

SUBJECT: REFERRAL PROCESS AND SCREENING	REFERENCE #2003
DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

All referrals to the program will be properly documented. Staff are to respond to each referring party's need for assessment and referral services, and facilitate admission to the appropriate level of care in a timely and professional manner.

PROCEDURE:

- Referrals are made to the program in the following ways:
 - Attending physicians referring their own patients will perform the intake assessment. The intake information is conveyed by the physician to the Charge Nurse at the time of referral. The intake form is completed by the Charge Nurse.
 - Referrals can be made directly to the program by:
 - Residential care facilities
 - Inpatient psychiatric units
 - Other hospitals
 - Physicians not on staff
 - The patient's family
 - The patient
 - Any other person interested in the welfare of another person, and who may have knowledge pertaining to the need for such services
- Telephone referrals are made directly to the program and intake information is gathered. If deemed appropriate, arrangements are made for the patient to be screened either by transporting the patient to the unit or by staff seeing them in the community. Screenings are always completed by professional staff.
- The staff completing the initial intake will notify the Program Director or designee of the referral. The Program Director or designee will then contact the referral source as soon as possible, but no later than 24 hours to schedule an evaluation.
- It is essential that staff give patients and families clear directions to the facility and that a contact person meet them when they arrive.
- The following information will be recorded on the Initial Intake Form by any staff member to whom the referral was made:
 - Date and time of referral
 - Staff member taking referral information

SUBJECT: SUICIDE ASSESSMENT	REFERENCE #2014
DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

Acutely or imminently suicidal patients are not appropriate for the Partial Hospitalization Program. These patients, following assessment, will be referred for inpatient hospitalization.

PROCEDURE:

- When a patient expresses suicidal ideation, staff must notify the Case Manager or Charge Nurse who will initiate a course of action.
- The patient should not be left alone and will be monitored by a staff person continuously.
- An assessment will be initiated to determine the seriousness and imminence of the suicidal intent. Factors to consider:
 - Plan: how specific, details of plan, weapon, etc.
 - Past history: attempts in past
 - Recent behavior indicates intention to be dead soon (giving away possessions, planning funeral, etc.)
 - Change in life situation: losses, divorce, deaths, etc.
 - Lack of support: family, friends
 - Degree of hopelessness: inability to see hope
- If patient is assessed to be acutely suicidal, the attending psychiatrist must be advised immediately.
- If attending psychiatrist cannot be reached, and the patient agrees, patient is to be sent voluntarily, via ambulance or taxi (with accompanying staff) to the designated inpatient facility after appropriate arrangements are made by the _____ (see Transfer for Admission to Inpatient Psychiatric Setting).
- The Program Director and Medical Director will be notified.
- Documentation will be detailed with language quoted by patient as well as action taken, etc.

SUBJECT: "HAND-OFF" COMMUNICATION - BEHAVIORAL HEALTH	REFERENCE #2027
	PAGE: 1 OF: 3
DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- "Hand-off" communications will take place whenever there is a change in the patient's caregivers. Caregivers include all clinical staff and medical staff.
- "Hand-off" communication shall include:
 - Accurate patient information regarding care, treatment and services
 - Current patient's condition
 - Recent or anticipated changes in the patient's condition
- All information will be presented in a clear, concise manner.
- Healthcare professionals and ancillary staff shall be allotted the time to "hand-off" patient communication and to ask and answer questions with minimal interruption. It is hoped that this will lessen the amount of information that might be forgotten or simply not conveyed.
- Examples of patient care transitions where "hand-off" communication will take place:
 - At the change of shift between nurses
 - When a nurse leaves the unit for a period of time, such as lunch or to accompany a patient to another area of the facility
 - Temporary responsibility of the patients under the care of the departing nurse is given to another licensed nurse.
 - When a physician transfers complete responsibility for a patient
 - When physicians are transferring on-call responsibilities
 - When physicians and nurses are transferring patients to another level of care
 - Anesthesiologist's report to the PACU RN and/or to the unit RN
 - Patient transfer to another healthcare facility
 - 24-hour care facilities:
 - Teachers providing information to child care workers
 - Report given between clinical staff and program staff

SUBJECT: THERAPEUTIC MILIEU	REFERENCE #2102
DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

The planned use of therapeutic milieu utilizes all available resources as the basis of treatment and brings about individual change.

