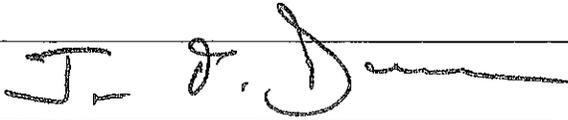


O'CONNOR HOSPITAL POLICIES & PROCEDURES		Page: 1 of 129
SUBJECT: Plan for Provision of Patient Care		Effective: 5/94 Reviewed: 6/05, Revised: 6/05, 6/06, 6/08, 5/08, 6/09, 6/10, 12/10, 5/11, 5/12, 5/13, 3/14
APPROVED: 	ORIGINATING DEPARTMENT: Administration	
James F. Dover, FACHE President & CEO		HOSPITAL-WIDE DISTRIBUTION

APPROVED

Dawn Goeringer, MS, RN Interim Sr. Vice President, Chief Clinical Officer Nurse Executive

### O'CONNOR HOSPITAL MISSION AND VALUES

O'Connor Hospital, a member of the Daughters of Charity Health System, is a leader in promoting a healthy Santa Clara County. With our sponsors, the Daughters of Charity, we foster the Catholic Church's healing ministry and are a values-based health-care organization.

#### OUR MISSION

In the spirit of our founders, St. Vincent DePaul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind, and spirit. We promote healthy families, responsible stewardship of the environment, and a just society, through value-based relationships and community-based collaboration.

#### OUR VINCENTIAN VALUES

The Charity of Christ urges us to:

**RESPECT** - Recognizing our own value and the value of others.

**COMPASSIONATE SERVICE** – Providing excellent care with gentleness and kindness.

**SIMPLICITY** – Acting with integrity, clarity and honesty.

**ADVOCACY FOR THE POOR** – Supporting those who lack resources for a healthy life and full human development.

**INVENTIVENESS TO INFINITY** – Being continuously resourceful and creative.

**A. DEFINITION OF PATIENT CARE, PATIENT SERVICES, AND PATIENT SUPPORT**

Patient Services:

Patient services at O'Connor Hospital occur through an organized and systematic process designed to ensure the delivery of safe, effective and timely care and treatment. Providing patient care services and the delivery of patient care requires specialized knowledge, judgment and skill derived from the principles of emotional, physical, behavioral, psychosocial and medical sciences. As such, patient services are planned, coordinated, provided, delegated and supervised by qualified professional health care providers who recognize the unique physical, emotional and spiritual needs of each individual. Patient care encompasses the recognition of both disease and health, prompt intervention in a timely manner, ongoing evaluation and adjustment to the plan of care as needed. Patient / family teaching, and medical staff, nursing, and allied health care professionals function collaboratively as an interdisciplinary team to achieve optimal patient outcomes.

In the strictest sense, patient services are limited to those departments that have direct contact with patients. The full scope of practice of patient care is provided only by those qualified professionals who are also charged with additional functions of patient assessment and planning patient care based on findings from their assessment(s). Patient service and the delivery of patient care are provided by a team of qualified, licensed staff and supportive personnel to the licensed staff. Patient support is provided by-qualified professionals.

**B. PROFESSIONAL PATIENT CARE STAFF: ROLES AND FUNCTIONS**

Staff	Assess/ Reassess	Plan	Intervene Evaluate	Operative Invasive	Patient Rights	Discharge Plan	Nutrition Care	Patient Family Teach	Medicine	Treatment	Diagnosis Agents	Safe Environment
Case Manager	X	X	X	--	X	X	X	X	--	--	--	X
Chaplain Services	X	X	X	--	X	--	--	X	--	--	--	X
Clinical Laboratory Scientist	--	--	--	X	X	--	--	X	--	--	--	X
Exercise Physiologist	X	X	X	--	X	X	X	X	--	X	--	X
Licensed Vocational Nurse	--	--	X		X		X	X	X	X		X
Nuclear Medicine Technologist	X	X	X	--	X	X	--	--	X	--	X	X
Pharmacist	X	X	X	--	X	X	X	X	X		--	X
Physician	X	X	X	X	X	X	X	X	X	X	X	X
Phlebotomist/Lab Assistant	--	--	--	X	X	--	--	X	--	--	--	X
Radiology Technologist	X	X	X	X	X	--	--	X	--	--	X	X
Radiation Therapist	X	X	X	--	X	--	X	X	--	X	--	X
Registered Dietitian	X	X	X	--	X	X	X	X	--	--	--	X
Registered Nurse	X	X	X	X	X	X	X	X	X	X	--	X
Rehab Services OT, PT, Speech	X	X	X	--	X	X	--	X	X	X	--	X
Respiratory Therapists	X	X	X	X	X	X	--	X	X	X	--	X
Social Worker	X	X	X	--	X	X	--	X	--	--	--	X

O/X Dependent on Licensure Practice Guidelines

X May perform

-- May not perform

The interdisciplinary commitments of all departments, in collaboration with the Medical Staff, in the provision of patient care are demonstrated through development of policy and procedures, open communication, performance improvement teams, interdisciplinary care rounds, and patient care conferences.

Patients with the same health problems and care needs should expect to receive the same level of care throughout the organization. Each patient care service area collaborates with the medical staff to provide effective patient care. The medical staff is responsible for the medical plan of care and has the responsibility to assess and establish the plan based on the needs of each individual patient. Members of the medical staff and allied health professionals with clinical privileges provide medical services in accordance with the Bylaws and Rules and Regulations of the medical staff.

### **C. PATIENT SERVICE DEPARTMENTS**

- Ambulatory Surgery Unit - Pages 9-10
- Cardiac Catheterization Laboratory - Pages 11-13
- Cardiology and Neurodiagnostics Services - Pages 14-16
- Clinical Decision Unit (CDU) Pages 17-19
- Congregational Health Ministries/Parish Nursing - Pages 20-22
- Critical Care Unit / Intensive Care Unit (ICU) - Pages 23-25
- Dialysis/Hemodialysis Center - Pages 26-28
- Emergency Department - Pages 29-31
- Endoscopy Unit - Pages 32-33
- Infusion Center - Page 34-35
- Intermediate Care Telemetry Unit (ICTU) – Pages 36-38
- Labor and Delivery - Pages 39-42
- Medical / Surgical Oncology Unit - Pages 43-45
- Mother-Baby - Pages 46-49
- Neonatal Intensive Care Unit - Pages 50-53
- Nuclear Medicine - Pages 54-55
- Nutritional Services - Pages 56-57
- Orthopedic-Spine / Neurological Unit – Pages 58-59
- Palliative Care - Page 60
- Pediatric Unit - Pages 61-64
- Post-Anesthesia Care Unit (PACU) - Pages 65-67
- Radiation Therapy - Pages 68-69
- Respiratory Care - Pages 70-72
- Social Services - Pages 73-74
- Surgical Services - Pages 75-77
- Sub-Acute Unit – Pages 78-82
- Wound Care Clinic - Pages 83-85

### **D. OTHER PATIENT SERVICE DEPARTMENTS**

- Case Management - Pages 86-87
- Chaplain Services - Pages 88-90
- Health Benefits Resource Center – Pages 91-92
- Imaging Services  
(Radiology, Mammography, Interventional Radiology, CT, US, and MRI) - Pages 93-95
- Infection Prevention and Control - Pages 96-101
- Inpatient Rehabilitation Services  
(Physical Therapy, Occupational Therapy & Speech/Language Pathology Services) - Pages 102-104
- Laboratory - Pages 105-108
- Outpatient Rehabilitation and Sports Therapy – Pages 109-111
- Pathology, Anatomic - Pages 112-113
- Patient Access – Pages 114-115
- Pharmacy - Pages 116-118
- Quality Management – Pages 119-120
- Risk Management – Pages 121-122

## **E. SUPPORT SERVICES DEPARTMENTS**

Other services are integrated with the inpatient care service departments to assist and support the delivery of care and service in an uninterrupted, continuous manner. The following is a listing of support service departments.

- Administration
- Applied Ethics Center
- Corporate Compliance
- Employee Health Services
- Environmental Services
- Facilities Management (Clinical Engineering, Engineering, Biomed)
- Foundation
- Governing Board
- Human Resources
- Information Systems
- Mailroom
- Materials Management
- Medical Library
- Health Information Management Department
- Medical Staff Office
- Nurse Educators
- Nurse Staffing
- Patient Transport
- Physician Referrals
- Security
- Sterile Processing
- Service Excellence
- Telecommunications
- Translation Services
- Tumor Registry
- Volunteer Services

These services support the comfort and safety of the patient and the efficiency and operation of services in the patient care areas.

## **F. PLANNING FOR PATIENT CARE SERVICES**

As an organization, O'Connor Hospital plans for services provided in response to the needs of the community it serves. This planning maintains a true consistency with the organization's mission and values. The organization's planning process seeks input from many sources including, but not limited to, the community, our customers, and the internal organization. Services are designed in collaboration with community leaders and organizations to be responsive to the needs and expectations of patient / families and other individuals.

Additionally, planning methodology incorporates feedback from patient, family, physicians, and associates, using various survey processes. Relevant information specific to a particular unit, area, or department is obtained for evaluation and necessary changes are planned and implemented in response to any identified opportunity to improve customer relations or patient care.

## **G. STANDARDS OF PATIENT CARE**

The patients at O'Connor Hospital may expect to receive the following:

O'Connor Hospital will perform the appropriate procedures, treatments, interventions, and care by following policies, procedures and protocols, and job specific competency testing, that have been established to ensure optimal patient / family outcomes.

Staff will design, implement, and evaluate systems and services for care delivery based on assessment, planning procedures, treatments, interventions, and patient care outcomes. Patient care and services will be delivered:

- With compassion, respect, and dignity and consideration of the I WILL standards or performance.
- In a manner that best meets the individualized needs of the patient.
- Timely, based on the individualized needs of the patient.
- Through interdisciplinary team collaboration to ensure continuity and seamless delivery of care.
- In a manner that is consistent with the patient's rights and expectations for safe practices and a safe environment.
- In a manner that maximizes the efficient use of our financial and human resources. We achieve this through technological advancement and streamlining processes, decentralizing services, enhancing communication, and providing ongoing and continuing education of staff.

## **H. CONSULTATIONS AND REFERRALS FOR PATIENT SERVICES**

To ensure that services are available in a timely manner to meet the needs of our patients, all services essential to delivery of quality patient care are provided to all outpatients either directly by O'Connor Hospital or through referral, consultation and / or contract with approved providers. Consultations are given and requested according to the rules and regulations of the medical staff bylaws.

Essential services provided on a regular basis, which are performed outside the organization or by another source(s), are approved by the medical staff and the organization has written agreements that the source(s) meets applicable accreditation standards.

## **I. SCOPE OF SERVICE**

Each department has a defined scope of service and goals, which support the operation of the organization. The scope of care / service describes the types and ages of patients served, hours of operations, procedures, and processes of each department and / or services provided. These department descriptions are attached as an appendix.

## **J. STAFFING PLANS**

Staffing plans for patient care services are developed based on the level and scope of care that meet the needs of the patient population, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately (competently, comfortably, and confidently) provide the level of care needed. Staffing is adjusted every shift, or more often, as indicated by the acuity needs of the patient population for the increased demand for service and as identified through the OptiLink Patient Classification System. In nursing, the nursing ratio law represents the minimum number of staff on a shift. Other staffs, such as nurses' aides, are added to increase resources due to acuity.

Each department has a formalized staffing plan and patient classification guidelines that are reviewed at least annually, based on the method for establishing patient acuity and staffing requirements by unit. These department descriptions are attached as an appendix.

