PATIENT CARE SERVICES

Effective/Revised: 10/96	Policy #: TCH-NUR-P-004
Reviewed: 5/98; 8/99; 06/02; 2/04; 12/06,1/08,3/12, 3/13	Responsibility: Nursing
Approved: Randy Jones CNE	Approved: John Moran, MD COS
SUBJECT: **PLAN FOR THE PROVISION OF PATIENT CARE**	

PURPOSE:

A. Toppenish Community Hospital is a provider of health care, with corporate offices located in Naples, Florida

B. The Plan for the Provision of Patient Care is developed in collaboration with the Medical Staff, Hospital Administration, Patient Care Services, Support Services Departments, and reviewed by the Community Board. The plan includes consideration of Strategic Plans, improvement and innovations in-patient care practice, and available resources. Further consideration is given to feedback gathered from patients, patient's family/significant others, hospital personnel, quality improvement findings and evaluation of staffing patterns related to patient needs. The plan is reviewed annually and receives periodic attention as warranted by changing patient care needs and outcomes.

POLICY:

A. Definition of Patient Care

Patient care is delivered by various means depending on the patient population. We utilize a multidisciplinary approach to providing patient care. Various disciplines function collaboratively to deliver the key elements of patient care, which are within their scope of care, service and licensure. The key elements of patient care are:

- Admission
- Assessment
- Planning
- Treatment/Service Provision

- Reassessment/Evaluation
- Education
- Discharge

B. Scope of Service

1. Toppenish Community Hospital has 63 acute care beds. Toppenish Community Hospital serves emergency, critical, acute, elective surgery, primary care, family maternity and refers to home health care, and hospice, predominately from the lower Yakima Valley. At the point of first contact with an individual, a process is undertaken to obtain the appropriate and necessary information to match individual needs with the level of care required and to the appropriate setting. Toppenish Community Hospital refers to other facilities those patients who meet transfer criteria and who require major burn therapy, certain critically ill pediatric patients, certain high risk obstetrical patients, those who meet trauma system criteria, transplant patient and patients requiring other services not provided within the facility.

2. Care is provided to these patients by a variety of trained and licensed direct care providers within the confines of their licensed or recognized scope of practice. Each patient care department has defined a scope of care which includes consideration of:

   a. The age of the patients;
   b. The type, scope and complexity of the patient's care needs;
   c. The extent to which the level of care or service provided meets the patients' needs;
   d. The appropriateness, clinical necessity, and timeliness of support services provided directly by the organization or through referral contacts.
   e. The availability of necessary staff;
   f. Recognized standards, guidelines or clinical pathways for practice, when available;
   g. Methods that are used to assess and meet patients' care needs;
   h. Coordination of follow-up services as needed.

C. Our Vision, Mission and Values

1. Vision for the Integrated System

   Toppenish Community Hospital is a community hospital offering a broad range of services primarily to Yakima and Benton counties.

a. The overriding purpose of Toppenish Community Hospital is to improve the health status of the communities we serve. To accomplish this, we partner with physicians and other health care providers, purchasers, health plans, health and social service organizations, and the communities we serve to provide an integrated approach to health care delivery. To realize this vision, we will join with our partners to accomplish the following:

- Collaborate with the community to prioritize health needs and develop strategies for addressing them. Strategies will include various wellness, health education and illness prevention programs.
- Provide the residents of our communities with access to a full continuum of quality, cost-effective, and coordinated health care services as close to home as possible.
- With special emphasis in working with our physician partners, identify and implement those changes that will lead to improved community health status and to improved efficiencies for our health delivery system.

Corporate Philosophy

A cornerstone of HMA's philosophy is the conviction that all employees, at every hospital and at the corporate office, share a common objective of providing quality service to the many different customers of our business. This can only be accomplished through a team approach that embodies a spirit of cooperation with a central focus on the needs of those we serve.

Key Goals and Principles

The achievement of these fundamental objectives is dependent upon the establishment of goals and the daily operation of the Company within a set of basic principles and values. HMA will constantly seek to operate its hospitals in a manner, which enhances its reputations as:

1) An exceptional employer.
2) A good corporate citizen.
3) A growing and profitable organization.
4) An organization, which demonstrates the highest ethical standards.

