

Policy # & Title	Summary
	<b>Approved May 2020 (Via Email)</b>
*New Policy* 06_28.00, Mail Containing Protected Health Information (PHI) and Personally Identifiable Information (PII)	This policy was created to prohibit certain high risk mailing activities.
08_HIPAA22.00, HIPAA: Notification of a Breach of Unsecured Protected Health Information (PII)	Updated to more clearly define the Breach process that TriHealth follows.
	<b>Approved June 2020</b>
13_C14.00 Shift Differential	Minor grammatical correction.
*Deletion* 07_06.03 Change Billing Status	Multiple departments (legal/compliance, billing, medical records, utilization management, and appeals) determined it was best to capture the procedure related to rebilling in a patient accounting departmental policy since the process of rebilling is primarily related to the billing department procedures.
*Deletion* 13_B17.00 Temporary Co-op Fee for Service Employees	Sunset per the Director of Benefits/Compensation. These provisions are covered in other applicable policies.
11_02.00 Medical/Dental Staff TriHealth Continuing Medical Education	<ul style="list-style-type: none"> <li>• Updated the role of the Continuing Medical Education Program.</li> <li>• Updated the CME Committee composition and duties.</li> <li>• Updated the TriHealth CME Executive Committee composition and duties.</li> <li>• Updated the meeting frequency of the CME Committee.</li> </ul>

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04_SM11.00 Respiratory Protection Program	<ul style="list-style-type: none"> <li>•Infection Prevention added as an approver.</li> <li>•Language added to comply with OSHA requirement for a Qualified Program Administrator.</li> <li>•Added steps for completing a respiratory hazard assessment; shifted some responsibility from department directors to OES as the experts.</li> <li>•Added information on requirements for medical clearance.</li> <li>•Information added on frequency, method and facepiece seal requirements from OSHA standard</li> <li>•Added OSHA required training elements to responsibility for training.</li> <li>•Cleaning and Maintenance detail added.</li> <li>•Added detail about storage.</li> <li>•In the Respirator Section, updated that the program administrator, most likely OES, will provide documentation to department of what type of respirator will be used.</li> <li>•The Work Place Surveillance is now part of Hazard Assessment and Program Evaluation sections.</li> <li>•Program responsibility reassigned to OES only instead of joint responsibility with Employee Health.</li> <li>•Added definition to Appendix A.</li> <li>•Added assignment of responsibilities.</li> <li>•Paragraph added that references departmental policies for emergencies that require respirator use.</li> <li>•Added OSHA requirements for voluntary use.</li> <li>•Added sentence that departments can have their own respirator SOPs incorporating information from the corporate policy.</li> </ul>
05_MR07.00 External Utilization Review Organizations/ On-Site Review/Eternal Case Management	<ul style="list-style-type: none"> <li>•Updated Policy Owner Role.</li> <li>•Updated Approvers.</li> <li>•Policy updated to be more reflective of what occurs today.</li> <li>•Updated how an External Review Organization (ERO)/ contracted managed care payer reviewer obtain access to patient EMRs.</li> <li>•Updated physical access barriers to safeguard medical information when a reviewer visits a location.</li> <li>•Updated that any supplies needed are the responsibility of the ERO/managed payer.</li> </ul>
02_16.00 Referrals to Coordinated Care Systems	Updated approvers. No content changes.
03_02.00 Discharge Planning Process	Updated approvers. Minor changes including changing Care Coordinators to Care Manager. Also, updating Kepro Referrals to the new system Livanta.

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07_P04.00 Time and Attendance Card Readers/Timestamp/Phones	No Changes.
13_B16.00 Education Assistance	<ul style="list-style-type: none"> <li>oEligibility- Clarify and define the eligibility for the plan; Addresses leaves of absence</li> <li>oResponsibility-Remove manager from list</li> <li>oMaximum Reimbursement- Defines plan year as fiscal; Defines what day will be used to determine the fiscal year the reimbursement will come from</li> <li>oAmount of Reimbursement: Addresses classes that are Pass/Fail; Addresses classes where withdraw occurs</li> <li>oEducational Expenses- Clarifies reimbursement where classes include books and fees in cost (do not line item)</li> <li>oCourse Eligibility-TriHealth has narrowed the classes they will offer reimbursement for moving forward. A list is being prepared and will be found with the policy; Defines the period those who are not in an approved degree program will have to complete and still seek reimbursement</li> <li>oCertification-Section added for certification programs that are in need for the organization; Allows for promotion / career path opportunities</li> <li>oAccreditation- Alter section to add for technical schools and other accrediting bodies; Forfeiture of Program Benefit/Restitution; Defines termination and no longer eligible; Includes work commitment and repayment</li> <li>oApplication Process- Extends period to apply; Accepting work commitment terms; Includes notification to team member of approval / denial of assistance</li> <li>oReimbursement Process-Clarifies the grades needed to reimburse; Reduces the number of days to supply the documents; Addresses those returning from leave of absence</li> </ul>
04_RS01.00 Radiation Safety: Care of Patients with Therapeutic Amounts of Radioactive Materials	Minor punctuation change.
*Delete* 09_04.00 Infection Control Manual	Delete-Not Necessary
*Delete* 09_05.00 Infection Prevention Committee	Moved to IP Plan.
*Delete* 09_03.00 Infection Prevention in Departments with Construction	delete-duplicates materials from 09_50.01, Infection Prevention Plan for Departments with Construction, Renovation, and Maintenance.
IP 3.04 Outbreak Investigations	Since these infection prevention policies apply to everyone and not just their department, Infection Prevention proposed to convert these to corporate. New Corporate Policy # 09_10.06.

