

Questions/Information for Stakeholder Engagement  
GACH, Clinical Laboratory, Pharmaceutical, and Dietetic Services  
To be held August 30, 2019

**Clinical Laboratory Service (§70241 - §70249)**

The Department anticipates revising the GACH clinical laboratory service regulations to bring the language of the regulations up to current professional standards.

1. What legal and professional standards should the director of the clinical laboratory service be required to follow?
2. What are the minimum routine laboratory services that a clinical laboratory within a hospital should supply?
3. Do the current California Radiation Control regulations sufficiently address the use, storage, and disposal of all radioactive material by the clinical laboratory service?
4. What quality indicator data does the clinical laboratory service currently collect? How frequently does the lab review data as a part of a quality assessment and performance improvement program? Does this include adverse events?

**For clinical laboratory services that depend on outside blood banks and transfusion suppliers:**

5. What evaluation method does the clinical laboratory service use to determine whether the suppliers of critical materials, equipment, and services meets their service needs?
6. What would the drawbacks or benefits be from inviting, whenever possible, the director of the blood bank and transfusion service, or his or her representative, to participate in the evaluation and selection of suppliers before an agreement is finalized with an outside blood bank?
7. Should the contractual agreement between the blood bank and transfusion service and the outside blood bank and transfusion supplier include a brief explanation of how those expectations will be met?

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**Pharmaceutical Service (§70261 - §70269)**

The Department anticipates revising the GACH pharmaceutical service regulations to bring the language of the regulations up to current professional standards.

1. Under what circumstances would it be beneficial to allow practitioners to prescribe drugs in hospitals, and which practitioners?
2. Who conducts medical reconciliation for high-risk patients upon admission to the hospital?
3. What are the drawbacks or benefits that may result from requiring the person taking a verbal or telephone order for drugs to record the name of the person calling in the order for the prescriber (the caller) as well as their own name (the person inscribing the verbal or telephone order), and allowing the pharmaceutical service to accept electronic signatures?
4. What are the drawbacks or benefits that may result from requiring a retrospective review of any drugs administered pursuant to a standing order (without a patient-specific prescription), and requiring the medical necessity for administering drugs pursuant to a standing order be documented in the patient's medical record?
5. What are the drawbacks or benefits that may result from requiring drug storage temperature logs to be maintained and readily available for three years?
6. What would be the drawbacks and benefits of requiring hospitals licensed pursuant to section 4029 of the Business and Professions Code to provide office space for the Director of the pharmaceutical service? What would be the drawbacks and benefits of requiring hospitals licensed pursuant to section 4029 of the Business and Professions Code that have pharmacy managers to provide office space for the pharmacy manager, while allowing offices to be shared if there are multiple pharmacy managers?

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**Dietetic Service (§70271 -70279)**

The Department anticipates revising the GACH dietetic service regulations to bring the language of the regulations up to current professional standards.

1. What are the drawbacks or benefits that may result from requiring the refrigerator and freezer temperature reading logs be kept for 90 days?
2. What are the drawbacks or benefits that may result from requiring cleaning and sanitizing of dishware to meet current standards regarding pre-cleaning and proper sanitizing?
3. Should a nutritional assessment that includes height, weight, and pertinent laboratory tests be completed upon admission?
4. Do hospitals have written policies and procedures for medical nutrition therapy that are reviewed at least annually?
5. Do hospital diet manuals presently include the purpose and principles of each diet, the meal pattern, the foods allowed and not allowed, and the nutritional adequacy and inadequacy for each type of diet provided? How frequently should a hospital diet manual be updated?
6. What are the drawbacks or benefits that may result from requiring a patient's transfer discharge record to include a discharge summary of nutritional care provided, all nutritional care notes, nutritional assessments, and the nutritional care plan?
7. What are the drawbacks or benefits that may result from requiring that, during emergencies where the dietary service cannot prepare meals in the usual manner or cannot obtain meals from their regular outside meal provider, or during a state or federally declared disaster, the dietary service must provide meals that mirror the nutritional adequacy of the menus?
8. What are appropriate guidelines for the safe preparation of formula, human breast milk, and admixtures?