

**PLAN FOR
THE PROVISION
OF
PATIENT CARE**

Changes are underline or otherwise marked

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INTRODUCTION

The hospital's plan for providing patient care was developed in collaboration with organizational leaders and department directors. Development of the plan involved consideration of the following:

- the units, areas, or departments of the organization in which care is provided to patients;
- the mechanism(s) used in each unit, area, or department to identify patient's care needs;
- the required number and mix of staff members in each unit, area, or department to provide for patient's needs;
- the process used for assisting and acting on positive and negative staffing variances; and
- the plan for improving the quality of care in the unit, area, or department.

The organization's plan for providing patient care will be reviewed at least annually, and, as necessary, revised.

Significant changes in patient care needs or the findings from performance improvement activities may necessitate review and revision of the plan. The plan will be integrated with the organization's budget process.

SECTION I

MISSION, VISION & VALUES STATEMENTS ORGANIZATIONAL CHART

Mission Statement

Your Hospital was established to provide quality health care to the citizens of County. In recent years this mission has expanded to all contiguous counties.

By carrying out this mission, the hospital has taken a leadership role in the provision of health care and health promotion programs for the citizens of County, Alexander County and citizens of other counties who may come to the hospital for care or utilize its services at some other location.

This leadership role should continue with the understanding that serving citizens from outside County broadens the base support and provides a larger volume of patients that can help reduce the costs to all of the citizens this hospital serves.

Your will strengthen its leadership role through the ongoing cooperation and working relationships of members of the board, medical staff and management team.

By continuing this leadership role, The Your Hospital Organization should:

- ❖ promote health, preventive medicine and wellness programs for all citizens of the area served.
- ❖ maintain a high quality medical staff.
- ❖ provide high quality, cost-effective programs and services to the patients and their families.
- ❖ provide modern facilities, well-trained staff and management support for the medical staff and their patients.
- ❖ provide a work environment where talented staff can develop in their profession or vocation.

Your will maintain fiscal responsibility and function as an economically sound and responsible not-for-profit entity that develops revenues through appropriate utilization of available resources.

Adopted February 7, 1985

Reapproved July, 1990

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Our Vision

“To be the best at what we do,
and to be constantly improving our services
to build a healthier community
in all of the communities we serve.”

1. Compassionate caring.
2. People matter more than technology.
3. Community leadership in health care and preventive health education.
4. Service above self.
5. Striving for excellence.
6. Promoting a healthy environment.

Reapproved May 2, 1996

SECTION II

TRANSITION TO IMPORTANT FUNCTIONS

Your Health Care System recognizes that the revision of Joint Commission standards has shifted the focus of the accreditation process from the capability of an organization to perform well in its actual performance of clinical and organizational functions and processes that most significantly impact patient care. Organization leaders have involved other leaders at the department/service level in planning the transition from department/discipline-specific standards to functional standards.

The organization's leaders have planned and implemented the following functional standards in accordance with our mission and services as well as applicable laws and regulations: Patient rights and organizational ethics; assessment; care of patients, including care planning, anesthesia care, medication use, nutrition care, operative and other invasive procedures, rehabilitation, and special treatment procedures; continuum of care; education; improving organizational performance (refer to plan for Continuous Quality Improvement); leadership; management of the environment of care; management of human resources; management of information; and surveillance, prevention, and control of infection.

The underlying rationale for making the transition to the functional standards for the leaders and staff of Your Hospital's Health Care System is to optimize the health of the people we serve while using resources as efficiently as possible.

SECTION III

PROVISION OF PATIENT CARE SERVICES

Hospital is licensed for 247 beds. Planned services offered to the community include the following essential services:

- Anesthesia Services
- Cardiac Rehabilitation Services
- Chaplaincy Services
- Chemotherapy Services
- Clinical Laboratory Services
- Dietary Services
- Emergency Care Services
- Heart Station Services (including echocardiography, EEG, and Holter monitoring)
- Hemodialysis Services
- Home Care Services
- Housekeeping and Linen Services
- Imaging Services:
 - Diagnostic Radiology,
 - Nuclear Medicine
 - Magnetic Resonance Imaging (MRI),
 - Mammography
 - Computed Tomography (CT scanning)
 - Ultrasound
- Lithotripsy
- Medical Services
- Neonatal and Pediatric Services
- Nursing Care
- Obstetrical/Gynecological Services
- Personal Emergency Response Services
- Pharmaceutical Services
- Physical Rehabilitation Services:
 - Physical Therapy Services
 - Occupational Therapy Services
 - Speech Therapy Services
- Poison Information Services
- Primary Care Physician Office Services
- Radiation Oncology Services
- Respiratory Care Services
- Security Services
- Social Work Services
- Special Care Services
- Surgery

The above patient care services are provided directly or through referral, consultation, or contractual arrangements.

The hospital's Organizational Chart is in Section I.

HOSPITAL DEPARTMENTS

Scope of Services

The scope of services provided by each department is defined in writing. Each department's scope of service statement is approved by leaders of hospital administration and/or the medical staff, as appropriate. Directors of departments have established written documents that reflect the goals of the patient services provided by their staff members. Policies and procedures have been established and implemented to meet the needs of the patients served. Department leaders have established and implemented orientation, training, and education activities for all staff members, based on an assessment of each individual's learning needs. Competence assessment activities are implemented to determine the knowledge and skill levels of staff members providing care.

Scope of service statements address the following:

- any unique services offered;
- types and ages of patients served;
- types of services (procedures, and/or treatments, most frequently provided; and
- hours of operation.

Information related to the integration of patient care services with one another and into the overall daily functioning of the organization will be addressed. This plan should allow departments/services to better understand the role and purpose of their services and how they may compliment each other's patient care activities.

An abbreviated written scope of services statement for each department is included in this section of the plan. Each director will maintain additional documents related to specific staffing requirements, budget, policies and procedures, meeting minutes, and other reports within the department.

ANESTHESIA SERVICES

Anesthesia services are provided for both inpatient and outpatient services and for all age groups. Anesthesia services are primarily provided in the surgical suite, labor and delivery care, and in the intensive care/coronary care unit and radiology when invasive procedures/and/or high-risk procedures such as bronchoscopies, cardioversions, and ERCPs are performed. Anesthesia staff members also respond to codes and assist with intubation procedures, when needed. Other services include the assessment and treatment of patients referred for chronic pain management.

Anesthesia staff members include board-certified anesthesiologists, certified nurse anesthetists, a registered nurse, secretary, and an anesthesia aide. Services are provided 24 hours a day, 365 days a year.

Appropriate anesthesia staff members perform preanesthesia evaluations, establish a plan for anesthesia, administer anesthesia; monitor the patient during the procedure as well as in the post-procedure period.

