

SUBJECT: PLAN FOR THE PROVISION OF PATIENT CARE AND SERVICES	REFERENCE #1002
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 40
APPROVED BY:	EFFECTIVE: 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.

SUBJECT: INITIAL PATIENT ASSESSMENT AND REASSESSMENT	REFERENCE #1102
DEPARTMENT: HOSPITALWIDE	PAGE: 1 OF: 7
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.
- An RN shall complete a nursing assessment within 24 hours after the patient's inpatient admission.

SCOPE OF PRACTICE:

All nursing staff 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

SUBJECT: RESTRAINT OR SECLUSION USE	REFERENCE #3602
DEPARTMENT: HOSPITALWIDE	PAGE: 1
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APPROVED BY:	EFFECTIVE:
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NOTE:

- This policy and procedure meets CMS Conditions of Participation.
- This policy and procedure is for those hospitals that use Joint Commission (TJC) accreditation for deemed status purposes.
- This policy and procedure meets the National Integrated Accreditation for Healthcare Organizations (NIAHO) standard.
- This policy and procedure does not apply to forensic and correctional restrictions used for security purposes. However, if the restraint or seclusion is related to the clinical care of an individual under forensic or correctional restrictions, then the standards and this policy and procedure apply.
- *Restraint or Seclusion Policies and Procedures for those hospitals that do not use The Joint Commission for accreditation for deemed status purposes are available upon request.*

DEFINITIONS:

- The restraint or seclusion regulations/standards used for this policy and procedure are not specific to treatment setting or diagnosis. This policy and procedure applies to all uses of restraint in all hospital care settings.
- Restraint or seclusion is based on nonviolent, non-self destructive behavior and violent or self-destructive behavior.
- Restraint use associated with nonviolent or non-self destructive behavior shall be used only when the restraint directly supports medical healing.
- Pursuant to CMS current hospital Conditions of Participation (CoPs) under Subpart B, Administration at Sec. 482.13 (e):
 - A restraint is defined as:
 - Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely, including, but not limited to:
 - ◆ Tucking a patient’s sheets in so tightly that the patient cannot move

SUBJECT: DISCHARGE PLANNING	REFERENCE #4002
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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/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
 - A list of participating medical skilled nursing facilities that are available and in the geographic area requested by the patient shall be included in the discharge plan.

SUBJECT: ORGAN TRANSPLANTATION, RECOVERY, RECEIPT AND PATIENT MANAGEMENT - CMS REGULATIONS	REFERENCE #6006
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	EFFECTIVE:
APPROVED BY:	REVISED:

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 _____.