PROCEDURE:

- Managing the Milieu:
 - The cornerstone of milieu is understanding the relationship between patients and their environment and managing the variables which affect this form of treatment. Taking active control of managing and directing the various elements affecting the milieu can increase effectiveness in facilitating patient progress.
 - Staff is well organized, communicates well and functions as a team. Staff is aware that dedication, energy, mood, skill level, attitude and enthusiasm will all impact patient care.
 - The program is well structured with groups and activities being predictable and consistent in scheduling and duration.
 - Rules and expectations are clearly defined. Patients understand boundaries and consequences of behavior.
 - Physical surroundings are pleasant and safe. Color, use of space, lighting and furnishing all play an important part in treatment.

- Community Meeting:
 - The community meeting is a time when all patients and staff can gather together to address issues which affect the therapeutic community and milieu.
 - Purpose and Goals:
 - To facilitate open communication between patients and staff
 - To encourage patients to problem-solve and develop methods of dealing with issues as they arise
 - To provide and experience of active social participation for patients who tend to be passive and dependent
 - To use staff as role models of rational thinking and socially appropriate behavior

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Charge Nurse - Partial Hospitalization
 Prepared by: _____
 Date: _____

Supervised by: Program Director
 Approved by: _____
 Date: _____

Job Summary: Coordinates staff and patient care activities during a specified shift. Provides professional and technical skills to ensure the safety, comfort, personal hygiene and the protection of a specific patient population in the provision of patient care.

DUTIES AND RESPONSIBILITIES:

E = Exceeds the Standard M = Meets the Standard NI = Needs Improvement

<u>Demonstrates Competency in the Following Areas:</u>	<u>E</u>	<u>M</u>	<u>NI</u>
Prepares projected four week staffing schedules to ensure adequate licensed and non-licensed personnel are scheduled to meet patient care needs.	2	1	0
Collaborates with the Program Director to ensure appropriate skill mix in on duty for the oncoming shift.	2	1	0
Assigns licensed and non-licensed staff to care for patients according to patient needs and skill level of available staff.	2	1	0
Participates in the interview and selection process for new hires.	2	1	0
Coordinates new hire unit orientation and assigns preceptors. Monitors effectiveness of orientation process.	2	1	0
Monitors time cards/sheets to verify staff are following the time keeping policy and procedure. Follows up with staff when non-compliant. Monitors and trends absenteeism and reports excesses to supervisor.	2	1	0
Monitors unit productivity and reports variances to Program Director.	2	1	0
Initiates and/or participates in coaching/counseling staff through the disciplinary process.	2	1	0
Identifies staff development needs. Initiates and/or participates in staff goal setting meetings.	2	1	0
Coaches staff to develop and demonstrate appropriate problems solving behaviors and teaches methods to improve decision-making skills.	2	1	0
Identifies opportunities to improve performance and leads and/or participates in performance improvement teams.	2	1	0
Schedules plans agenda and leads unit meetings.	2	1	0
Appropriately manages the care of mental health patients during the transition period from inpatient care to outpatient care.	2	1	0
Reviews patient history, diagnostic data and physician orders/notes prior to interviewing patient/family/significant other.	2	1	0
Performs biophysical assessment within specified time frame.	2	1	0
Assesses educational level, learning needs, preferred teaching methods and barriers to learning.	2	1	0
Considers knowledge deficits, barriers to learning an appropriate teaching methods in performing patient teaching.	2	1	0
Analyzes patient data, identifies and prioritizes patient needs.	2	1	0