

SUBJECT: PLAN FOR THE PROVISION OF PATIENT CAFE AND SERVICES	REFERENCE #1002
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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 personnel relations that foster growth, encourage innovation and support teamwork. The organization recognizes the relationship between positive personnel 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.
  - Priority focus on patient relations, their interests, needs and expectations.
  - Recognition of the need to be a responsible member of the community through contribution toward the quality of life through activities, services and involvement with the community. \_\_\_\_\_ Hospital is committed to supporting or initiating efforts concerned with the health of the community.
- The mission statement, vision and goals of the hospital shall be evaluated on an annual basis.

SUBJECT: INITIAL PATIENT ASSESSMENT AND REASSESSMENT	REFERENCE #2002
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 6
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

It is the policy of \_\_\_\_\_ Hospital that each patient admitted to the institution shall receive a complete head-to-toe assessment by a qualified individual so that a plan of care can be developed to best meet the needs of the patient. The assessment of the care or treatment required to meet the needs of the patient will be ongoing throughout the patient’s hospital stay, with the assessment process individualized to meet the needs of the patient population.

**SCOPE OF PRACTICE:**

All nursing personnel in the patient care units shall be qualified by level of licensure to perform a complete assessment and reassessment of the patient. A complete assessment shall include physical, psychological, pain management, spiritual needs, social status (includes psychosocial assessment, personal values and belief system assessment), as well as educational and discharge preparedness/planning needs.

**PROCEDURE:**

- At the time of admission each patient shall have an initial physical/psychological assessment completed by a registered nurse. The registered nurse will obtain information about the patient from multiple sources as applicable:
  - The patient
  - Patient’s family
  - Other patient care providers as applicable
  - Medical jewelry
  - Paper or electronic documents
  - Databases the patient may belong to
- A licensed practical/vocational nurse may conduct basic elements of the assessment under the direct supervision of a registered nurse, and report these on the nursing assessment and to the registered nurse.
- The assessment is structured to identify facilitating factors and possible barriers to the patient reaching his or her goals including the presenting problems and needs such as:
  - Symptoms that might be associated with a disease, condition or treatment (such as pain, nausea or dyspnea)
  - Social barriers including cultural and language barriers

SUBJECT: RESTRAINT USE FOR THE MANAGEMENT OF NONVIOLENT, NON-SELF DESTRUCTIVE BEHAVIOR	REFERENCE #10002
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DEPARTMENT: HOSPITALWIDE	OF: 13
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**POLICY:**

- Restraint use for nonviolent, non-self destructive behavior may only be used to ensure the immediate physical safety of the patient, staff or others, and must be discontinued at the earliest possible time.
- All patients have the right to be free from physical or mental abuse and corporal punishment.
- All patients have the right to be free from restraint or seclusion, of any form, imposed by staff as a means of coercion, discipline, convenience or retaliation.
- Restraint may only be used when less restrictive interventions have been determined to be ineffective to protect the patient or others from harm.
- Restraints must be used in accordance with a written modification to the patient’s plan of care.
- Use of restraint must be implemented in accordance with safe and appropriate restraint techniques as determined by hospital policy and in accordance with state law.
- The type or technique of restraint used must be the least restrictive intervention that will be effective to protect the patient, a staff member or others from harm.
- \_\_\_\_\_ Hospital ensures the use of restraints is clinically justified and guided by criteria present in current practice guidelines, practice parameters, pathways of care or other standardized care procedures developed by the appropriate professional organizations.
- Restraints shall be ended at the earliest possible time.
- This policy and procedure does not apply to forensic and correction restrictions used for security purposes. **However**, if the restraint or seclusion is related to the clinical care of an individual under forensic or correction restrictions, then the standards and this policy and procedure apply.

SUBJECT: DISCHARGE PLANNING	REFERENCE #13002
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

- Discharge planning is a process and service where patient needs are identified and evaluated. Assistance is given in preparing the patient to move from one level of care to another.
- Continuity of care requires thoughtful preparation by the entire healthcare team. Each patient's needs for continuing care are assessed in an ongoing fashion by all members of the healthcare team. This assessment may begin prior to admission, but in no event later than at the time of the admission nursing assessment. All disciplines are involved in the assessment and planning for after discharge healthcare needs of the patient and/or family including, but not limited to:
  - Members of the medical staff
  - Nursing staff members
  - Rehabilitation Services professionals
  - Social Workers
  - Respiratory Care Practitioners
  - Pharmacists
  - Case Managers
- The discharge planning function focuses on meeting the patient's continuing healthcare needs after discharge. These needs may have necessitated the admission to the facility or may occur as an expected outcome to medical or surgical intervention, such as cast care following open reduction of a fracture. The purpose of discharge planning is to identify the patient's continuing physical, emotional, social, housekeeping, transportation and safety needs and to arrange services to meet those identified needs. Needed discharge services may include:
  - Long term care
  - Home health services
  - Hospice services
  - Ambulatory care services
  - Rehabilitation services
  - Support groups

SUBJECT: WAIVED TESTING	REFERENCE #14002
DEPARTMENT: FACILITYWIDE	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

It is the policy of this organization to instruct and train appropriately licensed personnel to perform specified types of clinical laboratory specimen testing at the point of care rendered (or at the patient’s bedside). This type of testing will be referred to as waived testing and is understood to be performed by those individuals who have the clinical expertise and licensure to perform, interpret and take appropriate action on waived tests.

**REQUIREMENTS:**

- Any test requested for inclusion in the Waived Testing Index (list of those tests that may be performed at the point where care is rendered), must be approved by the medical staff and Clinical Laboratory and must meet FDA and CLIA requirements for waived testing.
- Any individual performing approved tests listed on the Waived Testing Index must meet the following requirements:
  - Level of licensure required by the State Board of Nursing
  - Level of licensure required by the State Department of Health Services
  - Successful completion of instruction and training course on the specific test, for which the individual will perform waived testing on an annual basis
  - Successful completion of orientation specific to this organization and the unit upon which the waived test is performed
  - Successful completion of competency evaluation on specific test, for which the individual will perform waived testing
  - Successful completion of competency for an instrument that is used for a test; staff must be trained on the use and maintenance of the instrument
  - Staff competency is evaluated, at a minimum, at orientation and annually thereafter
    - Competency evaluation must consist of at least two (2) of the following per staff member per test:
      - ◆ Blind (unknown source) test performance and resulting
      - ◆ Periodic observance of routine work by a supervisor or qualified delegate
      - ◆ Monitoring of the user’s quality control performance
      - ◆ Written testing specific to the method assessed