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| SUBJECT: PLAN FOR THE PROVISION OF PATIENT CARE AND SERVICES | REFERENCE #1004 |
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| DEPARTMENT: HOSPITALWIDE | EFFECTIVE: |
| APPROVED BY: | REVISED: |

HOSPITAL MISSION AND VALUES:

- _____ Hospital is a not-for-profit/for-profit facility, owned and operated by _____ (name of corporation, etc.) which provides selected healthcare services.
- Our Mission is to: (List the mission statement here)

PHILOSOPHY OF PATIENT CARE SERVICES:

- As a premier provider of community based, family oriented healthcare, _____ Hospital believes it can best maintain this level of service through a customer focus, where we continually strive to understand and exceed the expectations of our customers. This focus is enabled through effective communication systems, staff education, team building, process improvement, work redesign and an empowered work force.
- In collaboration with the community, _____ Hospital will provide customer-focused care and service through:
 - A mission statement which serves as a foundation for planning.
 - Long-range strategic planning with hospital leadership.
 - Establishment of core values which guide employee behavior. _____ Hospital will support staff relations that foster growth, encourage innovation and support teamwork. The organization recognizes the relationship between positive staff relations and its ability to achieve organizational objectives and will pursue the means to strengthen and enhance this association.
 - Provision of services that are appropriate to the scope and level required by the patient population to be served.
 - Ongoing evaluation of services provided through performance improvement activities.
 - Integration of services through a variety of mechanisms, i.e., continuous quality improvement (CQI) teams, informational meetings, staff meetings, leadership council and employee education.

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| SUBJECT: DISRUPTIVE AND INAPPROPRIATE BEHAVIOR | REFERENCE #3004 |
| DEPARTMENT: HOSPITALWIDE | PAGE: 1 OF: 5 |
| APPROVED BY: | EFFECTIVE: REVISED: |

DEFINITION:

According to the AMA, disruptive behavior “generally refers to a style of interaction with physicians, hospital staff, patients, family members or others that interferes with patient care. Behavior that tends to cause distress among other staff and affect overall morale within the work environment, undermining productivity and possibly leading to high staff turnover or even resulting in ineffective or substandard care would fall within the definition of disruptive behavior.”

POLICY:

- _____ Hospital is committed to promoting a mutually respectful work environment where every individual within the facility is treated with courtesy, respect and dignity and, therefore, all individuals, employees and medical staff members shall conduct themselves in a professional and cooperative manner.
- Disruptive and or inappropriate behaviors will not be tolerated at _____ Hospital. Disruptive behavior shall include any manner of interaction with physicians, hospital staff, patients, family members or others that interferes with patient care.
- _____ Hospital’s Code of Conduct shall be followed by all staff members, i.e., clinical and non-clinical staff, medical staff, administration and the Governing Body.
- The Medical Executive Committee shall approve a definition and a list of disruptive behaviors that will trigger an investigation.
- Disruptive behavior includes, but is not limited to:
 - Verbal or physical attacks that are personal or go beyond the bounds of fair professional conduct
 - Foul or threatening or disrespectful language
 - Name calling
 - Nonverbal behavior, such as facial expressions or manners
 - Inappropriate comments or illustrations made within patient medical records or other official documents

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| SUBJECT: BUDGET PROCESS | REFERENCE #4052 |
| DEPARTMENT: HOSPITALWIDE | PAGE: 1 OF: 3 |
| APPROVED BY: | EFFECTIVE: REVISED: |

POLICY:

