOW RAPID TEST folder for current inventory and priority use protocol.</p> <p>Now offering DIRECT ACCESS TESTING: See TESTING INFO folder in toolbox</p>

Infection Control and Employee Health	Kristen	Managers and employees-if you become ill or have close, extended contact with a positive COVID person, please play it safe and go/stay home until you can be safely cleared to work. Remind staff it is their responsibility to communicate any illness or known close contact with a COVID case to employee health. The employee still has the responsibility to follow their normal call in procedure and communicate updates to their supervisor.
Supplies and Equipment	Iva, Bill Cooley	Iva is working on getting a minimum of 90 day supply for all PPE. IT is difficult to get gloves at this time. We did receive a few supplies from TORCH.
Emergency Mgmt. Surge Plan	Angie; Brandon, Kathy	
CVU and Inpatient Surge Plan	Kathy	CVU reopened in late September. We have had up to 7 COVID positive inpatients in house at one time. We have significantly decreased the number of COVID patients we have had to transfer out. We are working toward having more rooms available in the CVU. Conversion of several rooms on Med Surg to negative pressure began this week.
Clinical Staff Preparedness	Kathy	Evening STABLE class for PROVIDERS Nov 9 th 4-8 PM.
Regulatory Updates	Kristi	See tab in the toolbox under "Communication", and "QM-RM Updates".
Elective Surgery	Sarah Martin	GL- Due to Trauma Region B COVID hospitalizations being >15% for 7 consecutive days, we anticipate the Governor will order elective surgeries to be suspended. More info to come later today.
Visitation Policy	Kathy	Swing bed patients who are here for an extended period of time are now allowed two designated visitors per stay. Reminder: visitors are limited to one designated person per hospitalization. Restricted visitor policy remains in place. Video visits are being utilized and have been well-received. Clinical staff is encouraged to offer these video visits to patients and their families. There are cards available at the front desk with visitor policy and video visitation information.
Specialty Clinic	Stephanie Hoyle	No changes.
Drive Thru Testing	Irene	Portable building was delivered today to accommodate testing during the inclement weather. A heater will need to be installed in the building. Hours are 9-12 M-F 8-10 on Saturday. Every effort should be made to avoid testing outside of these times, as it disrupts workflow of the lab and clinic, and generally does not alter/delay the time tests are resulted.
Respiratory Clinic	Irene, Ali	Respiratory clinic continues to be suspended at this time. Will re-open if need arises
Staffing Plan-Med Staff	D Kerr	COVID MD schedule is on the House Supervisor phone calendar.
Staffing Plan-Nursing	Kathy	In the process of adding additional staff to accommodate additional patients, and especially COVID patients.
Front Desk Screening	Mary Paske	No changes

Environmental Controls	Renie, John	No changes
Auxiliary	Ella	No changes. Gift shop remains closed. There was be a one day sale for the gift shop inventory, to help the auxiliary recoup some of the costs of their inventory that has been sitting in the closed shop.
Internal Communication	Kathy	The COVID-19 Task Force is now meeting once per month instead of every other week. Meetings can be called if needed. Next meeting Nov 23rd. Huddles at 0900 WEDNESDAYS ONLY (excluding week of task force meetings). Comment boxes available. Paylocity survey available for comments. Med Staff meets only on the regularly scheduled Tuesday, unless a meeting is called. Weekly clinic meetings. Updates are being posted in the Coronavirus Toolbox.
City Emergency Management Group	Kathy	City officials/emergency management group call today.
PR/Public Communication	Lily	
Rehab/Wellness Center	Larry	No changes. Closed at this time.
Radiology	Lupe	No changes.
Respiratory	Patsy	Additional agency RTs will be in house covering the night shift (NOT on call)
Pharmacy	George	Remdesivir Current inventory: 47 vials Number of Vials Used since 9/30 73 All patients who receive Remdesivir need to have a registry/consent form completed. Form is found on the first page of the COVID Toolbox on the portal. George reported that Remdesivir is readily available to purchase.
Other		With bad weather this week, John E has offered to give rides to staff who need assistance. Please coordinate through the House Supervisor at 7292.
Next Meeting		Nov 23rd @1315
Adjourned	@ 1345	

PPE Inventory

Item (not assigned to staff)	Date: 10/26/2020															
	CS	Clinic	OB OR	ER	OB	MS	CVU	OR	RT	Rad	Lab	PT	HH & H	EVS	Other	TOTALS
N95s Masks	13360	44	57		53	6	60	28		50	20	10	28		43	13759
Simple Face Masks	69,039	55	290		175	40	105	250		50	100	20	200		150	70474
Simple Masks w/attached Face Shield	0	0	25		30	0	2	60		45	4	0	0		0	166
Goggles (very flexible)	0	2	3		8	20	11	6		0	2	0	11		2	65
Protective Glasses (harder)	299	8	0		15	20	20	4		9	4	0	6		0	385
Face Shields (handmade or other)	670	8	20		12	10	47	34		0	10	0	20		0	831
Isolation Gowns, Nonsterile	18550	20	100		67	20	130	105		19	15	0	90		0	19116
Surgical Gowns	48	0	90		10	0	2	740		0	0	2	0		0	892
Jumpsuits (impervious)	4,104	9			15	2	17			3	3	9	4		0	4166
Coveralls (not impervious)	0	15	5		0	0	105	36		0	0	0	34		0	195
Exam Gloves (boxes) - SMALL	39	16	11		22	20	6	16		5	0	2	4		0	141
Exam Gloves (boxes) - MEDIUM	96	19	10		28	22	6	11		5	10	2	3		0	207
Exam Gloves (boxes) - LARGE	96	8	12		29	22	5	23		4	4	2	5		0	170
Exam Gloves (boxes) - X-LARGE	19	0	2		2	17	4	10		0	0	2	0		0	56
Sterile Gloves (each) - Medium	0	110			301	4	11			0	0	0	0		0	426
Sterile Gloves (each) - Large	0	16			209	4	7			0	0	0	0		0	236
Bouffants (each)	3300	0	270		300	20	500	500		200	20	0	0		0	5110
Shoe covers (sets)	15000	6	115		54	0	230	225		100	0	2	70		0	15802
Boot Covers (sets)	65	0	113		19	0	27	250		25	0	0	0		0	499
Sani-Cloth Wipes (tubs)	204	5	5		7	5	10	1		6	0	39	3		0	285
Hand Sanitizers (wall dispensers)	210	0				24	18			5	0	8	4		0	269
Hand Sanitizers (wall dispenser refill)	308	0	1			0	1	2		0	0	8	7		0	327
Hand Sanitizers (individual)	78	12				4	7			0	0	0	15		0	116

10/26/2020

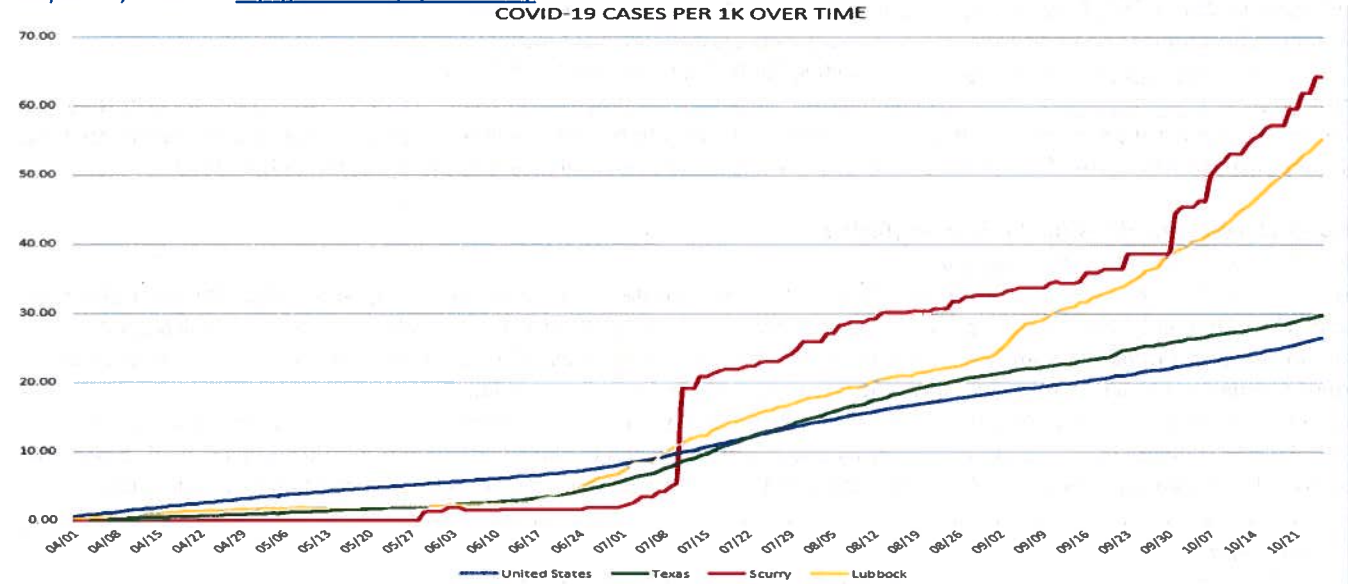
QM/RM COVID-19 UPDATE

Scurry	MONDAY 10/19/2020	TUESDAY 10/20/2020	WEDNESDAY 10/21/2020	THURSDAY 10/22/2020	FRIDAY 10/23/2020	SATURDAY 10/24/2020	SUNDAY 10/25/2020
Active Cases	98	103	119	130	132		
Recovered Cases	640	655	658	668	683		
Fatalities	12	12	12	12	12		
Total Cases	750	770	789	810	827		

