COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

Swing Bed Objectives

PURPOSE
The purpose of the Cochise Regional Hospital Swing Bed Department is to provide the care necessary to all patients/residents and their families by utilizing the nursing process to the optimal outcome for each patient.

PHILOSOPHY
It is our philosophy that:

1. The process is an organized, systematic process of identifying the patient’s problems and needs, creating a planning process to solve them, initiating and implementing it, and evaluating the plan's effectiveness.

2. This Department of Nursing can and will provide the highest quality of patient care possible with the resources available.

3. It is necessary to meet the needs of others who are involved in the process of providing care and cure; especially providing those services and courtesies to the Medical Staff that aid them in being effective in their efforts to give quality medical care.

4. The nursing process is directed toward the comfort and well-being of the patient/resident while assisting the patient/resident to reach a state of independence from our services.

5. Nursing is part of a team, composed of many facets, all of whom have the common goal of quality patient resident care.

6. The patient/resident is the most important person in the hospital, and that quality care should be administered to all equally by qualified personnel, regardless of race, color, creed, sex, social, or financial circumstances.

7. Patients/Residents should be made aware of the Bill of Rights and responsibilities and that we will assist in explaining and asserting these rights.

8. The maintenance of working relationships with other community health agencies is conducive to the patient/resident’s welfare.

9. Those persons in positions of responsibility should have the authority to be affective and effective in the decision-making process.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

Documentation Guidelines

Purpose
The chart is a legal representation of the patient’s stay in the hospital. All information regarding care, treatment and education of the patient must be documented in some form in the record of stay. The documentation must create a factual picture of events. Documentation will be done on current software.

Policy
Guidelines for Charting

- Events must be recorded proper chronological order
- Time entries using military time
- Be sure to document the time patient arrived, and the time patient is discharged
- CRH requires documentation on the chart a minimum of every two (2) hours.
- If nothing has changed, writing “status unchanged” is acceptable but be sure Nothing has changed when it is entered.
- Entries should be brief and concise, using only approved abbreviations and black ink.
- When flow sheets are used they must be filled out completely: if an area does not apply NA should appear in that space.
- Patient assessments should include unusual and normal findings.
- Statements that are authentic and explicit may avert unnecessary legal action.
- General documentation should include:
  - Appropriate Assessment
  - A Plan of Care
  - Nursing Interventions
  - Evaluation of Behaviors.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

Therapeutic and Diagnostic Events

Education provided to patient or family regarding illness, expectations

Hospital stay

Provide accurate description of complaints, measures taken and follow up to these complaints. Do not chart Incident Report written. **Do not put incident report in chart File.**

Avoid mistakes in charting. If you make a mistake, make a new corrected entry. If a late entry or addendum is needed, write the date and time of the entry as well as the date and time of the incident.

If a change in the patient’s condition is identified, the physician should be notified promptly. Document the date, time physician notified, method of communication, exactly what was communicated, all instructions received from the physician, all actions taken and the patient’s response.

Take time to review your documentation to be certain the entry says exactly what you mean. Your charting should be answers to questions about care, not propose them.

Good charting is your best defense in any situation where there is a concern about patient care.
Interaction with Other Departments

The Departments within the Nursing Service work cooperatively with the other Departments and their respective staff. If any department needs to discuss a resident related problem, they contact the Nurse Manager directly. Any non-resident situations are to be directed to the Unit Secretary or the Team Leader.

Admitting

Nursing may request that specific patients be assigned transfer; the final responsibility for room assignments and census rest with the Charge Nurse. Patient notification of proposed room changes will be made by Nursing.

Business Office

Upon request by a representative from the Business Office, the nurse will provide escort or advice concerning a visit to the resident to discuss the patient’s financial arrangements with the hospital.

Dietary

Nursing is to notify the Dietary Department of all new or changed diet orders via the telephone and/or create order. Trays will be brought to the Nursing Units and served by nursing personnel.

Respiratory Therapy

Nurse enters an order into the create order. After the data entry is completed the Nurse verifies by telephone that the order was received. Respiratory Therapy will then initiate the appropriate treatment. Respiratory Therapy will collect the specimen whenever an order is written for an induced sputum specimen.

Pharmacy

A copy of the MARS from NextGen is forwarded to the Pharmacy each day. The new medication is obtained from the after-hours bin. If medication is not available, a copy of the order will be given to the supervisor, who will obtain the medication from the
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

**Pharmacy.** In the event that the Pharmacist is not in the Hospital, the orders will be reviewed carefully. If unsure of order; notify physician for clarification or call pharmacist.

**Materials Management**

Supplies are checked daily by personnel from Materials Management. Additional supplies may be obtained by sending a request of Materials Management. Materials Management will assist as appropriate with obtaining supplies and equipment from outside the hospital as the need arises.

**Housekeeping**

Linen is supplied on an exchange cart from the Housekeeping Department twice daily. Additional linen may be obtained by calling the Housekeeping Supervisor. Housekeeping is responsible for the routine cleaning of patient rooms and work areas. Soiled linen hampers are collected at regular intervals. Nursing will notify Housekeeping of all dismissals and transfers.

**Maintenance**

Request for this service is accomplished by completing the appropriate requisition and routing it to that department. Work involving disruption of service to any Nursing Unit is coordinated through the appropriate nursing personnel. Maintenance Department will perform routine equipment evaluation in all patient care areas and provide appropriate documentation. Maintenance will maintain or repair electronic equipment or will obtain appropriate outside assistance as necessary. Nursing will observe all electrical equipment used in patient care areas to ensure a current Maintenance label is attached. Nursing will notify Maintenance of any equipment that is failing to operate properly via e-mail. Maintenance will evaluate all electrical devices and medical equipment brought into the patient care areas for use.

**Physical Therapy**

Nursing notifies Physical Therapy of any new or changed order via create order. Physical Therapy will either provide the prescribed therapy at the patient’s bedside or transport him to the Physical Therapy Department.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

Personnel

Nursing will notify personnel of all actions related to personnel management. Personnel will coordinate the processing of employee actions, assist in filling vacant positions, and notify Nursing on any related problems. Nursing will adhere to the policies and procedures of the Department.

Other

Specific tests or procedures are scheduled with Radiology, Laboratory, and Respiratory Therapy by sending the appropriate requisition via create order. Reports and/or tests results are posted on the patient’s chart by the respective department. Lab tests/xray results will be checked every 12 hours at time of report by the nurses.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

Admission Policy

Each admission to the Swing Bed Unit will have an electronic order or telephone order by a member of the active medical staff. They may use the preprinted Swing Bed orders that are available. To Admit to Swing-bed status the following must be in place:

1. Discharge orders from Acute services in this hospital or another hospital.
2. Appropriate progress notes
3. Discharge Summary
4. Admission orders
5. Admission criteria met
6. Resident must be given and admission package to include Rights and Responsibilities

In case of life-threatening situations, the patient may be cared for, according to protocol while the appropriate physician is being summoned.

Admission to the hospital will be without regard to race, color, creed, national origin, or ability to pay.

Admitting will give all patients at the time of admission a copy of the Patient Rights and Responsibilities. If questions arise, the patient and/or family members are referred to the Chief Nursing Officer or the Case Manager.

At the time of admission to the Swing Bed unit, each patient/resident will receive the packet of the Patient Rights and Responsibilities as well as sign the Advance Directives.

The Case Manager will become involved as part of the interdisciplinary team.

The Admitting Nurse will initiate the Patient’s Care Plan and Discharge Planning. The Nursing Admission Assessment shall be completed within eight (8) hours of admission. It is the responsibility of the Charge Nurse to assure that the forms have been completed.

Reviewed: 11/14
Revised: 11/14
Criteria for Admitting

Policy

In general, admission of a Swing Bed patient to the floor depends upon the discretion of the primary care physicians and their comfort level with management of care. If at any time, the nursing staff is not comfortable with managing the patient, discussion will be held with the Charge Nurse, Nurse Manager, or Director of Nursing, and physician regarding admission. Decisions for admission must be based upon the best interests of the patient.

The patient must meet admitting criteria:
A) Prior Authorization from insurance obtained by referring facility.
B) Patient needs skilled care, such as extended IV antibiotic therapy or extended rehabilitation.
C) If Medicare patient, patient must have three consecutive midnight stays in Acute Care.
RESIDENT RIGHTS

I. PURPOSE

The purpose of this item is to make sure that the interaction with and care of the patients reflect concern and respect for patient’s rights.

II. GENERAL POLICY:

This Hospital supports and recognizes patient rights to treatment and service. Interaction with and care of patients shall reflect concern and respect for patient’s rights, and all staff members are aware of the ethical issues surrounding patient care.

III. DEFINITIONS:

“Swing Bed Facility” is defined as an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons, and is not primarily for the care and treatment of mental disease; has in effect a transfer agreement.

“Swing Bed” is defined as a hospital or critical access hospital participating in Medicare with CMS approval to provide post acute hospital care.

“Nursing Facility” is defined as an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental disease; has in effect a transfer agreement.

IV. PROCEDURE:

On admission to Swing Bed Unit/status the Charge Nurse will be responsible for explaining Resident rights. This form is to be signed by the Resident or the family verifying receipt of the Resident Right notification (attached). The acknowledgement page will be placed in the patients’ medical record.
PERSONAL PROPERTY

POLICY:

The intent of this policy is to encourage residents to bring personal possessions into the facility as space, safety considerations and fire code permits permit.