**K. PATIENT CARE / ORGANIZATIONAL PERFORMANCE IMPROVEMENT**

The hospital wide plan for Performance Improvement includes planned assessment and initiation of activities / teams designed to follow-up on unusual occurrences or specific concerns / issues. The performance improvement model used is Focused PDCA. Each department, as appropriate, is represented on performance improvement teams to enhance interdisciplinary communication with a common focus on improving patient care.

**L. INTEGRATION OF PATIENT CARE AND SUPPORT SERVICES**

The importance of a collaborative interdisciplinary team approach serves as a foundation for integration, and takes into account the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes. Open lines of communication exist between departments providing patient care, patient services and support services with the hospital, and as appropriate with community agencies to ensure efficient, effective and continuous patient care.

To facilitate effective interdepartmental relationships, problem solving is encouraged at the point of care / service within the organization. Staff maintains an open dialogue to discuss with one another issues and concerns in seeking mutually acceptable solutions. Department leaders have the authority to mutually solve problems and seek resolution within their span of control. Positive interpersonal communication skills are strongly encouraged as part of the ongoing improvement efforts.

A major supportive organizational structure is ongoing staff education. Education topics are identified by staff surveys, introduction of new equipment or technology, or as a response to an identified performance improvement opportunity.

Associates from departments providing patient care service participate in open communication and forums with one another, as well as with service support departments to ensure continuity of patient care, maintenance of the patient care environment, and positive patient outcomes. Regular contact occurs between departments through:

Internal / External Methodology of Communication

Electronic mail	Hospital headlines/publications
Memorandums	Communication book
One-on-one meetings	Intranet
Monthly staff meeting	Bulletin board postings
Insight Newsletter	Huddles
Emails	

Collaborative / Functional Relationships with Other Departments

Monthly Manager / Director Meeting	Weekly Clinical Operations Meeting
Monthly Nursing Leadership Team	Interdisciplinary Rounds
Patient Care Conferences	Interdisciplinary Documentation
Monthly Leadership Meeting	Medical Staff Meetings
Performance Improvement Teams	Educational Forums
Monthly Survey Readiness Committee	

## **M. NURSING ORGANIZATION PHILOSOPHY OF PATIENT CARE**

The Nursing organization supports the organizational vision and mission statement by facilitating and providing health care to our patients, integrating their cultural beliefs into the practice of nursing. This is accomplished by using the nursing process of assessing, planning, implementing, and evaluating care directed toward assisting patients to attain, regain, and maintain their optimal health status. Included in these nursing responsibilities are patient education and the protection and conservation of the patient's resources and human rights.

The profession of nursing is cognizant of the continued need to study and validate clinical outcomes, practices, functions, and responses. Those measures are communicated through committee structures, interdisciplinary teams, and educational processes available for nursing staff. The structured forums offer the nursing staff the opportunity to influence and improve nursing practice and promote an effective means of communication with the leadership team, the medical staff, and other health care providers.

The Nursing organization believes in a caring, holistic, integrated, and collaborative approach to patient care, recognizing the patient as the central focus. The act of caring may be effectively demonstrated and practiced interpersonally: it fulfills basic human needs, promotes health and quality of life, and facilitates the acceptance of individuals and significant others, not only as they are, but as what they may become. Committed and competent nurses share a common goal focused on providing quality care in an ever-changing chaotic health care environment. While fostering the patient's progression toward their self-defined optimum state of health and well-being, nurses continually support each other and the nursing profession.

There is a chief nurse officer at O'Connor Hospital who oversees the practice of professional nursing to assure that the same standard of care is provided for all patients. This is accomplished through on-going communication with staff in staff meetings and forums, review of all patient care policies and procedures, representation on the Board of Directors and Medical Executive committee, and representation on various other medical staff committees including the Quality Improvement Committee.

## PATIENT SERVICE DEPARTMENTS

### SCOPE OF SERVICE AMBULATORY SURGERY UNIT

#### I. SCOPE OF SERVICE

The Ambulatory Surgery Unit provides pre-operative/pre-procedure and post-operative/post-procedure nursing care to patients ranging in age from infant to geriatric. Care is provided by licensed RN staff and non-licensed Nursing Assistants/Orderlies. Pre and post-care is provided to four populations; Interventional Radiology, Cardiac Cath Lab, Operating Room, Endoscopy. Care provided is pre-operative/pre-procedure and post-operative/post-procedure and discharge. Also, under the scope of the ASU is the Pre-Procedure Clinic. The Pre-Procedure Clinic provides assessment from 1 day to 6 days prior to a scheduled date of procedure.

#### Ages of Patients:

The patient population consists of infants, pediatrics, adolescent, adult and geriatric age groups.

#### Procedures and Processes:

Assessment and care are provided by the RN staff. CNA/Transport staff is under the direction of the RN.

#### II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP

##### A. Internal/External Methodology of Communication:

Electronic mail	E-Insight Newsletter
Memorandums	Communication Book (previous bulletin board postings)
One-on-one meetings	Monthly Staff Meetings
Intranet	Bulletin board postings
Emails	Huddles

##### B. Collaborative/Functional Relationship with Other Departments:

Bi-Monthly Managers/Directors Meetings  
 Monthly Nursing Leadership Team  
 Monthly Leadership Meeting  
 Educational Forums  
 Weekly Clinical Operations Meeting  
 Monthly Survey Readiness Committee

##### C. Hand-off Communication with Other Departments:

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

##### D. SBAR Nurse to Physician Communication:

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Ambulatory Surgery Unit

**STAFFING PLAN:**

Staffing plans for the Ambulatory Surgery Unit are developed based on volume and the patient's intensity of needs and the ASAN Staffing Standards.

**PURPOSE:**

To define the staff scheduled on a daily basis.

**PROGRAMS INFLUENCING STAFFING PLAN:**

1. FTE's allocated to department.
2. Patient's intensity of needs.
3. ASPAN Guidelines

**FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on units of service and volume.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Registered Nurses
- Nursing Assistants/Orderlies
- Clerical
- Program Assistant (for the Pre-Procedure Clinic)

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**HOURS OF OPERATION:**

The Ambulatory Surgery Unit is open Monday – Friday 5:30 a.m. to 7:00 p.m.  
Closed on weekends and holidays. No call for after-hours coverage.

**SCOPE OF SERVICE**  
**CARDIAC CATHETERIZATION LABORATORY**

**I. SCOPE OF SERVICE**

The Cardiac Catheterization Laboratory is located on the 2<sup>nd</sup> floor in the '81 building and it consists of 2 procedure rooms. The laboratory provides adult diagnostic heart catheterization, angiography, interventional procedures on cardiology and peripheral systems, electrophysiology –(diagnostic, ablation, atrial fibrillation), pacemakers, (temporary and permanent), ICDs, cardioversion, tilt table testing and TEE.

Ages of patients:

The primary patient population is adult and geriatric.

Procedures and Processes:

Procedures specific to the Cardiac Catheterization Laboratory include:

Left Heart Catheterization and coronary angiogram with or without grafts, Left and right heart catheterization and angiogram with or without coronary bypass grafts, ACT, Oxygen saturations, Percutaneous Coronary Interventions, rotablator, angiojet application, intracoronary ultrasound (IVUS), FFR, Impella, laser angiography, nitric oxide, insertion of permanent pacemakers (single, dual, ICD, bi-ventricular), generator change, electrophysiology (diagnostic and interventional).

Procedures may include monitoring of cardiac, arterial pressure and pulmonary artery, continuous oxygen saturation, and non-invasive pressure, IV therapy, vasoactive therapy, IABP/Impella, pericardiocentesis, ventilatory support, medication management, respiratory therapy procedural sedation or monitored anesthesia care by anesthesia provider.

Processes include admission in an emergency situation, transfer, infection control, maintenance of a safe environment, client and family education; medication administration including titration of vasoactive medications to meet specific parameters; assessment/reassessment, planning, intervention and evaluation of patient care; processing of physician orders. Processes are directed towards stabilizing the client and/or providing comfort within the limitations of their disease process in order to facilitate their movement towards discharge and return to independent function.

Hours of Operation:

6:30 AM until 5:30 PM Monday through Friday. From 5:30 PM until 6:30 AM Monday through Friday and 24 hours on Saturday and Sunday, a call team is available.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

- |                         |                      |
|-------------------------|----------------------|
| Monthly staff meeting   | E-Insight Newsletter |
| Memorandums             | Communication book   |
| Bulletin board postings | DCHS Communications  |
| One-on-one meetings     | Insight Newsletter   |
| Huddles                 | Emails               |

**B. Collaborative/functional relationship with other departments:**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| Monthly Nursing Leadership Team    | Various medical staff meetings     |
| Monthly Leadership meetings        | Performance Improvement teams      |
| Multidisciplinary ethics forums    | Educational presentations          |
| Monthly Cath Lab Conference        | Weekly Clinical Operations Meeting |
| Monthly Survey Readiness Committee |                                    |

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Cardiac Catheterization Laboratory

### STAFFING PLAN:

Staffing plans for the Cardiac Catheterization Laboratory are developed based on the acuity and scope of care that meets the need of the individual client, types of procedures and the determination of the skill of the staff that can most appropriately provide the level/type of care that is required. Staffing is adjusted on an ongoing basis as indicated by the changing needs of the patient population. All procedures are staffed with a 3-4 person team, with either one RN / two RTs or two RNs /one RT. The call team is staffed with two-three RNs and one RT.

### PURPOSE:

To define the staff scheduled on a daily basis including on call

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to the department
2. Position control
3. Acuity of patient

Assignment of staff is based on the individual needs of the patient and the skill/competency of each staff member

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE's are allocated based on the number of procedures scheduled and are fixed with utilization of room and flexibility of:

- As volume decreases, staff flexed downward
- As volume increases, staff is called in
- Call team is available when the Cath Lab is closed

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Registered Nurses, one of which is scheduled as person in charge or lead
- Cath Lab Scheduler
- Technicians
- Data Analysis
- Ancillary Support Staff

### STANDARD OF CARE:

A standard of care is based on hours per day required to care for this population and is based upon the department historical data, national and community standards.

### WEEKEND STAFFING:

The Cardiac Catheterization Laboratory is covered by on call team for emergency procedures.

The Cardiac Services Director maintains 24 hour responsibility and accountability. There is a Nursing Supervisor on duty 24 hours per day, 7 days per week to facilitate handling any immediate patient care needs. There is an Administrator on call 24 hours per day, 7 days per week for Administrative issues.

**SCOPE OF SERVICE**  
**CARDIOLOGY and NEURODIAGNOSTIC SERVICES**

**I. SCOPE OF SERVICE**

Cardiology and Neurodiagnostic related services at O'Connor Hospital consist of several divisions that include Neurodiagnostic, EKG, as well as Cardiopulmonary Rehabilitation Services, Echocardiography.

Ages of Patients served:

The patient population served by Cardiology and Neurodiagnostic Services consists of infant to geriatric patients requiring cardiac or respiratory care services, treatment or testing to maintain optimum physiological maintenance of cardiac and/or respiratory systems. Policies and procedures specific to age related therapies have been developed.