Long-term success cannot be achieved without each and every employee adhering to the highest level of ethical conduct in every facet of the job they perform. These standards of ethics include:

- Providing care to our patients in a manner, which respects the individual dignity of each and every person.
- Supporting our physicians in a mutual effort to provide the highest quality of service to our patients.
- Respecting the individual and collective interests of employees.

- Conducting business in a manner, which upholds the highest standards of ethics and applicable laws.

The HMA philosophy, outlined in these goals and principles, is fundamental to serving the needs of all those associated with HMA. Through a dedicated effort by the management in providing a creative, supportive working environment, and a commitment by all HMA employees, these goals and objectives will be met and surpassed. HMA is dedicated to this ideal because it is right, and it works.

Our Role

a. Through our employees, volunteers, community board members, and in partnership with our medical staff and vendors, the hospital provides appropriate, high-quality, cost-effective, state-of-the-art health services as well as information and social advocacy. Toppenish Community Hospital serves as a comprehensive health care resource by providing patient care and education in the community and as a referral center to the surrounding region. Toppenish Community Hospital strives for excellence in technology and services and helps provide access to health care for the community.

D. Hospital Organization

1. The organizational structure is established to provide for the care of the patients we serve. The Board of Directors headquartered in Naples, Florida, delegates the quality of care provided and the credentialing of physicians to the Community Board. The Community Board in turn delegates the implementation of monitoring clinical care to the Medical Staff as represented by the Medical Executive Committee, to the administrative leadership of the Hospital and to the clinical staff. The lines of authority, accountability and communication within the Hospital are defined by policy.

2. Toppenish Community Hospital Patient care services are organized into departments for clinical patient care and the support service departments. Responsibility for unity of nursing practice and the provision of the same standard of nursing care throughout the facilities rests with the Chief Nursing Officer. The operations of this facility is reviewed and overseen by the Key Management Team. Other committees contribute to the functioning of the facility.

E. Hospital Staffing Plan

1. In conjunction with the TCH Staffing Committee, which complies with House Bill HB 3123, staffing plans for patient care departments are developed based on the level, scope and frequency of care that is required by the specialty patient population, and a determination of the classification of staff that can most

appropriately provide the type of care needed. The TCH Staffing Committee has developed unit specific staffing algorithms based on patient care needs, acuity and budget. This plan has been approved by the CEO of Toppenish Community Hospital.

2. Staffing needs of each department are determined through the budget process using historical documentation, acuity information and a unit of service standard established for each cost center.

3. Departments are responsible for reviewing the monthly management reports to determine the budgeted staffing level compared to the actual staffing level. Staffing levels are compared to the unit of service computation and flexible staffing levels are developed to assure proper staffing given a change in service required. Departmental staffing reports are also used to prepare the annual budget and, if necessary, the staffing plan is revised to assure proper staffing levels are maintained.

4. Staffing is updated for census changes as they occur.

5. Personnel available to provide for patient needs include:

<u>In-patient Care Units</u>
Certified Nurse Assistants
Licensed Practical Nurses
Registered Nurses

<u>Emergency</u>
Certified Nurse Assistants
Licensed Practical Nurses
Registered Nurses

<u>Surgical</u>
Operating Room Technicians
Registered Nurses

<u>Professional and Clinical Services</u>
Admitting Representatives
Clinical Dieticians
Financial Counselors
Infection Control Practitioner
Lab and Pathology Technicians
Occupational Therapists
Pharmacists and Techs
Physical Therapists
Radiologist Technicians
Respiratory Therapists

Speech Pathologists
Volunteers

Dependent Allied Health Professionals
CRNA
Physician assistants
Nurse practitioners

Professional Staff
Physicians (M.D.; D.O; DPM; DDS.)

F. Human Resources Management

1. Recruitment and retention is the responsibility of the department manager and the Department of Human Resources.

2. Education and orientation of personnel is likewise the responsibility of the department manager with the support of the Human Resources Department, the Safety Officer, the Infection Control staff, the Quality Management Department and Learning Services.