CARDIAC CATHETERIZATION LABORATORY

The cardiac catheterization laboratory uses guidelines established by the American College of Cardiology and the American Heart Association. Services include the study of cardiac function and anatomy for the purposes of diagnosis and evaluation of patients as candidates for coronary artery bypass grafting (CABG), percutaneous transluminal coronary angioplasty (PTCA), and other nonsurgical catheter-based interventional treatment, as well as selection of devices for specific clinical problems in which pacing or defibrillation is indicated. These procedures are performed on adult and geriatric patients and include, but are not limited to:

- left heart catheterization;
- right heart catheterization;
- intracoronary streptokinase infusion;
- vena cava filter placement;
- permanent and temporary pacemaker insertions;
- atrial overdrive pacing and cardioversion;
- aorta and left ventricular angiograms; and
- transesophageal echocardiograms.

This laboratory is located on the second floor, adjacent to 2-West. The laboratory consists of one procedure room, one control room, and a recovery area. A family waiting area is also available.

Staffing consists of two cardiovascular technologists, three registered nurses, one cardiac lab assistant, a nurse manager, and two medical staff directors. Six cardiologists and six surgeons perform the above procedures according to their delineated privileges.

Orders for services are received via the order communication system or the physician will directly schedule the patient with the Cardiac Cath Lab. If it is an inpatient, the nursing unit delivers the patient, does the history and physical examination, and gives a report to the Lab. On the twenty-three hour patient, the RN in the Lab fulfills these duties with data collection assisted by trained individuals. Pre-procedure: the staff always assesses the patient's physical condition, as well as knowledge of the procedure, and reinforces education. During procedure: the patient's EKG, O₂ saturation and arterial blood pressure are monitored continuously. A Ramsey's score and NiBP are performed every 5 minutes. Post-procedure: once hemostasis is achieved, and vital signs are within 20 percent of the pre-procedure level, O₂ sat >90 percent with no evidence of respiratory depression, and the patient is oriented to time, person, and place (pre-procedure level), the patient is transferred back to the unit by the Cardiac Cath Lab staff. A report on the patient and procedure is given to assure continuity.

CARDIAC REHABILITATION

Cardiac Rehabilitation services include exercise therapy, dietary consultation, psychological counseling, vocational rehabilitation counseling, and education. The maintenance program, *Hearty Hearts*, provides ongoing exercise therapy to those with risk factors for heart disease or who have completed the Cardiac Rehabilitation Program. Outpatient services are provided at the YMCA on Monday, Wednesday, and Friday. Patient services are physician supervised, although the *Hearty Hearts Program* does not require physician supervision. The population to be served includes patients recovering from angina, myocardial infarction, cardiac intervention, or those at high risk for heart disease.

The North Carolina Department of Human Resources, Division of Facility Services, certifies the Cardiac Rehabilitation Program.

Cardiac Rehabilitation and *Hearty Hearts* staff consists of a medical director (board certified cardiologist), program director, exercise physiologists, registered nurses, dietitian, mental health professional, vocational rehabilitation counselor, fitness instructors, and attending physician. Each staff member performs duties as outlined by the North Carolina Department of Human Resources' Licensure Section for Cardiac Rehabilitation Programs.

Participants in the Cardiac Rehabilitation Program must be referred by a physician and a physician's order must be on file prior to participation. The Cardiac Rehabilitation staff has monthly multidisciplinary meetings to discuss patient progress. The staff also works closely with attending and referring physicians and other caregivers to provide the best possible care.

The Cardiac Rehabilitation Program assists patients with cardiovascular disease in achieving and maintaining optimal health. Program goals include:

- Minimizing the physical debility associated with cardiovascular diseases and subsequent prognosis for rehospitalization;
- Decreasing the anxiety, fear, and depression associated with a myocardial infarction, cardiovascular surgery, or other cardiovascular intervention by a systematic progressive plan for return to productive living;
- A medically supervised and safe environment to ensure detection of problems and potential complications, and provide timely feedback to the referring physician in order to enhance effective medical management;
- Improve the cardiovascular system's exercise tolerance through a carefully monitored and medically prescribed, progressive treatment program;
- Educate and assist the patient and family in understanding and accepting coronary disease, treatments, and etiology (i.e., risk factors); learning physical capabilities at various phases of the treatment program; knowing early warning signs and symp-toms; developing confidence and learning skills for a successful return to the working environment and/or for activities of daily living.

Goals of the *Hearty Hearts* maintenance program include:

- A medically supervised and safe environment to ensure detection of problems and potential complications and provide timely feedback to the referring physician in order to enhance effective medical management;
- Close patient surveillance;
- Expert assistance in progressing through the activity;
- Individualized exercise prescription;
- Availability of patient education services;
- Social support to facilitate patient adherence to the prescribed regimen.

CHAPLAINCY SERVICES

The Chaplaincy Services offers spiritual care to all persons in the hospital regardless of their religious affiliation. Services are provided Monday through Friday from 7:30 a.m. to 5:00 p.m. Services are also available through an on-call basis 24 hours a day, seven days a week.

The scope of services offered include:

- response to staff referrals and patient requests for pastoral care;
- administration and coordination of the volunteer chaplaincy program;
- administration of and counseling for the employee assistance program;
- provision of Sunday worship services for patients, families, and staff;
- provision of Wednesday prayer services for patients, family and staff;
- facilitation of and participation in support groups for cancer, stroke, and HIV positive patients and/or family members; and
- participation in discharge planning meetings for surgical, oncology, and cardiac patients.

The hospital chaplain is a full-time employee. Volunteer retired ministers also provide services.

CLINICAL LABORATORY SERVICES

The clinical laboratory provides all routine laboratory tests for inpatients, outpatients, emergency room patients and skilled nursing facility patients in the areas of blood bank, microbiology, serology, coagulation, hematology, urinalysis, chemistry, therapeutic drug monitoring, histology, inpatient non-GYN cytology, blood gases and industrial drug screen collections. Other special testing is forwarded to a reference laboratory via courier.

Hospice, home health agencies, community hospitals, local nursing homes, Statesville Dialysis Center, and local physicians frequently send specimens for analysis. The Laboratory also has an Employee Wellness Program which offers services to employees at a reduced rate.

The Laboratory is staffed by personnel seven days a week, 24 hours a day. Outpatient hours are from 7:30 a.m. to 5:00 p.m. Monday through Friday. Patients arriving for laboratory procedures before or after these times will be processed. Laboratory personnel includes 21 medical technologists, 3 medical laboratory technicians, 10 phlebotomists, 2 histotechnologists, 1 clerical personnel and one full time pathologist. Negative staffing variances are covered by utilizing PRN staff and overtime.