1. The resident has the right to retain and use personal possessions, to assure that the resident’s environment be as homelike as possible and to facilitate that the residents retain as much control over their lives as possible.
2. All residents' possessions, regardless of their apparent value to others, must be treated with respect, for what they are and for what they represent to the resident.
3. Cochise Regional Hospital maintains the right to limit the resident’s exercise of this right on grounds of space and healthy or safety.

ITEMS THAT MAY BE ACCOMODATED:

1. Personal Clothing
2. Dresser, if not too large
3. Pictures or Posters
4. Recliner
5. TV
6. Makeup or Hair Products

INTENT:

It is the intent of Cochise Regional Hospital to define the criteria for patient valuables and the safekeeping thereof.

1. Patient valuables, as far as this policy is concerned, are defined as any personal item belonging to the patient, including but not limited to: Wallets and purses and their contents, jewelry, and other personal items with a fair market value of more than $5.00. This definition does not include items of clothing generally brought to the hospital by the patient, e.g. robes, pajamas, etc., unless the fair market value is more than $50.00 per piece.
COCHISE REGIONAL HOSPITAL  
Swing Bed Policies and Procedures

2. Whenever possible, the patient and/or his family will be asked to leave all valuables at home or take home any valuables at the time of admission. It is the responsibility of the Nurse, to discuss the matter with the patient or his family and maintain a list of the resident’s valuables on the residents chart.

3. If it is not possible to have the valuables sent home with the patient’s family, etc, it is to be explained to the patient by either the Charge nurse or the Nurse Manager that the hospital will only assume responsibility for valuables if they are deposited in the hospital’s safe at the time of admission and prior to the time the patient/resident’s arrival in their assigned room.

4. Valuables kept in the hospitals safe will be put into a standard valuables envelope. The content of the envelope will be noted on the face. The space provided on the face of the envelope also provides for a revision of the list of contents should the patient ask for money deposit additional money or valuables during the hospital stay. The top part of the envelope is a receipt which will be given to the patient or his family. Until a responsible person is available to receive the receipt, it will remain attached to the envelope.

5. Any cash, checks, etc., will be counted by two (2) nurses/persons who will each sign the valuables envelope stating that they have counted the money. One of these persons should, if at all possible, be either the patient or a representative of the patient, i.e., a member of his family, etc.

6. If, for some reason, the patient should be admitted with any valuables on his possession – the nurse assigned to the patient/resident will explain to the patient and/or his family that these valuables should be deposited in the safe if the hospital is to be responsible for their safekeeping.

If the patients belongings are to be deposited, or not, the nurse must make this note in the Shift Documentation Flow sheet of the electronic flow sheet.

1) The time she discussed this matter with the patient and/or his family  
2) When the valuables are taken to the Admitting Department for deposit and,  
3) A description of what was taken.

All must be entered into the Nurse Notes section of the patient chart and signed by two (2) nurses.
The receipt obtained in Admitting will be given to the patient or his family until a responsible person is available to receive the receipt, it will remain attached to the valuables envelope. As with money counted, if any cash, checks, etc., are taken from the patient for deposit, it should be counted in the presence of the patient or his representative and a counter signature should be obtained to protect the nurse. Any money etc., given to the patient by the nurse (obtained from the valuables envelope, etc.) or by the family during the course of the hospital stay, should be noted in the nurse’s notes if the nurse is aware of the matter.

7. If, during the time the patient is in the facility, he wants to withdraw money or other valuables from the valuables envelope on deposit in the hospital safe, the entire envelope should be brought to the patient and he should open it him/herself to withdraw funds, etc. This should be done in the presence of at least 2 hospital representatives, generally the Admitting nurse, who will bring the envelope if requested, and the patient’s nurse. The admitting nurse will note on the face of the envelope the items from the valuables envelope and if money was withdrawn; the amount of money shall also be noted.

8. The patient or his/her personal representative will be given the entire valuables envelope at the time of discharge, after presenting proper identification and the receipt given at the time the valuables were put into the safe. The receipt will be taped to the Consents of Admission Form. If the patient has expired, extreme care of the disposition of valuables must be observed, as all personal property, clothing, and valuables of the deceased person belong to the decedent’s estate.

9. The person named in the medical records as the one to be notified in case of death etc., is not necessarily the proper person to receive the decedent’s personal effects. However, where such items are of nominal value, i.e. cash value of less than $100.00 in value are involved, these should be held for delivery to the Executor or Administrator of the decedent’s estate upon his giving the Hospital Administrator or his designated assistant, a certified copy of his letter of appointment. This policy includes giving personal effects to the funeral director or mortician, who should not be given any valuables, as define herein, and should sign a receipt of all other personal effects taken from the hospital at any time.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

ADMISSION, TRANSFER AND DISCHARGE RIGHTS

DEFINITION:

Transfer and Discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.

POLICY:

Cochise Regional Hospital may not transfer or discharge the resident unless:

1). The transfer or discharge is necessary to meet the resident’s welfare and the resident’s welfare cannot be met in the facility.
2). The transfer or discharge is appropriate because of the resident’s health has improved sufficiently so the resident no longer needs the services provided by the facility.
3). The safety of individuals in the facility is endangered.
4). The health of individuals in the facility would otherwise be endangered.
5). The resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility; or
6). The facility ceases to operate.

The resident’s physician must provide documentation in the medical record, if a resident’s transfer or discharge is necessary for the resident’s welfare and the resident’s welfare cannot be met in the facility.

The resident’s physician must provide documentation in the medical record if the transfer or discharge is appropriate because the resident’s health has improved sufficiently so the resident no longer needs the services provided by the facility.

Before the transfer or discharge occurs, Cochise Regional Hospital will notify the resident, and if known, the family member, surrogate, or representative, of the transfer and the reasons for the transfer, and record the reasons in the clinical record. The facility notice will include an explanation of the right to appeal the transfer to the State as well as the name, address, and phone number of the State ombudsmen.
COCHISE REGIONAL HOSPITAL
Swing Bed Policy and Procedures

In the case of a developmentally disabled individual, the notice will include the name, address and phone number of the agency responsible for advocating for the developmentally disabled.

This notice will be provided 30 days prior to the transfer. Exceptions to the 30 day requirement apply when the transfer is effected because of:

- Endangerment to the health or safety of others in the facility;
- When a resident’s health has improved to allow a more immediate transfer or discharge
- When a resident’s urgent medical needs require more immediate transfer; when a resident has not resided in the facility for 30 days.

In these cases, the notice must be provided as soon as practicable before the discharge.

The objective of Cochise Regional Hospital’s policy is to discharge the patient from the facility with sufficient preparation and orientation to residents to ensure safe and orderly discharge from the facility.

A resident cannot be transferred for non-payment if he or she has submitted to a third party payer all the paperwork necessary for the bill to be paid. Nonpayment would occur if a third party payer, including Medicare or Medicaid, denies the claim and the resident refused to pay for his or her stay.

If the transfer is due to a significant change in the resident’s condition, but not an emergency requiring immediate transfer, then prior to any action, Cochise Regional Hospital will conduct the appropriate assessment to determine if a new care plan would allow the facility to meet the resident’s needs.
PATIENT TRANSFER

POLICY

Patients will only be transferred from Cochise Regional Hospital Swing Bed on the written order of the attending physician. As per the Patient’s Bill of Rights, transfers will not be made arbitrarily and will be made for the benefit of the patient when transfer is medically appropriate. Appropriate notification of resident/family/guardian will be given.
Residents of Cochise Regional Hospital Swing Bed Unit may be transferred to the Acute Care Unit at any time if the medical condition is indicated. Residents who become critically ill, contact a communicable disease, or become mentally disturbed an be admitted to the Acute Care setting for care. The decision to transfer any resident may be made by a physician or the Nursing supervisor of the Swing Bed Unit after consultation with the physician.

The Swing Bed Unit is not equipped or staffed to render continued Acute hospital type care; emergency medications and equipment are available on the Acute Care Floor Crash Cart. Limited supplies of emergency medications are available on the Swing Bed Unit.

Skilled personnel are required to render emergency assistance on the Acute Care floor or the Emergency Room when the need arise, without jeopardizing the residents on the swing Bed Unit floor. Residents may be moved to the Emergency Room of Southeast AZ. Medical Center for evaluation of emergent problems or health related crisis.

All residents will be given high quality personalized care, as defined in the Cochise Regional Hospital’s *Mission Statement*.  

**POLICY**

To facilitate the provision of patient care services at the most appropriate level based upon the patient’s assessed needs, Southeast AZ. Medical Center’s ability to provide for those needs and patient/family preferences.

**DOCUMENTATION REQUIRED**

- Copies of history, physical, lab work and any pertinent information from the chart and/or other documents as requested by the Swing Bed Unit.
- Copies of X-rays may be sent if requested or ordered by the physician involved.
- Completed Patient Transfer form (white) and physician’s certification, recertification form, completed by the physician and signed, verifying skilled services needed.
• Prior insurance authorization if required. The charge nurse or Case Manager to initiate prior authorization as far in advance as possible to facilitate transfer. The insurance and patient preference will make the final determination as to the accepting facility.