Procedures and Processes:

Cardiology and Neurodiagnostic Services provides optimum assistance to nurses and physicians in maintaining preventative and restorative health needs for patients. The Staff provides quality, conscientious, cost effective and competent care with respect for life and dignity at every stage of the human experience. Patient education on disease entities is provided via educational handouts with verbal explanation. Patient services are provided:

- Neurodiagnostics: 8:00am to 4:00pm Monday to Friday
- EKG: 6:00am to 6:00pm Monday to Friday and 8:00am to 4:30pm Saturday/Sunday
- Echo: 7:00am to 5:30pm Monday to Friday and Saturday/Sunday from 10:00am to 4:00pm
- Cardiac Rehabilitation: Monday to Friday from 7:30am to 5:00pm

Procedures performed by Cardiology and Neurodiagnostic Services include, but are not limited to:

1. Monitoring cardiopulmonary status
2. Transport
3. Cardiopulmonary Resuscitation
4. Patient education
5. Ambulatory Holter Monitoring
6. EKG's
7. EEG's
8. Echocardiograms
9. Pulmonary Function Testing
10. Radionuclide Stress Testing
11. Treadmills and Pharmaceutical Stress Testing
12. Cardiac Rehabilitation programs, Pulmonary Rehabilitation Programs

**Summation Statement:**

1. Processes include Infection Prevention and Control measures
2. Maintenance of a safe patient care environment
3. Assessment/reassessment
4. Care planning
5. Treatment interventions
6. Patient/Family education

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

Electronic mail	Physician Newsletters
Memorandums	One on One Meetings
Staff Meeting	Intranet
Bulletin Board Postings	Fax Reports
E-Insight Newsletter	Email
Huddles	

**B. Collaborative / Functional Relationship with Other Departments:**

- Monthly Leadership Meeting
- Performance Improvement Teams
- Educational Forums
- Hospital Council Meetings
- Weekly Rounding in specific units
- Daily Rounding within the department
- Monthly Utilization Review Meeting
- Monthly Survey Readiness Committee
- Weekly Clinical Operations Meeting

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between respiratory therapists/technicians and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for licensed staff on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Cardiology Services

### STAFFING FOR PATIENT CARE PLAN:

Staffing plans are developed based on the level and scope of care that meets the need of the patient population, the type of procedures/modalities, and a determination of the level of staff that can most appropriately (competently, comfortably, and confidently) provide the type of care needed.

### PURPOSE:

To define the staff needed on a daily basis to meet the needs of the department and patients we serve.

1. FTE's allocated to department
2. Position control
3. Acuity of the patient or patient's intensity of needs

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on patient volume/RVU (Relative Value Unit) and types of procedures scheduled.

- Productive appropriate adjustments are made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating census.
- Registry/Travelers may be utilized when and if available providing no other alternative exists.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Director/Manager of Cardiac Services
- Cardiology Coordinator
- Echo Technicians
- EKG Technicians
- EEG Technicians
- Cardiopulmonary Rehab Specialists
- Clerical Staff

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF CARE**  
**CLINICAL DECISION UNIT (CDU)**

**I. SCOPE OF SERVICE**

The CDU is a 16 bed unit at O'Connor Hospital whose goal is to provide high quality and cost effective patient care to the patient population on observation status or patients needing extended recovery time. It will encompass observation patients from a physician's office (placed directly into Observation Status), the Emergency Room and Outpatients requiring extended recovery post cardiac cath or operating room procedures. This goal is supported by nursing staff that have specialized education, knowledge and clinical skills consistent with the assessment, planning, intervention, evaluation and educational needs of the CDU patient population.

The CDU is a level of care of short duration and decision making period and unit of decision to admit as inpatient, discharge or recover post procedure.

Specialized diagnostic and monitoring equipment is available to provide closer observation and intervention than can be provided on the general medical/surgical or telemetry unit. Examples are anti-arrhythmic or vasopressor intravenous therapy, temporary pacing and invasive or non-invasive pressure monitoring.

Ages of Patients:

The patient population consists of adult and geriatric age groups.

Procedures and Processes:

The majority of patients admitted to the CDU must have met observation status criteria. CDU care priorities include patients requiring cardiovascular interventions, arrhythmia interpretation and intervention including electrical cardio-version. Immediate post procedure care of vascular procedures are provided.

Dependent on bed availability, the CDU will provide care for patients who require closer observation, assessment and intervention that may not have a primary cardiovascular disease.

The nursing process is the framework utilized to assess, plan, implement and evaluate the physical, spiritual, nutritional, cultural/psychosocial and learning needs of all patients. A multidisciplinary thought process is reflected within the total patient care model. Patient care is altered based on identified age specific considerations. With respect for patient rights and in accordance with medical, ethical, and legal principles, as well as the O'Connor mission, the CDU staff is committed to providing knowledgeable and compassionate care.

Further examples of general processes are admission, transfer and discharge, maintenance of a safe environment, administration of medications, communication with physicians and other members of the multidisciplinary team. Assessment and reassessment is based on specific criteria. Appropriate screening assessments and referral are made at the time of admission.

Hours of Operation:

24 hours a day / 7 days a week.

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP****A. Internal / External Methodology of Communication:**

Electronic mail	Nursing Connection
Memorandums	Intranet
Staff Meetings	E-Insight Newsletter
Bulletin board postings	Unit Level In-services
Huddles	

**B. Collaborative/Functional Relationship with Other Departments:**

Monthly Nursing Leadership Team	Daily Bed Meeting
Council Meetings	Weekly Labor Utilization Review
CV Services Committee	Survey Readiness Committee
Performance Improvement Teams	Various Medical Staff Meetings
Educational Forums	Monthly Hospital Leadership Meetings
Interdisciplinary documentation	Professional Practice Council
RN Clinical Ladder	

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## **STAFFING PLAN**

**DEPARTMENT NAME:** Clinical Decision Unit

### **STAFFING PLAN:**

The staffing plan for CDU is developed based on the level and scope of care that meets the needs of the patient population, the type of procedures performed, and determination of the clinical level of staff that can most appropriately provide the type of care required. A matrix, developed using historical patient population data and staff input, is used as a guideline to plan for daily staffing. Staffing needs are adjusted every shift, or more often, as indicated by the changing needs of the patient population or increased activity/demand for services. The matrix is available both in staffing office and the CDU. The matrix includes a baseline nurse-to-patient ratio of 1:3 with a Charge Nurse out of count and a Resource Nurse that is based on the census.

### **PURPOSE:**

To define the staff schedule on a daily basis including weekends.

### **ISSUES INFLUENCING STAFFING PLAN:**

1. FTE's allocated to department.
2. Position control.
3. Standard of care per unit of service.
4. Patient acuity
5. Available staff

### **FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on expected patient volume and patient's intensity of needs and nurse to patient ratio requirements. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

### **POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager/Assistant Nurse Manager of ICU/CDU
- RN IIs, IIIs and IVs
- Charge Nurses
- Communication Technicians

### **STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

### **WEEKEND STAFFING:**

The CDU provides the same staffing levels on weekends as on weekdays.

The Nurse Manager/Assistant Nurse Manager maintains 24-hour responsibility and accountability. There is an Administrative Supervisor on duty 24 hours a day, 7 days a week to facilitate handling any immediate patient care needs.

**SCOPE OF SERVICE**  
**CONGREGATIONAL HEALTH MINISTRIES / COMMUNITY HEALTH**

**I. SCOPE OF SERVICE**

This department functions as a visible presence of Catholic healthcare promoting the mission and values of the Daughters of Charity of St. Vincent de Paul and The Daughters of Charity Health System, Inc. by facilitating the provision of faith based health ministry services in to retired priests.

Ages of Patients:

The population served consists of persons who are 65 years or older.

Procedures and Processes:

Procedures include whole person health assessments including health screenings of blood pressure, glucose/cholesterol levels, BMI, and general health condition. These screenings provide opportunities to implement personal health education about wellness and health promotion, but also to identify persons at risk for acute/chronic disease and disability or trauma. This also provides opportunities to identify and advocate for persons in need of primary health care services and human/social services and care. Procedures also include ongoing health counseling and case management of chronic disease conditions in collaboration with client's care providers.

Processes performed by Community Health are those of independent nursing practice focused on health promotion and disease detection/ prevention, care of the whole person. These encompass five main functions of the role: 1) an integrator of faith and health; 2) a health educator; 3) a personal health counselor; 4) a referral agent (a trainer/supervisor of volunteers; a developer of support groups); and 5) a health advocate and navigator. This is done through the working with clients in their home. The focus of these health ministry processes is to assist and empower individuals to take as much responsibility for their own whole person health status (body, mind, and spirit) as they are able to in order to make healthy lifestyle choices and extend/improve the quality of their lives, and to enhance the vitality and well-being of the individuals.

Hours of Operation:

The director is available via cell phone on a 24 hour basis to department staff. For routine services and program functioning, office hours for are usually Monday through Friday 8:00am – 6:00 pm.

The Faith Community Nurse is a part time associate of O'Connor Hospital (OCH) and is on staff at the program, working flexible hours throughout the week, scheduled by mutual agreement with their clients.

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

- Electronic mail
- Memorandums
- E-Insight Newsletter

Include ongoing health counseling and case management of chronic disease conditions in collaboration with client's care providers.

Hours of Operation:

The director is available via cell phone on a 24 hour basis to department staff. For routine services and program functioning, office hours for are usually Monday through Friday 8:00am – 6:00 pm.

**III. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

Electronic mail	One-on-one meetings
Memorandums	Staff meeting twice monthly
Bulletin board newsletters twice monthly	Site visits

**B. Collaborative/Functional Relationship with Other Departments:**

Leadership Group Meeting  
Education Forums  
Division meetings with reporting Vice President

**C. Collaborative/Functional Relationships with community agencies/programs/services:**

Diocese of San Jose  
Catholic Charities of Santa Clara County  
San Jose State University Department of Nursing  
Santa Clara Family Health Plan

Faith Community Nursing / eHealth Ministry services available:

- Screening for weight, BMI, blood pressure, total cholesterol, blood glucose levels
- Education for health and wellness promotion
- Assistance in managing chronic health conditions and terminal care
- Community resource/referral assistance/advocacy
- Spiritual care interventions
- Personal health guidance regarding medications, treatments, disease process management, nutrition, lifestyle, stress, etc.

Areas served:

- Diocese of San Jose (Retired Priests) 1150 North 1st Street , San Jose, CA 95112  
Day Break Respite / Caregivers Support @ St. Francis of Assisi 5111 San Felipe Road, San Jose, 95125 and Wheeler Manor, Gilroy

Other services available through Health Ministry services include: home visitation for frail, elderly retired priests; advanced directives education; home safety assessments; respite caregiver training; and many others. Services are sponsored by O'Connor Hospital Foundation Congregational Health Ministries.

## STAFFING PLAN

**DEPARTMENT NAME:** Congregational Health Ministries / Community Health

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Director
- A Parish Nurse (Registered Nurse)

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF SERVICE  
CRITICAL CARE UNIT / INTENSIVE CARE UNIT**

**I. SCOPE OF SERVICE**

The Critical Care Unit / Intensive Care Unit consist of 22 beds located on the 2<sup>nd</sup> floor of the '81 building. The unit's staff delivers care to clients requiring critical care nursing services with the following diagnosis: Acute MI, shock, overdose, post cardiopulmonary arrest, hemodynamic instability, acute respiratory distress, assisted ventilation, cardiac/thoracic/vascular surgery, neurosurgical cases, thoracic surgical interventions, renal failure, and lethal arrhythmias.

Ages of patients

The primary patient population is adult and geriatric.

Procedures and Processes:

Procedures include monitoring (cardiac, arterial pressure, pulmonary artery, continuous oxygen saturation, non-invasive pressure, and intra-cranial pressure), IV therapy, and vasoactive therapy. IABP, pericardialcentesis, ventilatory support including non-invasive ventilation, medication management, enteral feeding, hyperalimantation, wound care management, and respiratory therapy.

Processes include admission, transfer, infection control, maintenance of a safe environment, client and family education; medication administration including titration of vasoactive medications to meet specific parameters; assessment/reassessment, planning, intervention and evaluation of patient care; processing of physician orders. Processes are directed towards stabilizing the client and/or providing comfort within the limitations of their disease process in order to facilitate their movement towards discharge and return to independent function.