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IP 3.02 Reportable Disease	Convert to corporate. New Corporate Policy # 09_10.07.
IP 5.01 Hand Hygiene	Convert to corporate. New Corporate Policy #: 09_20.01
IP 5.02 Standard and Transmission-Based Precautions	<p>Convert to corporate. New Corporate Policy #: 09_20.02.</p> <ul style="list-style-type: none"> <li>-Formatting Changes</li> <li>-Changed title to: "Isolation Precautions"</li> <li>-Deleted "Chain of Infection" info - not policy/procedure</li> <li>-Moved Precautions definitions to Definitions</li> <li>-Moved items from Policy to Procedure</li> <li>-Linen</li> <li>-Cohorting</li> <li>-Soiled Employee Clothing</li> <li>-Visitors</li> <li>-Added Indications for Transmission based</li> <li>-Consolidated "Settings" controls</li> <li>-Changed MDRO Contact Precautions criteria to Active Infection only for MRSA, VRE &amp; ESBL.</li> <li>-Changed Release from Precautions criteria for MRSA, VRE &amp; ESBL to Current Admission only.</li> </ul>
IP 6.04 Nutrition Services and Food Handling in Patient Care Areas	Convert to corporate. New Corporate Policy # : 09_20.04
IP 6.01 Basics of Environmental Cleaning, Disinfection, and Sterilization	Convert to corporate. New Corporate Policy # : 09_30.01.
IP 6.02 High Level Disinfection - Trophon and Cidex OPA	<p>Convert to corporate. New Corporate Policy # 09_30.03.</p> <p>Changed title to "High Level Disinfection"</p> <ul style="list-style-type: none"> <li>- Moved Trophon section to a separate policy</li> <li>- Changed to a comprehensive procedure for all HLD methods.</li> </ul>
IP Policy Trophon	<p>Convert to Corporate. New Corporate Policy # 09_30.04.</p> <p>Converted to Corporate</p> <ul style="list-style-type: none"> <li>-Separated Trophon from OPA - changed title to "Trophon EPR® High Level Disinfection"</li> </ul>

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<p>IP 7.01 Infection Prevention Management for Employees Exposed to or Infected with Infectious Diseases</p>	<p>Convert to corporate. New Corporate Policy #: 09_40.02. - Changed title to: Healthcare Worker Communicable Disease Work Restrictions</p> <ul style="list-style-type: none"> <li>- Simplified and clarified Policy and Procedure</li> <li>- Changes to Work Restriction Table:</li> <li>- Added: <ul style="list-style-type: none"> <li>- Fever &gt; 100.4° F (orally)</li> <li>- Weeping or Draining Lesions on Exposed Extremities</li> <li>- Vomiting</li> <li>- Covid-19</li> </ul> </li> <li>- Modified: <ul style="list-style-type: none"> <li>- Salmonella RTW</li> </ul> </li> <li>- Removed "refer to state regulations" where none apply</li> <li>- For Hepatitis C Work Restriction – changed from "no recommendation" to "Do not perform exposure-prone invasive procedures until counsel from an expert review panel" similar to HIV and HBV</li> </ul>
<p>IP 6.03 Infection Prevention Plan for Departments with Construction, Renovation, and Maintenance</p>	<p>Convert to corporate. New Corporate Policy #: 09_50.01. Updated header</p> <ul style="list-style-type: none"> <li>- Changed title to: "Infection Prevention Guidelines for Construction, Renovation Maintenance and Repairs"</li> <li>- Procedure 6 recommend changing to construction workers show proof of annual OSHA training or request training with IP.</li> <li>- Procedure 11 recommend changing EVS to provide the contracted workers with a solution of the EPA hospitalapproved detergent to EVS will clean the area with EPA hospital-approved detergent/disinfectant at completion of project.</li> <li>- Routine Maintenance- recommend removing Refer to CDC Recommendations for Prevention of Nosocomial Pneumonia</li> <li>- Infection/Dust Control and Prevention - recommend removing life safety code does not address plastic barriers that are used to control dust and minimize infection risks in an area that is not rated. This is an infection prevention issue.</li> <li>- Section B. Definitions of Construction Activity Types – recommend deleting this section, this is covered in the ICRA.</li> <li>- Section C. Definitions of Infection prevention Risk Group 1 add hallways. Group 3 add in patient kitchen areas</li> <li>- Section F. Submittals number 4 suggest removing Infection Prevention</li> </ul>