PROCEDURE

Patient Notification:

Explanation will be given to the patient and/or family by the Nurse/Physician, the necessity for transfer. Verify with physician patient’s need for a communicable disease screening test, i.e., TB skin test.

Notification:

Verification of the Doctor’s Orders.
Verify bed availability.
Notification of the nursing facility and physician if there is a change in physicians, with documentation of the name of individuals accepting the patient.
Family notification.
Notification of all disciplines:
Dietary, Pharmacy, Respiratory, Rehabilitation services as required.
Upon completion of transfer of patient notify Business Office of time of transfer.

Chart:

Complete all documentation, and send copies of all forms as listed above. Prepare patients by making sure patient has been bathed and dressed prior to transfer if possible. Move all of patient’s personal effects and transfer patient in a method that is appropriate.
PATIENT TRANSFER FROM ACUTE CARE TO SWING BED UNIT

POLICY

To facilitate the provision of patient care services at the most appropriate level based upon the patient’s assessed needs. CRH’s ability to provide for those needs, and patient/family preferences.

DOCUMENTATION REQUIRED

- Copies of history, physical, lab work and any pertinent information from the chart and/or other documents as requested by the Swing Bed Unit.
- Copies of X-Rays may be sent if requested or ordered by the physicians involved.
- Completed Patient Transfer form (white) and physician’s certification, recertification form, completed by the physician and signed, verifying skilled services needed.
- Prior insurance authorization if required. The charge nurse or UR/DP to initiate prior authorization as far in advance as possible to facilitate transfer. The insurance and patient preference will make the final determination as to the accepting facility.

PROCEDURE

Patient Notification:

Explanation will be given to the patient and/or family by the Nurse/Physician, the necessity for transfer. Verify with physician patient’s need for a communicable disease screening test, i.e., TB skin test.

Notification:

Verification of the Doctor’s orders.
Verify bed availability.
Notification of the Nursing facility and physician if there is a change in physicians, with documentation of the name of individuals accepting the patient.
Family notification.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

Notification of all disciplines:
Dietary, Pharmacy, Respiratory, Rehabilitation services as required. Upon completion of transfer of patient, notify Business Office of time of transfer.

Chart:

Complete all documentation, and send copies of all forms as listed above. Prepare patients by making sure patient has been bathed and dressed prior to transfer if possible. Move all of patient’s personal effects and transfer patient in a method that is appropriate.

LEVEL OF CARE CRITERIA FOR SWING BED PATIENTS

Special qualifying care services, which qualify patients for Swing Bed Unit, services:

_____A. Administration of Levine tube, gastrostomy tube feedings.
_____B. Nasopharyngeal and tracheostomy aspirations.
_____C. Insertion of medicated or sterile irrigation and replacement of catheter.
_____D. Administration of parenteral fluids.
_____E. Inhalation therapy treatments.
_____F. Administration of injectable medications other than insulin.
_____G. Requirement of intensive rehabilitation services by a professional therapist for
At least five(5) days per week.
_____H. Administration of IV medications for a related diagnosis requiring extended
period of IV antibiotics.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

VISITING HOURS

The resident placed in a Swing Bed level of care has the right and CRH must provide immediate access to any resident by the following:

a. Any representative of the Secretary of the Department of Health and Human Services.

b. Immediate family or other relative are not subject to visiting hour restrictions as in the Acute Care Unit.

c. Non-family visitors will also be granted “immediate access” to the resident subject to the Resident Rights to deny or withdraw consent at any time.

d. An individual or representative of an agency that provides health, social, legal, or another service to the resident, they have the right of “reasonable access” to the resident.

e. Cochise Regional Hospital maintains the right to change the location of the visit to assist care given or to protect the privacy of other residents if these visitation rights infringe upon the rights of other residents in the facility.

f. Cochise Regional Hospital may place reasonable restrictions upon the resident and exercise the right such as reasonable visitation hours to facilitate care given for the resident.
MARRIED COUPLES

POLICY

Married couples admitted to the Swing Bed Unit have the right to share a room with his or her spouse when both spouses consent to the arrangement.

All reasonable requests to share a room will be accommodated, however; this does not give a resident the right, or the facility the responsibility, to compel another resident to relocate to accommodate a spouse.

Furthermore, this requirement means that when a room is available for a married couple to share, the facility must permit them to share it if they choose. If a married resident’s spouse is admitted to the facility later and the couple wants to share a room, COCHISE REGIONAL HOSPITAL must provide a shared room as quickly as possible.

However, a couple is not able to share a room if one of the spouses has a different payment source for which the facility is not certified. In this instance, one of the spouses will be encouraged to pay for his or her care.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

SWING BED ACTIVITIES

PURPOSE

All residents in the Swing Bed Unit at COCHISE REGIONAL HOSPITAL will be encouraged to engage in various types of recreational activities.

POLICY

Swing Bed Unit at COCHISE REGIONAL HOSPITAL will provide activities for swing bed patients to include: games, equipment and supplies so that all needs for all residents will be met.

RESPONSIBILITY

The Clinical Leader/Social Worker will be responsible for promoting activities. They will encourage all employees to take an active interest in the social needs of the residents. The Clinical Leader/Social Worker may, from time to time, delegate to any person or persons on the staff the responsibility for organizing and promoting group activities such as parties or group entertainment by personnel or outside organizations.

Swing Bed patients will be provided with suitable in-room activities at the patient’s convenience, and may include, but are not limited to.

a. Music
b. Reading materials
c. Puzzles
d. Visitors encouraged
e. Videos
f. Board games
g. Television
h. Sewing, knitting, and crocheting are encouraged
i. Clergymen of all faiths are welcome to visit residents at any time. Pastors will be contacted at the request of any resident.

Activities will be individualized for each patient. Personal hobbies will be encouraged, space permitting.
COCHISE REGIONAL HOSPITAL
Swing Bed Unit Policies and Procedures

Relatives and friends of residents are encouraged to visit at any reasonable hour of the day or evening. No strict visiting hours are posted. Children are allowed to visit in the Swing Bed Unit.

All employees of the Swing Bed Unit are expected to treat each resident/patient with kindness and respect at all time. Rudeness and cruelty will not be tolerated and will be grounds for disciplinary action.

Infection Control policies will be followed. If the games and magazines are taken in to the room of a patient that has an infection process that could be passed on to other patients or staff, and they cannot be sanitized, they will be given to the patient/resident.

Community organizations are invited and encouraged to participate in providing for the social needs of the residents. Tray favors, greeting cards, and other tokens of remembrance are always welcome and are used to brighten the lives of the residents/patients.

Charting will occur on the Shift Documentation Flow Sheet/Swing Bed Activity Flow Sheet, on a shift to shift basis. The Charge Nurse/Case Manager/Restorative Aide/Certified Nursing Assistant may document on the record. The Activities Coordinator will complete the admission. They will also implement the activities for the patient. The staff will continue with the established activities.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

PLANNED COMMUNITY ACTIVITIES

POLICY

The Swing Bed Unit at Cochise Regional Hospital will provide assistance to residents/patients and approved organizations for planned community activities.

PROCEDURE

Transportation

The organization providing the service must assume all responsibility for liability of transporting residents/patients.

Wheelchair bound residents must be moved by someone knowing transfer techniques and provided by the sponsoring organization. (Nursing Staff will assist in transferring residents/patients into vehicles at Cochise Regional Hospital.) The organization providing the service must provide adequately trained personnel to assist in the transfer of the residents at the activity site. With prior notice of the activity by the organization, the Physical Therapy Department will provide instructions to the organization in lifting and transferring techniques.

Vans used to transport wheelchair bound residents must be appropriately modified to secure the wheelchairs to the floor and have a ramp or lift to get the residents in and out of the van.

Residents/Patients transported in automobiles must be ambulatory or wheelchair residents/patients who have learned to transfer from the wheelchair into and out of an automobile.

Organization

The organization providing the service will contact the Case Manager to make arrangements at least one week prior to the date of the activity. The Case Manager will explain the policy regarding such activities and will inquire as to whether or not alcoholic beverages will be served at the activity.
COCHISE REGIONAL HOSPITAL
Swing Bed Unit Policies and Procedures

The number of residents/patients and the specific residents/patients shall be determined by the Case Manager prior to the date of the activity, consultation with Nursing Staff regarding any condition which could prevent the resident/patient from participating in the activity planned.

The names of the residents/patients to be involved in the activity shall be forwarded to the nursing staff three (3) days prior to the activity. The residents shall have the right to leave the facility unless medically contraindicated in which case the physicians will document this fact in the records. If not medically contraindicated, as documented in the record, Nursing Staff shall obtain either written orders from the physician permitting the resident/patient to have alcoholic beverages, or, if alcoholic beverages are contraindicated, written statements from the physicians to document this fact. The Activities Department shall verify that these orders are in the resident’s medical chart.

Residents shall be dressed by the Nursing Staff. (Clothes for each resident/patient will be arranged the preceding day by the Social Worker.)

The organization providing the service will provide one volunteer per resident/patient at the activity site.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

Swing Bed Coordinator

Policy

Cochise Regional Hospital’s Swing Bed unit provides activity direction and capability as deemed by the admitted patient/resident. The intent is to provide each patient/resident with the ability to engage in various activities of interest, as well as activities of daily living to improve overall function. This service aids in improving quality of life, and assists in the transition to home or next facility stay.

