

SUBJECT: PERFORMANCE IMPROVEMENT PROGRAM/ PERFORMANCE IMPROVEMENT PLAN	REFERENCE #6001
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DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	EFFECTIVE:
APPROVED BY:	REVISED:

PERFORMANCE IMPROVEMENT PROGRAM

POLICY:

To assure high quality care by developing and assuring on-going mechanisms which involve all program and administrative staff participating in care delivery and PI process functions.

OBJECTIVES:

The objectives of the Performance Improvement activities in the Partial Hospitalization Program are to:

- Assess, assure and manage the quality and appropriateness of care and/or services provided.
- Ensure that delivery of patient care is made at the appropriate level by Program personnel who are trained and qualified to meet the care needs of the patient.
- Utilize standards to measure/quantify care practices and appropriate patient outcomes.
- Reduce or eliminate unnecessary risks and correct potential hazards within the Program.
- Develop effective systems for problem identification, tracking, resolution, documentation and communication of Performance Improvement findings.
- Encourage administrative participation in Performance Improvement findings.
- Ensure that all JCAHO and other regulatory agencies' Quality Assessment requirements are met.

AUTHORITY AND RESPONSIBILITY:

- The Partial Hospitalization Program will be staffed with an interdisciplinary team consisting of Program Director, Medical Director, charge nurse, psychiatrists, LCSWs, MFTs and other licensed staff.
- All staff will participate in ensuring that the quality and appropriateness of patient care and services delivered will meet those standards set forth by regulatory agencies.
- Reports of intermittent monitoring of specific problems as they arise and are identified will be submitted to the Program Director.

SUBJECT: PATIENTS' LEGAL AND HUMAN RIGHTS	REFERENCE #1013
DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

- You have the right to be treated with dignity and respect; as an individual who has personal needs, feelings, preferences and requirements.
- You have the right to privacy in your treatment, in your care, and in the fulfillment of your personal needs.
- You have the right to be fully informed of all services available to you in the psychiatric program and of any charges for those services.
- You have the right to be fully informed of your rights as a patient and of all rules and regulations governing your conduct as a patient in this facility.
- You have the right to manage your personal financial affairs. If you desire assistance, the psychiatric staff will arrange appropriate assistance for you.
- You have the right to know about your physical condition unless your physician, for medical reasons, chooses not to inform you and so indicated in your medical records. You have the right to participate in the development of your treatment plan.
- You have the right to receive information necessary to give informed consent prior to the start of any procedure and/or treatment.
- You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of this right.
- You have the right to continuity of care. You will not be discharged or transferred except for medical reasons, for your personal welfare, or for the welfare of others. Should your transfer or discharge become necessary, you will be given reasonable advance notice, unless an emergency situation exists.
- You have the right to voice opinions, recommendations, and grievances in relation to policies and services offered by the facility, without fear of restraint, interference, coercion, discrimination, or reprisal.
- You have the right to be free from physical, chemical, and mental abuse.
- You have the right to confidential treatment of your personal and medical records. Information from these sources will not be released without your prior consent, except in your transfer to another health care facility, or as required by law, or under third-party payment contracts.

SUBJECT: THERAPEUTIC MILIEU	REFERENCE #3002
DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

To consider the use of therapeutic milieu as the planned use of all available resources as the basis for treatment approach, to bring about individual change.

PROCEDURE:

- Managing the Milieu:

Understanding the relationship between patients and their environment, and managing the variables which affect this form is the cornerstone of milieu. 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.

- 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.

SUBJECT: SUICIDE ASSESSMENT	REFERENCE #2002
DEPARTMENT: PARTIAL HOSPITALIZATION PROGRAM	PAGE: 1 OF: 1
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

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

PROCEDURE:

- When a patient expresses suicidal ideation, staff must alert the case manager, or charge nurse who will initiate a course of action.
- The patient should not be left alone but must be monitored by a staff person at all times.
- 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, etc.) planning funeral.
 - 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 “Transfers 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.

If the patient does not agree to go to the inpatient facility voluntarily, a psychiatric emergency team should be called for an assessment and possible 5150.

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Charge Nurse, Partial Hospitalization Program
 Prepared by: _____ Date: _____

Supervised by: Director, Partial Hospitalization Program
 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

Demonstrates Competency in the Following Areas:

	<u>E</u>	<u>M</u>	<u>NI</u>
Prepares projected 4 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, P.H.P. 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 supervisor.	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 (P.I.T.'s).	2	1	0
Schedules plans agenda and leads unit meetings.	2	1	0

Professional Requirements:

	<u>E</u>	<u>M</u>	<u>NI</u>
Degree or diploma in Nursing.	2	1	0
One year previous clinical and Charge Nurse experience in an acute care facility.	2	1	0
Demonstrates knowledge and skills necessary to provide care appropriate to the age served on unit. Knowledge of growth and development over the life span.	2	1	0

Total Points