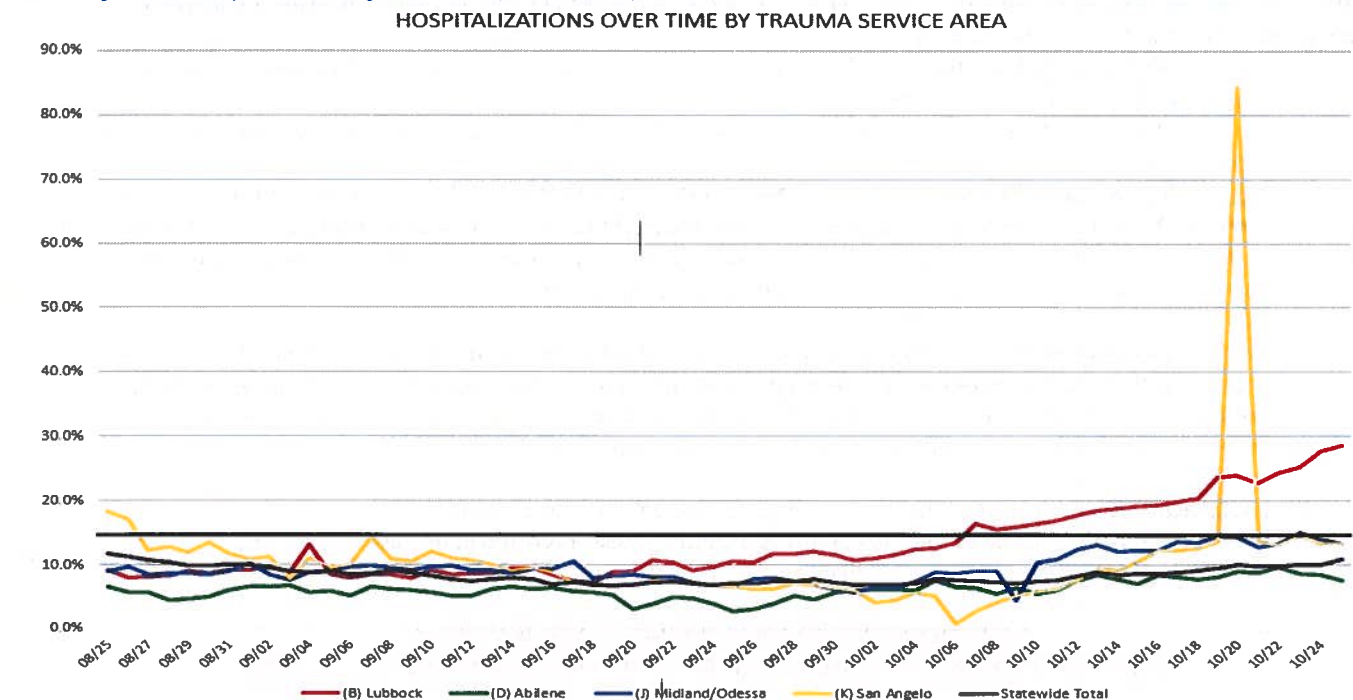
As reported by the Scurry County COVID-19 Resource Page <https://sites.google.com/snyderisd.net/scurry-county-covid19/home>

Texas	MONDAY 10/19/2020	TUESDAY 10/20/2020	WEDNESDAY 10/21/2020	THURSDAY 10/22/2020	FRIDAY 10/23/2020	SATURDAY 10/24/2020	SUNDAY 10/25/2020
Cumulative Cases	825,673	833,557	838,809	845,100	851,572	858,071	862,375
Daily New Cases	2,273	4,856	4,991	5,917	5,760	6,125	3,793
Cumulative Fatalities	17,486	17,498	17,503	17,504	17,504	17,504	.
Daily New Fatalities	24	12	5	1	0	0	.
Hospitalizations by Day	4,319	4,588	4,782	4,931	5,065	4,995	5,206

As reported by Texas DSHS <https://dshs.texas.gov/coronavirus/>



Data through 10/25/20 <https://dshs.texas.gov/coronavirus/additionaldata/>



COGDELL

Reminders

10/27 QMOC Meeting – 12:30am
11/04 Board Meeting – 8:00am

STATE

Texas Department of State Health Services (DSHS)

- **Hospitals and Healthcare Workers Page**
Last updated 10/22/20 <https://dshs.texas.gov/coronavirus/healthprof.aspx>
 - **Opening the State of Texas Page/Guidance**
Last updated 10/15/20 <https://dshs.texas.gov/coronavirus/opentexas.aspx#protocols>
 - **Minimum Recommended Health Protocols - many protocols updated 10/13/20.**
 - [All Employers and Event Organizers](#) (effective 10/14/2020, revised 10/13/2020)
 - **10/16/20 Dr. John Hellerstedt, commissioner of DSHS, issued an updated public health disaster in Texas,** because COVID 19 “continues to present an immediate threat, poses a high risk of death to a large number of people, and creates a substantial risk of public exposure because of the disease’s method of transmission and evidence that there is community spread in Texas.”
-

Texas Department of Health & Health Services (DHHS)

- [Guidance Letters & Frequently Asked Questions](#)
 - 10/25/20 [GL-20-1014](#) The Health and Human Services Commission (HHSC) adopted rules to implement Texas Health and Safety Code (HSC) Chapter 314A, authorizing certain hospitals to apply for a Certificate of Public Advantage (COPA), which grants merging hospitals immunity from federal and state antitrust laws. These rules, effective October 25, 2020, replace previously adopted emergency rules in Texas Administrative Code Title 26 (26 TAC), Chapter 567.
 - 10/19/20 [GL 20-1013](#) effective October 20, 2020, a currently licensed hospital is temporarily permitted to designate a specific part of the hospital for use as an off-site facility by another hospital, and to allow another currently licensed hospital to apply to use that designated space as an off-site facility under its license for inpatient care in response to the COVID-19 pandemic.
-

Office of the Governor

<https://irl.texas.gov/legaleaders/governors/displayDocs.cfm?qovdoctypeID=5&governorID=45>

- 10/08/20 [Disaster Declaration](#) extended for all Texas counties in response to COVID-19 (originally issued on March 13th).
- 10/08/20 Gov. Abbott issued the following:
 - [Executive Order GA-32](#) (effective 10/14/20) to reopen certain venues to 75% capacity and allow resumption of elective surgeries in certain counties.
 - Counties that reside in [Trauma Service Areas \(TSAs\)](#) with high COVID-19 hospitalizations are excluded from these reopenings.
 - **High COVID-19 Hospitalizations** means any Trauma Service Area that has had seven consecutive days in which the number of COVID-19 hospitalized patients as a percentage of total hospital capacity exceeds 15 percent, until such time as the Trauma Service Area has seven consecutive days in which the number of COVID-19 hospitalized patients as a percentage of total hospital capacity is 15 percent or less.
 - **ALSO**, in areas with high hospitalizations, any business establishment that otherwise would have a 75 percent occupancy or operating limit may operate at up to only 50 percent. This paragraph does not apply, however, to business establishments located in a county that has filed with DSHS, and is in compliance with, the requisite attestation form promulgated by DSHS regarding minimal cases of COVID-19.
 - **EXCEPTION** - A county within a TSA that has high hospitalizations may still reopen up to 75% if
 - the county has fewer than 30 confirmed COVID-19 cases reported in the last 14 days, and
 - the judge submits a certification of certain other criteria (the attestation process).

**TSA-B (LUBBOCK) HAS MET THE 7-DAY >15% THRESHOLD.
SCURRY COUNTY HAS HAD > 30 CONFIRMED COVID-19 CASES OVER THE LAST 14 DAYS.**

FEDERAL

Centers for Disease Control (CDC)

- Many **guidance/information revisions/updates** issued including, but not limited to the following:
<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
 - [COVID-19 Science Update released: October 23, 2020](#) Friday, October 23, 2020
 - [Evaluation and Management Considerations for Neonates At Risk for COVID-19](#) Friday, October 23, 2020
 - [If You Are Pregnant, Breastfeeding, or Caring for Young Children](#) Friday, October 23, 2020
 - [Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers](#) Thursday, October 22, 2020
 - [Data on COVID-19 during Pregnancy](#) Thursday, October 22, 2020
 - [SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces](#) Wednesday, October 21, 2020
 - [Investigating and responding to COVID-19 cases in non-healthcare work settings](#) Wednesday, October 21, 2020
 - [Public Health Guidance for Community-Related Exposure](#) Wednesday, October 21, 2020

Revisions made on October 21, 2020

- Updated language for the close contact definition.

Close Contact

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define "close contact;" however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

Centers for Medicare & Medicaid Services (CMS)

- **Current Emergencies: Coronavirus Disease 2019**
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- **09/30/2020 Blanket Waivers updated**
<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>
- **Guidance Updates**
 - [Frequently Asked Questions to Assist Medicare Providers \(PDF\)](#) UPDATED (10/20/20)
 - [Medicare Telehealth Frequently Asked Questions \(PDF\)](#) (now included in all-inclusive FAQs) UPDATED (10/20/20)
 - [Enforcement Discretion Relating to Certain Pharmacy Billing \(PDF\)](#) (10/16/20)
 - [Fact sheet: Expansion of the Accelerated and Advance Payments Program for Providers and Suppliers During COVID-19 Emergency \(PDF\)](#) UPDATED (10/8/20)
 - [Accelerated and Advance Payments Program FAQ \(PDF\)](#) (10/8/20)

- [COVID-19 Data Element Reporting Requirements and Enforcement Process for Hospitals and Critical Access Hospitals Interim Final Rule \(IFC\), CMS-3401-IFC \(10/6/20\)](#)
- [Guidance related to the Emergency Preparedness Testing Exercise Requirements- Coronavirus Disease 2019 \(COVID-19\) \(9/30/20\)](#)

Food & Drug Administration (FDA)

- **10/22/2020** [Coronavirus \(COVID-19\) Update: Daily Roundup](#)
 - FDA [approved](#) Veklury (remdesivir), the first drug approved to treat COVID-19, for use in adults and pediatric patients (12 years of age and older and weighing at least 40 kg) for the treatment of COVID-19 requiring hospitalization. Veklury should only be administered in a hospital or in a healthcare setting capable of providing acute care comparable to inpatient hospital care. The FDA revised the Emergency Use Authorization (EUA) for Veklury to remove those uses that are now approved under Gilead's New Drug Application (NDA). The EUA for Veklury continues to authorize Veklury for emergency use by licensed healthcare providers for the treatment of suspected or laboratory-confirmed COVID-19 in hospitalized pediatric patients weighing 3.5 kg to less than 40 kg or hospitalized pediatric patients less than 12 years of age weighing at least 3.5 kg.
 - **10/25/20** 283 tests are authorized by FDA under EUAs; these include 221 molecular tests, 56 antibody tests, and 6 antigen tests.
-

COVID-19 IS ON THE RISE IN OUR COMMUNITY.