Specific responsibilities may include but are not limited to:

• Upon patient/resident admittance, completing the initial activity assessment and the KATZ index.
• Documenting a participation daily note, whether or not patient refuses
• Taking a part in the discharge planning process.
• Encouraging activity participation at least once a day on a Monday-Friday regimen
• Base activities on desire of patient/resident
• Provide a monthly calendar if applicable
• Provide patients/residents with a daily to weekly schedule.
• Working with other interdisciplinary meetings and documenting accordingly.
• Provide education to family/resident on an as needed basis.
SUPPORT SERVICE: CASE MANAGEMENT

POLICY

The Case Management Department of Cochise Regional Hospital consists of one qualified Case Manager. The Swing Bed Unit and Cochise Regional Hospital will use the Case Management Department on a consulting and full-time basis. Case management will take part in the discharge planning process. Case management will take part in the discharge planning process.

The Case Management Department shall be responsible for evaluating the social-psychological needs of the patient. Referrals are made through the patient’s physician, himself, his family, a nurse or other members of the hospital team. However, no action is taken without the approval of the physician, since it is recognized that ultimate responsibility for the patient’s total care rests with the physician.

The Case Management Department will be available to help with problems that are preventing or hindering the patient’s recovery in the hospital or at his home. When possible, these should be resolved to the satisfaction of the patient.

The Case Management Department will attempt to meet the needs of the patient, staff and community in evaluating the available resources leading to the patient’s adjustment to treatment in the hospital or the anxiety of discharge.

The Case Management Department will obtain pertinent social and financial data and information about personal and family problems related to the patient’s illness and care and make such data available to the attending physician, appropriate member of the nursing staff and other personnel who are directly involved in the patient’s care. The Case Management Department will keep such data in electronic medical record files to ensure confidentiality. A Case Management Summary will be entered promptly in the patient’s clinical record and will updated as necessary.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

CASE MANAGEMENT

Policies

Cochise Regional Hospital Swing Bed unit is required to provide for the medically related social service needs of each resident. The intent is to assure that sufficient and appropriate services are provided by Case Management to meet the resident’s needs, to attain or maintain the highest practicable physical, mental, and psychosocial well being of each resident.

“Medically-related social services” means services provided by the facility’s staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psychosocial needs.

Specific responsibilities may include:

- Maintaining contact with family (with resident’s permission) to report on changes in health, current goals, discharge planning, and encouragement to participate in care planning.
- Assisting staff to inform residents and those they designate about the Resident’s health status and health care choices and their ramifications.
- Making referrals and obtaining services from outside entities (absentee Ballots, community wheelchair transportation).
- Assisting residents with financial and legal matters (e.g. applying for pensions, referrals to lawyers, referrals to funeral homes for preplanning arrangements).
- Discharge planning services.
- Providing or arranging provision of needed counseling services.
- Through the assessment and care planning process, identifying and seeking was to support resident’s individual needs and preferences, customary routines, concerns and choices.
- Build relationships between residents and staff and teaching staff how to understand and support residents individual needs.
- Promoting actions by staff that maintain or enhance each resident’s dignity in full recognition of each resident’s individuality.
- Assist residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions.
- Attending weekly interdisciplinary team meetings.
SAFEGUARDING PATIENT WITH ALLERGIES

POLICY

Residents shall be asked by the Admitting Nurse if they have any allergies. If resident does, the nurse should document on Physicians orders, Medication Reconciliation Form, the admitting notes, and on all Electronic Medical Records.

- An allergy bracelet will be applied to the patient at time of admission, or discovery of any new onset allergy reaction.
- Allergy label is placed on patient’s chart and kardex.
- All drug allergies shall be entered on the Electronic Medical Record.
- Allergies shall be entered on the nursing care plan.
- Allergies will be entered in NexGen upon admission.
TELEPHONE POLICY

POLICY

Swing Bed Patients/Residents will have access to telephones at all times. Swing Bed Patients/Residents can place and receive telephone call in privacy.

PROCEDURE

Telephones are available to Swing Bed Patients/Residents and their families. The telephones are located in each room, hallways, hospital lobby and in the activities room. The phones at the nurses station may also be used.

There are telephone jacks in each of the resident rooms. If a resident uses the telephone frequently one telephone may be left in the room. If the patient chooses not to have a phone in the room, the phone will be removed.

If a patient/resident requires assistance in using the telephone, the nurse or the CNA may assist in getting the phone. The phones will be placed within reach. Patients will be assisted as needed and will be allowed to receive telephone call in privacy.
TRANSPORTATION FOR SWING BED PATIENTS FOR OUTSIDE MEDICAL AND DENTAL CARE

POLICY

Swing Bed Patients may go outside for medical and dental care such as dentists, ophthalmologists, optometrist, etc., if ordered by their attending physician. If no other transportation is available, or appropriate, the Swing Bed unit may provide transportation services as required, and may contract for same as needed.

PROCEDURE

All requests for outside medical and dental care will be coordinated by the Case Management Department. The request should be made to the Case Management Department at least 3 days in advance. Prior authorization from the insurance company will be obtained.

The attending physician must order the examination and/or give written approval in the medical record for the temporary leave of absence of the resident from the facility.

The patient/resident or his legal guardian must sign a temporary leave-of-absence form, which will become part of the medical record.

Social Service will arrange for transportation of the resident to the desired office. First the family will be contacted to provide transportation. Then the outside groups that provide transportation to invalids will be contacted. This includes Trans Med, Safe-Ride, Gentle Care, Douglas Shuttle, and/or the Arizona Ambulance, etc.

Any incidents occurring while in route will be documented by the staff person who accompanied the patient/resident.
DENTAL SERVICES

POLICY

Swing Bed Patients/Residents will be allowed to have dental care as needed or if a situation warrants the patient to see a Dentist.

Initial Oral assessment will be done for all patients/residents by the nursing staff and documented in the nursing assessments.

Need for further assessment will be identified at the time of admission and referrals for further treatment or examination will be made in accordance to insurance coverage and/or personal preference for dental care.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

ORAL HYGIENE

POLICY

• Each day every patient will receive oral hygiene according to his individual needs and assisted as his condition requires.

• Special oral hygiene will be provided as indicated and determined by the resident’s current condition.

• Treatments as ordered by the physician or dentist will be provided as ordered.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

DAY DUTIES

POLICY

The CNA’s will provide assistance in their daily life activities, including oral hygiene.

PURPOSE

• To encourage and assist patient in oral hygiene before breakfast.
• To assist patients when necessary with morning bladder/bowel.
• To make initial observations.

PROCEDURE

• Identify the patient using two (2) patient identifiers.
• Introduce yourself to the patient and briefly explain the plan for the day.
• Encourage and/or assist patient to do as much as possible.
• Tidy the room and clear clutter. Change bed linen.

DOCUMENTATION

Document the time am care was given. Document pertinent observations made during am care. Have patient ready for Physical Therapy at the designated time. Allow patient rest periods. Provide activities as tolerated by patient.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

EVENING DUTIES

POLICY

All patients shall be offered PM care prior to bedtime.

PURPOSE

To refresh the patient before bedtime.

PROCEDURE

• Prepare the Patient
• Instruct and inform patients; allow ambulatory patients to wash at the sink.
• Provide Privacy
• Prepare equipment on over bed table.
• Give oral hygiene.
• Straighten out bed linen.
• Provide fresh drinking water.
• In all instances, perform for the patient if the patient is unable.

DOCUMENTATION

COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

MULTIDISCIPLINARY ASSESSMENT DATA FORM

POLICY

The multidisciplinary assessment data form will be completed by Nursing within 24 hours of admission. All information is included in the Swing Bed admission assessment.

Provides screening for:

- Physical Therapy
- Occupational Therapy
- Dietary
- Case Management

If the screening shows a need for an assessment from the above disciplines a Physician’s Order is necessary.

Interdisciplinary team meetings are to be held every week. The meetings are headed by the Case Manager. The above disciplines participate in the care and attend the meetings as well.
INTERDISCIPLINARY TEAM
MEETING SUMMARY
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

CHANGE OF CONDITION

POLICY

Areas of Concern
- Nutritional
- Integumentary
- Diagnosis (e.g. Diabetes, Renal Failure, etc.)
- Medication Regimen (e.g. Diuretics, Psychotropic Drugs, etc.)
- Cognitive, ADL’s

When a significant change in condition occurs in Swing Bed unit, the resident will be reassessed by the Charge Nurse, the Physician will be contacted for further orders and to notify change of status. The care plan will be revised and updated to meet the changes presented by the patient as promptly as possible.

All questions concerning possible changes in status will be directed to the RN in charge. The Nurse will notify the Physician via verbal communication of all change of status in patient/resident. Documentation in the nursing notes concerning the significant changes in status will be completed.