Orders for lab studies on inpatients, emergency room patients, skilled nursing facility patients and patients from outpatient nursing departments are placed via the hospital's order communication system. Orders on patients sent to the lab from physicians' offices have handwritten orders that either the patient brings with them or are faxed to the lab prior to the patient's arrival. Orders on specimens delivered from outside agencies are handwritten on the Laboratory Request Form for Outside Agencies.

Improvements in the laboratory's quality of care are constantly evaluated by incident reports, action logs, quality assurance program, patient feedback, physician feedback, and proficiency testing through the College of American Pathologists and by the College of American Pathologists' Laboratory Accreditation Program.

DIETARY SERVICES

Nutritional and therapeutic services are provided to patients and employees ranging from newborns through children, adolescents, adults, and geriatric age group.

Food Services Include:

- Prescribed nutritional care through well-balanced, properly prepared and attractively served meals.
- High quality services to our staff through the utilization of the cafeteria and special functions program.
- Floor Supply Schedule: The floors are supplied with adequate amounts of soda, crackers, peanut butter, juice, milk, and coffee. They are stocked by par levels established by nursing and dietary daily at lunch.
- Guest Meals: Guest meals are served when ordered by nursing and usually are served with patient trays.

Clinical Services Include:

- Monitoring and improving, patients' nutritional status through the use of screening criteria developed by dietary and implemented by nursing, pharmacy, dietary, and data processing; improve the status while working with multidisciplinary teams.
- Provision of education to patients and/or their families in the purpose and practice of both normal and therapeutic nutrition.

Management for the dietary department includes two dietitians and two managers. Other staff members provide appropriate levels of staffing seven days a week during hours of operation to meet patient care needs.

Clinical services are provided by two registered dietitians and a dietary technician seven days a week from 8:00 a.m. until 4:30 p.m..

Dietary Services provide daily patient meal trays and nourishment along with a full spectrum of nutrition support, counseling, instruction, and consultation to patients and employees. These services are provided in cooperation with patients, families, physicians, pharmacists, social workers, nursing personnel, and other healthcare personnel. Screening criteria are used by patient care personnel and appropriate referrals are made to the dietitian. A dietitian participates in multidisciplinary rounds in the skilled nursing facility. A dietitian also serves on the cancer committee, the pharmacy and therapeutics committee, and the quality coordinating council.

EMERGENCY DEPARTMENT

The emergency/convenience health care center provides services whereby all ill or injured individuals who come to the hospital for emergency evaluation or initial treatment are assessed by qualified individuals and, as indicated, are either treated or referred to an appropriate organization. The emergency department is a Level II emergency treatment facility which is open 24 hours a day, seven days a week. The emergency room is staffed with licensed physicians and registered nurses at all times.

The department provides evaluation and treatment to patients of various ages and various levels of illness from minor to critical. Emergency department patients are initially evaluated by the triage nurse who determines treatment urgency and placement within the emergency department. A complete assessment is performed by the assigned nurse and patient needs are identified. The emergency department physician or attending physician evaluates the patient and determines diagnostic testing and treatment required based on patient needs. Emergency patients are evaluated for response to treatment and are admitted to the hospital or discharged with follow-up instructions as appropriate. A more detailed scope of services is noted within the department's documents.

The department is staffed with registered nurses who are certified in basic cardiac life support (BLS) and advanced cardiac life support (ACLS). Registered nurses must demonstrate competency in the performance of specialized ED skills on an annual basis. Following are the total number of full time employees assigned to the emergency department:

RN	-	<u>28.8</u>	Clerk	-	9.4
NA	-	6.2	Total FTE's	-	<u>45.8</u>

The emergency department is appropriately integrated with other units and department/services of the hospital. The relationship of the emergency department to other units and departments is outlined in the hospital's organization plan and the provision of care is coordinated according to this plan including: clinical laboratory, diagnostic radiology, operation groom, the birth place, special care units, and general floors.

Clinical laboratory services has the capability of performing all routine studies and are readily available at all times. Laboratory services provided include, but are not limited to, arterial blood gas and Ph determination, coagulation studies, serum and urine osmolality studies, microbiologic studies, and, as required, toxicologic studies. An adequate supply of blood is available at all times, either in-hospital or from an outside source approved by the medical staff. The hospital provides for blood typing and crossmatching capability and for blood storage facilities that are readily available to the emergency department. The services are timely and appropriate to the needs of the emergency patient.

Diagnostic radiology services are readily available at all times to provide routine studies using both fixed and mobile equipment. Angiography of all types, sonography, and nuclear scanning are available as needed. Operating suites are promptly accessible. They have the following capabilities: Thermal control equipment for the patient and for blood, fracture table, appropriate endoscopic equipment, electrocardiography-oscilloscope-defibrillator, mechanical ventilator, and temperature-monitoring equipment. Roentgenographic equipment is readily available.

The hospital has contracts with the local EMS and community colleges to provide clinical experience to basic EMT, EMT-I, and EMT paramedics and students. Their duties and responsibilities are defined in the contracts and also in the policies and procedures.

HEART STATION

The heart station provides noninvasive and invasive cardiac testing to inpatients and outpatients. Most patients are either adult or geriatric and there are occasional pediatric patients. The procedures performed include EKG, Holter monitoring, scanning, treadmill, echocardiogram, stress echocardiogram, dobutamine stress echocardiogram, transesophageal echocardiogram, peripheral vascular study, and the scheduling of contracted EEG. In addition to these procedures, the Heart Station personnel also assist with thallium and adenosine stress tests, which are performed in Nuclear Medicine.

The services are provided Monday through Friday from 6:30 a.m. until 4:30 p.m.; Saturday from 8:00 a.m. until 12:00 p.m.; and Sunday on call from 7:00 a.m. until 3:30 p.m.. Procedures are performed in the Heart Station and other departments using portable equipment.

Transesophageal echocardiogram (the only invasive procedure) is performed in the Cardiac Catheterization Laboratory, ICU, CCU, or OR. The Cardiac Cath Lab staff takes responsibility for the patient with the Heart Station staff assisting with the procedure. If the Cardiac Cath Lab, ICU, CCU, or OR is unavailable, the locations listed below can be used if they are available and appropriate personnel can be present:

1. Endoscopy
2. PACU
3. Radiology

Heart Station personnel include three cardiovascular technologists and two EKG technicians/secretaries.

All scheduling, whether inpatient or outpatient, is done by the Heart Station staff. Inpatient physician orders are entered via the order entry system by patient care personnel. Any information concerning the results of the procedure is included in the report. The Heart Station's quality improvement activities are reported to the Quality Coordinating Council and is appropriately integrated with nursing units.

HOME CARE SERVICES

Home Health is located in County and became of part of Your Hospital's Health Care System in 1996.

The agency is approved to provide care and services in 10 counties —, ,. Care and services include skilled nursing care, home health aide services, physical and occupational therapy, social, speech, and dietitian services.