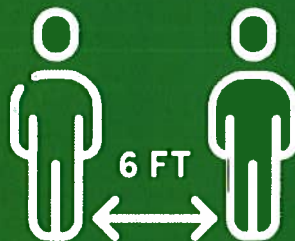
Throughout the community, people are doing their part to take personal responsibility in preventing the spread of COVID-19.

WEAR A MASK



#COVIDStopsWithMe

**SOCIAL
DISTANCE AND
AVOID LARGE
CROWDS**




#COVIDStopsWithMe

**FOLLOW
TESTING,
ISOLATION AND
QUARANTINE
GUIDELINES**



#COVIDStopsWithMe

#COVIDStopsWithMe

 Cogdell MEMORIAL HOSPITAL	HOSPITAL DISTRICT DOCUMENTS FMLA LEAVE EXPANSION AND EMERGENCY PAID SICK LEAVE POLICY - CORONAVIRUS 1.ORG.SM HR 1.47.1
SECTION: ORGANIZATION	SUBJECT: STAFFING MANAGEMENT

I. Title

Family Leave Expansion and Emergency Paid Sick Leave Policy – FFCRA Coronavirus.

II. Statement of Purpose

To comply with the Families First Coronavirus Response Act and to assist employees affected by the COVID-19 outbreak with job-protected leave and pay, where applicable. This policy will be in effect from September 16, 2020 until December 31, 2020. Our existing FMLA leave policy still applies to all other FMLA-qualifying reasons for leave outside of this policy.

III. Expanded FMLA Leave Policy

Employee Eligibility

All current employees who have been employed with Cogdell Memorial Hospital for at least 30 days and are actively scheduled for work are eligible for leave under this policy.

Employees laid off or otherwise terminated on or after March 1, 2020, who are rehired on or before December 31, 2020, are eligible for leave upon reinstatement if they had previously been employed with Cogdell Memorial Hospital for 30 or more of the 60 calendar days prior to their layoff or termination.

A. CHILDCARE LEAVE

Eligible employees may request leave due to a need to care for their child when a school or place of care has been closed, or when the regular child care provider is unavailable due to a public health emergency with respect to COVID-19.

"Child" means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

"Child care provider" means a provider who receives compensation for providing child care services on a regular basis, including:

- A center-based child care provider.
- A group home child care provider.
- A family child care provider (one individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, and in a private residence).

- Other licensed provider of childcare services for compensation.
- A childcare provider that is 18 years of age or older who provides child care services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece or nephew of such provider, at the direction of the parent.

"School" means an elementary or secondary school.

Duration of Leave

Employees will have up to 12 weeks of leave to use from September 16, 2020, through December 31, 2020, for the purposes stated above. This time is included in and not in addition to the total FMLA leave entitlement of 12 weeks in a 12-month period.

For example, if an employee has already taken 6 weeks of FMLA leave, that employee would be eligible for another 6 weeks of FMLA leave under this policy.

Increments & Intermittent Use of Leave

Employees may take expanded FMLA leave intermittently and in any increment agreed to with their Director and HR. For example, an employee may only need 4 hours per day of leave to care for his or her child or may only need to do so on Tuesdays and Thursdays. Directors, HR and employees are expected to be flexible in scheduling wherever possible.

Pay During Leave

Leave will be unpaid for the first 10 days of leave; however, employees may use accrued paid vacation during this time. The employee may also elect to use the paid leave provided under the Emergency Paid Sick Leave Act, as further explained below.

After the first 10 days, employees will be required to use any accrued vacation leave for the number of hours the employee would otherwise be scheduled to work. Should an employee's accrued vacation leave exhaust, any additional leave taken will be paid at two-thirds of an employee's regular rate of pay. Pay will not exceed \$200 per day and \$10,000 in total, or \$12,000 in total if using emergency paid sick leave for the first two weeks. Any unused portion of this pay will not carry over to the next year.]

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

- If the employee has worked 6 months or more, the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type.
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire.

Employee Status and Benefits During Leave

While an employee is on leave, the company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium. During any unpaid portions of leave, the employee must continue to make this payment per instructions from the HR department.

If the employee contributes to AFLAC or a life insurance plan, the employer will continue making payroll deductions while the employee is on paid leave. During any portion of unpaid leave, the employee must continue to make this payment per instructions from the HR department.

Procedure for Requesting Leave

All employees requesting FMLA leave must provide written notice of the need for leave to the HR manager as soon as practicable. Verbal notice will otherwise be accepted until written notice can be provided.

Notice of the need for leave must include:

- The name and age of the child or children being cared for.
- The name of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons.
- Provide a copy of the closure notice from the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons.
- A statement representing that no other suitable person is available to care for the child or children during the period of requested leave. For children over the age of 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

On a basis that does not discriminate against employees on FMLA leave, Cogdell Memorial Hospital will require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.

Employee Status After Leave

Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. Cogdell Memorial Hospital may choose to exempt certain key employees from this requirement and not return them to the same or similar position when doing so will cause substantial and grievous economic injury to business operations. Key employees will be given written notice at the time FMLA leave is requested of their status as a key employee.

Please contact the HR department with any questions.

B. EMERGENCY PAID SICK LEAVE**Eligibility**

All current full- and part-time employees unable to work (or telework) due to one of the following reasons for leave:

1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to either number 1 or 2 above.
5. The employee is caring for his or her child if the school or place of care of the child has been closed, or the child care provider of such child is unavailable, due to COVID-19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the secretary of health and human services in consultation with the secretary of the treasury and the secretary of labor.

"Child" means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- Under 18 years of age.
- 18 or older and incapable of self-care because of a mental or physical disability.

"Individual" means an immediate family member, roommate or similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she self-quarantined or was quarantined. Additionally, the individual being cared for must: a) be subject to a federal, state or local quarantine or isolation order as described above; or b) have been advised by a health care provider to self-quarantine based on a belief that he or she has COVID-19, may have COVID-19 or is particularly vulnerable to COVID-19.

Refusal to Test

An employee who is asked to test but refuses must demonstrate a religious or disability based exception to testing. If after evaluation by Human Resources, it is found that there is no basis for religious or disability exception, the employee *will not* be entitled to use PTO or ETO and instead will be on unpaid leave during the quarantine. Employees who refuse to test may also be subject to other disciplinary action up to and including termination.

Amount of Paid Sick Leave

All eligible full-time employees will have up to 80 hours of paid sick leave available to use for the qualifying reasons above. Eligible part-time employees are entitled to the number of hours worked, on average, over a two-week period. Any AdminETO hours prior to the effective date of this policy will count toward the 80 hours of available paid sick leave. For example, an employee received 40 hours of AdminETO under HR policy 1.33.1 would be eligible for to receive 40 more hours of paid sick leave.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

- If the employee has worked 6 months or more, the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type.
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire.

Increments and Intermittent Use of Leave

When working from home, employees may take emergency paid sick leave intermittently and in any increment agreed to with their Director. As in the example for FMLA leave, an employee may only need 4 hours per day of leave to care for his or her child or may only need to do so on Tuesdays and Thursdays. Directors, HR and employees are expected to be flexible in scheduling wherever possible.

For those not teleworking and currently working onsite, an employee may only take intermittent leave for reason 5 above, to care for his or her child when the school or place of care is closed, or the caregiver is unavailable due to COVID-19-related reasons. Per the regulations, as all other reasons for emergency paid sick leave could potentially expose an employee or others in the workplace to the virus, employees taking leave for reasons 1-4 or 6 above must either use the full amount of paid sick leave or use it in full-day increments until the reason for leave is over and it is safe for the employee to return to work.

Rate of Pay

Emergency sick leave will be paid at the employee's regular rate of pay, or minimum wage, whichever is greater, for leave taken for reasons 1-3 above. Employees taking leave for reasons 4-6 will be compensated at two-thirds their regular rate of pay, or two-thirds of the applicable federal or state minimum wage, whichever is greater. Pay will not exceed:

- \$511 per day and \$5,110 in total for leave taken for reasons 1-3 above.
- \$200 per day and \$2,000 in total for leave taken for reasons 4-6 above.

Interaction with Other Paid Leave

The employee may use emergency paid sick leave under this policy before using any other accrued paid time off for the qualifying reasons stated above.

Employees on expanded FMLA leave under this policy may use emergency paid sick leave concurrently with that leave. Emergency paid sick leave may also be used when an employee is on leave under traditional FMLA for his or her own COVID-19-related serious health condition or to care for a qualified family member with such a condition.

Procedure for Requesting Emergency Paid Sick Leave

Employees must notify their Director and the HR Director of the need and specific reason for leave under this policy either prior to leave or as soon as possible after leave commences. A form will be provided to all employees on the company

intranet and/or in a manner accessible to all. Verbal notification will be accepted until practicable to provide written notice.

Documentation supporting the need for leave must be included with the leave request form, such as:

- A copy of the federal, state or local quarantine or isolation order related to COVID-19 applicable to the employee or the name of the government entity that issued the order.
- Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 or the name of the provider who advised the employee.
- The name and relation of the individual the employee is taking leave to care for who is subject to a quarantine or isolation order or is advised to self-quarantine.
- The name and age of the child or children being cared for; the name of the school, place of care, or child care provider that closed or became unavailable; provide a copy of the closure notice from the school, place of care, or child care provider that closed or became unavailable; and a statement that no other suitable person is available to care for the child during the period of requested leave.
 - For children over age 14, a statement indicating the special circumstances that require the employee to provide care during daylight hours.

Once emergency paid sick leave has begun, the employee and his or her Director and HR must determine reasonable procedures for the employee to report periodically on the employee's status and intent to continue to receive paid sick time.