3. Staff Education and Orientation includes general orientation, which includes mandatory educational requirements, departmental orientation, and on-going education.

G. Coordination of Care

1. Patient care is a coordinated effort by a team of practitioners including all disciplines noted in Section E.5. The assessment of patients is performed by professionals operating within their prescribed scope of practice as defined by the organization, department, unit or service. Disciplines participating in patient care consider the following in their assessment/reassessment of patients:

- Cultural and religious practices of the patient/family
- Psycho/social needs of the patient/family
- Functional: Physical, Occupational, Speech
- Motivation and desire for care
- Preferred Language, education and cognitive abilities
- Physical and emotional status
- Nutritional Status
- Safety Concerns: Fall risk; Abuse and Neglect
- Assessment and testing will be appropriate to the age group

- Effect of the patient's condition on the family

2. Each discipline defines the scope of assessment, required supportive data, and time frames within which assessment and reassessment will be accomplished. All patients' physical, psychosocial and social status is assessed relationship to the patients' desire for care and the setting in which the care is provided.
3. A plan of care is developed for each patient based on the findings of the assessment and is adjusted based on reassessment of the patients' response to care.

   a. Patient care is planned and documented by means of written orders, plans of care and interdisciplinary collaboration to address identified needs. Patient and family/significant other(s) needs, including learning and discharge needs, are identified and prioritized. The needs are either addressed or referred based on length of stay, appropriate utilization of resources, patient, family and significant other's ability to comprehend and participate, and the nature and complexity of the need. The patient's current and future needs are discussed and evaluated for appropriate care levels. Discharge plans and outpatient follow-up is arranged as appropriate.

   b. Patients with the same care needs receive the same level of care throughout the hospital. The same standard of care is assured through the use of consistent policies and procedures and care protocols. Policies are reviewed at least every three years.

H. Standards of Care and Practice

Toppenish Community Hospital is committed to do the right procedures, treatments, interventions, and care. Standards of care and practice describe competent levels of care and performance. These standards assure the kind of care patients expect to receive across settings through the institution. Standards of care are in the form of policies, procedures, protocols, multi-disciplinary clinical, and care planning.

I. Support Services

Other hospital services will be available and provided to ensure that direct patient care and services are maintained in continuous manner, by coordinating identified organizational functions such as: leadership/management, information systems, human resources, environment, infection control and organizational performance improvement. These support services will be integrated with the patient services departments of the hospitals.

J. Leadership of Toppenish Community Hospital

The leadership is defined as the Community Board, Administration, management,and physicians in appointed or designated leadership positions. Toppenish Community Hospital leadership is responsible for and ensures:

1. Integration of services into the organization's primary functions;

2. Coordination and integration of interdepartmental and intradepartmental services;

3. Development and implementation of policies and procedures that guide and support the provision of services;

4. Recommendation of a sufficient number of qualified and competent persons to provide care and treatment;

5. The determination of the qualifications and competence of department personnel who provide patient care services and who are not licensed independent practitioners;

6. Continuous assessment and improving the performance of care and services provided;

7. Support of quality improvement programs as appropriate;

8. Provision of orientation, in-service training and continuing education to all persons in the department;

9. Evaluation of space requests and other resources needed by the department, and

10. Participation in the selection of sources for needed services not provided by the department or the organization.

K. Quality Management Processes

The leadership of the Medical Staff, Community Board, the hospital staff and the Administrative staff has jointly developed the Quality Performance Improvement Plan. Its purpose is to establish a systematic organization-wide, process for measuring, assessing, and improving organizational performance in the care and treatment of patients. Specifically, the objectives are to establish and implement a process to do the following:

1. Provide patients served at Toppenish Community Hospital with high quality care that meets established standards with regard to the following aspects of quality: compassionate caring, efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, and respect for individual dignity.

2. Identify and systematically collect the data necessary to measure performance on a continual basis. The detail and frequency of data collection should be determined and should be appropriate to the activity or process being measured.