Any patient that presents a significant change such as significant weight loss/gain, decreased appetite, change in mentation, change in ADL performance, change in skin integrity, new diagnosis, or significant change in condition/health status will be charted on by nursing staff.
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

REASSESSMENT OF PATIENT

Initial individualized needs of each patient will be assessed upon completion of the Admission Data Form upon admission to Cochise Regional Hospital. The assessment process continues throughout the course of the patient’s stay. Reassessment of the condition, as well as the patient’s desire for care, and the patients’ response to any previous care is performed at regular intervals during the hospitalization. The reassessment continues to focus on age-specific criteria and will occur as needed, but definitely:

• When there is a significant change in the patient’s needs or condition
• When there is a significant change in patient’s diagnosis

Staff members integrate the information obtained from the various assessment tools to identify and assign priorities to each patient’s care needs. Care decisions are based on the identified patient needs and care priorities. If special needs are identified for patients who are receiving treatment for emotional or behavioral disorders or alcoholism or other drug dependencies, a referral will be made to Case Manager and/or to Cenpatico Behavioral Health of Arizona. Residents who are possible victims of suspected abuse or neglect will be referred to the appropriate authorities and to advocates in the Victim Witness program.

The scope of assessments to be performed by each clinical discipline is determined by its scope of practice, state licensure laws, applicable regulations, or certification. These scopes are defined in each department’s policy manual. A registered nurse will assess the patient’s need for nursing care in all settings where nursing care is provided.
PATIENT FALL RISK ASSESSMENT AND IDENTIFICATION

POLICY

All patients/residents who are admitted to Cochise Regional Hospital Swing Bed Unit shall be assessed and identified for fall risk.

PURPOSE

To assess and appropriately identify those patients/residents who are at risk for possible falls while hospitalized, therefore, precluding patient/residents fall through comprehensive programs of staff awareness, family, patient/resident education and patient/resident protection.

Upon admission, the nurses and physical therapist shall assess the patient/resident status and document finding on the Fall Risk Assessment sheet.

All patients/residents identified as being High risk for potential fall shall be identified in the following manner:

- Placed on the electronic chart.
- High Fall Risk sticker placed on information sheet in front of chart.
- High Fall Risk is notated in the Care Plan and an individualized plan of care developed for prevention.
- Staff is made aware of high fall risk potential of patient/resident during report.
- Fall risk yellow bracelet is applied to patient/resident at time of admission.
- Patient/Resident is given the yellow colored slippers and yellow blanket that make staff aware that patient/resident is a High Fall Risk.
- Bed alarms are placed on bed/chair.

Documentation is made on nurses notes, that patient will be monitored frequently. Patient will also have call bell within reach. Side rails are maintained up at all times. Family members are encouraged to stay with patient as needed. Sitter will be provided as needed or felt in the best interest by staff/physician.
VOLUNTEERS IN THE SWING BED UNIT

POLICY

Volunteers shall report to the Charge nurse or the Unit Manager upon arrival at the Facility.

PURPOSE

Group and individual volunteers are encouraged as part of the socialization and activity process in the Swing Bed Unit.

Volunteers are requested to notify the facility if unable to work as scheduled.

Volunteers shall participate in tuberculosis screening as described in the Infection Control/Employee Health program.

All volunteers must obtain a “Volunteer” name tag from HR prior to volunteering.
RERAINT POLICY
(Physical/Chemical)

BEHAVIORAL MANAGEMENT

PURPOSE

To establish guidelines for use of restraints on any patient/resident at Cochise Regional Hospital. Restraints are used within Cochise Regional Hospital only with adequate appropriate clinical justification when all other methods have failed. Seclusion is not used at Cochise Regional Hospital.

POLICY

Patient will be restrained when necessary to limit their movement as means of protecting themselves and others from harm. Dignity of the individual is always maintained. Restraints are not to be used for the convenience of staff or in a manner that causes undue/physical discomfort, harm, or pain to the patient. Early release from restraints is encouraged.

RESTRAINT DEFINITION AND WHEN RESTRAINTS ARE USED

Physical or chemical device to involuntarily restrain the movement of the whole or a portion of the patient’s body for the reason of controlling his/her physical activities in order to protect him/her or others from injury will be used only in an emergency. Non-physical interventions are preferred unless safety issues demand an immediate physical response.

DEFINITION OF EMERGENCY

When there is imminent risk of an individual physically harming him/her, staff or others; when non-physical interventions are not viable; and safety issues require an immediate physical response.

RESTRAINT ORDERS

Specific standards are followed and a guide to time limited orders for behavior management is as follows:

- Adults: 4 hours, *Ages 9-17: 2 hours, and * Ages under 9: 1 hour
COCHISE REGIONAL HOSPITAL
Swing Bed Policies and Procedures

- PRN orders are not used.
- Standing orders are not used.

Physician may continue the original order in accordance with these time limits for up to total of 24 hours. This must be in accordance with written modification to the patient’s plan of care.

PROCEDURE

1. A specific physician’s order must be received. The restraint order must contain the following specific information:
   a. whether it is a physical or chemical restraint
   b. reason for restraint
   c. type of restraint, ankle, wrist, chest, etc.
   d. time limit for restraint

2. All nursing personnel will consistently identify and document patients at risk for injury.

3. For emergency situations involving patient safety, the patient will be evaluated by a licensed nurse and documented in the patient record/restraint record. A licensed nurse may initiate the use of restraints before an order is obtained, however, the order must be obtained ASAP. The restraint will be used no longer than one hour until further orders are obtained.

4. Restraints may be implemented only when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm. This must be documented in the patient’s chart and recorded on the restraint management flow sheet.

5. Alternative interventions prior to applying restraints and as an attempt to remove restraints. May include the following:

LESS RESTRICTIVE MEASURES INCLUDE

a. Modify the environment (alter lighting, lower bed, clear clutter in room, keep personal items close, etc.)
b. Optimize body positioning, balance and alignment;
c. Wrap IV arm in Kerlex, thread IV tubing up through sleeve of gown, etc.
d. Review patient’s medications with physician;
e. Anticipate toileting and hydration needs;
f. Relieve discomfort;  
g. Improve communication with/for the patient;  
h. Provide regular ambulation opportunities;  
i. Reduce sensory stimulation; and  
j. Encourage/Provide family presence and support.

CRITERA FOR USE

6. **Validate** that the patient is a candidate for physical/chemical restraint if:

1) Confused, disoriented or extremely restless to the degree that he/she is not responsible for safe decision making and may accidentally, or purposely harm him/herself. The patient may be agitated, hostile, or abusive toward self, other patients, and care givers in the form of overt actions of biting, scratching, hitting, and/or kicking. Restraints for behavior management are used when severely aggressive or destructive behavior places the patient or others in imminent danger and is an emergency.

2) Ambulating without assistance when assistance is required.

3) In danger of falling out of bed or chair.

4) Interfering with, or pulling at, life support devices (IV, GI, GU tubes etc.)

7. Notify physician if alternatives have failed and patient continues to meet criteria for restraint applications.

8. Initiate use of restraints. The attending physician must make a face to face assessment with the patient within one (1) hour of initiation of restraints. At this time he must evaluate need for restraints.

   a) The restraint must be ordered by a physician or other independent practitioner permitted by the State and Hospital to order restraints. All restraints are used and continued by written or verbal order by the physician who is primarily responsible for patients ongoing care.

   b) If the restraint order is not ordered by the patient's attending physician, there must be a consultation with the patient's attending physician as soon as possible.

   c) The restraint order may never be written as a standing order or on an “as needed” basis.

   d) Restraint use **must** be implemented into the patient’s “Plan of Care.”

9. The initial and continuing restraint use order are time limited:
   *every 4 hours for an adult
   *every 2 hours for ages 9-17 years
*every 1 hour for ages under 9
* the physician must make face to face assessment with patient and evaluate need for restraint within 1 hour of initiation original order. This may only be renewed in accordance with these time limits for up to total 24 hours.

a) If restraints are needed beyond the expiration of time limited order, a new order is obtained as per time frames.

b) If restraints are discontinued prior to expiration of the original order, a new order must be obtained prior to reapplying the restraints.

NOTIFICATION REQUIREMENTS

10. Observe restrained extremity every two (2) hours for evidence of circulatory compromise, loss of sensation, decreased pulses, and change in color, edema and skin breakdown; if restrained in vest, observe every two (2) hours for respiratory compromise.

11. Provide range of motion and exercise for a period of not less than ten (10) minutes during each two (2) hour time period/frame the restraints are employed. Document this on the Restraint Record. Turn and position patient every two (2) hours and provide skin care. Assess patient for hydration, nutrition, toiletry, and discomfort needs.

12. DOCUMENT the following on the Restraint Flow Sheet using specific standards for Behavior Health Management.

   a) Types of device used;
   b) Alternatives tried and patient’s response;
   c) Results of attempts made to discontinue restraint use;
   d) Extremity assessment; and
   e) Nurse assessment of reason for restraints and; continued need.
   f) Notify the patient’s family of restraint use, and indicate in the consent form.
   g) Other information if applicable.

13. SAFETY

   a) Use slip knots when tying restraints
   b) Do not tie straps to side rails or cross behind patient.
   c) Keep side rails up at all times.
   d) Evaluate patient’s ability to use call light and place within patient’s reach.
   e) Keep sharp objects away from patient.
   f) Do not use a draw sheet tied around the waist of a patient as a restraint.
   g) If patient is combative, have a minimum of two people present whenever a restraint is released.

Reviewed: 11/14
 Revised: 11/14
14. **REPORT PROMPTLY** to doctor the following conditions:
   a) Ineffectiveness of restraints in controlling behavior and/or increase in agitation;
   b) Extremity or respiratory complications resulting from being restrained,
   c) Patient/family refusal of restraints.