Carryover

Paid emergency sick leave under this policy will not be provided beyond December 31, 2020. Any unused paid sick leave will not carry over to the next year or be paid out to employees.

Job Protections

No employee who appropriately utilizes emergency paid sick leave under this policy will be discharged, disciplined or discriminated against for use of this leave.

IV. Definitions

FFCRA – Families First Coronavirus Response Act: Requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from the effective date through December 31, 2020.

V. Relevant Federal and State Statutes

<https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>

VI. Related CMH Documents

HR Policy 1.47 Family and Medical Leave; HR Policy 1.33 PTO-ETO; HR Policy 1.33.1 PTO-ETO COVID19

VII. Dates Approved or Amended

Include origination date, dates of major or minor revisions and dates reviewed without changes.

<i>Originated:</i>	<i>Effective:</i>
<i>10/20/2020</i>	<i>9/16/2020</i>

VIII. Contact Information

Belinda Kerr – Human Resources

EFFECTIVE (MM/YY)	REVISED (MM/YY)	REVIEWED W/O REVISION (MM/YY)	CURRENT DOC ID	CURRENT DOC TITLE	DOC SUBMISSION TYPE	ACTION REQUESTED	DATE SUBMITTED (MM/DD/YY)
12/20	n/a	10/20	1.ORG.FO.0340	340B PROGRAM POLICY & PROCEDURE MANUAL	REVIEWED W/O REVISION	APPROVE	11/04/20

EFFECTIVE (MM/YY)	REVISED (MM/YY)	REVIEWED W/O REVISION (MM/YY)	CURRENT DOC ID	CURRENT DOC TITLE	DOC SUBMISSION TYPE	CORRECT TEMPLATE	DOC DATES CORRECT	ACTION REQUESTED	DATE SUBMITTED (MM/DD/YY)
10/20	05/19		1.ORG.FP.1016	Confidentiality Practices	REVISED	YES	YES	APPROVE	11/04/20
Removed duplicative information, added references for policies and addressing employee confidentiality and agreement forms, edited policy name to better reflect content.									
10/20	05/19		1.ORG.FP.1037	Patient Self Determination Act	OBSOLETE	NA	NA	RETIRE	11/04/20
Policy content incomplete, redundant. Content fully addressed addressed in 1.PRS.PR.0201 patient Rights and Responsibilities and 1.PRS.PR.0300 Advance Directives.									
10/20	05/19		1.ORG.FP.	Policy Statement	OBSOLETE	NA	NA	RETIRE	11/04/20
Policy content incomplete, not relevant.									
10/20	05/19		1.ORG.FP.1052	Sterilization Consent Requirements for Medicaid Patients	REVISED	YES	YES	APPROVE	11/04/20
Removed duplicative information, added reference for policy1.PRS.PR.0500 Consent addressing and excerpt from Section V of 1.PRS.PR.0500 Consent, edited policy name to better reflect content.									
-	-	10/20	1.ORG.FP.1001	Accounts Receivable Reporting	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1002	Admission	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1003	Admission-Registration QA Review	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1004	Automated Collection Follow-Up System	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1005	Bad Debt Placement	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1006	Bad Debt Write-Off	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1007	Balancing Cash to Daily Deposit	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1008	Canceled Admissions and Registrations	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1009	Cash Posting	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1010	Census Balancing	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1011	Charity Policy	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1012	Courtesy Discharge	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1013	Credit Balances and Refunds	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1014	Daily Cashier Reconciliation and Recap	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1015	Determination of Guarantor	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1017	Incoming Correspondence	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1018	Inpatient Admissions	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1019	Instructions for Completion of AR Weekly Activity and Assessment Re	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1020	Insurance Verification	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1021	Late Charges	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1022	Medically Indigent Care	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1023	Medicare Bad Debts	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1024	Medicare Continued Stay Notice of Non-Coverage	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1025	Medicare Credit Balance Reporting	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1026	Medicare Denials	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1027	Medicare Non-Coverage Service Notification	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1028	Medicare Non-Use of Lifetime Reserve Days	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1029	Medicare Pre-Admission Testing	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1030	Medicare Re-Admission and Transfers	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1031	Medicare Secondary Payer Credit Balances	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20



**ORGANIZATION
FINANCIAL SERVICES: PATIENT**

**ANNUAL DOCUMENT REVIEW
2020**

-	-	10/20	1.ORG.FP.1032	Numeric Admission Type Code for UB 92 Medical and Medical Record	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1033	Observation	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1034	Outpatient and Emergency Registration	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1035	Over-the-Counter Collections	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1036	Patient Discharge	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1038	Personal Injury-Worker's Comp Liens	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1039	Pre-Admission	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1040	Pre-Certification - Pre-Authorization Notification	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1041	Primary Electronic Insurance Filing	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1042	Primary Manual Insurance Filing	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1043	Reasonable-Customary or Usual-Customary Denials-Payments by Con	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1044	Reasonable-Customary or Usual-Customary Denials-Payments by Wo	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1045	Recurring Outpatients	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1046	Registration Quality Assessment	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1047	Request for Records of a Medicare Beneficiary	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1048	Returned Checks	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1049	Roster Claims for Mass Immunization Flu Vaccines	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1050	Secondary and Supplemental Insurance Billing	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1051	Self Pay Collections	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1053	Third Party Audits	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1054	Third Party Collections	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1055	Unidentified Payments	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20
-	-	10/20	1.ORG.FP.1056	Variable Deposit	REVIEWED W/O REVISION	YES	YES	APPROVE	11/04/20

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10/14	n/a	10/20	1.ORG.IS.0001	Acceptable Use	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0002	Audit Control Standard	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0003	Authentication Standard	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0004	Business Continuity	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0005	Computer Hardware and Software Asset Tracking	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0006	Data Sanitization and Equipment Disposal	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0007	Data Storage and Backup	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0008	Electronic Communications	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0009	Encryption	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0010	Encryption Standard	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0011	Facility HIPAA Security Officer	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0012	Granting and Revoking Access Privileges	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0013	Identification Standard	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0014	Information Security Agreement	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0015	Information Systems Security Program	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0016	IT Risk Assessment	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0017	Malicious Software Protection	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0018	Mobile Devices	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0019	Patch Management Standard	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0020	Personal Responsibilities for Security	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0021	Physical Access and Environmental Control	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0022	Remote Use of CMH Information Systems	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0023	Removable Media	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0024	Security Awareness and Training	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0025	Security Incident Reporting and Response	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0026	System Use Notification Standard	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0027	Systems Monitoring and Security Assessment	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0028	User Access and Identification Badge	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0029	User Access Identification and Authentication	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0030	Website	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0031	Wireless Security	REVIEWED W/O REVISION	APPROVE	11/04/20
10/14	n/a	10/20	1.ORG.IS.0032	Workstation Security	REVIEWED W/O REVISION	APPROVE	11/04/20

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CS 1.0	10/87	11/99	10/20	CS 1.0	Central Supply Purpose and Function	REVIEWED W/O REVISION	Approve	11/04/20
CS 3.1	10/87	11/99	10/20	CS 3.1	Employee Competency	REVIEWED W/O REVISION	Approve	11/04/20
CS 4.0	10/87	10/14	10/20	CS 4.0	Dress Code	REVIEWED W/O REVISION	Approve	11/04/20
CS 5.0	10/87	11/99	10/20	CS 5.0	Functional Design and Work Flow Patterns	REVIEWED W/O REVISION	Approve	11/04/20
CS 6.0	10/87	10/14	10/20	CS 6.0	Vendor Samples	REVIEWED W/O REVISION	Approve	11/04/20
CS 7.0	10/87	11/17	10/20	CS 7.0	Quality Control Monitoring for Sterilization	REVIEWED W/O REVISION	Approve	11/04/20
CS 9.0	10/87	11/17	10/20	CS 9.0	Orientation Program for CS Technicians	REVIEWED W/O REVISION	Approve	11/04/20
CS 10.0	10/87	10/14	10/20	CS 10.0	Wrapping Materials and Techniques	REVIEWED W/O REVISION	Approve	11/04/20
CS 11.0	10/87	10/14	10/20	CS 11.0	Vendor Visitations	REVIEWED W/O REVISION	Approve	11/04/20
CS 12.0	10/87	10/14	10/20	CS 12.0	Cleaning and Care of Carts	REVIEWED W/O REVISION	Approve	11/04/20
CS 13.0	10/87	10/14	10/20	CS 13.0	Acquisition of Supplies After Normal Working Hours	REVIEWED W/O REVISION	Approve	11/04/20
CS 14.0	04/88	10/14	10/20	CS 14.0	Price Validation	REVIEWED W/O REVISION	Approve	11/04/20
CS 15.0	10/87	11/99	10/20	CS 15.0	Vendor Selection	REVIEWED W/O REVISION	Approve	11/04/20
CS 16.0	12/89	11/99	10/20	CS 16.0	Code Red	REVIEWED W/O REVISION	Approve	11/04/20
CS 17.0	10/87	11/99	10/20	CS 17.0	Disaster Plan	REVIEWED W/O REVISION	Approve	11/04/20
CS 18.0	10/87	10/14	10/20	CS 18.0	Quality Control Monitoring for Patient Use Equipment	REVIEWED W/O REVISION	Approve	11/04/20
CS 20.0	10/87	11/99	10/20	CS 20.0	Quality Control for New Equipment Safety	REVIEWED W/O REVISION	Approve	11/04/20
CS 20.1	10/87	11/99	10/20	CS 20.1	Quality Control Assurance Standard	REVIEWED W/O REVISION	Approve	11/04/20
CS 21.0	04/89	11/99	10/20	CS 21.0	Acquisition of Equipment and Supplies Pertinent to Infection Control	REVIEWED W/O REVISION	Approve	11/04/20
CS 22.0	04/97	11/99	10/20	CS 22.0	Negotiations	REVIEWED W/O REVISION	Approve	11/04/20
CS 23.0	03/91	11/17	10/20	CS 23.0	Loan of Equipment and Materials	REVIEWED W/O REVISION	Approve	11/04/20
PUR 1.0	10/87	11/99	10/20	PUR 1.0	Purchasing Policy Manual	REVIEWED W/O REVISION	Approve	11/04/20
PUR 3.5	09/89	11/99	10/20	PUR 3.5	Discrepancies	REVIEWED W/O REVISION	Approve	11/04/20
PUR 4.0	10/87	11/99	10/20	PUR 4.0	Contract Negotiations	REVIEWED W/O REVISION	Approve	11/04/20
PUR 5.0	10/87	11/99	10/20	PUR 5.0	Purchasing Law	REVIEWED W/O REVISION	Approve	11/04/20
PUR 6.0	10/87	11/99	10/20	PUR 6.0	Product Recall	REVIEWED W/O REVISION	Approve	11/04/20
PUR 7.0	10/87	11/99	10/20	PUR 7.0	Freight Costs	REVIEWED W/O REVISION	Approve	11/04/20
PUR 8.0	10/87	11/99	10/20	PUR 8.0	Steam Sterilization	REVIEWED W/O REVISION	Approve	11/04/20
PUR 9.0	10/87	11/99	10/20	PUR 9.0	Contracting Program	REVIEWED W/O REVISION	Approve	11/04/20
PUR 10.0	10/87	11/99	10/20	PUR 10.0	Vendor Relations	REVIEWED W/O REVISION	Approve	11/04/20
PUR 11.0	10/87	11/99	10/20	PUR 11.0	Physical Inventory	REVIEWED W/O REVISION	Approve	11/04/20
PUR 12.0	10/87	11/99	10/20	PUR 12.0	Material Returned to Vendor	REVIEWED W/O REVISION	Approve	11/04/20
PUR 13.0	10/87	11/99	10/20	PUR 13.0	Conflict of Interest	REVIEWED W/O REVISION	Approve	11/04/20
PUR 14.0	10/87	11/99	10/20	PUR 14.0	Instrument Cleaning and Reprocessing	REVIEWED W/O REVISION	Approve	11/04/20
PUR 15.0	10/87	11/99	10/20	PUR 15.0	Purchasing Purpose and Function	REVIEWED W/O REVISION	Approve	11/04/20
PUR 16.0	10/87	11/99	10/20	PUR 16.0	Vendor Obligation	REVIEWED W/O REVISION	Approve	11/04/20
PUR 17.0	10/87	11/99	10/20	PUR 17.0	Bids and Quotations - Processing	REVIEWED W/O REVISION	Approve	11/04/20
PUR 18.0	10/87	11/99	10/20	PUR 18.0	Bids and Quotations - Evaluations	REVIEWED W/O REVISION	Approve	11/04/20
PUR 19.0	10/87	11/99	10/20	PUR 19.0	Selection, Storage, Handling, and Disposition of Disposable Items	REVIEWED W/O REVISION	Approve	11/04/20