Hours of operation:

24 hours per day / 7 days per week

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

- |                         |                      |
|-------------------------|----------------------|
| Staff meeting           | E-Insight Newsletter |
| Memorandums             | Communication book   |
| Bulletin board postings | Intranet             |
| One-on-one meetings     | Emails               |
| Huddles                 |                      |

**B. Collaborative/Functional Relationship with Other Departments:**

- |                                 |                                    |
|---------------------------------|------------------------------------|
| Monthly Nursing Leadership Team | Various medical staff meetings     |
| Monthly Leadership meeting      | Performance Improvement teams      |
| Multidisciplinary ethics forums | Educational presentations          |
| Multidisciplinary rounds        | Council meetings                   |
| Clinical Ladder meetings        | Monthly Survey Readiness Committee |
| Clinical Operations Meeting     |                                    |

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Critical Care Unit / Intensive Care Unit

### STAFFING PLAN:

Staffing plans for Critical Care Unit / Intensive Care Unit is developed based on the level and scope of care that meets the needs of the patient population.

### PURPOSE:

To define the staff schedule on a daily basis including weekends.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to department
2. Standard of care per unit of service
3. Patient acuity

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on expected patient volume and patient's intensity of needs and nurse to patient ratio requirements. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager/Assistant Nurse Manager
- RNs II, III and IV
- Communication Technician

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

### WEEKEND STAFFING:

The Nurse Manager maintains 24-hour responsibility and accountability. There are charge nurses on each shift 7 days per week that are responsible for the day-to-day operations. There is a House Supervisor on evenings and nights during the week after the Nurse Manager leaves for the day. On weekends there is a House Supervisor 24 hours per day to facilitate management of any immediate patient care needs.

**SCOPE OF SERVICE**  
**DIALYSIS / HEMODIALYSIS CENTER**

**I. SCOPE OF SERVICE**

The Dialysis Center is located on the 2<sup>nd</sup> floor of the '81 building. The Dialysis Center has the capability of performing dialysis in any of the critical care rooms as well as 6 dedicated beds. The unit's staff delivers care to clients requiring acute dialysis/hemodialysis therapy or those with chronic renal failure who have been admitted. The place where the procedure is performed is determined by the acuity and needs of the patient.

Ages of Patients:

The primary patient population is adult and geriatric.

Procedures and Processes:

Procedures include monitoring (cardiac, arterial pressure, pulmonary artery, continuous oxygen saturation, non-invasive pressure, IV therapy, vasoactive therapy, hemodialysis, apheresis, ACTs, medication management, enteral feeding, hyperalimentation, and wound care management).

Processes include admission, transfer, infection, maintenance of a safe environment, client and family education; medication administration including titration of vasoactive medications to meet specific parameters; assessment/reassessment, planning, intervention and evaluation of patient care; processing of physician orders. Processes are directed towards stabilizing the client and/or providing comfort within the limitations of their disease process in order to facilitate their movement towards discharge and return to independent function.

Hours of Operation:**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP****A. Internal / External Methodology of Communication:**

Electronic mail	Educational presentations
Memorandums	Communication Book (previous bulletins posted)
One-on-one meeting	Unit Level In-services
Monthly Staff Meeting	Intranet
Bulletin board postings	E-Insight Newsletter
Huddles	

**B. Collaborative/Functional Relationship with Other Departments:**

Monthly Nursing Leadership Team	RN Clinical Ladder opportunity
Weekly Labor Utilization Review	Daily Bed Meeting
Monthly Leadership Meetings	Walking Rounds Shift Report
Performance Improvement Teams	Various Medical Staff Meetings
Educational Forums	Council Meetings
Interdisciplinary Documentation	Interdisciplinary Rounds
Weekly Clinical Operations Meetings	

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Dialysis / Hemodialysis Center

**STAFFING PLAN:**

Staffing plans for Dialysis/Hemodialysis Center is developed based on the level and scope of care that meets the needs of the patient population. Staff is on call every night from 7:00 pm to 3:00 am.

**PURPOSE:**

To define the staff schedule on a daily basis including weekends.

**PROGRAMS INFLUENCING STAFFING PLAN:**

1. FTE's allocated to department
2. Standard of care per unit of service
3. Patient acuity

**FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on expected patient volume and patient's intensity of needs and nurse to patient ratio requirements. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- RN Manager/Assistant Nurse Manager
- RNs
- Communication Technician

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

The Nurse Manager maintains 24-hour responsibility and accountability. There are charge nurses on each shift 7 days per week that are responsible for the day-to-day operations. There is a House Supervisor on evenings and nights during the week after the Nurse Manager leaves for the day. On weekends there is a House Supervisor 24 hours per day to facilitate management of any immediate patient care needs.

**SCOPE OF SERVICE  
EMERGENCY DEPARTMENT**

**I. SCOPE OF SERVICE**

The O'Connor Hospital Emergency Services is a licensed provider of acute and ambulatory services that serve the community of San Jose, California. The department consists of twenty-three (23) beds and is equipped with state-of-the-art equipment that strives to provide an excellent patient experience and engages in Nursing and Physician on-line documentation (in the PICIS electronic medical record).

Non-Urgent through Emergent services are provided. Immediate triage of patients is implemented to the patients arriving in the Emergency Services. The emergency services medical and nursing services are designed to provide timely medical and nursing assessment, diagnostic procedures, ancillary services that may be required, stabilization of acute conditions, with consultation from on-call physician specialists as required.

Disposition of patients may include surgical services and/or admission to O'Connor Hospital for observation, acute inpatient care services, or discharge to home with instructions for ongoing care management at home.

Also available in the Emergency Services are Social Services and Case Management professionals to assist with psycho-social and or alternative placement, should the needs arise. Financial counselors are also available.

Ages of Patients:

The patient population consists of neonatal, pediatric, adolescent, adult and geriatric age groups.

Procedures and Processes:

Physicians and Nurses are qualified to provide care in the framework utilized to assess, plan, implement and evaluate the physical, spiritual, nutritional, cultural/psychosocial and learning needs of all patients. A multidisciplinary approach is utilized to provide excellent, compassionate care.

Processes include Infection Prevention and Control measures, maintenance of a safe patient care environment, assessment/reassessment, care planning, treatment interventions, medication administration and patient/family education.

Hours of Operation

The Emergency Services provides services twenty-four hours a day, seven days a week, and three hundred and sixty-five days a year.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

Electronic mail	O'Connor Bulletin/newsletter
Memorandums	Communication Book (previous bulletins posted)
One-on- one meeting	Unit Level/Hospital / In-services
Monthly Staff Meetings	Intranet
Bulletin board postings	E-Insight Newsletter
Department Huddles	

**B. Collaborative/Functional Relationship with Other Departments:**

Monthly Nursing Leadership Team	RN Clinical Ladder opportunity
Weekly Labor Utilization Review	Daily Bed Meeting
Monthly Leadership Meetings	Walking Rounds Shift Report
Performance Improvement Teams	Various Medical Staff Meetings
Educational Forums	Educational Forums
Interdisciplinary Documentation	Interdisciplinary Rounds
Monthly Survey Readiness Committee	Weekly Clinical Operations Meetings
Dashboard Meeting	Hospital/Nursing Committees
Medication Safety	

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal utilizing SBAR or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Emergency Services

The staffing Plan for the Emergency Services is based on the California State requirement for ratios in the Emergency Department.

**PURPOSE:**

To define the staff schedule on a daily basis and to continually meet the mandated ratios for the Emergency Department and to provide ancillary staff to enable excellence in the realm of patient care.

**FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE's are allocated to the department based upon the anticipated optional volume of twenty-one patients with the addition of FTE's allocated for the function of triaging the ambulatory and ambulance entrance of patients into the department for care. Positions included in the allocation are:

- Manager
- Assistant Nurse Manager
- RNs
- Clerical
- Technicians / Specialists

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the departmental historical data; national and community standards.

**WEEKEND STAFFING:**

The Emergency Services provides the same staffing levels on the weekends as on weekdays.

The Emergency Services Clinical Manager maintains 24 hour responsibility and accountability. There is a Nursing Administrative Supervisor on duty 24 hours a day, seven days a week to facilitate patient flow and support the entire staff of O'Connor Hospital.

**SCOPE OF SERVICE  
ENDOSCOPY DEPARTMENT**

**I. SCOPE OF SERVICE**

The Endoscopy Unit provides treatment and supportive nursing care to adult inpatients and outpatients. The Endoscopy Unit also provides treatment for patients requiring pulmonary diagnostic procedures.

Frequent Procedures/Services/Functions:

- Upper G.I. Endoscopy
- Colonoscopy
- Motility, manometry, and pH studies
- Esophageal dilatation
- Esophageal banding and Sclerotherapy
- Esophageal stent placement
- Endoscopic ultrasound
- ERCP – diagnostic
- ERCP with sphincterotomy and stent placement

The Endoscopy Unit is located on the 2<sup>nd</sup> floor of the '53 building and consists of 2 procedural rooms. The Endoscopy department provides care on a 24 hour basis to In and Out patients requiring Endoscopy procedures.

Ages of Patients:

The patient population ranges from adolescent to geriatric.

Procedures and Processes:

All patients admitted will be assessed by a registered nurse prior to the procedure and monitored during the procedure, post-procedure through discharge. The Endoscopy nursing staff can assist physicians in other critical areas of the hospital for GI and endoscopic procedures. Assessment and care are provided by the RN staff.

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic mail	E-Insight Newsletter
Memorandums	Communication Book (previous bulletin board postings)
One-on-one meetings	Intranet
Monthly Staff Meetings	Department Huddles
Bulletin board postings	

**B. Collaborative/Functional Relationship with Other Departments:**

Bi-Monthly Managers/Directors Meetings  
 Monthly Nursing Leadership Team  
 Monthly Leadership Meeting  
 Educational Forums  
 Weekly Clinical Operations Meeting  
 Monthly Survey Readiness Committee

## STAFFING PLAN

**DEPARTMENT NAME:** Endoscopy Department

### STAFFING PLAN:

Staffing plans for the Endoscopy Unit is developed based on type of procedure and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed. Staffing plan for the Endoscopy Department is developed according to SGNA Standards.

### PURPOSE:

The staffing is adjusted daily as indicated by the volume and acuity of the daily schedule.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to department
2. SGNA Standards
3. Census
4. Patient acuity

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Registered Nurses
- Endoscopy Technician

### STANDARD OF CARE:

A standard of care is based on hours per patient required to care for this population and is based on the department historical data, national and community standards.

### HOURS OF OPERATION:

24-hour basis, 7 days/week. The Endoscopy Department is staffed from 0600 to 1600 Monday to Friday. Emergent and weekend cases are staffed with on-call staff.

**SCOPE OF SERVICE**  
**INFUSION CENTER**

**I. Scope of Service**

The Infusion Center is located on the 5<sup>th</sup> floor. The Infusion Center has 7 chairs. The staff delivers care to ambulatory clients requiring infusion, transfusion, and injections.

Ages of Patients

The population is adult to geriatric.

Procedures and Processes

Procedures include chemotherapy administration, blood transfusion, intravenous therapy, intravenous infusions, injections, implantable port access, and/or flushing, therapeutic phlebotomy and blood drawing.

Processes include patient admission, maintenance of a safe environment, infection control, client/family education, assessment/reassessment, planning, intervention, evaluation of patient care, and processing of physician orders.

Hours of Operations:

Monday to Friday 7:30 a.m. to 7:00 p.m.