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IP 5.03 Use of Bundled Practices to Prevent Hospital Acquired Infection	Convert to corporate. New Corporate Policy #: 09_70.01. Changed title to: "Bundled Practices to Prevent Healthcare-Acquired Infections" - Deleted evidence review - Added important bundle items followed at TriHealth
04_HM05.00 Infectious Waste Plan	Convert policy number from 04_HM05.00 to 09_20.05.
09_07.00 Ultraviolet-C Light Tabletop Disinfection Device	Convert policy number from 09_07.00 to 09_30.05.
09_06.00 Influenza Vaccination for Employed and Non-employed Personnel	Convert policy # 09_06.00 to 09_40.03. Mask within 6 feet. CMS report-not TJC
04_08.00 TriHealth Tuberculosis Exposure Control Policy	Convert Policy # 04_08.00 to 09_60.02.
*New Policy* 09_IP01.01 Infection Prevention Program	New policy. Includes: - Responsibility - IP Scope - Planning & Risk Assessment - Surveillance - Communication - Program Evaluation
*New Policy* 09_IP01.03 IP Surveillance	New policy. Overview of surveillance methods. TJC requirement.
	<b>Approved July 2020</b>
13_C01.00 Base Pay Program and Performance Appraisal	Minor Grammatical Changes.
13_C02.00 Compensation Philosophy	Submitted with no changes.
13_C04.00 Job Description	Minor grammatical changes.
13_C10.00 RN Clinical Ladder	Minor changes.
10_01.00 Administrator on Call	No content changes. Updated policy owner title. Updated Template.
02_69.00 Clinical Order Set Development, Approval and Revision	<ul style="list-style-type: none"> <li>• Expanding scope of the orders review process beyond inpatient to include outpatient areas.</li> <li>• Verbiage updated to include electronic orders.</li> <li>• Updated review process to be more multidisciplinary.</li> <li>• Added reporting accountability.</li> </ul>

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08_CC16.00 - Corp Compliance: Rebates on Cost Reports	<ul style="list-style-type: none"> <li>•Submitted with a minor change to role noted in policy- the Director of Purchasing be switched to VP - Supply Chain Management.</li> <li>•In addition, it is recommended that the McCullough-Hyde Memorial Hospital (MHMH) policy entitled Corporate Compliance: Rebates on Cost Reports (Policy Number 4.02.01) be retired and MHMH adopt the overall TriHealth Corporate policy.</li> </ul>
04_RS05.00, Radiation Safety: Internal Radioactive Emergencies	Submitted with no changes.
04_RS06.00, Radiation Safety: Licensure: Radiographers: Radiation Therapy Technologist: Nuclear Medicine Technologist and General X-Ray Machine Operator	Submitted with no changes.
04_RS07.00, Radiation Safety: Policy on Mobile X-ray Procedures	Submitted with no changes.
04_RS08.00, Radiation Safety: Occupational Exposure Limits for Employees and Reporting Excessive Radiation Exposure	Submitted with no changes.
04_RS10.00, Radiation Safety: Physician Participants in Operating Radiation Equipment	Submitted with no changes.
04_RS10.01, Radiation Safety: Licensed Operators of X-ray Generating Equipment (Non-Physician Operators)	Submitted with no changes.
04_RS11.00, Radiation Safety: Exposure of Pregnant Patients: Breast Feeding Patients and Response to Exposure	Submitted with no changes.
04_RS13.00, Radiation Safety: Public Exposure Protection	Submitted with no changes.
04_RS14.00, Radiation Safety: Quality Assurance / Radiation Safety Committee(s)	Submitted with no changes.