ORGANIZATION
CENTRAL SUPPLY - MATERIALS MGMT

ANNUAL DOCUMENT REVIEW
2020

PUR 20.0	10/87	11/99	10/20	PUR 20.0	Purchasing Department Files	REVIEWED W/O REVISION	Approve	11/04/20
PUR 21.0	10/87	11/99	10/20	PUR 21.0	Maintaining Emergency Adult and Pediatric Crash Carts	REVIEWED W/O REVISION	Approve	11/04/20
PUR 22.0	10/87	11/99	10/20	PUR 22.0	Legal Considerations	REVIEWED W/O REVISION	Approve	11/04/20
PUR 23.0	10/87	11/99	10/20	PUR 23.0	Inspections and Defects	REVIEWED W/O REVISION	Approve	11/04/20
PUR 24.0	10/87	11/99	10/20	PUR 24.0	Contract Formation	REVIEWED W/O REVISION	Approve	11/04/20
PUR 25.0	10/87	11/99	10/20	PUR 25.0	Antitrust Laws	REVIEWED W/O REVISION	Approve	11/04/20
PUR 26.0	10/87	11/99	10/20	PUR 26.0	Blanket (Standing) Purchase Orders	REVIEWED W/O REVISION	Approve	11/04/20
PUR 27.0	10/87	11/99	10/20	PUR 27.0	Confidentiality	REVIEWED W/O REVISION	Approve	11/04/20
PUR 28.0	10/87	11/99	10/20	PUR 28.0	Ethical Practices	REVIEWED W/O REVISION	Approve	11/04/20
PUR 29.0	10/87	11/99	10/20	PUR 29.0	Gifts and Gratuities	REVIEWED W/O REVISION	Approve	11/04/20
PUR 30.0	10/87	11/99	10/20	PUR 30.0	Supply Distribution	REVIEWED W/O REVISION	Approve	11/04/20
PUR 31.0	10/87	07/04	10/20	PUR 31.0	Delegation of Commitment Authority and Coordination and Control of Purchasing and Accounts Payable	REVIEWED W/O REVISION	Approve	11/04/20
PUR 32.0	10/87	11/99	10/20	PUR 32.0	Purchase Order Terms and Conditions	REVIEWED W/O REVISION	Approve	11/04/20
PUR 33.0	10/87	11/99	10/20	PUR 33.0	Hazardous Receiving	REVIEWED W/O REVISION	Approve	11/04/20
PUR 34.0	09/89	11/17	10/20	PUR 34.0	Patient Useable Equipment	REVIEWED W/O REVISION	Approve	11/04/20

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1001	n/a	10/17	10/20	1.ORG.MR.1001	Scope of Service	REVIEWED W/O REVISION	APPROVE	11/04/20
1003	n/a	10/17	10/20	1.ORG.MR.1002	Confidentiality and Release of Medical Record Information	REVIEWED W/O REVISION	APPROVE	11/04/20
1018	n/a	10/17	10/20	1.ORG.MR.1003	Birth Registrar	REVIEWED W/O REVISION	APPROVE	11/04/20
1019	n/a	10/17	10/20	1.ORG.MR.1004	Hospital Statistics	REVIEWED W/O REVISION	APPROVE	11/04/20
1023	n/a	10/17	10/20	1.ORG.MR.1005	Abstracting	REVIEWED W/O REVISION	APPROVE	11/04/20
1024	n/a	10/17	10/20	1.ORG.MR.1006	Coding of Medical Records	REVIEWED W/O REVISION	APPROVE	11/04/20
1026	n/a	10/17	10/20	1.ORG.MR.1007	Medical Records Filed as Incomplete	REVIEWED W/O REVISION	APPROVE	11/04/20
1031	04/88	02/06	10/20	1.ORG.MR.1008	Access and Maintenance of the Electronic Health Record	REVIEWED W/O REVISION	APPROVE	11/04/20
1032	n/a	10/17	10/20	1.ORG.MR.1009	Retention of Records	REVIEWED W/O REVISION	APPROVE	11/04/20
1033	n/a	10/17	10/20	1.ORG.MR.1010	Secure Filing of Medical Records	REVIEWED W/O REVISION	APPROVE	11/04/20
1034	n/a	10/17	10/20	1.ORG.MR.1011	Response to a Subpoena for Medical Records	REVIEWED W/O REVISION	APPROVE	11/04/20
1035	n/a	10/17	10/20	1.ORG.MR.1012	Certificate of No Record	REVIEWED W/O REVISION	APPROVE	11/04/20
1038	n/a	n/a	10/20	1.ORG.MR.1013	Medical Records Destroyed by Man-Made or Natural Disaster	REVIEWED W/O REVISION	APPROVE	11/04/20
1042	n/a	n/a	10/20	1.ORG.MR.1014	Physicians Suspension Policy for Delinquent and Incomplete Med	REVIEWED W/O REVISION	APPROVE	11/04/20
1043	n/a	10/17	10/20	1.ORG.MR.1015	Delinquent Medical Records	REVIEWED W/O REVISION	APPROVE	11/04/20
1044	n/a	n/a	10/20	1.ORG.MR.1016	Ownership of Medical Records	REVIEWED W/O REVISION	APPROVE	11/04/20
1046	n/a	10/17	10/20	1.ORG.MR.1017	Medical Record Guidelines for Physicians	REVIEWED W/O REVISION	APPROVE	11/04/20
1047	n/a	n/a	10/20	1.ORG.MR.1018	Medical Record Content Policy	REVIEWED W/O REVISION	APPROVE	11/04/20
1048	n/a	n/a	10/20	1.ORG.MR.1019	Entries in the Medical Record	REVIEWED W/O REVISION	APPROVE	11/04/20
1051	04/97	03/03	10/20	1.ORG.MR.1020	Addendum to the Electronic Health Record	REVIEWED W/O REVISION	APPROVE	11/04/20
1064	n/a	10/17	10/20	1.ORG.MR.1021	Monitoring the Medical Record for Acceptable Abbreviations	REVIEWED W/O REVISION	APPROVE	11/04/20
1071	07/96	03/03	10/20	1.ORG.MR.1022	Performance Improvement Plan	REVIEWED W/O REVISION	APPROVE	11/04/20
1079	n/a	n/a	10/20	1.ORG.MR.1023	Inservices	REVIEWED W/O REVISION	APPROVE	11/04/20

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CARE MANAGEMENT								
1040	12/96	10/20	10/19	1.PRS.CM.0010	UTILIZATION REVIEW PLAN	REVISED	Approve	11/04/20
Revised to reflect committee change from Pharmacy & Therapeutics to Care Coordination and Revenue Cycle.								
1072	01/91	10/20	10/19	1.PRS.CM.0020	DISCHARGE PLANNING	REVISED	Approve	11/04/20
Revised to incorporate CMS/DNV regulatory changes, especially with regard to provision of data re: Post-Acute Care (PACs) providers to patients.								
1077	01/91	10/20	10/19	NA	GUIDELINES FOR DISCHARGE PLANNING ACROSS THE CONTINUUM	OBSOLETE	Retire	11/04/20
Duplicated content. Retire								