Home Health currently operates with 56 FTEs and comprises a staff of 71 employees. Staff include registered nurses, licensed practical nurses, certified nursing assistants, physical therapists, licensed physical therapy assistants, occupational therapists, certified occupational therapy assistants, speech and language pathologists, master social workers, social worker assistants, dietitian, and office staff. Speech/language pathology is also provided through a contractual agreement.

Home Health averages 260 active patients, 2800 visits, and 1200 hours in-home aide continuous care per month. Patients are mostly adults and geriatrics, with a less than 4% pediatric population. Most common diagnoses for care and service include management of diabetes, heart failure, CVA, wound care, and post-op care. Office hours are 8:00 a.m.-5:00 p.m. Monday through Friday. Skilled nursing care is available 24 hours a day, seven days a week. Home health aide services are available 7 days a week. Physical therapy, occupational therapy, speech, social work, and dietitian services are routinely available Monday - Friday, but are available on weekends depending on the assessed needs of the patient.

IMAGING SERVICES

Services provided by the department of imaging consist of diagnostic radiology, computed tomography, nuclear medicine, ultrasound, and magnetic resonance imaging. These services are provided for inpatients, outpatients, emergency room patients, and skilled nursing facility patients.

Diagnostic radiology services are provided to patients throughout the life span on a 24-hour, seven days a week basis. Other modalities are provided on the following schedule:

CT: Staffed 24 hours a day, 7 days per week

MRI: Monday thru Friday - 8:00 a.m. - 5:00 p.m.

Saturday – 8:00 a.m. – 12:00 Noon (No Sunday, or Call Schedule)

Ultrasound: Monday thru Friday - 7:30 a.m. - 5:00 p.m. (staffed)

Saturday - 7:30 a.m. - 12:00 p.m. (staffed)

On call at all other times

Nuclear Medicine: Monday through Friday - 6:30 a.m. - 5:00 p.m. (staffed)

Saturday - 6:30 a.m. - 12:00 Noon (staffed)

On call at all other times

The Women's Breast Health Center, which is located at 735 Hartness Road, is a self-referral center for screening mammograms. The patients are also offered a breast examination performed by the nurse and education on breast self-exam. The hours of operation are Monday through Friday from 8:00 a.m. to 6:00 p.m. and Saturday from 8:00 a.m. to 1:00 p.m. Other services offered at the Women's Breast Health Center are osteoporosis screening, Monday-Friday, 8:00 AM - 3:30 PM, and stereotactic breast biopsy, 7:00 AM - 3:30 PM, Monday-Friday.

Professional staff for Imaging consists of board certified radiologists, registered and registry-eligible radiologic technologists, registered or registry-eligible sonographers, certified nuclear medicine technologists, registered CT technologists, and registered MRI technologists. The support staff consists of clerical staff, medical transcriptionists, and patient assistants. Professional staff at the Women's Breast Health Center consists of registered nurses and registered radiologic technologists.

The department of imaging is strategically located next to the emergency department and has three radiographic and fluoroscopic rooms and two general diagnostic radiographic rooms. Orders for inpatients are received through the order communication system. Outpatient requests come directly from the physician's office. Scheduled times are then relayed back to the unit or office.

The imaging department has an active radiation safety committee to assure the highest standards. The imaging department also participates with Community Health Education Program projects when needed.

MEDICAL STAFF

All departments providing patient care have established lines of communication with the medical staff and policies, standards, and/or clinical guidelines to direct their practice. The scope of care of each practicing and licensed member of the medical staff is delineated through the clinical privileging process according to the bylaws of the medical staff.

Physicians are on site to meet patient care needs 24 hours a day, seven days a week. The following specialties are available:

- anesthesiologists
- cardiologists
- dermatologists
- emergency medicine
- endocrinologists
- family practitioners
- gastroenterologists
- general surgeons
- hematologists/oncologists
- internal medicine
- radiologists
- urologists
- nephrologists
- oral surgeons
- obstetrics and gynecologists
- ophthalmologists
- orthopedists
- otolaryngologists
- pathologists
- pediatricians
- psychiatrists
- pulmonologists
- radiation oncologists

Other pertinent documents:

- Medical Staff Bylaws, Rules and Regulations

NURSING

The nursing department's plan for providing nursing care is designed to support improvement and innovation in nursing practice and is based on both the needs of the patients to be served and the hospital's mission and vision.

The plan contains the following six elements:

1. The hospital's definition of nursing care;
2. The units, areas, or departments of the hospital in which nursing care, according to the hospital's definition, is provided to patients;
3. The mechanism(s) used in each unit, area, or department of the hospital to identify the nursing care needs of patients;
4. The required number and mix of nursing staff members in each unit, area, or department to provide for the nursing care needs of patients;
5. The process used for assessing and acting on staffing variances; and
6. The plan for assessing and improving the quality of nursing care in the unit, area, or department.

The plan is revised annually and as warranted by changing patient care needs and/or outcomes identified through CQI activities, risk management, utilization review, and/or staffing plan variances.

At a minimum, the following three factors are considered during the review:

1. patient requirements for nursing care, upon which the plan for nurse staffing was based;
2. patient care programs or patient populations that were added or eliminated and resultant changes in case mix;
3. information, as available, regarding the nurse staffing plan, from surveys of patients and their significant other(s), physicians, and other care providers, and nursing staff members.

Registered nurses, by virtue of their license, hold professional accountability for the provision of nursing care to patients in the hospital. Job descriptions, privileges, contracts and policies and procedures provide written evidence that clearly identifies registered nurses' responsibility and accountability for prescribing, delegating, and coordinating all nursing care as defined by, and provided throughout, the hospital.

The nurse staffing plan for each unit, area, or department provides for a sufficient number of registered nurses to carry out at least the following three activities:

1. Prescription of nursing care for patients based on
 - a. assessment data and other relevant information
 - b. identified nursing diagnosis(es), needs, or problems,
 - c. appropriate nursing interventions as specified in standards of nursing practice, policies and procedures, and/or established protocols, or as determined by the professional judgment of the registered nurse based on scientific knowledge, and
 - d. the patients' response to nursing interventions.
2. Delegation of nursing care activities to licensed practical nurses, nursing assistants and other appropriate nursing staff members, based on the registered nurse's evaluation of the nursing staff members' qualifications and competence to safely and effectively carry out the delegated responsibilities and to provide timely and adequate supervision, as required.

3. Coordination of both the nursing care provided to patients and the nursing care provided in conjunction with therapies directed by other disciplines. This coordination involves establishing and maintaining communication mechanisms for the delivery of nursing care to each patient, assuring that nursing care interventions and activities are directed at the resolution of identified nursing diagnosis(es) and/or patient problems or needs identified through the assessment process, and communicating with other clinical disciplines providing patient care.