15. If the behavior requiring restraint application improves prior to the expiration of physician’s order,
   a) **CONSIDER** a trail period of early release of restraints.
   b) **RECORD** attempt, behaviors, and response in the Restraint Flow Sheet.

16. Reapply restraints if the trial period fails.

**CHEMICAL RESTRAINTS**

A chemical restraint is a drug used to control behavior or to restrict the patient’s freedom of movement and is not a standard treatment for the patient’s medical or psychiatric condition.

1. Upon initiation of chemical restraints, instruct patient and family on the following:
   a) potential side effects from these types of medications
   b) the increased potential for falling; and
   c) need to call for assistance when getting out of bed and ambulating.

2. **Monitor**
   1) Sensorial  2) Alertness  3) Orientation  4) Gait  5) Balance and 6) Control associated with ambulation and self care activities every:
   a) Four (4) hours for adults,
   b) Every two (2) hours for ages 9-17 and;
   c) Every one (1) hour for ages under 9.

3. If findings indicate patient is at risk for self injury or falling, **PERFORM** the following:
   a) Assist patient with ambulation, self care and toileting at least every four (4) hours while awake.
   b) Discuss changing medication with physician.
   c) Use side rails and call light.
   d) Keep personal items within easy reach.

4. Incorporate the need for physical or chemical restraint use in the patient’s plan of care.

   For Performance Improvement;
   (a) **Maintain a log.** Data will be collected by nurse managers where restraints may be used to monitor and improve its performance of process 100% of charts reviewed.
   (b) **Monitor data.** See Quality Improvement Indicator form
      • Only use in emergency situations.
- Identify opportunities for incrementally improving rate and safety of restraints.
- Identify any need to redesign care process.

All restraint episode data shall be collected and classified for all settings and reported to QSC.

**PHYSICAL RESTRAINT CONSENT**

**UNDERSTANDING RESTRAINT USE**

In order to protect our patient/residents from harm or to promote them to a higher level of independence, it is sometimes necessary to use physical restraint(s).

Physical restraints are: Any manual method, material or equipment attached or adjacent to the resident’s body that the individual cannot remove 100% of the time when asked and that restricts freedom of movement or normal access to the resident's body. These devices are NEVER used as a disciplinary action or for the convenience of the facility to control behavior.

Restraints are initiated only after less restrictive measures, such as positioning pillow, pads, wedges, removable lap trays coupled with appropriate exercises, or other “enabling” equipment, have been demonstrated to be insufficient.

The following restraint has been recommended by the interdisciplinary team and with the specific doctor’s order (see restraint order) as the least restrictive device.

**RERAINT ASSESS REASSEESMENT**

Can be initiated through Nexgen charting and Empower.

**RERAINT RELEASE FLOWSHEET**

Can be initiated through Nexgen charting.
QUALITY IMPROVEMENT INDICATOR:  
**Adherence to Restraint Policy**

Unit: _________________________  
Patient MR Number: _________________________  

Reporting Period:  

____________________________________________________________________________________

**Standard of Care:**  
Patients can expect that protective devices and restraints will be used only after less restrictive measures have proven ineffective.

**Standard of Practice:**  
Nursing staff will use restraints and protocols only after less restrictive measures have proven ineffective.

**Type of Restraint:**  

____________________________________________________________________________________

**Indication:**  

____________________________________________________________________________________

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<th>CRITERIA</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>1. Nursing documentation demonstrates assessment of need for restraint.</td>
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<td>2. Alternatives to restraints are attempted and documented.</td>
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<td>3. Physician order obtained within one (1) hour (unless an emergency).</td>
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<td>4. Verbal orders countersigned within _____ hours.</td>
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<td>5. Order written has a time limit.</td>
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<td>6. Order is rewritten at the end of time limits if restraints are to be continued.</td>
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<td>7. Documentation checklist is initiated.</td>
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<td>8. Appropriateness documented every 12 (twelve) hours.</td>
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<td>9. Distal circulation &amp; skin integrity assessed every ½ hour.</td>
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<td>10. Patient/Family education is documented.</td>
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<td>11. Restraints released every two (2) hours for ADL’s</td>
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<td>12. Consent from legal guardian or significant other is obtained within (12) twelve hours of restraint use.</td>
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Reviewed: 11/14  
Revised: 11/14
Patient Restraint Order

Application of restraints requires a physician order specifying the following:

Start date/time: ___________________   End date/time: ___________________

(Duration of restraint cannot exceed maximum of twenty-four (24) hours) This order applies to a specific episode.

**PRN ORDERS ARE NOT PERMITTED**

1. THE REASON FOR THE RESTRAINT (Check letter of all that apply):

   □ A. Patient is confused or disoriented or otherwise unable to follow instructions (consistently after staff has attempted alternatives to restraints), **AND ONE OR MORE OF THE FOLLOWING:**
   
   □ B. Patient persists in efforts to disconnect medical equipment.
   
   □ C. Patient thrashes extremities in a manner and setting that could result in injury.
   
   □ D. Patient picking at wound dressings in a manner that could compromise healing or promote infection.
   
   □ E. Patient exhibiting behavior in a manner and to the degree that, in the judgment of qualified staff, there is a significant potential for injury to the patient or other people, and such behavior interferes with the ability to provide personal care to the patient/resident.
   
   □ F. Other (specify) ____________________________________________________

2. HOW USED (every 30 minute checks and every 2 hour releases etc.)

   ______________________________________________________
   
   ______________________________________________________

Reviewed: 11/14
Revised: 11/14
3. **TYPE OF RESTRAINT** (Check type of restraint to be used)
   - [ ] Lap Buddy/Lap Tray
   - [ ] Soft Limb
   - [ ] Mittens
   - [ ] Seatbelt
   - [ ] Gerichair
   - [ ] Other (please specify):

4. Restraints are used **WHEN/WHERE** (Check all that apply):
   - [ ] 100% of the time patient is up/out of bed
   - [ ] At mealtimes
   - [ ] When patient is in bed
   - [ ] In wheelchair
   - [ ] Other (please specify):

5. **ALTERNATIVES TO RESTRAINTS ATTEMPTED** (Check all that apply)
   - [ ] Verbal instructions/Distractions
   - [ ] Family/Staff/Volunteer
   - [ ] Sedation/Psychotropic medication usage
   - [ ] Social Activity/Socialization
   - [ ] Fall Prevention Alarm
   - [ ] Other (please specify):

   Date: ___________________ Physician: ___________________

**ORDER RENEWAL**
Continue current management (Date/Physician to initial) **OR** (Date/T/O/RN’s initials)
__/__  __/__  __/__  __/__  __/__  __/__  __/__  __/__

Reviewed: 11/14
Revised: 11/14
**Reason for Restraints** – (Confusion/disorientation, combative, gait balance disturbances, interference with treatments such as pulling out IV line, NG tube, etc)

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What lesser restrictions were tried (RN + on call, sitter, 4 SR up, medicated)?

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<tr>
<th>Restraint Released Every Two Hours for ADL &amp; ROM</th>
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30 Minute Checks

<table>
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<tr>
<th>Adequate Circulation</th>
<th>Correct Application</th>
<th>Sensation</th>
<th>Skin Integrity</th>
<th>Restraint Off - Document Reason</th>
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Initial Signature

Initial Signature

Reviewed: 11/14
Revised: 11/14
Bed Side Rails

POLICY

Bed rails are used at Cochise Regional Hospital for the protection of the patient against injury to himself and/or others.

Bed rails shall be elevated routinely on the following patients:

- Sedated
- Disoriented
- Critical

A physician’s order and signed release by patient/resident is required to keep side rails down. In general, the nurse exercises judgment in use of bed rails for circumstances other than those above. Nurses must indicate on chart when side rails are elevated or removed.

All patients refusing the placing and raising of side rails on the bed for their personal protection shall sign a Release of Side Rails form.

See the following forms in English and Spanish.
RELEASE OF SIDE RAILS

PATIENT__________________________________________________________

DATE _________________________ TIME __________ AM/PM

Having been informed by Cochise Regional Hospital that protective side rails be placed on my bed and raised for my personal protection, I hereby instruct the hospital and its employees not to place or raise protective side rails on (my) (the patient’s) bed and hereby assume all risks in connection therewith and fully release the hospital, its employees and my physician from any and all liability for injury or damage to (me) (the patient) by reason of its failure to place or raise protective side rails on (my) (the patient’s) bed.

_________________________________________ Patient

Witness:

__________________________________________

__________________________________________

If patient is unable to consent by reason of age or some other factor, state reasons:

__________________________________________

__________________________________________

Witness

__________________________________________

Signature of legally authorized rep. Relationship to Patient

Reviewed: 11/14
Revised: 11/14
RELATING TO SIDE RAILS

PATIENT:__________________________________________________________

DATE: _____________________________ TIME: ______________________________ am/pm

Having been informed by Cochise Regional Hospital that protective side rails can be placed on my bed and raised for my personal protection, I hereby instruct the hospital and its employees to place or raise protective side rails on (my) (the patient’s) bed. I hereby assume all risks in connection therewith and fully release the hospital, its employees, and my physician from any and all liability for any injury or damage to (me) (the patient) by reason of its placing or raising protective side rails on (my) (the patient’s) bed.