- The organization will prepare an annual budget which shall project the best financial plan of the operations for the coming fiscal year. The budget will include an annual operational budget and a long-term capital expenditure plan, when applicable, which is projected over a five (5) year period and anticipated income and expenses. The budget reflects the organization’s goals and objectives, and complies with applicable laws and regulations.
- The budget preparation will begin at the department manager level, incorporating staff input, where applicable, concerning education and equipment needs.
- Completed departmental budgets will be submitted to the Executive Management Team for finalization prior to first submission to the Governing Body.
- Subsequent reviews and revisions prior to final review and approval by the Governing Body shall be the responsibility of the Executive Management Team with input as appropriate from the department managers.
- The approximate time table for the annual operational budget and the capital expenditure budget is as follows:
 - June: Department managers begin planning for capital budget expenditures.
 - July: Department managers, in conjunction with their administrative representative, prepare operational and capital budget for Executive Management Team.
 - August: Executive Management Team reviews initial full budget.
 - September: Department managers and administrative representative review full budget and revise as directed by Executive Management Team.
 - Late September: Executive Management Team finalizes full budget for presentation to Governing Body.
 - October: Capital budget to Governing Body for final review and approval; operational budget for first review.
 - October/November: Executive Management Team reviews and revises operational budget.
 - November: Operational budget to Governing Body for final review and approval.
 - January/February: Final budget approved.

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| SUBJECT: CONFLICT OF INTEREST | REFERENCE #4252 |
| DEPARTMENT: HOSPITALWIDE | PAGE: 1 OF: 3 |
| APPROVED BY: | EFFECTIVE: REVISED: |

DEFINITION:

- A conflict of interest may occur when the leadership or staff enter into a relationship with another organization or individual(s) which, in its content or process may adversely affect or have the appearance of adversely affecting the staff's commitment to the hospital and to the culture of safety and quality.
- Conflicts of interest may include, but are not limited to, relationships, associations or business dealings with vendors, suppliers, other healthcare organizations or individuals.

POLICY:

- To assure care provided to patients will not be dependent upon personal, financial or fiduciary relationships or responsibilities, all identified conflicts of interest will be addressed.
- A conflict of interest may take overt or covert forms, and can represent many situations. However, it is generally understood that a conflict of interest constitutes a situation when the organization as a whole or individual representatives of the organization, has competing professional or personal obligations or personal or financial interests that would make it difficult for the organization or the individual(s) to fairly fulfill the mission, vision, values and goals of the institution.
- In general, conflicts of interest relate to the potential for self-gain usually, but not always, of a fiscal nature. Potential for self-gain can serve to undermine the judgment or objectivity of licensed independent practitioners, administrators, employees, consultants and designated contractors such that their mission and dedication to the values and activities of this healthcare institution are compromised.
- Therefore it is required that any contractual arrangement, partnership, agreement or fiduciary relationship (including employment) entered into by _____ Hospital and any other party that will affect the mission, vision, values or goals of the hospital, must respect and abide by the policies, procedures and directives of _____ Hospital.

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| SUBJECT: ORGAN/TISSUE/EYE DONATION | REFERENCE #4752 |
| DEPARTMENT: HOSPITALWIDE | PAGE: 1 |
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| APPROVED BY: | EFFECTIVE: |
| | REVISED: |

POLICY:

- The _____ Hospital supports the concept of death with dignity and respect. In keeping with this concept, staff at the facility will allow the patient and/or family to determine if, upon the expiration of the patient, any organ(s), tissue(s) or eye(s) are to be donated. Discussion with the patient and/or family is handled in a confidential, highly sensitive manner, as to engender a feeling of contribution to the benefit of others in the case of a positive organ/tissue/eye donation determination; and eliminate any feelings of guilt or societal reproach, in the case of a negative donation determination.

- The _____ Hospital is a non-federal hospital, and as such, is subject to the policies and requirements of the Organ Procurement and Transplantation Network (OPTN), established under section 372 of the Public Health Service Act:
 - The hospital shall provide all organ transplant-related data to the OPTN, scientific registry or the designated OPO, if requested.

 - or

- The _____ Hospital is a federally administered healthcare facility, and as such, is subject to the policies and requirements of _____ (organ/tissue/eye procurement agency designated by your respective federal agency):

PROCEDURE:

- Upon admission to _____ Hospital, a copy of the patient's driver's license is obtained. During this process, the patient is questioned regarding tissue donation in relationship to documentation on the driver's license.

- Consideration of the patient's religious, cultural, belief system or specific circumstances, will be emphasized. Sensitivity in all matters surrounding the potential or real death of a patient will be a primary focus by all staff.

- Those patients who do not have documented wishes for tissue donation will not be queried regarding organ/tissue/eye donation.

- Those patients who do not have documented wishes for tissue donation will have this documented in the medical record.