**II Description of Communication/Collaboration/Functional Relationship**

**A. Internal/External Methodology of Communication:**

- |                        |                              |
|------------------------|------------------------------|
| Electronic mail        | O'Connor Bulletin/newsletter |
| Memorandums            | E-Insight Newsletter         |
| Staff Meeting          | Intranet                     |
| Unit Level In-services | Communication Board          |
| Department Huddles     |                              |

**B. Collaborative Functional Relationship with Other Departments:**

- Weekly Clinical Operations Meeting
- Monthly Survey Readiness Committee
- Medical Staff Meetings
- Leadership Meetings
- Educational Council

**C. Hands-off Communication with other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes transfer to inpatient. This communication is verbal.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Infusion Center

Staffing Plan for the Infusion Center is based on the level and scope of care that meets the need of the patient population, the type of procedures, and determination of the level of staff that can most competently, comfortably, and confidently provide the type of care needed.

**PURPOSE:** To define the staff scheduled on a daily basis.

**PROGRAMS INFLUENCING STAFFING PLAN:**

1. Patient Acuity
2. Standard of Care per Unit of Service
3. FTE's allocated to Department

**FTE'S ALLOCATED TO DEPARTMENT:**

FTE's allocated to the department based on expected patient volume and patient's intensity of needs. Appropriate adjustments in staffing are made daily.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTE's are not exceeded. Positions included in the allocation are:

- RNs

**STANDARD OF CARE:**

A standard of care is based on the hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

The Manager maintains 24-hour responsibility. The Infusion Center is closed on weekends.

**SCOPE OF SERVICE**  
**INTERMEDIATE CARE TELEMETRY UNIT (ICTU)**

**I. SCOPE OF SERVICE:**

The ICTU is located on the 2<sup>ND</sup> and 4<sup>th</sup> floor. The unit's staff delivers care to patients who need acute nursing care with medical and cardiac diagnosis requiring telemetry monitoring and/or close observation and care requiring cardiac medication administration.

Ages of Patients:

The resident population consists of adult and geriatric age groups.

Procedures and Processes:

Procedures include administration of cardiac medications (oral and intravenous, blood transfusions, physical therapy, occupational therapy, intravenous therapy, enteral feeding, hyperalimentation, medication management, and respiratory therapy.

Processes include patient admission, continuous cardiac telemetry monitoring, transfer and/or discharge; infection control; maintenance of a safe patient care environment; patient and family education; medication administration; pain management; comfort care; assessment/reassessment, planning, intervention and evaluation of patient care; processing of physician orders. Processes are aimed to return patients to their maximum level of independent functioning within the limitations of their disease process.

Hours of Operation:

24 hours a day / 7 days a week

**II. DESCRIPTION OF COMMUNICATION/COLLABORATIVE FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic mail	Bulletin board postings
Memorandums	Communication Book
Monthly Staff Meetings	One-on-one meetings
Intranet	E-Insight Newsletter
Department Huddles	Patient Rounding

**B. Collaborative/Functional Relationship with Other Departments:**

Educational Forums	One-on-one education
Medical Staff Meetings	Monthly Leadership Meetings
Monthly Survey Readiness Committee	Weekly Clinical Operations Meeting
Hospital/Nursing Committees	Medication Safety

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at anytime when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

The Telemetry Unit provides the same staffing levels on weekends as on weekdays.

The Nurse Manager maintains 24-hour responsibility and accountability. There is an Administrative Supervisor on duty 24-hours a day, 7 days a week to facilitate handling any immediate patient care needs.

## STAFFING PLAN

**DEPARTMENT NAME:** Intermediate Care Telemetry Unit (ICTU)

### STAFFING PLAN:

Staffing plans for the unit are developed based on the level and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most competently, comfortably and confidently provide the type of care needed. A matrix, developed using historical patient population data, is used as a guideline to plan for daily staffing. Staffing is adjusted every shift, or more often, as indicated by the changing needs of the patient population or the increased demand for service. The matrix is available in the Nursing Staffing Office.

### PURPOSE:

To define the staff scheduled on a daily basis.

### PROGRAMS INFLUENCING STAFFING PLAN:

FTE's allocated to department.

1. FTE's allocated to the department
2. Standard of care per unit of service
3. Ratio requirements
4. Patient volume
5. Patient acuity

Assignment of staff is based on the individual needs of the patient and the competency of each staff member.

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on expected patient volume and patient's intensity of needs and nurse to patient ratio requirements. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Nurse Manager
- Asst. Nurse Manager
- Charge Nurse
- Registered Nurses
- Licensed Practical Nurses
- Nursing Assistants
- Communication Technicians
- Monitor Technicians

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the departmental historical data, national and community standards.

**SCOPE OF SERVICE  
LABOR AND DELIVERY**

**I. SCOPE OF SERVICE**

The Labor and Delivery unit consists of 12 birthing suites or LDRs, 4 triage beds, and 2 OR rooms for C-Sections. Located on 3SW at O'Connor Hospital, this unit performs intrapartum care for the laboring patient (uncomplicated and complicated) with the exception of patients requiring tertiary level support during labor (e.g. congenital cardiac disease and renal complications). Labor and Delivery takes care of patient's 14 weeks gestation or greater. Care provided includes pre-term labor, pregnancy induced hypertension (PIH), gestational diabetes or other medical conditions requiring hospitalization of the pregnant patient, and care of the patient with fetal demise. The triage area is designed to triage pregnant patients requiring observation or testing versus admission to inpatient services. Three OR rooms are designed for preoperative and postoperative care of patients requiring scheduled or emergent C-Sections. A family centered approach is used to recover both mother and infant in the recovery phase.

Ages of Patients:

The resident population consists of adolescents and adults of childbearing age and newborns.

Procedures and Processes:

Procedures for the newborn include resuscitation and stabilization involving all immediate and supportive respiratory therapy procedures. Procedures for obstetrical patients include induction and augmentation of labor, treatment and management of preterm labor, management of laboring patients, pain management during labor, management of PIH, and gestational Type 1 & 2 diabetic patients, antepartum testing, intraoperative and postoperative care of the C-Section patient. Consultative services include social services, dietary, physical therapy, radiology, perinatology, Anesthesia, Neonatology and pharmacy are provided in a collaborative approach. Management of intravenous therapy, medications, respiratory therapy services and radiology services are also available to this unit.

Processes include patient admission, transfer and/or discharge; infection control; maintenance of a safe patient care environment, parental and family education; medication administration and reconciliation; assessment and reassessment; planning; intervention and evaluation of patient care, processing of physician orders. Processes are aimed at a family centered approach for a healthy delivery while promoting family education and bonding. Translator service are obtained when need is identified during the admission assessment.

Hours of Operation:

24 hours a day/ 7 days a week

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic Mail	Department Newsletter
Memorandums	Communication Book
One-on-One meetings	Intranet
Monthly staff meetings	Bulletin board postings
E-Insight Newsletter	Huddles

**B. Collaborative/Functional Relationships with Other Departments:**

Weekly Clinical Operations meetings  
Monthly Leadership meetings  
Educational Forums (e.g. Perinatal M&M, fetal monitor strip review)  
Interdisciplinary documentation  
Various Medical Staff meetings (e.g., OB Executive Committee, Pediatric Executive Committee, and Anesthesia Executive Committee)  
Weekly meetings with the Neonatal Medical Director  
Weekly Family Center Leadership meetings. Multidisciplinary committees (Operational Improvement Committee and Physician/Nurse Policy & Procedure Committee)  
Daily Labor Utilization Review  
Productivity Reports Every Two Weeks  
Monthly Responsibility Reports  
Patient Experience/Satisfaction Survey Initiatives  
Monthly Survey Readiness Committee

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units. A specific tool is available for Labor and Delivery, Mother/Baby Unit and Neonatal Intensive Care Unit use.

## STAFFING PLAN

**DEPARTMENT NAME:** Labor and Delivery

### **STAFFING PLAN:**

Staffing plans for the Birthing Suites are developed and based on the level and scope of care that meets the needs of the patient population, the type of procedures and the determination of the level of staff that can most competently provide the type of care provided. Association for Women's Health, Obstetrics and Neonatal Nursing (AWHONN) guidelines are used to plan daily staffing and are adjusted with a change in acuity and census. All labor and delivery nurses are trained and competent in Neonatal Resuscitation Program (NRP) and can perform initial stabilization of infant. Labor and delivery nurses are responsible for ensuring that two nurses are available at all times during delivery and NRP trained NICU nurses are responsible for attendance at high risk deliveries or C-Sections. It is at the OB's discretion that a pediatrician or neonatologist be present at a delivery. Staffing is adjusted by shift or more often, as indicated by the changing needs of the patient population or the increased demand in service.

### **STAFFING GUIDELINES:**

#### **2:1 ratio**

- a) Any patient who is in imminent delivery where care is needed for both mother and newborn—and during delivery.

#### **1:1 ratio**

- a) Any pregnant patient requiring Magnesium Sulfate for pre-eclampsia.
- b) Any unstable patient requiring tocolytic patient
- c) Any unstable patient with a diagnosis of postpartum hemorrhage
- d) Any patient who has a history of a delivery with a dilatation of the cervix 8 cm's or greater
- e) Any patient within the post-delivery recovery period
- f) Any patient within the process of a C-Section
- g) Any unstable patient receiving an insulin drip
- h) Any patient receiving an initial epidural
- i) Any unstable patient

#### **1:2 ratio**

- b) Any laboring patient
- c) Any patient requiring continuous fetal monitoring

#### **1.3 ratio**

- a) Any patient receiving intermittent monitoring not admitted for labor
- b)

#### **1:4 ratio**

- a) Any stable delivered patient and their newborn
- b) Antepartum

### **PURPOSE:**

To define the staff scheduled on a daily basis including weekends.

**PROGRAMS INFLUENCING STAFFING PLANS:**

1. FTE's allocated to department
2. Position Control
3. Standard of Care per unit of service
4. Weekend Staffing
5. Staffing related to patient acuity – days, evening, nights

Assignment of staff is based on the individual needs of the patient and the competency of each staff member.

**FTE's ALLOCATED TO THE DEPARTMENT:**

FTE's are allocated to the department upon anticipated expected volume for the year, patient acuity and anticipated length of labor. The unit of service (UOS) for the Birthing Suites is based on annual deliveries. Appropriate adjustments in staffing are made daily.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Registered Nurses
- OB Technicians
- Communication Technicians
- Perinatal CNS
- System Administrator (CliniComp Essentries)

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required for each delivery and based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

The Clinical Manager maintains 24 hour responsibility and accountability. An assistant nurse manager is responsible for daily operations and scheduling of staff. There are charge nurses on each shift 7 days per week that are responsible for the day-to-day operations. There is a house supervisor on evenings and nights during the week after the Clinical Manager leaves for the day. On weekends there is a hospital supervisor 24 hours per day to facilitate management of any immediate patient care needs. Family Center managers participate in a rotational call schedule to provide additional support.

**SCOPE OF SERVICE**  
**MEDICAL-SURGICAL ONCOLOGY UNIT**

**I. SCOPE OF SERVICE**

The Medical-Surgical Oncology Unit consists of 45 beds (located on the 5<sup>th</sup> floor, West Side) The unit's staff delivers care to patients who need acute nursing care with oncology related diagnosis, end of life care, chemotherapy administration, blood transfusions, and any medical -surgical related diagnosis.

Ages of Patients:

The resident population consists of adult and geriatric age groups.

Procedures and Processes:

Procedures include chemotherapy administration, blood transfusions, physical therapy, occupational therapy, intravenous therapy, enteral feeding, hyper alimentation, medication management, and respiratory therapy.

Processes include patient admission, end of life care, transfer and/or discharge; infection control; maintenance of a safe patient care environment; patient and family education; medication administration; pain management; comfort care; assessment/reassessment, planning, intervention and evaluation of patient care; processing of physician orders. Processes are aimed to return patients to their maximum level of independent functioning within the limitations of their disease process.