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PATIENT RIGHTS								
NA	12/20	NA	NA	1.PRS.PR.0100	NONDISCRIMINATION	NEW	Approve	11/04/20
Added to address Section 1557 of the Affordable Care Act.								
NA	12/20	NA	NA	1.PRS.PR.0200	SPECIFIC RIGHTS	NEW	Approve	11/04/20
Added to serve as a coordinating policy for all specific rights policies currently in effect.								
1046	04/88	12/20	05/19	1.PRS.PR.0201	PATIENT RIGHTS AND RESPONSIBILITIES	REVISED	Approve	11/04/20
Revised to include OCR information and complaint procedure.								
1.PRS.PR.2.2	04/18	12/20	05/19	1.PRS.PR.0300	ADVANCE DIRECTIVES (INC DNR)	REVISED	Approve	11/04/20
Composite policy created to reflect Texas Advance Directive Act structure. Added information to better address ADs/DNRs for patients undergoing procedures requiring anesthesia.								
	07/19	NA	10/20	3.PRS.PR.0301	IN-HOSPITAL DNR ORDER REQUEST/CONSENT FORM	REIDENTIFIED	Approve	11/04/20
NA	12/20	NA	NA	3.PRS.PR.0302	ADVANCE DIRECTIVE ACKNOWLEDGEMENT FOR PATIENTS UNDERGOING PROCEDURES REQUIRING ANESTHESIA	NEW	Approve	11/04/20
Added form to document patient acknowledgement of Cogdell's practices related to ADs/DNRs for patients undergoing procedures requiring anesthesia.								
1.ORG.PR.4.1	04/88	12/18	10/20	1.PRS.PR.0400	LANGUAGE AND COMMUNICATION: PATIENT-CENTERED COMMUNICATION	REIDENTIFIED	Approve	11/04/20
5.ORG.PR.4.1(c)	12/18	NA	10/20	3.PRS.PR.0401	LANGUAGE AND COMMUNICATION: AVAILABLE LANGUAGES	REIDENTIFIED	Approve	11/04/20
5.ORG.PR.4.1(b)	12/18	NA	10/20	3.PRS.PR.0402	LANGUAGE AND COMMUNICATION: MARTII INSTRUCTION	REIDENTIFIED	Approve	11/04/20
1.ORG.PR.4.2	04/85	12/18	10/20	1.PRS.PR.0500	CONSENT	REIDENTIFIED	Approve	11/04/20
~	U	U	10/20	3.PRS.PR.0500	Conditions of Admission and Authorization for Medical Tre	REIDENTIFIED	Approve	11/04/20
5.ORG.PR.2.2(B) (EN	10/19	NA	10/20	3.PRS.PR.0501	Disclosure and Consent: Anesthesia and/or Perioperative I	REIDENTIFIED	Approve	11/04/20
5.ORG.PR.2.2(B) (ES	10/19	NA	10/20	3.PRS.PR.0502	Disclosure and Consent: Anesthesia and/or Perioperative I	REIDENTIFIED	Approve	11/04/20
5.ORG.PR.2.2(A) (EN	10/19	NA	10/20	3.PRS.PR.0503	Disclosure and Consent: Medical and Surgical Procedures (REIDENTIFIED	Approve	11/04/20
5.ORG.PR.2.2(A) (ES	10/19	NA	10/20	3.PRS.PR.0504	Disclosure and Consent: Medical and Surgical Procedure: REIDENTIFIED	REIDENTIFIED	Approve	11/04/20
5.ORG.PR.2.2(A) (EN	10/19	NA	10/20	3.PRS.PR.0505	Disclosure and Consent: Medical and Surgical Procedures	REIDENTIFIED	Approve	11/04/20
1056	02/91	12/20	05/19	1.PRS.PR.0600	GRIEVANCES: PATIENT/FAMILY	REVISED	Approve	11/04/20
Revised to align with NIAHO's definition of grievance, staff present and to delineate require elements of written communication response to greivance.								
1.PRS.PR.6	01/17	12/20	05/19	1.PRS.PR.0700	RESTRAINTS AND SECLUSION	REVISED	Approve	11/04/20
Revised to provide clarification about restraint orders, timelines for verification and instructions for discontinuance prior to 1-hour face-to-face evaluation.								
~	01/17	~	10/20	2.PRS.PR.0701	NON-VIOLENT RESTRAINT PROCESS MAP	REIDENTIFIED	Approve	11/04/20
~	01/17	10/20	05/19	2.PRS.PR.0702	VIOLENT RESTRAINT PROCESS MAP	REVISED	Approve	11/04/20
Instruction box on bottom left of page revised to more clearly reflect alignment with policy.								
~	01/17	10/20	05/19	3.PRS.PR.0700	WORK INSTRUCTIONS	REVISED	Approve	11/04/20
Revised to provide additional instructions about requirements for chemical restraints, especially with regard to monitoring.								
~	01/17	~	10/20	3.PRS.PR.0701	NON-VIOLENT RESTRAINT CHECKLIST	REIDENTIFIED	Approve	11/04/20
~	01/17	~	10/20	3.PRS.PR.0702	VIOLENT RESTRAINT CHECKLIST	REIDENTIFIED	Approve	11/04/20
~	01/17	~	10/20	3.PRS.PR.0703	NON-VIOLENT RESTRAINT ORDERS	REIDENTIFIED	Approve	11/04/20
~	01/17	~	10/20	3.PRS.PR.0704	VIOLENT RESTRAINT ORDERS	REIDENTIFIED	Approve	11/04/20
~	01/17	~	10/20	3.PRS.PR.0705	RESTRAINT ASSESSMENT	REIDENTIFIED	Approve	11/04/20
~	01/17	~	10/20	3.PRS.PR.0706	NON-VIOLENT RESTRAINT FLOWSHEET	REIDENTIFIED	Approve	11/04/20

~	01/17	~	10/20	3.PRS.PR.0707	VIOLENT RESTRAINT FLOWSHEET	REIDENTIFIED	Approve	11/04/20
~	01/17	12/20	05/19	3.PRS.PR.0708	RESTRAINT LOG	REVISED	Approve	11/04/20
Revised to include field to document shift initiated.								
~	01/17	~	10/20	3.PRS.PR.0709	RESTRAINT CASE REVIEW FORM	REIDENTIFIED	Approve	11/04/20
~	01/17	05/20	10/20	3.PRS.PR.0710	TRAINING	REIDENTIFIED	Approve	11/04/20
NA	12/20	NA	NA	1.PRS.PR.0800	SAFE ENVIRONMENT - SUICIDE RISK (In Progress)	NEW	Approve	11/04/20
Added to address requirements of PE.1, SR.1 regarding the physical environment as it relates to patient safety and well-being, particularly locations where patients at risk of suicide are identified.								
NA	12/20	NA	NA	1.PRS.PR.0900	UNCATEGORIZED RIGHTS	NEW	Approve	11/04/20
Added to serve as a coordinating policy for all uncategorized rights policies currently in effect.								
1.PRS.PR.2.9	~		10/20	1.PRS.PR.0901	PATIENT ABSENCE	REIDENTIFIED	Approve	11/04/20
1.PRS.PR.9.3	05/19	11/19	10/20	1.PRS.PR.0902	SERVICE ANIMALS	REIDENTIFIED	Approve	11/04/20
1061	04/13	10/20	05/19	1.PRS.PR.1000	VISITATION: PATIENT/FAMILY	REVISED	Approve	11/04/20
Revised to better reflect language/definitions/requirements of Section 1557 of the Affordable Care Act.								

Clinic Policy & Procedures - No changes 10/2020

ABDOMINAL ULTRASOUND IN PREGNANCY
ACCESS DURING OPEN HOURS
ADMINISTRATION OF MEDICATIONS
AFTER HOURS ACCESS AND CARE
ALLERGY INJECTIONS
APPOINTMENT CANCELLATIONS
APPOINTMENT FOLLOW UPS
APPOINTMENT FOLLOW-UP PROCEDURE
APPOINTMENT NO-SHOW NOTIFICATION
APPOINTMENT NO-SHOWS
APPOINTMENT SCHEDULING
APPOINTMENT STATUS
BLOOD PRESSURE CHECKS - NURSE VISIT
CHLAMYDIA SCREENING
CIRCUMCISION
CLEANING BABY SCALES
CLINIC NURSING TEAM COMPETENCY TOOL
CLINIC PATIENT CHART DOCUMENTATION
CLINICAL DECISION SUPPORT TOOLS
CONSENT TO SURGERY OF THERAPEUTIC PROCEDURES
CONTROLLED SUBSTANCE DOCUMENTATION
COUMADIN/PROTIME FOLLOW UP
CRYOSURGERY
CURETTAGE AND ELECTRODESICCATION
CYST ASPIRATION
DELETING PATIENT APPOINTMENTS
DEPO-PROVERA CONSENT
DEPO-PROVERA INJECTIONS
DERMAL SURGERY
DESIGNATED PRIMARY CARE CLINICIAN
DESIGNATION OF DECEASED PATIENT'S CLINIC CHARTS
DOCUMENTATION OF INJECTIONS
DOCUMENTATION OF PHONE CALLS
EAR FOREIGN BODY REMOVAL
EAR LAVAGE
EARLY ARRIVALS FOR PATIENT APPOINTMENTS
EMERGENCY SUPPLIES
E-PRESCRIBING
EXTENDED PATIENT WAIT TIMES
EYE CULTURE
EYE FOREIGN BODY REMOVAL
FINANCIAL WAIVER FOR DEPO-PROVERA
FOLLOW UP PATIENT APPOINTMENTS
FUTURE APPOINTMENT PREPARATION
GLUCOSE WAIVED TESTING MONITORING
GONORRHEA SCREENING
HAND WASHING
HEALTH EDUCATION FOR PATIENTS