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04_RS15.00, Radiation Safety: Radiation Exposure	Submitted with no changes.
04_RS15.01, Radiation Safety: Radiation Exposure Report	Submitted with no changes.
04_RS15.02, Radiation Safety: Radiation Monitoring/Radiation Exposure	Submitted with no changes.
04_RS16.00, Radiation Safety: Radiation Safety Training of Employees and Workers	Submitted with no changes.
04_RS17.00, Radiation Safety: Radiation-Generating Equipment Shielding	Submitted with no changes.
04_RS18.00, Radiation Safety: Radiation-Generating Equipment Monitoring	Submitted with no changes.
*New Policy* 04_RS22.00, Radiation Safety: Radiation Dose Review Committee (RDRC) For Computed Tomography (CT) procedures and/or Fluoroscopically Guided Interventional (FGI) Procedures	This new policy addresses ODH code 3701:1-66-04, Quality assurance program for medical radiation-generating equipment. Specifically, this policy addresses 3701:1-66-04, section D, which outlines the requirements for a radiation dose committee.
02_CI01.00, Count Policy	<p>Perioperative Services would like to obtain ownership from current owners (SVP &amp; CNE). Amendments were made in the following areas:</p> <ol style="list-style-type: none"> <li>1) The process of counting surgical sponges during and after a procedure will now include a counter rack that will be mounted and has two sides. One side is designated for lap sponges and the other raytec sponges. Each bag in the rack will only contain 5 used lap sponges and 10 raytec sponges. Counting is to be performed left to right and top to bottom.</li> <li>2) Changes made when placing sponges in the bag on the rack. Lap sponges seams will be "popped" between sections, Raytec will not be "popped" however the blue stripe will be visibly placed in the center of the bag. Lastly, there will be an audible count communicated on radiopaque soft materials.</li> </ol>

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04_SE04.00 Identification Badges	<ul style="list-style-type: none"> <li>•Minor grammatical changes and updated language for emphasis without altering intent of content.</li> <li>•Added emphasis that a terminated employee must immediately surrender their ID, and that if they haven't, their former supervisor should assist in badge recovery.</li> <li>•Security will ensure that if an employee loses a badge, that they will be responsible for making sure the former ID is deactivated.</li> </ul>
04_SE07.00 Police Notification	<ul style="list-style-type: none"> <li>•Title Change</li> <li>•Updated the reasons for a "police notification."</li> <li>•Who to contact if the Security Supervisor on duty isn't available.</li> <li>•Updated that security has a responsibility to assess the circumstances to address any staff safety concerns.</li> <li>•Noted that if there is a safety concern that a police notification patient that visits may be limited.</li> <li>•Added that security is responsible for not only reporting unusual behaviors of police notification patients, but addressing the concerns.</li> <li>•Added that security will partner with clinical staff to ensure information about the patient is shared on timely basis.</li> </ul>
12_02.00 Flag Display	<ul style="list-style-type: none"> <li>•Added that the Director of Security or their designee will review the state and federal flag flying regulations annually.</li> <li>•Added Appendix A, the OH and US regulations for Flag Maintenance.</li> </ul>
04_SE18.00 Active Shooter	<p>Complete rewrite. Restructured existing policy that focused on just an Active Shooter and expanded the policy to reflect the idea that an active shooter as just one type of active threat that could occur at TriHealth facility. The rewritten policy was updated to outline how TriHealth proactively and reactively handles active threat education, awareness, planning, response, and recovery of active threats.</p>
<b>Approved August 2020</b>	
12_01.00, TriHealth Policy, Procedure, and Guideline Development and Implementation	<ol style="list-style-type: none"> <li>1. Updating that only Senior Leadership can be an accountable policy owners.</li> <li>2. Adding that when a policy owner vacates their role, that their 1-up becomes the owner until a new owner is assigned.</li> </ol>
04_SE10.00 Tobacco Free/Smoke Free Facilities	<ul style="list-style-type: none"> <li>•Revise wording for clarity.</li> <li>•Added that marijuana is also prohibited on campus.</li> <li>•Added that patients are not allowed to smoke any substance.</li> </ul>

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02_01.00, Adult Abuse (Elder Abuse), including Patient Abuse by an Agent or Employee of a Care Facility, Child Abuse and Domestic Violence	Changes include additional action steps TPP offices should take when witnessing violence in the office of a patient. Including: 1. Contacting SANE RN 24/24 2. Calling 911 (for all off site locations) 3. Calling TH Security -to respond to the current situation AND to respond to any future patient appointments. 4. Contacting ambulatory care social worker or Director of Amb CM to assist with follow up and ensuring ongoing care management
02_56.00, Intravenous, Intrathecal, Oral and Rectal Contrast Media Storage, Dispensing and Administration	Added Registered Radiation Therapist, Department of Radiation Oncology, and Radiation Oncologist to the policy.
13_ER19.00, Personal Appearance	Added "cloth masks" to the list of clothing that must be free from writing or pictures that can offend.
13_ER30.00, Modified Duty Program	Added that a modified duty assignment is only considered viable if it's less than 25 miles from the primary work location of the employee.