Hours of Operation:

24 hours a day / 7 days a week

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP****A. Internal / External Methodology of Communication:**

Electronic mail	Bulletin board postings
Memorandums	Communication Book
One-on-one meetings	Intranet
Staff Meetings	E-Insight Newsletter
Department huddles	

**B. Collaborative/Functional Relationship with Other Departments:**

Medical Staff Meetings	Weekly Clinical Operations Meeting
Educational Council	Division Meeting
Monthly Survey Readiness Committee	
Leadership meetings	

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another, and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## **STAFFING PLAN**

**DEPARTMENT NAME:** Medical-Surgical Oncology Unit

### **STAFFING PLAN:**

Staffing plans for the unit are developed based on the level and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most competently, comfortably and confidently provide the type of care needed. A matrix, developed using historical patient population data, is used as a guideline to plan for daily staffing. Staffing is adjusted every shift, or more often, as indicated by the changing needs of the patient population or the increased demand for service. The matrix is available in the Nursing Staffing office.

### **PURPOSE:**

To define the staff scheduled on a daily basis.

### **PROGRAMS INFLUENCING STAFFING PLAN:**

1. Ratio requirements
2. Patient acuity
3. Patient volume
4. Standard of care per unit of service

### **FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on expected patient volume and patient's intensity of needs and nurse to patient ratio requirements. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

### **POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Nurse Manager
- Asst. Nurse Manager
- Clinical Educator
- Charge Nurses
- Registered Nurses
- Licensed Practical Nurses
- Nursing Assistants
- Communication Technicians

### **STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the departmental historical data, national and community standards.

### **WEEKEND STAFFING:**

The Medical-Surgical Oncology Unit provides the same staffing levels on weekends as on weekdays.

The Nurse Manager maintains 24-hour responsibility and accountability. There is an Administrative Supervisor on duty 24 hours a day, 7 days a week to facilitate handling any immediate patient care needs.

**SCOPE OF SERVICE  
MOTHER BABY UNIT (MBU)**

**I. SCOPE OF SERVICE**

The Mother Baby unit consists of a combination of 19 private and 16 semi private rooms. There are two units. One is located on 3SE and one on 4NW. Care includes vaginal and C-Section postpartum care, some postpartum complications which include diabetes and pregnancy induced hypertension (PIH) that is considered stable upon transfer to the Mother Baby unit. A newborn nursery is available on the third floor. Care includes feeding and bathing as respite for the mother and phototherapy. Care is provided by a licensed nurse.

Ages of Patients:

The resident population consists of adolescents and adults of childbearing age and newborns.

Procedures and Processes:

Procedures include postpartum care of the vaginal and post C-Section mother and newborn care of the infant. Procedures for the newborn include education to parents, and family about caring for their newborn, circumcision, breastfeeding and lactation services and support, universal newborn hearing screens for early identification of hearing loss, universal bilirubin screens for assessment of hemolysis per American Academy of Pediatric (AAP) standards, metabolic screening, and observation and assessment of any transitional issues that may require intervention. Consultative services include social services, management of intravenous therapy, medication management, pharmacy, dietary, physical therapy, and occupational therapy.

Processes include patient admission, transfer and/or discharge; infection control; maintenance of a safe patient care environment; parental and family education; medication administration and reconciliation; assessment and reassessment; planning; intervention and evaluation of patient care, plan of care, and processing of physician orders. Processes are aimed at a family centered approach to discharging a healthy mother and baby while promoting family education and bonding.

Hours of Operation:

24 hours a day/ 7 days a week

**II. DESCRIPTION OF COMMUNICATION/ COLABORATION/ FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

- |                        |                                      |
|------------------------|--------------------------------------|
| Electronic Mail        | Bulletin Board postings              |
| Memorandums            | Communication Book                   |
| One-on-one meetings    | Intranet for policies and procedures |
| Monthly staff meetings | E-Insight Newsletter                 |
| Department Newsletter  | Department Huddles                   |

**B. Collaborative/ Functional Relationships with Other Departments:**

Weekly Clinical Operations Meetings  
Monthly Leadership Meetings  
Educational Forums (e.g. Perinatal M & M)  
Interdisciplinary documentation  
Various Medical Staff Meetings (e.g., OB Executive Committee, Pediatric Executive Committee)  
Weekly Family Center Leadership meetings  
Daily Labor Utilization Review  
Productivity Reports Every Two Weeks  
Monthly Responsibility Reports  
Patient Satisfaction Survey Initiatives  
Monthly Survey Readiness Committee  
Medication Safety Committee

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to other departments for ancillary services such as Imaging Services, and transfer of infant from rooming in to newborn nursery. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units. A specific tool is available for Labor and Delivery, Mother/Baby Unit, and Neonatal Intensive Care Unit use.

## STAFFING PLAN

**DEPARTMENT NAME:** Mother Baby Unit (MBU)

### STAFFING PLAN:

Staffing plans for the Mother Baby Unit are developed and based on the level and scope of care that meets the needs of the patient population, the type of procedures and the determination of the level of staff that can most competently provide the type of care provided. Title 22 guidelines are used to plan daily staffing and are adjusted with the change in acuity and census. All Mother baby nurses are trained and competent in NRP and can perform initial stabilization of infants. Mother baby nurses are responsible for recognizing any changes in the mother or newborn that require a higher level of care (e.g. NICU for the newborn or LDR/ICU for mothers experiencing postpartum complications).

### PURPOSE:

To define the staff scheduled on a daily basis including weekends.

### PROGRAMS INFLUENCING STAFFING PLANS:

1. Ratio requirements
2. Patient acuity
3. Patient volume

Assignment of staff is based on the individual needs of the patient and the competency of each staff member.

### FTE's ALLOCATED TO THE DEPARTMENT:

FTE's are allocated to the department upon anticipated expected volume for the year and average daily census. The unit of service (UOS) for the Mother/Baby is annual patient days. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Registered Nurses
- Licensed Vocational Nurses
- Communication Technicians
- Lactation Consultants
- Childbirth Educators
- Perinatal Educator (Family Center)

### STANDARD CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

The Clinical Manager maintains 24 hour responsibility and accountability. There are charge nurses on each shift 7 days per week that are responsible for the day-to-day operations. There is a Hospital supervisor on evenings and nights during the week after the Clinical Manager leaves for the day. On weekends there is a Hospital supervisor 24 hours per day to facilitate handling any immediate patient care needs. Family Center managers participate in a rotational call schedule to provide additional support on weekends.

**SCOPE OF SERVICE**  
**NEONATAL INTENSIVE CARE UNIT (NICU)**

**I. SCOPE OF SERVICE**

The Neonatal Intensive Care Unit (NICU) consists of 10 beds licensed by the California Department of Public Health Services and is located on 3CW at O'Connor Hospital. The NICU is a Community Level III unit as defined by California Children's Services and The NICU cares for admissions from Labor and Delivery, the Emergency Room, Pediatrics, and the Nursery. The NICU also receives and provides care for transfers from other facilities. Associates from the unit deliver care to neonates with a multitude of conditions and complications (e.g. RDS, complications associated with prematurity, etc.) who require continuing, intermediate or intensive care.

Readmissions are accepted into the NICU after discharge to home if the infant is less than or equal to 44 weeks gestation at the discretion of the Medical Director.

Ages of Patients:

The resident population consists of newborns and premature infants, with or without complications.

Procedures and Processes:

A team of nurses and respiratory therapists provide resuscitation and stabilization care. Care is provided by physical therapy, occupational therapy, social services, lactation consultation and supportive services, dietary consultation, pharmacy services as needed. Intravenous therapy including management of central lines, enteral feedings, hyperalimentation and medication management are also provided under the direction of neonatologists.

Processes include patient admission, transfer and/or discharge; infection control; maintenance of a safe and developmentally supportive patient care environment; parental education; medication administration; assessment and reassessment; planning; intervention and evaluation of patient care; processing of physician orders; processes are aimed at meeting the infant and family needs during crisis and meeting the infant's physiologic and developmental needs until the parents can assume independent care of their infant.

Hours of Operation:

24 hours a day/ 7 days a week

**II. DESCRIPTION OF COMMUNICATION/ COLLABORATION/ FUNCTIONAL RELATIONSHIP****A. Internal/External Methodology of Communication:**

Electronic mail	Hospital & Department Newsletter
Memorandums	Communication Book
One-on-one meetings	Intranet
Monthly staff meetings	Bulletin board postings
E-Insight Newsletter	Department Huddles

**B. Collaborative/ Functional Relationships with Other Departments:**

Weekly Interdisciplinary Rounds & Patient Care Conferences  
Weekly Clinical Operations meetings  
Monthly Leadership Meetings  
Educational Forums (e.g. Perinatal M & M)  
Interdisciplinary documentation

Various Medical Staff Meetings (Pediatric Executive Committee, Neonatal Leadership meeting with Medical Director weekly),  
Weekly Family Center Leadership Meetings  
Daily Labor Utilization Review  
Monthly Responsibility Reports  
Patient Satisfaction Survey Initiatives  
Monthly Survey Readiness Committee

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units. A specific tool is available for Labor and Delivery, Mother/Baby Unit, Pediatrics and Neonatal Intensive Care Unit use.

## STAFFING PLAN

**DEPARTMENT NAME:** Neonatal Intensive Care Unit (NICU)

### STAFFING PLAN:

Staffing plans for the NICU are developed and based on the level and scope of care that meets the needs of the patient population, the type of procedures and the determination of the level of staff that can most competently provide the type of care provided. The following staff and patient ratio is recommended by the AAP and ACOG and are used in making decisions for staffing. Criteria for each category have been established using historical patient data as a guideline to plan for daily staffing. Staffing is adjusted by shift or more often, as indicated by the changing needs of the patient population or the increased demand in service. The measurement tool is available to the charge nurses to determine and justify staffing needs.

- 1:3 patients with complication but in stable condition
- 1:3 newborns requiring continuing care
- 1:2 newborns requiring intensive care
- 1:1 newborns requiring multi-system support
- > 1:1 unstable newborns requiring complex critical care.

### PURPOSE:

To define the staff scheduled on a daily basis including weekends.

### PROGRAMS INFLUENCING STAFFING PLANS:

1. FTE's allocated to department
2. Position Control
3. Standard of Care per unit of service
4. Weekend Staffing

Assignment of staff is based on the individual needs of the patient and the competency of each staff member.

### FTE's ALLOCATED TO THE DEPARTMENT:

FTE's are allocated to the department upon anticipated expected volume for the year. The unit of service (UOS) for the NICU is annual patient days. Appropriate adjustments are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Registered Nurses
- Clinical Nurse Specialist

Physical therapists, dietician, respiratory therapists, social services provide services for this population but are not included in the FTE allocation.

### STANDARD CARE:

A standard of care is based on required hours of care per patient day and based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

The Clinical Manager maintains 24 hour responsibility and accountability. There are charge nurses on each shift 7 days per week that are responsible for the day-to-day operations. There is a Hospital supervisor on evenings and nights during the week after the Clinical Manager leaves for the day. On weekends there is a Hospital supervisor 24 hours per day to facilitate handling any immediate patient care needs. Family Center managers participate in a rotational call schedule to provide additional support.

**SCOPE OF SERVICE  
NUCLEAR MEDICINE DEPARTMENT**

**I. SCOPE OF SERVICE**

The Nuclear Medicine Department at O'Connor Hospital provides a wide variety of both invitro and invivo diagnostic and therapeutic services.

Ages of Patients:

The patient population consists of neonates, infants, pediatrics, adolescent, adult and geriatric age groups.