Consistent standards for the provision of nursing care within the hospital are used to monitor and evaluate the quality of nursing care provided throughout the hospital. Patients that have the same nursing care needs are given a comparable level of nursing care throughout the hospital.

DEFINITION OF NURSING

Our definition of nursing at the registered nurse level is the diagnosis and treatment of human response to actual or potential health problems through the utilization of the nursing process by competent caregivers with the focus on patient-centered quality care under dynamic leadership.

Our definition of nursing at the licensed practical nurse level is the giving of nursing care in accordance with the educational background, job description and policies and procedures of Your Hospital. The LPN works under the direction of the registered nurse and physician.

Nursing practice at Your Hospital is also defined in accordance with the North Carolina State Board of Nursing Regulations and Standards as follows:

“Nursing” is a dynamic discipline which includes the caring, counseling, teaching, referring and implementing of prescribed treatment in the prevention and management of illness, injury, disability or the achievement of a dignified death. It is ministering to, assisting, and sustained, vigilant, and continuous care of those acutely or chronically ill; supervising patients during convalescence and rehabilitation; the supportive and restorative care given to maintain the optimum health level of individuals and communities; the supervision, teaching and evaluation of those who perform or are preparing to perform these functions; and the administration of nursing programs and nursing services.”

DEPARTMENT OF NURSING

The organizational chart flows both horizontally and vertically as a means of demonstrating the philosophy of participative management within the department of nursing, as well as line and staff responsibilities.

Scope of Service

At Your Hospital, nursing care is delivered to patients in the following areas:

- 1 North Medical/Surgical/Telemetry
 - 2 North Surgical Unit - Medical
 - 3 North GYN/Medical/Surgical
 - 4 North Medical/Surgical/Oncology/Pediatrics
- Outpatient Nursing Center
Emergency Room
1 West & 2 West Hospital-Based Skilled Nursing Facility
Intensive Care Unit
Coronary Care Unit
Surgical Services
Post Anesthesia Care Unit
Outpatient Surgery
Dialysis
Birth Place
Endoscopy
Clinicians
Clinical Staff Instructors
Lithotripsy (Contract Services)
Cardiac Cath Lab

Employees in the following nursing positions may be required to be licensed nurses due to the nature of the job, but do not deliver nursing care as defined by Your Hospital's Definition of Nursing:

- Vice President-Nursing
- Associate Vice President-Nursing
- Asst VP-Nursing Operations
- Asst VP-Nursing Standards & Practices
- Auditor/Staff Assistant
- Birth Place Program Director
- Director of Nursing Education
- Nurse Educator
- Tributalene Pump (contract services)
- Administrative Nurse Supervisors
- Nurse Interviewer
- Staffing Coordinator
- RN Admin Asst to VP-Nursing
- Patient and Family Services Coordinator
- Patient Care Coordinators

Employees in areas other than nursing may be required to be licensed nurses due to the nature of the job, but do not deliver nursing care as defined by Your Hospital's Definition of Nursing:

- Radiology
- Infection Control Nurse
- Community Health Educator
- Employee Health Nurse
- Patient Representative
- Cardiac Rehabilitation

There are 17 areas at Your Hospital where nursing care is rendered. The following modes of care have been determined by nursing leadership to be our methods of delivering patient care:

Team Nursing: This concept of delivering care is one in which there is an RN team leader and several team members who may be an RN, LPN, or Nursing Assistant I. The team leader is responsible for the coordination of care of a group of patients (usually 5-6 for telemetry patients or 8-9 for med/surg patients). The team leader delegates certain aspects of the patient's care to specific team members.

Functional Nursing: In this mode of care, each caregiver is responsible for carrying out specific tasks for all patients within a certain area of responsibility.

Primary Nursing: In this mode of care, one RN cares for a patient totally for the hours of his/her shift of work.

All areas where nursing care is rendered have their own detailed Scope of Care/Services that is maintained on the units.

The staffing coordinator utilizes core staffing plans to develop the master schedule. These core staffing plans are written for each nursing unit and special care area that provides nursing care to patients. The plans are based primarily on the patient requirements for nursing care, as determined by nursing judgments and the patient classification system (Medicus Staffing and Productivity).

The scope of practice for RN's, LPN's, and NA's, as permitted by the North Carolina Board of Nursing and hospital policy is evaluated to ensure appropriate utilization of all staff members. In the core staffing patterns, the number, mix, and qualifications of nursing personnel required to meet the usual and projected patient requirements for nursing care are explicitly stated in actual numbers of persons.

Annually, during the budget preparation process and more frequently as determined by patient needs, the plan for core staffing is evaluated for efficacy and efficiency. Data from the patient classification system (Medicus Staffing and Productivity) is utilized in this evaluation in addition to information from continuous quality improvement activities, nursing practice monitoring, degree of patient satisfaction (as measured by responses on patient questionnaires and number of patient complaints), and judgment of nurse managers.

A more detailed description for the plan is found in the nursing policy manual. In addition, each area which renders nursing care has their own individualized and specific staffing plan.

To assure a high standard of care, the nursing department has ongoing meetings. At least once a month, all nursing leadership is involved, including the Vice President of Nursing, Associate Vice President of Nursing, the Assistant Vice President of Nursing, Director of Nursing Education, and all nurse managers. Twice a month, the nurse managers meet as a peer group. In addition, a brief meeting of the Vice President of Nursing, Associate Vice President of Nursing, Staffing Coordinator, administrative nurse supervisors and nurse managers of inpatient areas is held weekday mornings at 9:30 to discuss and evaluate staffing needs and other critical issues.

The vice president of nursing and other nursing leaders participate in developing and implementing mechanisms for collaboration between nursing staff members, physicians, and other clinical practitioners. Nursing leadership serves on all major hospital committees and task force subcommittees are formed to work on specific problems. Nursing leaders work individually and in small groups with other department leaders to ensure quality patient care. Department heads have an open invitation to attend nursing management meetings.

PHARMACY

The pharmacy department provides pharmaceutical care to all patients and maintains correct and proper records in accordance with state and federal regulations. Pharmacy services are continually upgraded with emphasis on the rational, safe, and economic use of medications. The pharmacy department provides an appropriate supply of quality medications for all patients in an effective and efficient manner. Pharmacists assist in the education of patients, physicians, nurses, students, and other members of the health care team.

The pharmacy department is involved in the design, implementation, and oversight of medication use activities for all age groups of patients.

The philosophy of pharmaceutical care centers on the concept that every aspect of pharmaceutical service has an impact on the outcome of all patients receiving medications. All aspects of this service impact patient care ranging from procurement, storage, control, compounding, dispensing, intervention, and quality measures to actual drug dosing and management.

