

Policy # & Title	Summary
03_06.00 Admissions/Transfers and/or Discharges of Patients	<ul style="list-style-type: none"> • Updated Section 1 (B) and (C). Clarified that transportation arrangements for a patient transferring from a non-TriHealth facility is to be handled by sending facility. Patient Placement may assist in coordinating transport from a TriHealth facility. Updated that PPS will set up conference call with the admitting/sending physician to determine patient class and to enter orders. The PPS will assign a bed based on the request. • Removed mention of Discharge Medication Reconciliation. • Removed Bedded Outpatient Definition since nursing no longer accepts Bedded Outpatients.
04_ME03.00 Equipment: Leases and Rentals	Updated policy to refer to Authority to Act. Removed outdated policy reference.
13_ER28.00 Job Shadowing Through Volunteer Services Departments at TriHealth	<ol style="list-style-type: none"> 1. Title changed and does not reflect through Volunteer Services Departments. 2. "Employee" changed to "Team Member", job shadow participants can be paired with a non-employed team member (ie. contractor, agency team members). 3. Changes made to reflect that TH Team Members do not need to complete the same process, a job shadow can be arranged directly with the manager, other health records and orientation requirements to not apply to active team members. 4. Volunteer Services is currently reviewing health/immunization records received with Employee Health Services, this step was occurring and clarified in the policy. 5. Verbiage was added to reflect that managers approve and determine appropriateness of a job shadow experience in their departments. 6. Forms attached to the policy were replaced with the revised preauthorization form now available on www.trihealth.com . All other forms to be completed are sent from Volunteer Services once the preauthorization form is received and will no longer be available with the policy. 7. The live orientation process facilitated previously by Volunteer Services and primarily held to collect all forms no longer occurs. 8. Added verbiage regarding visitor process for offsite location, all directed to follow the policy of the location. 9. Direct Inquiries changed to Volunteer Services since they coordinate the intake process. Corp Ed will also still guide them to the appropriate intake process when asked. 10. Revised/Updated Approved by titles
Deletion 05_MR06.00 Medical Records Form Approval	Per the Director of Clinical Informatics and the chair of the HIM Committee, this policy can be deleted. The Forms Approval policy dealt with the function of the now disbanded (mid 2018) "Informatics Committee" in assisting with and approving paper forms creation.
08_HIPAA01.01 HIPAA: Designated Record Set (the Medical Record)	<ul style="list-style-type: none"> • Updated the approver list. • Added the Notices of Privacy Practices corporate policy for reference.

04_HM03.00 Hazardous Material Spill Response	<ul style="list-style-type: none"> • References updated: 1910.120 (HAZWOPER), 1910.1200 (HAZ COMM), and added USP 800 (per Pharmacy Director) • Wording Changes made: Hazardous “Medication” changed to “drug” per Pharmacy Director • Definition and response to “incidental spills” were updated: defined incidental spills to further align with OSHA standards, and added that OES can be contacted for spill kits with assistance from logistics. • Defined emergency spill and included transition of reporting form to IRIS: no paper copies of form were being completed. All information regarding a chemical spill can now be entered into IRIS. • Updated the Departmental Responsibilities for Emergency Spill Response: Site Pharmacy Manager and Director of Pharmacy added to responsibilities section for post incident investigation. Also, four parts of pharmacy responsibilities were removed from the policy by Pharmacy Director Amy Cobb. • Security will now announce “Facility Alert- Hazardous Material Spill.” • Safety Steering Committee changed to Environment of Care committee. • Emergency spill response for team members updated. Team members will evacuate area, call security immediately and call operator for OES person on call. Changed to comply with OSHA HAZWOPER standard.
08_HIPAA01.00 HIPAA/Privacy: Uses and Disclosures of Protected Health Information	<p>HIPAA 1& 05_MR10.00 – Created two policies out of what used to be entirely housed in HIPAA 1. Carving out release of information and 2009 HITECH/access requirements, which have not been referenced in TriHealth policy before, and placing them in a brand new Medical Records policy that gives HIM accountability for the work enterprise-wide. The new policy has been vetted & approved by HIM. Also updated HIPAA 1 to reflect current Guidance from OCR which explains appropriate use & disclosure without authorization while outlining what requires authorization.</p>
05_MR10.00 Authorized Release of Medical Information and Access Requests <i>*New Policy*</i>	See Above.
08_HIPAA02.00 HIPAA/Privacy: Patients' Privacy Rights	Updated to reflect current Privacy Guidance from OCR to include 2009/2013 HITECH/access requirements which had not been referenced in TriHealth policy before.
13_E16.00 Selection Process /Transfers	This policy was updated to reflect the updated the continued employment rule that employees must be in their current role for 12 months before transferring to another position. Updated references to job titles to reflect current roles involved in the transfer process. Clarified that exceptions to the continued employment rule may be made at the discretion of the Director of Human Resources Business Operations.