

SUBJECT: PLAN FOR THE PROVISION OF PATIENT CARE 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.

SUBJECT: INITIAL PATIENT ASSESSMENT AND REASSESSMENT	REFERENCE #1102
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APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

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, nutrition and hydration status, functional status, 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)

SUBJECT: RESTRAINT USE FOR THE MANAGEMENT OF NONVIOLENT, NON-SELF DESTRUCTIVE BEHAVIOR (NON-BEHAVIORAL HEALTH PURPOSES)	REFERENCE #3502
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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 evidence-based national 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.
- Only those individuals who have completed restraint application training may apply restraints to patients.

SUBJECT: DISCHARGE PLANNING	REFERENCE #4002
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**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/evaluation, reassessment 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, postoperative wound care, etc. 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

SUBJECT: ORGAN TRANSPLANTATION, RECOVERY, RECEIPT AND PATIENT MANAGEMENT - CMS REGULATIONS	REFERENCE #5006
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**POLICY:**

- \_\_\_\_\_ Hospital performs transplants with organs from deceased and living donors.
- Living organ donors shall be competent, willing to donate, free of coercion, medically and psychosocially suitable, fully informed of risks and benefits as a donor and fully informed of the risks, benefits and alternative treatments available to the recipient.

**ROLES AND RESPONSIBILITIES:**

- The transplant team is a multidisciplinary team coordinated by \_\_\_\_\_, a physician, and composed of individuals from medicine, nursing, nutrition, social service, transplant coordination and pharmacy. The multidisciplinary transplant team possesses expertise in internal medicine, surgery, anesthesiology, immunology, infectious disease control, pathology, radiology and blood banking related to the provision of transplantation services, and shall provide care throughout the transplantation and donation phases.
- \_\_\_\_\_ is a qualified transplant surgeon/physician director and is responsible for the operations of this transplant center.
- The transplant surgeon is responsible for providing surgical services related to transplantation, and can be contacted at \_\_\_\_\_.
- The transplant physician is responsible for providing and coordinating transplantation care, and can be contacted at \_\_\_\_\_.
- The primary transplant surgeon and the primary transplant physician are immediately available to provide transplantation services when an organ is offered for transplantation, and their names have been provided to the Organ Procurement and Transplantation Network (OPTN).
- The Clinical Transplant Coordinator is responsible for ensuring continuity of care of patients and living donors throughout transplantation and donation, and can be contacted at \_\_\_\_\_.