3. Decisions are based on integral data collected and analyzed for purposes such as improving the care delivered to patients, improving customer satisfaction, increasing market share, and ensuring stewardship to our fullest capacity.

The Medical Executive Committee (MEC) is an interdisciplinary committee made up of members of Administration, Medical Staff, Clinical Staff, Quality and Risk/Patient Safety. The purpose of the MEC is twofold:

- To provide stewardship of patient care quality by evaluating and directing evidence based improvement initiatives and opportunities in a planned and systematic manner.

- To prioritize the quality initiatives to assure appropriate use of limited organizational resources

1. We seek to understand our customers' needs and preferences from their point of view.
2. Improvement flows from the changes in the systems and processes by which work is done and an openness to exploring and testing new ideas.
3. Teamwork and participation are fostered at all levels of our organization, building on trust and respect for one another.
4. To continuously improve each individual is asked to learn and participate with others to achieve the goal of quality work the first time, every time.
5. Decisions are based on and the use of valid, statistically reliable information.

Key goals of the Quality Improvement program are:

1. We seek to understand our customers' needs and preferences from their point of view.
2. Improvement flows from the changes in the systems and processes by which work is done and an openness to exploring and testing new ideas.
3. Teamwork and participation are fostered at all levels of our organization, building on trust and respect for one another.
4. To continuously improve each individual is asked to learn and participate with others to achieve the goal of quality work the first time, every time.
5. Decisions are based on and the use of valid, statistically reliable information.

Key elements of the Quality Improvement program are:

- Achieving the highest levels of quality and performance humanly possible.
- Aligning key goals, strategies, and operating principles and process design/redesign activities and expected results throughout the organization.
- Focusing the strategic, operational and improvement activities of the organization on the identified needs and desires of our patients/customers;
- Using measurement as an indicator of achievement of goals;
- Using consistent performance improvement process(es) (PDSA) to improve system performance and reduce risk;
- Involving patients/customers, physicians and employees in the improvement of systems where appropriate;
- Evaluating and improving major functions, key processes, and important aspects of patient care and service including the identification of potentially high risk care processes; and
- Aligning employee accountability and recognition with organizational priorities.

L. Allocation and Adequacy of Financial Resources

1. The Chief Financial Officer works collaboratively with the Chief Nursing Officer, Administrator for Human Resources, Directors and each department manager to develop a budget which assures appropriate resources (including retention and recruitment of staff) to meet patient needs and promote innovation and/or improvement in the provision of patient care. Included in the assessment of needs is information from:
   - Quality Management Processes
   - Physician, patient and employee Surveys
   - Risk Management Reports and Trends
   - Resource Management including utilization and staffing
   - New Business Development
   - Physician input through Medical Staff Committee and Departments
   - Evaluation of populations served and their needs.

2. The Department Managers and Administrators monitor the financial status of the hospital and individual departments monthly. Adequacy of financial resources is important to the achievement of the organization's mission.

M. Patient Rights and Responsibilities

1. Assuring patient rights is the responsibility of all hospital employees and members of the medical staff. A list of patient rights and responsibilities in the Patient Guide to Information is provided to patients or family members during the admission process. The policy is in the Administrative Manual.Annual Review of the Hospital Plan for the Provision of Patient Care

N. The Hospital Plan for the Provision of Patient Care is annually reviewed and updated

as part of the regular budgeting process of the hospital. This review is shared with the Community Board and may include:

- A review of staffing requirements
- Findings from Quality Improvement Activities
- Feedback from survey of physicians, patients and employees as appropriate.

References:

- The Joint Commission Accreditation of Acute Care Hospitals Manuel: Provision of Care Chapter
- Washington State Department of Health: WAC 246-320-141 Patient Rights and Ethics
- Washington State House Bill HB 3123-Hospitla Staffing Committee
- Washington State Department of Health: WAC 246-320-171 Hospital Performance Quality Control/Risk Management.
- Washington State Department of Health Chapter 70.41 RCW
- Washington State Department of Health Chapter 246-320 WAC