HEMOCCULT TESTING
HERPES SCREENING
HOURS OF OPERATION
INCISION AND DRAINAGE OF INFECTED BARTHOLIN CYST
IUD INSERTION
IUD REMOVAL
LABELING AND TRANSPORTING OF LAB SPECIMENS
LACERATIONS
LICENSED VOCATIONAL PRACTICAL NURSES CLINIC
MEDICAL ASSISTANTS CLINIC
MEDICAL PROVIDERS ON SITE DURING POSITED PATIENT CARE HOURS
MEDICAL RECORD STANDARDS
MEDICATION PATIENT INFORMATION AND RECONCILIATION
NARCOTIC DRUG DISPENSATION RECORD
NOSE FOREIGN BODY REMOVAL
NURSING PERSONNEL COMPETENCY
OBTAINING SPECIMEN FOR WET MOUNT
ORDERS FOR ROUTINE INJECTIONS
ORGANIZATIONAL CHART
OWNERSHIP OF RHC
PARENTERAL ADMINISTRATION OF MEDICATIONS
PATIENT CARE EMERGENCIES
PATIENT INSTRUCTION IN ADMINISTRATION OF SUBCUTANEOUS INJECTIONS
PATIENT NOTIFICATION OF ABNORMAL LAB X-RAY RESULTS
PATIENT PROBLEM LIST FORM
PEDIATRIC HEAD CIRCUMFERENCE MEASUREMENT
PHARMACEUTICALS
PHONE SCREENING
PPD - MANTOUX TEST ADMINISTRATION
PRACTITIONER ACKNOWLEDGEMENT OF DIAGNOSTIC RESULTS AND CONSULTATIONS
PRESCRIPTION MEDICATION RECORD
PROCEDURE SCHEDULING
PROVIDER CHAPERONE DURING INVASIVE PROCEDURES
PULSE OXIMETRY
REFUSAL OF TREATMENT
REFUSAL TO PERMIT MEDICAL TREATMENT FORM
REGISTERED NURSES CLINIC
REMINDER CALLS FOR PATIENT APPOINTMENTS
REPORTABLE COMMUNICABLE DISEASE
REQUIRED RHC TESTING EQUIPMENT AND SUPPLIES
RESPIRATORY HYGIENE AND COUGH ETIQUETTE IN HEALTHCARE SETTINGS
RHC CHART CONTENTS
RHC NPI AND INDIVIDUAL PROVIDER NPI
RHC REGULATORY REQUIREMENT REFERENCES
ROUTINE VACCINE STORAGE AND HANDLING PLAN
SAFETY AND DISASTER PREPAREDNESS
SAME DAY 24 HOUR APPOINTMENTS
SAMPLE MEDICATIONS - PHYSICIAN OFFICES
SCREENING PATIENT

SICK CHILD RECHECK VISIT
SICK CHILD VISIT
SKIN BIOPSIES - PUNCH EXCISIONS AND SHAVES
STAFF MEETINGS
SUPERVISING PHYSICIAN COLLABORATIVE AGREEMENT AND MID-LEVEL SCOPE OF PRACTICE
SUSPECTED DOMESTIC ABUSE REPORTING
THERMOSCAN INSTANT THERMOMETER
THROAT CULTURES
TRANSFERRING CARE OF PATIENT'S TO ANOTHER PRACTITIONER
TRANSVAGINAL ULTRASOUND
TRIGGER POINT INJECTIONS
TYMPANOGRAM
URINE DIP STICK - CLEAN CATCH
URINE TESTING FOR PATIENTS
URINE TESTING ON OB PATIENTS
VAGINAL BIOPSY
VISUAL ACUITY TEST
VITALS AND PATIENT STATISTICS COLLECTION
VULVAR BIOPSY
WAIT LIST FOR PATIENT APPOINTMENTS
WAIVED TESTING
WELL INFANT CHILD CHECK-UP (BIRTH - 3 YEARS)

No changes to 2020 policy

	TITLE	STATUS	ED FOR DOCUMENT, REVISION OR REVIEW SUMMARY OF REVISION	REQUEST ED ACTION
	Administration Resolution of Support	REVISED	update signatures	APPROVE
	Admission and Emergency Record	No Change		REVIEW
	Admission to the Emergency Department	No Change		REVIEW
	Certified Paramedics and EMT Intermediate Employees of Scurry County	No Change	update signatures	APPROVE
	Cogdell Letter of Participation	REVISED	updated date	APPROVE
1037	Communicable Infections	No Change		REVIEW
	Consent - Written and Implied	No Change		REVIEW
1083	Dead on Arrival	No Change		REVIEW
1005	Departmental Operations	No Change		REVIEW
	EKG Overreads	REVISED	change quantity of review?	APPROVE
	Emergency Department Capabilities	No Change		REVIEW
	Emergency Department Staff Pattern	No Change		REVIEW
	Emergency Department Standards of Care	No Change		REVIEW
	Emergency Department Triage	No Change		REVIEW
	Emergency Medical Technicians (EMT) Students at Cogdell Memorial Hospital	No Change		REVIEW
	Emergency Medical Treatment and Labor Act (EMTALA): Guidelines	No Change		REVIEW
	Emergency Treatment of Minors	No Change		REVIEW
	Fundamental Standard of Care	No Change		REVIEW
	Governing Body Resolution of Support	REVISED	update signatures	APPROVE
	Hospital Diversion	No Change		REVIEW
	Management of Disagreements Regarding Patient Disposition in the Emergency Department	No Change		REVIEW
	Medical Staff Resolution of Support	REVISED	update signatures	APPROVE
	Obstetrical Triage	No Change		REVIEW
	Patient and Visitor Safety	No Change		REVIEW
	Patient Registration	No Change		REVIEW
	Patient Rights and Responsibilities	No Change		REVIEW
	Pediatric Rights and Responsibilities of Parents/Guardians	No Change		REVIEW
1039	Photographing/Video Taping Patients	No Change		REVIEW
1036	Police Reports	No Change		REVIEW
	Purpose and Objective of the Emergency Department	No Change		REVIEW
1086	Resolution of Potential Conflict with Staff Member's Cultural, Ethnic or Religious Beliefs	No Change		REVIEW
	Scope of Service - Emergency Department	No Change		REVIEW
	Scurry County Trauma System	No Change		REVIEW
1079	Standard Precautions and Use of Personal Protective Equipment	No Change		REVIEW
	Trauma Patient Admission Criteria	No Change		REVIEW
	Trauma Patient Registry Inclusion Criteria	No Change		REVIEW
1043	Trauma Patient Transfer Policy	No Change		REVIEW
	Trauma Quality Assurance Process Improvement Plan	No Change		REVIEW
	Trauma Team Activation Guidelines and Activation Levels	No Change		REVIEW
	Trauma Team Resuscitation	No Change		REVIEW
	Trauma Team Roles and Responsibilities	No Change		REVIEW
	Trauma Triage	No Change		REVIEW

Forensic Records and Evidence Custodian	New	Initial document needed to maintain chain of custody	Approve
Jurisdictional Management of Evidence	New	Initial document needed top ensure standard evidence collection	Approve
Admitting ED	New	Basic standardized instruction for admitting a SANE patient	Approve
Admitting non acute (scheduled)	New	Basic standardized instruction for admitting a SANE patient	Approve
Assault TDCJ	New	Basic standardized instruction for admitting a SANE patient from TD	Approve
Assault County Jail	New	Basic standardized instruction for admitting a SANE patient from Jail	Approve
Clinic Forensic Exam- Acute	New	Basic standardized instruction for admitting a SANE patient from clinic	Approve
Clinic Forensic Exam- non acute	New	Basic standardized instruction for admitting a SANE patient from clinic	Approve
ED Nurse Adult Forensic Exam	New	Standard protocol for treatment and notification of SANE nurse	Approve
ED nurse Adult Forensic Exam non report	New	Standard protocol for treatment and notification of SANE nurse	Approve
ED nurse PEDI Acute	New	Standard protocol for treatment and notification of SANE nurse	Approve
ED nurse Forensic Exam PEDI non acute	New	Standard protocol for treatment and notification of SANE nurse	Approve
SISD Forensic Exam PEDI- Acute	New	Standard protocol for treatment and notification of SANE nurse	Approve
SISD Forensic Exam PEDI- non acute	New	Standard protocol for treatment and notification of SANE nurse	Approve
Suspect Exam- Duty of Law Enforcement	New	Standard protocol for treatment and notification of SANE nurse	Approve
Suspect Exam-Duty of County Jail	New	Standard protocol for treatment and notification of SANE nurse	Approve
Suspect Exam- Duty of TDCJ	New	Standard protocol for treatment and notification of SANE nurse	Approve
Forensic Evidence Collection	New	Standard protocol for evience collection	approve
Post Mortem Evidence Collection	New	Standard protocol for evidence collection	Approve
Forensic Photography	New	Protocol for photographic evidence collection	Approve
Standing Delegation Order	New	Medication orders and lab request for SANE exams	Approve
Standing order HIV/HEP B	New	Medication orders and lab request for SANE exams	Approve
Disclosure and consent: Adult Medical Forensic Exam		Approved	
Disclosure and consent: PEDI Medical Forensic Exam		Approved	
Disclosure and consent: Consent by non parent	New	Consent for non parent to consent to exam	Approve
Survivor SAFE Quality Assurance	New	Chart audit form to ensure improvement	Approve
Forensic Nursing Witness Evaluation	New	Used by state or defendants attorney to evaluate tesimony	Approve
SANE Coordinator Job Description	New	Job desciprion.	Approve
Forensic Nurse Examiner Discharge Instructions	New	Discharge Instructions	Approve