Procedures and Processes:

The most common procedures and treatment provided include bone scans, myocardial perfusion imaging, PET scans, and hepatobillary scans.

Processes include infection control; maintenance of a safe patient care environment; medication administration, regulatory compliance, and quality assurance.

Hours of Operation:

Monday through Friday, 8:00 AM - 4:30 PM

On-call technologists and physicians provide for emergency procedures 24 hours a day seven days a week.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

- |                        |                         |
|------------------------|-------------------------|
| Electronic Mail        | Memorandums             |
| One-on-one meetings    | Bulletin board postings |
| Monthly staff meetings | Intranet                |

**B. Collaborative/Functional Relationship with Other Departments:**

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| Monthly Managers/Directors Meetings | Education Forums                |
| Monthly Division Meeting            | Interdisciplinary Documentation |
| Various Medical Staff Meetings      | Cancer Care Meeting             |
| Patient Experience                  | Tumor Board                     |
| Chart Rounds                        | Bioethics Committee             |
| Clinical Services                   | Rewards and Recognition Team    |
| Foundation Events Volunteer         | Radiation Safety Committee      |

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes but not limited to transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Nuclear Medicine

### STAFFING PLAN:

Staffing plans for the outpatient department are developed based on the level and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably, safely, and confidently) provide the type of care needed. Staffing is adjusted every day or more as indicated by the acuity of the patient or the increased demand of the procedure / service.

### PURPOSE:

To define the staff scheduled on a daily basis including after hours on call schedule.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to the department.
2. Standard of care per unit of service.

### FTE'S ALLOCATED TO THE DEPARTMENT:

Five FTE'S are allocated to the department based on units of service and types of procedures scheduled.

- Productive appropriate adjustments made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating censuses.

### POSITION CONTROL:

- Manager
- Registered Technologists
- Registered Nurse
- Administrative Assistant

### STANDARD OF CARE:

A standard of care is based on the hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF SERVICES**  
**NUTRITIONAL SERVICE**

**I. SCOPE OF SERVICE (Clinical)**

The Nutritional Services Department offers nutrition consultation services to individuals within the community, integrating general nutrition guidelines with medical nutrition therapy.

Ages of Patients:

The patient population consists of individuals of all ages: infants, children, adolescents, adults, and seniors.

Procedures and Processes:

Inpatient nutrition consultation includes a comprehensive nutrition assessment and nutrition care plan for all patients on a timely manner based on screening parameters. Past medical history, diet history, and evaluation of nutritional status to help in development of individualized nutrition plan to achieve desired outcomes. Diet education includes therapeutic diet and food/drug interaction. Identified nutritional goals and outcomes may be modified in follow-up visits deemed as necessary.

Outpatient nutrition consultation addresses the overall nutrition and health status, achievement and maintenance of good health and well-being of individuals, establishes appropriate diet modifications required by medical conditions, and clarifies nutrition concerns affecting individuals and families. A written summary of nutrition consultation sessions will be provided to the referring physician.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION /FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic Mail	Bulletin Board Postings
Memorandums	Newsletter Insight
One-on-one Meetings	Monthly Staff Meetings
Department Huddles	

**B. Collaborative/Functional Relationship with Other Departments:**

- Rounds by Care Team
- Assessment/Reassessment of Patient
- Educational Forums
- Interdisciplinary Team Meetings
- Pharmacy & Therapeutics Meetings
- Monthly Survey Readiness Committee
- Ad Hoc Medical Staff Nutrition Meetings

## STAFFING PLAN

**DEPARTMENT NAME:** Nutritional Services - Clinical

**STAFFING PLAN:**

Staffing plans for the Nutritional Services department are developed based upon the level and scope of care that meets the need of the patient population. The clinical dietitians provide evaluation and ongoing treatment to promote optimal nutrition, health and wellness according to patient's needs. The clinical dietitians work to establish appropriate diet modifications and/or nutrition support required by medical conditions and to clarify nutrition concerns affecting individuals and families.

**PURPOSE:**

To define the staff scheduled on a daily basis including weekends. The staffing plan is based upon historical data, national and community standards.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Lead Clinical Dietitian
- Clinical Dietitians (in-patient)
- Clinical Dietitian (out-patient)
- Diet Clerks

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF SERVICE**  
**ORTHOPEDIC – SPINE / NEUROLOGICAL UNIT**

**I. SCOPE OF SERVICE**

The Orthopedic – Spine/Neurological Unit consists of 44 beds located on the 5<sup>th</sup> floor, East Side. The unit's staff delivers care to patients who need acute nursing care with, orthopedic and neurological related diagnosis and overflow of medical/surgical patients.

Ages of Patients:

The resident population consists of adult and geriatric age groups.

Procedures and Processes:

Procedures include post-operative care, medication management, respiratory therapy, blood transfusions, intravenous therapy enteral feeding, hyper alimentation, physical therapy, occupational therapy and speech therapy.

Processes include patient admission, transfer and/or discharge; infection control; maintenance of a safe patient care environment; patient and family education; medication administration; pain management; assessment/reassessment, planning, intervention and evaluation of patient care; processing of physician orders. Processes are aimed to return patients to their maximum level of independent functioning within the limitations of their disease process.

Hours of Operation:

24 hours a day / 7 days a week

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP****A. Internal / External Methodology of Communication:**

Electronic mail	Bulletin board postings
Memorandums	Communication Book
One-on-one meetings	Intranet
Monthly Staff Meetings	Department Huddles
E-Insight Newsletter	
One-on-one meetings	

**B. Collaborative/Functional Relationship with Other Departments**

Monthly Nursing Leadership Team	Educational Forums
Medical Staff Meetings	Weekly Clinical Operations Meetings
Bi-Monthly Division Meeting	Monthly Survey Readiness Committee

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## **STAFFING PLAN**

**DEPARTMENT NAME:** Orthopedic-Spine / Neurological Unit

### **STAFFING PLAN:**

Staffing plans for the unit are developed based on the level and scope of care that meets the needs of the patient population, the type of procedures, and a determination of the level of staff that can most competently, comfortably and confidently provide the type of care needed. A matrix, developed using historical patient population data, is used as a guideline to plan for daily staffing. Staffing is adjusted every shift, or more often, as indicated by the changing needs of the patient population or the increased demand for service. The matrix is available in the Nursing Staffing office.

### **PURPOSE:**

To define the staff scheduled on a daily basis.

### **PROGRAMS INFLUENCING STAFFING PLAN:**

1. Patient volume
2. Patient acuity
3. Nurse to patient ratios
4. Position control
5. Standard of care per unit of service.

### **FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on expected patient volume and patient's intensity of needs and nurse to patient ratio requirements. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

Assignment of staff is based on the individual needs of the patient and the competency of each staff member.

### **POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Nurse Manager
- Charge Nurse
- Registered Nurses
- Nursing Assistants
- Communication Tech

### **STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

### **WEEKEND STAFFING:**

The Orthopedic – Neurological Unit provides the same staffing levels on weekends as on weekdays.

The Nurse Manager maintains 24-hour responsibility and accountability. There is an Administrative Supervisor on duty 24 hours a day, 7 days a week to facilitate handling any immediate patient care needs.

**SCOPE OF SERVICE**  
**PALLIATIVE CARE**

**I. SCOPE OF CARE**

O'Connor Hospital follows its mission to provide comprehensive, excellent healthcare that is attentive to the whole person: body, mind and spirit. Palliative care focuses on the physical, emotional and spiritual needs of people facing a serious illness, all the while assuring comfort, dignity and quality of life. Palliative care is provided simultaneously with other medical treatments.

A professionally trained team of physicians, nurse practitioners, nurses, social workers, and chaplains stand with patients as they seek the answers to some of life's toughest questions. Specialized care includes:

- Relief of pain and symptoms such as nausea, fatigue, breathlessness, depression and anxiety
- Respect for each patient's values and personal choices
- Assistance and support in making difficult medical decisions
- Help in ensuring patients are as comfortable and active as possible
- Coordination of care and treatment among doctors at all stages of illness
- Identifying services to support patients and families after leaving O'Connor Hospital

Hours of Operation:

8:30 a.m. – 5:00 p.m. - Monday – Friday. The Palliative Care Service is staffed by a medical director and a coordinator (currently, the coordinator is a nurse practitioner).

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION /FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic Mail	Bulletin Board postings
Memorandums	E-Insight Newsletter
One-on-one Meetings	Monthly Staff Meetings

**B. Collaborative/Functional Relationship with Other Departments:**

Assessment/Reassessment of Patient  
Educational Forums  
Monthly Survey Readiness Committee

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in patient's condition or plan of care.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

**SCOPE OF SERVICE  
PEDIATRIC UNIT**

**I. SCOPE OF SERVICE:**

The Pediatric unit consists of 27 beds located on 3NE at O'Connor Hospital. The unit is a designated California Children's Services (CCS). The Pediatric unit provides acute care medical services for all children up to the age of 12 and adolescents up to the age of 21. The pediatric unit cares for a host of medical conditions seen in childhood. Postoperative surgical services are limited to the availability of general or pediatric surgeon or pediatric anesthesiology coverage. The pediatric unit is equipped with all required age specific resuscitative equipment in case of emergency, stabilization of critical care infants, child or adolescent patients. Patients requiring intensive care (1:2 or 1:1 care) are transferred by the ER physician, primary physician, or pediatric intensivist to a CCS certified PICU.

Ages of Patients:

The resident population consists of all children ages 0-21 years of age.

Procedures and Processes:

Procedures include the medical management of all childhood related illnesses and diseases. Procedures also include caring for children by employing techniques addressed at the specific developmental level of the child. Procedures include a family centered approach in supporting the child's hospitalization so that parents can be comfortable with the interventions and care provided for their children. Procedures include all immediate and supportive respiratory therapy procedures, physical therapy, occupational therapy, social services, lactation consultation and supportive services, dietary consultation, pharmacy services, intravenous therapy including enteral feedings, blood transfusions and medication management.

Processes include patient admission, transfer and/or discharge; infection control; maintenance of a safe and developmentally supportive patient care environment; parental education; medication administration and reconciliation; assessment and reassessment; planning; intervention and evaluation of patient care, processing of physician orders. Initial assessment of the child incorporates a comprehensive assessment of environmental, behavioral, and psychosocial, and developmental assessments to improve Pediatric outcomes after being discharged home with parents. It also includes a complete assessment of the infant, child, and adolescent including skin assessment, high risk fall assessment, cardiovascular assessment, age specific Glasgow neurological assessment and age specific pain assessment (PIPP, NIPS, FLACC, Wong-Baker and FACES).

Processes are aimed at meeting the child's family needs during crisis and meeting the child's physiologic and developmental needs until the parents can assume independent care of their child.

Hours of Operation:

24 hours a day/7 days a week

**II. DESCRIPTION OF COMMUNICATION/ COLABORATION/ FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic Mail	E-Insight Newsletter
Department Newsletter	Bulletin board postings
Memorandums	Communication Book
One-on-One Meetings	Intranet
Monthly staff meetings	Department Huddles

**B. Collaborative/ Functional Relationships with Other Departments:**

- Weekly Interdisciplinary Rounds
- Interdisciplinary Documentation
- Weekly Clinical Operations Meetings
- Leadership Meetings every month
- Department/Unit Monthly Meetings
- Weekly Family Center Leadership Meetings
- Multidisciplinary documentation
- Various Medical Staff Meetings (MPPC, Pediatric Executive)
- Daily Labor Utilization Review
- Productivity Reports Every Two Weeks
- Monthly Responsibility Reports
- Patient Satisfaction Survey Initiatives
- Monthly Survey Readiness Committee
- Medication Safety Committee

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with NICU transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in using SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. SBAR Nurse to Physician Communication tools specific to Labor and Delivery, Mother/Baby Unit and Neonatal Intensive Care Unit are available as a resource for nurses. The Pediatric Unit utilizes the general SBAR Nurse to Physician Communication tool.