__________________________________________
Patient

Witnesses:

If patient is unable to consent by reason of age or some other factor, state reason:

__________________________________________

Witnesses:

__________________________________________

Signature of legally authorized representative
Relationship to Patient
Después de haber sido informado por el personal de COCHISE REGIONAL HOSPITAL que pueden ser usados en mi cama los rieles de seguridad de los lados para mi protección personal, Yo le pido al hospital y sus empleados que pongan y utilicen (suban) los rieles de seguridad en mi cama o cama del paciente antes mencionado. Así mismo asumo todos los riesgos implicados con el uso de estos rieles, y totalmente desprendo al hospital, sus empleados, y a mi doctor de toda responsabilidad legal por daños o prejuicios a mí o al paciente antes mencionado por motivo de poner y usar (subir) los ríles protectores in los lados de mi cama.

Paciente

Testigos:

Si el paciente no puede firmar este consentimiento por su edad o algún otro motivo, explique la razón:

Firm del representante legal

Relación con el paciente
RECHAZO RIELES DE LOS LADOS DE LA CAMA

PACIENTE: ____________________________________________________________

__________________

FECHA: _____________ HORA: ________am./p.m.

Después de haber sido informado por el personal de COCHISE REGIONAL
HOSPITAL que pueden ser usados en mi cama los rieles de seguridad de los lados para
mi protección personal, Yo le pido al hospital y sus empleados que no pongan y no
utilicen (suban) los rieles de seguridad en mi cama o cama del paciente antes
mencionado. Así mismo asumo todos los riesgos implicados al no utilizar estos rieles, y
totalmente desprendo al hospital, sus empleados, y a mi doctor de toda responsabilidad
legal por daños 0 prejuicios a mi paciente antes mencionado por motivo de no poner
y no usar (subir) los rieles protectores en los lados de mi cama.

__________________                             Paciente

Testigos:

__________________

__________________

Si el paciente no puede firmar este consentimiento por su edad o algún otro
motivo, explique la razón:

__________________

__________________

Firma del representante legal

__________________

Relación con el paciente
BED SIDE RAIL – PROCEDURE

OBJECTIVES
To prevent patient from injury.

EQUIPMENT
Side rails attached to bed.

PROCEDURE

1. Explain procedure to patient. Stress purpose and importance.

2. Elevate side rails on the following patients:
   - Sedated
   - Disoriented
   - Critical
   - Incapacitated
   - Bedtime

3. Check patients at frequent intervals for safety and security of bed rails.

4. Keep call light within easy reach. Instruct patient to signal if he wants to get out of bed.
   - Physician’s order required
   - Physician’s order signed release by patient is signed release by patient is required against medical advice.

5. If patient refuses to keep side rails in elevated position, if ordered, notify physician and the supervisor.

6. Chart position of side rails, elevated and released. Include pertinent observation in clinical record.
ELDER ABUSE AND NEGLECT PROGRAM

FOR THE SWING BED UNIT

INTENT:

Each resident has the right to be free from abuse, corporal punishment and involuntary seclusion. Residents must not be subjected to abuse by anyone including, but not limited to, facility staff other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals.

Each resident has the right to be free from mistreatment, neglect, and misappropriation of property.

Notify all employees of their responsibility to report actual or suspected Abuse. Prevent employment of individuals who have been convicted of abusing, Neglect, or mistreating individuals in the health care setting (i.e., patients’ residents in a hospital or residents of a nursing facility, or vulnerable adult).

GENERAL INFORMATION AND DEFINITIONS:

1. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

2. This also includes the deprivation by an individual, including a caretaker, of goods, or services that are necessary to attain or maintain physical, mental and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish.

3. “Verbal Abuse” is defined as the use of oral, written or gestured language that Willfully includes disparaging & derogatory terms to residents or their families, Or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to: threats of harm; saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.

4. “Sexual Abuse” includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.

5. “Physical Abuse” includes hitting, slapping, punching & kicking. It also includes behavior through corporal punishment.

6. “Mental Abuse” includes, but is not limited to, humiliation, harassment, punishment or deprivation.
7. “Neglect” means failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

8. “Misappropriation of resident property” means the intentional taking, carrying away, using, transferring, concealing or retaining possessions of a patient’s Resident’s property without the patient’s/resident’s informed consent, and with the intent to deprive the patient/resident of possession of such property, or obtaining property of a patient/resident by intentionally deceiving the patient/resident with a false representation which is known to be false, made with the intent to defraud, and which does defraud the person to whom it is made. False representation includes a promise made with intent not to carry it out.

9. “Involuntary Seclusion” is defined as separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident’s will or the will of the resident legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident’s need.

Involuntary seclusion is not considered as long as care and services are provided in accordance with each resident’s individual needs and preferences rather than staff convenience, and as long the resident surrogate or representative participates in placement decision and is involved in continuing care planning to assure placement continues to meet the resident’s needs and preferences.

Emergency short term monitored separation due to temporary behavioral symptoms (i.e. brief catastrophic reaction or combative or aggressive behaviors which pose a threat to the resident, other residents, staff or others in the facility) is not considered involuntary seclusion as long as this is the least restrictive approach, be the minimum amount of time and is being done according to resident needs and not staff convenience.

SIGNS OF POSSIBLE ABUSE:

Suspicious bruising (old & new); welts; lacerations; punctures; fractures; burns, excessive fears, change in appetite; loss of interest in self, environment, or activities; withdrawal suicidal ideation; sleep disturbances.

Patient/resident must not be subjected to mistreatment, neglect, abuse and misappropriation of property by anyone, including, but not limited to, facility staff, other patients/residents, consultants or volunteers, staff of other agencies serving the individual, family members, or legal guardian, friends, or other individuals. As such:
1. The facility’s employees will not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion.

2. The facility will not knowingly employ individuals who have been found guilty of abusing, neglecting, or mistreating patients/residents by a court of law, or have had a finding entered into the State nurse aid registry concerning abuse, neglect, mistreatment or patient/residents or misappropriation of their property.

3. The facility will report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State Nurse Aide registry or licensing authorities.

**PROCEDURE:**

**I. SCREENING / HIRING OF EMPLOYEE’S**

It is the policy of Cochise Regional Hospital that potential employees for the Swing Bed Unit with a history of abuse, if that information is known to the facility, will not be hired.

Applicants (for any position) will have references requested, checked, and criminal background checks initiated with appropriate State Justice Department based upon work history. CNA applicants will have registry verification occur prior to hiring, and nurse applicants will have Board of Nursing verifications and review for any actions against the licensee. All new hires (for any position) will receive a copy of this policy and will sign an acknowledgment form that they have received this policy and understand it contents. This signature form will be kept in the employee personnel file.

**II. TRAINING**

All staff will be required to attend annual orientation and ongoing sessions on issues related to abuse prohibition practices, such as:

A. Appropriate interventions to deal with aggressive and/or catastrophic reactions of residents.
B. Reporting their knowledge related to allegations without fear/reprisal.

**III. GUIDELINES FOR INVESTIGATION OF SUSPECTED ABUSE**

2. Notify supervisor/department head, Case Manager, and Administration immediately of suspected abuse, neglect, mistreatment or misappropriation of property.

3. With Administrative approval, contact local law authorities if evidence of allegation of a crime.

4. Investigation to begin immediately by manager, Administration and Case Manager. Interview all involved staff/other residents/patient, families etc. Obtain written statements from all involved, including dates and times. Case Manager to complete the Possible Abuse/Neglect form. Human Resources shall be notified of the investigation.

5. Accused staff member will be immediately removed from patient/resident care until the investigation is completed. (Either suspension or reassignment to a non-direct care department). Have the accused staff member wait in a private area until manager arrives to meet with the accused. *(This procedure will be implemented to protect the resident from any possible harm during an Investigation).*

6. Administrator, Case Manager and Manager will analyze findings of investigation; take appropriate corrective action with employee up to and including termination of the employee. Corporate legal counsel may be contacted, if deemed appropriate by Administration.

7. Social Services and Administration to contact resident’s/patient’s responsible Party.

8. As required by law, the alleged abuse, etc., and substantiated incidents will be Reported to the Arizona Department of Economic Security, Aging and Adult Administration, (602) 542-4446, the Long Term-Care Ombudsman at (520) 432-5301, and Adult Protective Services at (520) 364-4446, within five working days of notification of suspected abuse, etc. The accused staff member will be notified of findings and report to the state. *(Administration, DON, and Human Resources Department).*

9. Determine the effect of incident on other residents and staff and provide support if necessary.

10. Review Abuse Policy and Procedure for possible modification, if necessary to prevent further occurrences of resident abuse.


## DISCHARGE PLANNING

### POLICY

The Case Manager will be designated as the Discharge Planning Coordinator for the Swing Bed Unit. Discharge planning will be accomplished through the Multi-Disciplinary Resident Care Planning Committee as authorized by the Swing Bed Unit. It will be the responsibility of this committee to see that a discharge plan is developed, reviewed, and revised regularly for each resident.

Formulation of the plan, to provide adequate and continued care following discharge, will begin at the time of admission or transfer to a SNF and be documented within the assessment time frame.

The plan will be evaluated, changed or revised at least weekly during resident care meetings. The resident, family members and potential caretakers will be included in the setting of realistic goals and all efforts will be directed toward the achievement of those goals.