The following are included in the pharmacy scope of care/services:

- dispensing drugs, intravenous solutions, and supplies
- monitoring drug therapy (e.g., for drug interactions and contraindications)
- providing drug information
- generating medication administration records which are available to caregivers
- monthly checks of emergency and stock drugs on patient units
- pharmacokinetic services
- adverse drug reaction monitoring
- education of staff and patients as appropriate
- skilled nursing facility drug regimen review
- employee prescription service
- admixing chemotherapy drugs for inpatients and outpatients
- provision of IV admixture service
- providing information on drug/food interaction
- repackaging drugs
- accounting for controlled substances
- purchasing drugs
- controlling inventory
- renal dosing

The pharmacy is open from 7:00 a.m. until 11:00 p.m. Monday through Friday and from 7:00 a.m. until 9:00 p.m. on Saturday and Sunday. A pharmacist is on call for emergency drugs or consultation. For after-hours procurement, there is a night cabinet in the storage room on 1-North and any registered nurse can retrieve medications there. If the medication is not available in the night cabinet, the nursing supervisor, after contacting the pharmacist on call, may obtain the drug from the pharmacy.

The pharmacy staff consists of the director, the assistant director, staff pharmacists, pharmacy technicians, and pharmacy clerks. Staff are assigned a rotating schedule which assures the appropriate number and mix are available to meet patient care needs.

Drugs are dispensed to inpatients utilizing a unit-dose system. The pharmacy is an integral part of the diabetes team and the community health programs. Staff members participate on the pharmacy and therapeutics, infection control, safety, and cancer committees.

The provision of pharmaceutical care is a coordinated effort between the pharmacist, nurse, patient, physician, and other members of the health care team.

RADIATION ONCOLOGY

The radiation therapy department provides radiation therapy services, available 24 hours a day to inpatients and outpatients. Services are provided Monday through Friday from 8:00 a.m. until 5:00 p.m.. There is a physician and therapist on call at all other times. The population of patients is predominantly adult and geriatric with occasional pediatric patients. About 90 percent of patients treated are outpatients. Patients are primarily cancer patients who receive radiation therapy treatments on a daily basis. Among the most common malignancies referred for therapy are lung, breast, and prostate. Radiation therapy services are strictly therapeutic. Diagnostic studies may be requested as part of overall patient management. Patients are scheduled for treatment in 15 minute intervals; the actual "beam on" time being only one to two minutes. A patient undergoing radiation therapy will typically spend 30 minutes per day in the department. Treatments are usually scheduled to be given five times a week over a period of two to seven weeks.

Treatment planning includes calculating the correct dose of radiation to be targeted in a specified manner with the intention of destroying or retarding tumor growth. Radiation therapy is delivered by methods planned to minimize side effects while maximizing the benefit. Patients are simulated during the treatment planning process to help determine the most appropriate and accurate method of delivery. Treatment planning C.T.'s are coordinated with the department of radiology. Computerized treatment plans are performed on a SSGI Prowess 3000 computer. A physicist, radiation oncologist, and therapist may be involved in the planning process.

External beam therapy is delivered using a 100 centimeter source axis distance, 6 MV linear accelerator with rotational capabilities and a 100 centimeter source axis distance, 6 MB and 18 MV linear accelerator with 6, 9, 12, 16 and 20 MeV electrons, rotational and dual independent jaw capabilities. A small percentage of patients will be treated using a 100 KVP superficial therapy unit. Isotope therapy is also available with emphasis on handling, storing, and administration of radioactive sources. A supply of after-loading Cs137 sources to be used with the Fletcher-Suite-Delclos applicator and in the treatment of GYN carcinomas, and services for the permanent implant of Iodine-125 and Palladium-103 radioactive seeds for prostate cancer, are available on-site.

Patient services provided before, during, and after a course of radiation therapy include periodic physician evaluations, patient general health status monitoring through blood tests and measurements of body weight, routine checking of records, assessment of radiation exposure, side effects, and counseling patients on how to deal with cancer and/or side effects. Follow-up with the patient after therapy is individualized according to the plan of care.

Staffing includes the following:

- 1 administrative manager
- 1 radiation therapy secretary (for scheduling, registration and assisting patients with billing and insurance information)
- 1 radiation therapy clinical assistant (for gathering patient information for the consultation and assisting the radiation therapy physicians)
- 1 senior radiation therapist
- 3 staff radiation therapists
- 2 radiation oncologists

Staff meetings are conducted on a monthly basis. Staff meetings include discussions related to continuous quality improvement activities. During the monthly meetings, information regarding patients not completing their prescribed course of therapy is reviewed to identify any trends, patterns, or opportunities for improvement. Staff is also active on the cancer committee and the tumor board. Since 90 percent of the patients are outpatients, follow-up care is thorough and individualized.

REHABILITATION SERVICES

Physical Therapy Services

Physical therapy services include the evaluation, examination, and utilization of exercises, rehabilitative procedures, massage, manipulations, and physical agents including, but not limited to, mechanical devices, heat, cold, air, light, water, electricity, and sound in the aid of diagnosis or treatment. Patients are referred to the physical therapy department by physicians. Primary groups seen include: stroke, burns, decubitus ulcers, amputees, total joint replacements, musculoskeletal problems, and neuromuscular problems. Services are provided on both an inpatient and outpatient basis for patients throughout the life span.

The physical therapy department is located on the ground floor and has a gym, treatment booths, hydrotherapy area, waiting room, and staff offices. Approximately 70-75 inpatient treatments and 15-20 outpatient treatments are given each day, Monday to Friday from 8:00 a.m. until 5:00 p.m. The physical therapy department is also open on Saturday from 8:00 a.m. until 12:00 p.m. and Sundays, as needed, to provide priority patient care.

Staffing consists of seven physical therapists, five physical therapist assistants and two physical therapy aides.

Occupational Therapy

Occupational therapy services include the evaluation and treatment of disorders which limit purposeful functional activities such as grooming, dressing, and self-feeding, as well as perceptual and cognitive disorders interfering with thought processes to accomplish self-care tasks. Occupational therapy also evaluates for and fabricates splints and orthotic devices to prevent contractures and disabilities and to increase functional use of an extremity. Specific treatments may include: teaching of activities of daily living skills, developing perceptual motor skills, sensory training, selecting adaptive equipment to maximize independent function, coordination exercises, neuromuscular reeducation, and home assessment and recommendations for adaptations. Both inpatients and outpatients throughout the life span are served.

Occupational therapy is located on the first floor and has one treatment room. Approximately 30-35 treatments are delivered to inpatients and outpatients, Monday to Friday, from 8:00 a.m. until 4:30 p.m..

Staffing includes three occupational therapists and two licensed therapy assistants.