PREVIOUS DOC ID (IF APPLICABLE)	EFFECTIVE (MM/YY)	REVISED (MM/YY)	REVIEWED W/O REVISION (MM/YY)	CURRENT DOC ID	CURRENT DOC TITLE	DOC SUBMISSION TYPE	ACTION REQUESTED	DATE SUBMITTED (MM/DD/YY)
NA	11/20	NA	NA	1.PTC.MM.0102	Medication Management	NEW	Approve	11/04/20
New policy: Articulates the policy and procedures for the management of medication processes at Cogdell.								
NA	11/20	~	NA	3.PTC.MM.0204	ASP Guidelines: Community-Acquired Pneumonia (CAP) and Aspiration Pneumonia in Adult Inpatients	NEW	Approve	11/04/20
New guideline: provides standardized approach for antibiotic mgmt of infections illness.								
NA	11/20	~	NA	3.PTC.MM.0205	ASP Guidelines: Hospital-Acquired Pneumonia (HAP) in Adult Inpatients	NEW	Approve	11/04/20
New guideline: provides standardized approach for antibiotic mgmt of infections illness.								
1.ORD.LD	11/20	01/16	09/20	1.PTC.MM.0602	Emergency Crash Carts	REIDENTIFIED	Approve	11/04/20
Existing policy: Relocated from Leadership to Med Mgmt. Updated document ID, but no revision of title or policy content.								
NA	11/20	~	NA	1.PTC.MM.0807	Pain and PRN Orders	NEW	Approve	11/04/20
New policy: Establishes requirements for PRN and pain meds orders and provides standardized definitions for pain levels.								
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0101	Scope of Services	REIDENTIFIED	Approve	11/04/20
1011	03/11	NA	11/20	1.PTC.MM.0103	Continuing Education	REIDENTIFIED	Approve	11/04/20
1013	03/11	n/a	11/20	1.PTC.MM.0104	Reference Material and Drug Information for Professional Staff	REIDENTIFIED	Approve	11/04/20
1016	03/11	n/a	11/20	1.PTC.MM.0105	Management of Information-Data Processing	REIDENTIFIED	Approve	11/04/20
1017	03/11	NA	11/20	1.PTC.MM.0106	Disaster Plan	REIDENTIFIED	Approve	11/04/20
1018	03/11	~	11/20	1.PTC.MM.0107	Disaster Recall Procedures	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~	11/20	1.PTC.MM.0108	Decreasing Medication Errors	REIDENTIFIED	Approve	11/04/20
1088	03/11	~	11/20	1.PTC.MM.0109	Adverse Drug Reaction - Medication Error Reporting	REIDENTIFIED	Approve	11/04/20
1089	03/11	~	11/20	1.PTC.MM.0110	Pharmacy Performance Improvement Plan	REIDENTIFIED	Approve	11/04/20
NID	03/11	~	11/20	1.PTC.MM.0201	Scurry County Hospital District 340B Policy and Procedure Manual	REIDENTIFIED	Approve	11/04/20
NID	05/20		11/20	1.PTC.MM.0202	Antibiotic Stewardship	REIDENTIFIED	Approve	11/04/20
NID			11/20	1.PTC.MM.0203	Antibiotic Stewardship Protocol	REIDENTIFIED	Approve	11/04/20
1007	03/11	~	11/20	1.PTC.MM.0301	Pharmacy and Therapeutics Committee	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0302	Formulary System	REIDENTIFIED	Approve	11/04/20
1026	03/11	~	11/20	1.PTC.MM.0303	Drug Concentrations	REIDENTIFIED	Approve	11/04/20
1008	10/14	~	11/20	1.PTC.MM.0304	Purchase Records	REIDENTIFIED	Approve	11/04/20
6156	11/17	~	11/20	1.PTC.MM.0305	Drug Supply Chain Security Act (DSCSA) - Tracking and Tracing Prescription Drugs	REIDENTIFIED	Approve	11/04/20
6157	11/17	~	11/20	1.PTC.MM.0306	Drug Supply Chain Security Act (DSCSA) - Product Tracing	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~	11/20	1.PTC.MM.0307	Drug Supply Chain Security Act (DSCSA) - Suspect and Illegitimate Product	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~	11/20	1.PTC.MM.0308	Drug Supply Chain Security Act (DSCSA) - FDA Notifications	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0309	Drug Shortage Mitigation Plan	REIDENTIFIED	Approve	11/04/20
1078	03/11	~	11/20	1.PTC.MM.0310	Recall Procedures	REIDENTIFIED	Approve	11/04/20
1038	03/11	~	11/20	1.PTC.MM.0311	Unusable Drugs	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~	11/20	1.PTC.MM.0401	Blood Derivatives	REIDENTIFIED	Approve	11/04/20
1055	03/11	~	11/20	1.PTC.MM.0402	Commercially Unavailable Drug Products, Compounding Of	REIDENTIFIED	Approve	11/04/20
1039	03/11	~	11/20	1.PTC.MM.0403	Drug Samples	REIDENTIFIED	Approve	11/04/20

PATIENT CARE MEDICATION MANAGEMENT

ANNUAL DOCUMENT REVIEW 2020

1057	03/11	~~	11/20	1.PTC.MM.0404	Herbal Supplements	REIDENTIFIED	Approve	11/04/20
1085	03/11	~~	11/20	1.PTC.MM.0405	Investigational Drugs	REIDENTIFIED	Approve	11/04/20
1.PTC.MM.50	02/16	08/18	11/20	1.PTC.MM.0406	Patients Own Medication	REIDENTIFIED	Approve	11/04/20
1032	03/11	10/20	11/20	1.PTC.MM.0501	Pharmacy Security	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0502	Medication Security	REIDENTIFIED	Approve	11/04/20
1020	10/14	~~	11/20	1.PTC.MM.0503	Prescription Pad Security	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	10/14	11/17	11/20	1.PTC.MM.0504	Drug Inventory Control	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0505	Monthly Drug Storage Inspections	REIDENTIFIED	Approve	11/04/20
1045	10/14	~~	11/20	1.PTC.MM.0506	Storage of Flammable Materials	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0507	Storage of Refrigerated Drugs	REIDENTIFIED	Approve	11/04/20
6204	03/11	~~	11/20	1.PTC.MM.0508	Controlled Substance Accountability Procedures for Pharmacy Services	REIDENTIFIED	Approve	11/04/20
6206	03/11	~~	11/20	1.PTC.MM.0509	Controlled Substance Accountability Procedures at Patient Care Units	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	NA	11/20	1.PTC.MM.0510	Automated Dispensing Machines - Access to	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	NA	11/20	1.PTC.MM.0511	Automated Dispensing Machines - Controlled Substances	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	NA	11/20	1.PTC.MM.0512	Automated Dispensing Machines - Inspection and Inventory	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	10/14	11/17	11/20	1.PTC.MM.0513	Automated Dispensing Machines - Malfunctions or Downtime	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~~	11/20	1.PTC.MM.0514	Automated Dispensing Machines - Pharmacist Order Verification and Drug Distribution	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~~	11/20	1.PTC.MM.0515	Automated Dispensing Machines - Quality Control	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~~	11/20	1.PTC.MM.0516	Automated Dispensing Machines - Removing Medications (Generally)	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~~	11/20	1.PTC.MM.0517	Automated Dispensing Machines - STAT or Urgent Medication Orders	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17	~~	11/20	1.PTC.MM.0518	Automated Dispensing Machines - Stock Medication	REIDENTIFIED	Approve	11/04/20
1041	03/11	~~	11/20	1.PTC.MM.0601	Emergency Medications	REIDENTIFIED	Approve	11/04/20
1059	03/11	~~	11/20	1.PTC.MM.0701	Look-Alike - Sound-Alike Drug Policy	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0702	High Risk Drugs	REIDENTIFIED	Approve	11/04/20
1065	03/11	09/20	11/20	1.PTC.MM.0703	Chemotherapeutic (Cytotoxic) Agents	REIDENTIFIED	Approve	11/04/20
1025	03/11	~~	11/20	1.PTC.MM.0704	Concentrated Electrolytes	REIDENTIFIED	Approve	11/04/20
1082	03/11	~~	11/20	1.PTC.MM.0800	Approved Prescribers	REIDENTIFIED	Approve	11/04/20
1014	03/11	~~	11/20	1.PTC.MM.0801	Pharmacy Patient Profile	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0802	Titrating and Taper Orders	REIDENTIFIED	Approve	11/04/20
1048	03/11	~~	11/20	1.PTC.MM.0803	Medication Indications	REIDENTIFIED	Approve	11/04/20
1053	03/11	~~	11/20	1.PTC.MM.0804	Range Orders	REIDENTIFIED	Approve	11/04/20
1050	03/11	~~	11/20	1.PTC.MM.0805	Standing Order	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0806	Stop Order Monitoring	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0808	Discharge Medications	REIDENTIFIED	Approve	11/04/20
1060	03/11	n/a	11/20	1.PTC.MM.0809	Verbal, Telephone and Written Orders for Medications	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0810	Clarification of Drug Order	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	n/a	11/17	11/20	1.PTC.MM.0811	Medication Orders Processing - Dispensing	REIDENTIFIED	Approve	11/04/20
1087	03/11	~~	11/20	1.PTC.MM.0812	Effects of Medications on Patients are Monitored	REIDENTIFIED	Approve	11/04/20
1061	03/11	~~	11/20	1.PTC.MM.0813	Pediatric Medication Dosing	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	11/17		11/20	1.PTC.MM.0814	Renal Dosing Adjustments	REIDENTIFIED	Approve	11/04/20
NID	03/20	10/20	11/20	1.PTC.MM.0901	Safe Preparation of Medications	REIDENTIFIED	Approve	11/04/20
1.PTC.MM	n/a	11/17	11/20	1.PTC.MM.0902	Sterile Admixture	REIDENTIFIED	Approve	11/04/20

**PATIENT CARE
MEDICATION MANAGEMENT**

**ANNUAL DOCUMENT REVIEW
2020**

1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.0903	Medication Labeling
1074	03/11	~~	11/20	1.PTC.MM.0904	Unit Dose Packaging
1083	03/11	~~	11/20	1.PTC.MM.1001	Administration of Drugs
1056	03/11	~~	11/20	1.PTC.MM.1002	Devices - Medication Related
1.PTC.MM	n/a	11/17	11/20	1.PTC.MM.1003	Medication and Solution Administration - Invasive Procedures
1046	10/14	n/a	11/20	1.PTC.MM.1004	Medication and Solution Administration in the OR
1.PTC.MM	03/11	11/17	11/20	1.PTC.MM.1005	Multiple Dose Vials
1084	03/11	10/20	11/20	1.PTC.MM.1006	Self-Administration of Medication

REIDENTIFIED	Approve	11/04/20
REIDENTIFIED	Approve	11/04/20
REIDENTIFIED	Approve	11/04/20
REIDENTIFIED	Approve	11/04/20
REIDENTIFIED	Approve	11/04/20
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REIDENTIFIED	Approve	11/04/20
REIDENTIFIED	Approve	11/04/20