### PURPOSE

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<th>KEY POINTS</th>
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<tr>
<td>Determine each resident's need for discharge planning.</td>
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<tr>
<td>Review resident's transfer form &amp; Case Manager &amp; Nursing Assessments. Review physician’s progress notes for statement of rehabilitation potential. Determine conclusions about discharge from MDS system.</td>
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### PURPOSE

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<th>KEY POINTS</th>
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<tr>
<td>Assess care need during residence and following discharge to meet needs identified:</td>
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<tr>
<td>A. Document on Admission Nursing Assessment form &amp; Resident Care Plan.</td>
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<tr>
<td>B. By RTP or PT progress notes &amp; Resident Care Plan.</td>
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<tr>
<td>C. By OT and/or Activities Coordinator or OT and/or activities record &amp; Resident Care Plan.</td>
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### PURPOSE

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<tr>
<td>Identify teaching &amp; learning needs.</td>
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<td>To discuss, obtain physician’s orders &amp; delegate each area to appropriate individual during resident staffing within 14 days.</td>
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Reviewed: 11/14
Revised: 11/14
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<th>PURPOSE (cont.)</th>
<th>KEY POINTS (cont.)</th>
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<tr>
<td>Prepare resident/family/receiving facility to assume responsibility for care following discharge.</td>
<td>Arrangements will be made for participation by residents and/or operator of receiving institution to attend or contribute to staffing for discharge planning purposes.</td>
</tr>
<tr>
<td>A. Instruct anticipated caretaker in care and treatment techniques.</td>
<td>Return demonstration should be elicited from potential caretaker by appropriate discipline.</td>
</tr>
<tr>
<td>B. Provide information about resident’s chronic conditions &amp; expected outcomes.</td>
<td>Physician conference. Copies of documents will be forwarded to reinforce information.</td>
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<tr>
<td>C. Provide information about any facility to which resident may be transferred.</td>
<td>Case Manager to provide for visits to or discussion of new facility prior to move.</td>
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<tr>
<td>D. Resident will be consulted whenever competent regarding placement. When resident is not competent, legal guardian or family/ surrogate will be notified and consulted.</td>
<td>Obtain services of public fiduciary, private advice and/or health plan manager.</td>
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<td>The plan is confirmed, proper documentation will be made on patient care plan.</td>
<td>Will include:</td>
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<td>The form will be initiated and, to the degree possible, completed at a Resident Care Planning Conference.</td>
<td>A. Information relative to diagnosis.</td>
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<td>B. Rehabilitation potential.</td>
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<td>C. A summary of the course prior to treatment.</td>
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<td>D. Physician orders for the immediate care of the resident.</td>
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<td>E. Pertinent social information.</td>
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<td>At the time of discharge, the assessment based on information from the Multidisciplinary Assessment Data Form will be discussed with the resident or the resident’s representative. The resident or resident’s representative will sign the form to acknowledge understanding. A copy of the form will be given to the resident or the resident’s representative.</td>
<td>Charge nurse or other appropriate person will discuss with resident or person who will provide care. Information not understood will be clarified.</td>
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</table>
Discharge of the Resident from the Swing Bed Unit

To discharge the patient from the facility with all possible safety, consideration, and courtesy.

EQUIPMENT NEEDED –

- Wheelchair
- Patient Record

POLICY

Patient/Resident will be discharged on written order of the physician. Patient/Resident or his/her relatives who wishes to be released from the hospital against medical advice will complete the appropriate AMA form and the attending physician will be notified.

PROCEDURE

EXPLANATION TO PATIENT –

Prepare patients and families for treatment, diet, limitations follow-up etc.

DEPARTMENTAL NOTIFICATION –

A. Pharmacy - or give Patient/Resident prescriptions to be filled elsewhere.

B. Notify Dietician prior to discharge if patient or family is to be taught a special diet.

C. Admitting Office

D. Follow-up appointment and write information on card for patient / resident.

F. Return medications they may have brought to the hospital.

G. Provide patient with Detailed Discharge Instruction Sheet.
I. Check valuables slip to be sure Patient/Resident has all their valuables. Be sure the valuable slip is properly signed.

**DEPARTURE PROCEDURES** –

- Use a wheelchair. All residents/patients must be transported in a wheelchair and
- Escorted for convenient exit
- Assist him/her into the car

**CHARTING** -

- Time of discharge
- Method of leaving
- Pertinent Remarks
- Signatures
- Discharge Planning Summary
Crandall & Associates is the contract food service for COCHISE REGIONAL HOSPITAL.

A Dietary manual with specific reference to Acute and Swing Bed Unit is maintained on each unit.

Patient/Resident concerns regarding dietary services may be addressed with the Food Service Director, Consulting Dietician, (Noriko De La Cruz Phone #520-220-0534 Fax #520-805-0175) and the Nursing Staff.

Nutrition Screening for Physicians:

1. Nutrition recommendations will be documented on the Patient assessment.

2. Urgent recommendations (such as when the resident/patient’s status is seriously compromised) should be referred to the Clinical Leader/DON/Charge Nurse.

3. A multi-disciplinary assessment data form will be used by nursing to screen, within 24 hours of admission, patients who may need an assessment from Dietician.

4. If an assessment is needed by Dietician, a Physician’s order will be obtained and an assessment will be accomplished within 48 hours.

5. A Dietitian Fax Consultation Form is available to fax pertinent information when a consult is requested by the Physician.
PATIENT CARE PLAN

POLICY

To describe the policies and procedures to be implemented by the interdisciplinary team in the process of care planning for patients/residents of the Swing Bed Unit.

1. Patient care plans are initiated by the Registered Nurse/Licensed Practical Nurse upon admission in accordance with the time frame required in Medicare regulations and individually comprised by patient/resident need.

2. Patient care plans and assessment are reviewed and revised daily/or as deemed necessary.

3. Patient Care Conferences are held on a weekly basis in conjunction with the Case management who is in charge of the weekly meetings

4. Patient and family should be included in the interdisciplinary team, and are invited to care conference meetings and provide with a summary if they do not attend.

5. The members of the interdisciplinary team include, but not limited to:
   * Physician
   * Nursing
   * Physical Therapy
   * Case Manager
   * Dietary
   * Financial Counselor
   * Respiratory Therapy
   * Swing Bed Coordinator
   * Pharmacist
REHABILITATION CARE AND SERVICES

Cochise Regional Hospital provides a comprehensive rehabilitation department functioning on an inpatient and outpatient basis. A wide variety of treatment modalities are provided by consistent professional who are qualified by education with professional licensure regulation, registration, and certification training and experience. Rehabilitation services include:

- Physical Therapy

Specific policies and procedures which apply to rehabilitation care and services are maintained in that department. A rehabilitation plan developed in a multi-disciplinary and collaborative manner by qualified professional, based upon the assessment of individual age-specific needs is created to guide the provision of rehabilitation services. The patient’s physical, cognitive behavioral, communicative, emotional, and social status and identified facilitating factors that may influence attainment of rehabilitation goals are assessed and impacts the written treatment plan developed for rehabilitation care. For inpatients, a referral for rehabilitation services is triggered by the RN completing the Multi-Disciplinary Data Form upon the patient’s admission to the hospital and with a written physician’s order. The rehabilitation plan is implemented with the involvement and consent of patient and/or family, social network, or support system. Patients are encouraged to make choices about this, participate in rehabilitation and develop a sense of achievement in the progress. Patients and families receive information about potential benefits and risks of rehabilitation services. Individuals in the patient’s support system are included in all educational efforts of the rehabilitation plan as much as possible with the consent of the patient. In order to make informed decisions – their expectations are considered and documented in the rehabilitation plan. The plan identifies activities, services and interventions the patient/resident will use to reach the rehabilitation goals. An interdisciplinary team implements and coordinates planned treatment and services. If receiving rehabilitation care as the admitting skill needed, the patient/resident will be seen twice a day, five days a week by a physical therapist.

The goal of rehabilitation care and services is to restore, improve, or maintain the patient’s optimal level of functioning, self-care, self-responsibility, independence, and quality of life. The patient’s readiness to end rehabilitation services is determined based on written discharge criteria.
ADMINISTRATION OF MEDICATION

POLICY

To assure accurate and safe administration of medications to patients by:
  • Learning general procedures regarding dispensing and administration of medications in this hospital.
  • Adhering to certain basic principles of the administration of medication in the Swing Bed Unit.

PREPARATION OF MEDICATIONS

Specific nursing orders and precautions to be observed:

1. All medications are to be administered by licensed personnel.
2. Never use an unlabeled medication.
3. Check all drugs for expiration date and do not administer if expired.
4. Do not allow patient to take any drugs which have not been ordered by his physician on the Physician Order Sheet.
5. Medications are to be given only by the nurse who prepares them, and Doubled checked with the second nurse for verification.
6. “Stat” orders are to be given at once. Verification by second nurse is completed.
7. All physicians’ orders will be co-signed and noted by the nurse in charge.

Calculations:

Calculations required in the preparation of medication shall be checked by another nurse or the pharmacist for verification.

Dilution of Drugs

1. Cough medicines are given undiluted unless otherwise ordered.
2. For Patients who have difficulty swallowing:

   Pills may be crushed and dissolved and/or capsules emptied, and given in either solution or soft food (e.g. applesauce).

   Liquid forms of medication should be used when ever indicated.