Speech and Language Pathology Services

Speech and language pathology services include the evaluation and treatment of language or aphasia disorders, cognitive dysfunction, voice disorders, dysphagia or swallowing disorders, and motor speech disorders. These services are provided for both inpatients and outpatients. Staffing includes one full-time speech language pathologist and PRN contract therapists as needed for high census demands.

Upon physician referral for physical therapy, occupational therapy, and/or speech therapy services, inpatients are scheduled for therapy initiation via the hospital-wide order communications system. Outpatients can schedule services via telephone communication with the department secretary. A review of patients' hospital chart and/or a verbal medical history will precede therapy treatments in an effort to ascertain the appropriateness, method, and plan of care. Rehabilitation services continuously collaborates with all appropriate healthcare professionals in maintaining an interdisciplinary approach to providing efficient, quality patient care. Rehabilitation services participates in weekly multidisciplinary meetings in the skilled nursing facility.

RESPIRATORY CARE SERVICES

Respiratory care provides services that are prescribed by a physician for the assessment, diagnostic evaluation, treatment, management, and monitoring of patients with deficiencies and abnormalities of cardiopulmonary function.

The services of the respiratory care department are available to all patients (adult, pediatric, and neonatal) 7 days a week, 24 hours a day. The following services are available:

- **Therapeutic Treatments:**

passive aerosol nebulizer	chest physiotherapy	incentive spirometry
metered dose inhaler	naso-tracheal suction	Pentamidine treatment
intermittent positive pressure breathing		

- **Oxygen:**

nasal cannula	face tent	croupette	non-rebreathing mask
simple mask	trach collar	venti mask	partial rebreathing mask
aerosol mask	oxyhood	T-Bar	CPAP/BiPAP
portable			

- **Critical Care:**

mechanical ventilatory support	tracheal suctioning
cardiopulmonary resuscitation	intra-aortic balloon pump (adult only)
airway management	patient transport assist

- **Diagnostic Services:**

arterial blood gas analysis	bronchoscopy assist
sputum induction	pulmonary function testing
pulse oximetry	end tidal CO ₂ monitor
Cardio pulmonary exercise stress testing	
bedside spirometry: FVC, FEV1, PEF, and/or MV	

The following treatments may be provided by the nursing staff: Oxygen administration by cannula, metered dose inhaler.

Newborn nursery staff delivers oxygen administration and performs ventilator stabilization before transfer and chest physiotherapy.

The respiratory care department provides the services of three respiratory care practitioners from 7:00 a.m. until 11:00 p.m. and two respiratory care practitioners from 11:00 p.m. until 7:00 a.m. seven days a week. The respiratory care assistant manager is scheduled Monday through Friday from 7:00 a.m. until 3:00 p.m., while the administrative manager's scheduled hours vary according to the needs of the department. A staff of PRN respiratory technicians/therapists are employed to work at peak volume times.

Scheduling of respiratory care staff is the ongoing responsibility of the assistant administrative manager. The administrative manager and assistant administrative manager are required to take a patient load as necessary. The administrative manager and assistant administrative manager share 24-hour call.

A more detailed staffing plan is available in the department's policy, "Respiratory Care Staffing."

Respiratory Care staff are involved in the weekly multidisciplinary rounds in the intensive care unit and as needed for other units. Respiratory Care works closely with nursing on an educational basis to assure competence of the nurses on respiratory care services that they deliver. The respiratory care department has a policy to establish priorities for service delivery. Respiratory Care staff also have an active role in the infection control committee and the intensive care committee.

PATIENT AND FAMILY SERVICES

The Patient and Family Services Department conducts utilization review activities, coordinates development and implementation of clinical pathways, and provides discharge planning and social services to patients.

The Patient and Family Services Department coordinates the development and implementation of clinical pathways through research, organization of multi-disciplinary teams, and staff education. Pathways are produced by the Clinical Pathway Coordinator based upon input from multi-disciplinary teams and current clinical practice standards. Specific indicators and outcomes for each pathway, as chosen by the path teams, are monitored by the Clinical Pathway Coordinator. Data is compiled and reported to appropriate medical, nursing and ancillary departments.

Referrals to the Patient and Family Services department for discharge planning or social services can be made by any healthcare provider. Screening criteria are utilized upon admission to identify those patients at high-risk for discharge planning needs. Upon receipt of any referral, the care coordinator or medical social worker reviews the patient's chart, and consults with the physician and/or pertinent staff to obtain more information regarding the referral.

The primary areas of direct services which are available to patients, their families, and the hospital are the following:

- continuity of care planning
- referral to appropriate community resources
- referral to appropriate resources for financial assistance
- fulfill request for assessments/social histories
- assessment for counseling needs
- coordinate adoption procedures

All services are provided Monday through Friday, 8 a.m. until 5 p.m. All ages of patients are served; however, outpatient and emergency discharge planning or social services are available upon direct physician request only. When the Patient and Family Services staff is not in the hospital, home telephone numbers are posted with the switchboard operator, and emergency referrals are taken from the home. The social workers are called first. If unavailable, the operator will attempt to contact other Patient and Family Services staff. If no staff is available, the nursing supervisor will offer assistance until Patient and Family Services staff is available.

Patient and Family Services staff attempts to assure privacy when conferring with patients and/or families, and utilize areas such as the chapel and the family waiting rooms when they are not in use.

Weekly multi-disciplinary team meetings on each medical/surgical unit are conducted by the care coordinator. Medical Social Workers participate in these meetings as well. Representatives from the Patient and Family Services Department also participate in the Tumor Board and Cancer Committee and act in a participatory or advisory role for the Community Alternatives Program (CAP), Diabetes Advisory Board, and the Oncology Support Group. The Patient and Family Services Coordinator serves as Chairman of the hospital-wide Discharge Planning Committee, which meets monthly. All Care Coordinators and Medical Social Workers are members of this committee. Care Coordinators and Medical Social Workers also participate in pathway teams as needed.

The Patient and Family Services Department staff consists of an RN Patient and Family Services Coordinator, one RN Clinical Pathway Coordinator, seven RN Care Coordinators, two Medical Social Workers, and one clerical assistant.

SECTION IV

SUPPORT FOR PATIENT CARE

Other hospital services will be available and provided to ensure that direct patient care and services are maintained in an uninterrupted and continuous manner, by coordinating identified organizational functions such as: administration, personnel, admitting, cleaning and sanitation, medical records, quality improvement, utilization review, data processing, employee health, and facility services. These services support the comfort and safety of the patient and efficiency of services available. These support services will be fully integrated with the patient services departments of the hospital.

Administration

During normal working hours, there is always an administrator on duty. The President and Chief Executive Officer is the highest administrative officer. In his absence, he designates another administrator to act in his absence. During off hours, there is an administrator on-call. A nursing supervisor assumes administrative responsibilities "after hours" and on weekends, and consults with the administrator-on-call as needed.

Admitting

The admitting clerk and the Administrative Nurse Supervisor work together to coordinate patient assignments to meet the requirements for patient care utilizing available resources. The final authority for patient placement rests with nursing. Admission to special care units is according to physician order and admission criteria established in writing. Information obtained during the registration process remains as a permanent record with the patient for the duration of their visit. Admitting personnel have the responsibility of properly collecting and processing available information on the patient, according to the appropriate guidelines as determined by the government, insurance companies, regulatory agencies, and policies of Your Hospital. The department has a commitment to obtain and report accurate patient demographic, medical, and insurance information.

The admitting department provides information on patients and medical services to physicians, administration, patient care units, fiscal departments, utilization review, insurance payers and review entities.

Housekeeping

Housekeeping services are responsible for the routine cleaning of patient care and public areas. They are to be called to assist in the cleaning of unusual spills. The primary goal is to create a clean and safe environment while maintaining infection control standards. The services are available from 6:00 a.m. to 4:30 a.m., with emergency coverage for the remainder of the time.

Community Wellness & Health Education

The community health and wellness program is a service established to provide a better quality of life through the education of a wellness lifestyle. This is accomplished through health promotion, preventive medicine and wellness programs for all citizens of and surrounding counties.

The wellness department addresses three main areas:

- Corporate Wellness — available to all business and industries, provided on site.
- Community Wellness — programs, screenings, health fairs and other activities.
- YOUR HOSPITAL employees — continue to develop staff knowledge of wellness concepts and apply them to improving their own quality of life
- Partnerships — developed to assure that the educational needs of the diverse populations of our community are met. (ie: partnerships with local schools, YMCA and Statesville Housing Authority).

The program provides education in the following areas:

- general health
- nutrition
- exercise
- safety
- weight management
- smoking cessation
- women's health
- men's health
- children's health
- back care
- stress management
- seasonal programs

The community wellness and health education department includes two registered nurses, one health educator, and one part-time exercise physiologist. Hospital registered nurses are used on an “as needed” basis.

Employee Health

An employee health nurse is on duty weekdays from 7:30 AM to 4:00 PM; at other times the nursing supervisor addresses employee health issues. Employees are provided with a pre-employment and a yearly health screen. The employee health nurse evaluates, provides follow-up and processes the accident report for employees who injure themselves while on duty. Any employee who experiences an exposure is offered appropriate counseling, testing and prophylaxis. Employees who come to work not feeling well or become ill while on duty may be sent to the employee health nurse for evaluation. The employee health service provides for the detection, evaluation, prevention and aid in obtaining treatment of infection for health care personal. All employee illnesses are tracked and trended.

Facility Services

Facility services is committed to providing support for healthcare services and to create a safe, functional, and comfortable physical environment for patients, employees, medical staff and the general public. The scope is to provide support for health services including utilities management, repairs, upkeep, remodeling, replacement, renovation and/or construction. The staff coordinates activities with patient care personnel to minimize disruption to and disturbance of the patient care environment. Services are available 24 hours a day.

Human Resources

The Human Resources Department interacts with the patient care/services in the following manner:

- works with departmental managers to help assure that adequate numbers of competent staff are available when and where needed;
- assures that employee performance is assessed on a regular basis;
- participates in the evaluation of recognition and reward mechanisms;
- consults with managers in the handling of unusual personnel issues; and
- serves as a resource for managers and staff with pay and/or benefit questions.

Information Systems

Information Systems will assist patient care providers in the selection of software and related hardware that is to be used as a part of the patient care process. Information Systems will also provide or assist the patient care providers in arranging computer hardware and software support, and in maintaining properly functioning data communication systems. The department assists in planning for future applications and technologies that will enhance and significantly expand care providers' use of these systems in order to improve efficiency of care provided.

Materials Management

The materials management department strives to meet the constant and ever changing demands for supplies and equipment in a cost effective and responsible manner. Hours of operation are Monday through Friday, 7:30 a.m. until 4:00 p.m. Stock items are filled by the one of the following methods: par restock system, departmental requisition, stock requisition. The functions covered under materials management include purchasing, inventory control, receiving, distribution, mail postage processing.

Medical Records

Requests by physicians for previous patient records are ordered via the computer by nursing personnel and the request is printed in the medical records department. Medical records personnel retrieve the medical record(s) requested, which are then either picked up by patient care personnel, sent via messenger, or delivered by medical record personnel. The department is open 24 hours a day, seven days a week. The medical records department handles and coordinates requests by outside agencies/persons, for copies of all/any medical records, whether inpatient or outpatient. The director of medical records coordinates with the medical record committee monthly for review of records for timely completion, clinical pertinence, and overall adequacy of medical record services.

The medical records department strives to provide both security of records and prompt access to them to enhance the quality of information available to patient care providers.

Patient Representative

A patient representative visits all patients admitted to the hospital and is available to respond to patients and/or family concerns. The representative provides feedback to appropriate caregivers and managers for the purpose of resolving problems and increasing customer satisfaction. A communications log is maintained. The patient representative also provides patients/families with information about advance directives and coordinates the hospital's Lifeline (personal emergency response system) program.

Security

The department provides for the security and safety needs of all patients, visitors, and employees of Your Hospital. The department's mission is to protect and provide assistance for those involved in the process of receiving or providing care. Staff are to notify security personnel of any persons or conditions that could pose a threat or hazard to any member of the staff, patients, or visitors.

The staff is composed of local off-duty law enforcement officers. Most of the time, day or night, two officers and a monitor watcher (civilian) are on duty; the rest of the time one officer and/or one monitor watcher are on duty.

A closed-circuit television monitoring system covering both the building interior and the campus is monitored and taped 24 hours a day. The tapes are kept for at least one week. There are silent alarms in selected areas of the hospital and outlying buildings, access-controlled locks on doors at sensitive areas of the hospital, and a delayed egress system for the fire exits on the maternity floor.

Volunteer Services

The volunteer services department recruits, screens, interviews, orients, places, trains, monitors, and evaluates all volunteers and is administratively responsible for all volunteers. Ongoing and annual recognition of volunteers is coordinated by the department. Volunteer personnel files and service hours records are maintained by the department. The director of volunteer services handles volunteer personnel problems and provides counseling as needed.

Volunteer placements are designed to be supportive to paid staff by providing a variety of nonprofessional tasks to enhance the quality of patient care performed by the professional staff.

SECTION V

CONCLUSION

This document is reviewed at least annually and, as necessary, revised according to changes in patient care needs or the findings from performance improvement activities.

S. Arnold Nunnery
President and Chief Executive Officer

Date

Chief, Medical Staff

Date

Chairman, Governing Body

Date

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REFERENCE

JCAHO. *Comprehensive Accreditation Manual for Hospitals*. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations, 1999 (2000 Hospital Accreditation Standards).