## STAFFING PLAN

**DEPARTMENT NAME:** Pediatric Unit

### STAFFING PLAN:

Staffing plans for the Pediatric unit are developed and based on the level and scope of care that meets the needs of the patient population, the type of procedures and the determination of the level of staff that can most competently provide the type of care provided. There will always be two nurses available to the Pediatric unit to support any direct or ER patient admissions. Staffing depends on the acuity level of the patients. Most patients are 1:3 or 1:4 for regular floor care and 1:2 if they require closer monitoring or require multiple interventions.

- 1:4 for general acute care medical conditions children
- 1:3 for any step down special care neonates transferred to Pediatrics
- 1:2 for any patient on continuous respiratory treatments, requiring closer observation or any other medical condition requiring continuous monitoring and multiple interventions.
- 1:2 for the first hour of a blood transfusion/blood products infusion
- 1:1 for any child requiring multi -system support or close observation
- >1:1 unstable child requiring complex critical care and pending transfer to a PICU in an appropriate facility.

### PURPOSE:

To define the staff scheduled on a daily basis including weekends.

### PROGRAMS INFLUENCING STAFFING PLANS:

1. Required nurse to patient ratios
2. Patient volume
3. Patient acuity
4. Position Control
5. Standard of Care per unit of service (HPPD)
6. Weekend Staffing

Assignment of staff is based on the individual needs of the patient and the competency of each staff member.

### FTE's ALLOCATED TO THE DEPARTMENT:

FTE's are allocated to the department upon anticipated expected volume for the year. The unit of service (UOS) for the Pediatric Unit is annual patient days. Appropriate adjustments are made daily. Per Diem associates assist in working as needed during periods of fluctuating census.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Charge Nurse
- Registered Nurses
- Physical Therapists, dietician, respiratory therapists, and social services provide services for this population but are not included in the FTE allocation.

**STANDARD CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

The Nurse Manager maintains 24 hour responsibility and accountability. There are charge nurses on each shift 7 days per week that are responsible for the day-to-day operations. There is a Hospital supervisor on evenings and nights during the week after the Nurse Manager leaves for the day. On weekends there is a Hospital supervisor 24 hours per day to facilitate management of any immediate patient care needs.

**SCOPE OF SERVICES  
POST-ANESTHESIA CARE UNIT (PACU)**

**I. SCOPE OF SERVICE**

The Post-Anesthesia Care Unit (PACU) provides care to In-patients and Out-patients that have received surgical intervention. Operative services include ENT, general, cysto/urology, gynecology, ophthalmology, orthopedic, podiatry, dental, oral maxillo-facial, endovascular, neurosurgery, plastic, cardiothoracic and post care to interventional radiology and cardiac cath lab.

Ages of Patients:

The patient population ranges from infants through geriatric.

Procedures and Processes:

A. The PACU is composed of 12 beds which includes a pediatric or quiet room.

B. Appropriate surgical consent and completeness of medical record prior to the procedure.

Hours of Operation:

Monday – Friday 7:30 a.m. to 11:00 p.m.

After hour and weekend staff is done on an on-call basis.

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

- |                     |   |
|---------------------|---|
| Electronic mail     | Intranet  |
| Memorandums         | Communication Book (previous bulletin board postings) |
| One-on-one meetings | E-Insight Newsletter                                  |
| Staff Meetings      | Bulletin board postings                               |
| Department Huddles  |   |

**B. Collaborative/Functional Relationship with Other Departments:**

- |  |  |
|--|--|
| Bi-Monthly Managers/Directors Meetings | Weekly Clinical Operations Meetings    |
| Monthly Leadership Meeting             | Capital Budget Meeting                 |
| Performance Improvement Teams          | Dept. of Surgery Medical Staff Meeting |
| Educational Forums                     | Interdisciplinary Documentation        |
| Monthly Survey Readiness Committee     |  |

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the SBAR report, which include intraoperative and PACU clinical nursing documentation and anesthesia clinical documentations. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** POST-ANESTHESIA CARE UNIT (PACU)

**STAFFING PLAN:**

Staffing plans for the PACU is developed per Title 22 Guidelines and the ASPAN Guidelines. Staffing is adjusted daily by volume.

**PROGRAMS INFLUENCING STAFFING PLAN:**

1. Title 22
2. AORN Guidelines
3. ASPAN Guidelines
4. FTE's allocated to department
5. Standard of care per unit of service.
6. Nurse: Patient ratio requirement

**FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on units of service.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Orderly
- Charge Nurse
- Registered Nurses

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF SERVICE  
RADIATION THERAPY DEPARTMENT**

**I. SCOPE OF SERVICE**

The Outpatient Department consists of one onsite clinic. The clinic provides radiation oncology services to patients with a diagnosis of cancer but we occasionally see patients with benign bone disease. We provide both outpatient and inpatient services. Treatment courses can range from 2 to 8 weeks, Monday through Friday. Initial simulation (treatment preparation), can take up to two hours before the start of the actual treatment. Planning is provided by a contracted physics group who specialize in the field of radiation therapy.

Ages of Patients:

The patient population consists of adult and geriatric age groups.

Procedures and Processes:

The most common procedures are: simulation and radiation therapy.

Processes include infection control; maintenance of a safe patient care environment (Q.A.); patient and family education; assessment/reassessment, planning, intervention and evaluation of patient care; processing of physician orders.

Hours of Operation:

Monday through Friday, 8:00 AM - 4:30 PM

Emergency Call Back Available: 24/7 through hospital switchboard 947-2500

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic mail	E-Insight Newsletter
Memorandums	Division Meetings
One-on-one meetings	Leadership Meetings
Monthly Staff Meetings	Bulletin board postings
Intranet	ARIA (EMR)

**B. Collaborative/Functional Relationship with Other Departments:**

Monthly Leadership Meetings	Educational Forums
Interdisciplinary Documentation	Cancer Care Meeting
Division Meetings	Tumor Board
Chart Rounds	Bioethics Committee
Clinical Services	Rewards and Recognition Team
Foundation Events Volunteer	Radiation Safety Committee
Survey Readiness Committee	

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This communication can be verbal or written, using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient for their radiation treatments, completion of the Pre-Procedure and Transport Check List is not required.

## STAFFING PLAN

**DEPARTMENT NAME:** Radiation Therapy

### STAFFING PLAN:

Staffing plans for the outpatient department are developed based on the level and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed.

### PURPOSE:

To define the staff scheduled on a daily basis including after hours on call schedule.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTEs allocated to department
2. Intersociety Council of Radiation Oncology – ACR
3. Standard of care per unit of service

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on units of service.

\*Per Diem associates assist in working as needed and during periods of fluctuating censuses.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Manager
- Radiation Therapists
- Registered Nurse
- Clerk II's

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards:

The department offers Radiation Therapy services 24 hours/day to cancer patients who come in for a prescribed course of treatment, typically scheduled Monday through Friday, five times a week over a two through eight week period. Emphasis is given to calculating the correct dosage and targeting of radiation to destroy or retard tumor growth. Attention is given to minimize radiation side effects and to maximize the patients' quality of life.

**SCOPE OF SERVICE**  
**RESPIRATORY CARE DEPARTMENT**

**I. SCOPE OF SERVICE**

The Respiratory Care Department at O'Connor Hospital includes Respiratory Care, Pulmonary Function Lab and Respiratory Blood Gas Lab.

Ages of Patients served:

The patient population served by the Respiratory Care Department consists of newborn, pediatric, adolescent, adult and the geriatric patients requiring cardiac, respiratory care services, treatment or testing to maintain optimum physiological maintenance of cardiac and respiratory systems. Policies and procedures specific to age related therapies have been developed.

Procedures and Processes:

The Respiratory Care Department provides optimum assistance to nurses and physicians in maintaining preventative and restorative health needs for patients. The Respiratory Care Staff provides quality, conscientious, cost effective and competent care with respect for life and dignity at every stage of the human experience. Patient education on disease entities is provided via educational handouts with verbal explanation. Patient services are provided 7 days a week 24 hours a day. Procedures performed by the Respiratory Care Department include, but are not limited to:

- Application and monitoring of medical gases.
- Application and monitoring of mechanical ventilator systems
- Non- invasive ventilatory support/OSA therapy
- Airway Care
- Bronchopulmonary hygiene
- Chest physiotherapy
- Delivery of aerosolized medications
- Monitoring cardiopulmonary status
- Transport
- Cardiopulmonary resuscitation
- Patient education
- Respiratory management
- Diagnostic procedures
- ABGs
- EKG's
- Pulmonary Function Testing
- Bronchoscopy
- Peak Flow
- Arterial Line Insertion
- Interdisciplinary Education
- HAST Testing
- Adult Intubations
- Neonatal Intubations
- Clinical Education (BLS / ACLS / PAL / NRP)
- First Response
- Distressed Delivery
- Smoking Cessation

**Summation Statement:**

- Processes include Infection Prevention and Control measures
- Maintenance of a safe patient care environment
- Assessment/reassessment
- Care planning
- Treatment interventions
- Patient/Family education

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION / FUNCTIONAL RELATIONSHIP****A. Internal / External Methodology of Communication:**

Electronic mail	Physician Newsletters
Memorandums	One on One Meetings
Monthly Staff Meeting	Intranet
Bulletin Board Postings	Fax Reports
E-Insight Newsletter	

**B. Collaborative / Functional Relationship with Other Departments:**

Monthly Leadership Meeting  
 Performance Improvement Teams  
 Educational Forums  
 Hospital Council Meetings  
 Daily Rounding with the department staff  
 Monthly Utilization Review Meeting  
 Daily ICU Rounds  
 Weekly VAP Rounds  
 Monthly Survey Readiness Committee  
 Weekly Clinical Operations Meeting  
 Weekly Pediatric General Rounding  
 Monthly Critical Care Meeting  
 Monthly Perinatal Conference  
 Quarterly Resuscitation Team Committee

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff have received education in SBAR as the method for communication between respiratory therapists/technicians and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for licensed staff on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Respiratory Care Department

### **STAFFING FOR PATIENT CARE PLAN:**

Staffing plans are developed based on the level and scope of care that meets the need of the patient population, the type of procedures/modalities, and a determination of the level of staff that can most appropriately (competently, comfortably, and confidently) provide the type of care needed.

### **PURPOSE:**

To define the staff needed on a daily basis to meet the needs of the department and patients we serve.

- FTE's allocated to department
- Position control
- Acuity of the patient or patient's intensity of needs

### **FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on patient volume.

- Productive appropriate adjustments are made continuously throughout each shift.
- Per Diem associates assist in working as needed and during periods of fluctuating census.
- Registry/Travelers may be utilized when and if available providing no other alternative exists.

### **POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Manager, Respiratory Care
- Team Leaders
- Respiratory Therapists
- Equipment Technician
- Outpatient Diagnostic Specialists

### **STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF SERVICE**  
**SOCIAL SERVICES DEPARTMENT**

**I. SCOPE OF SERVICE**

Medical Social Services are provided for O'Connor Hospital patients, family members and significant other persons involved in the patient's care within the scope of service of the hospital. Social Workers are assigned to all hospital units and patients according to their area of expertise. All are cross-trained to provide service across the hospital. Their professional skills at psychosocial assessment and intervention promote care of the whole patient, assisting patient and family in adjusting to and coping with illness.

Ages of Patients:

Newborns through elderly patients are served.

Procedures and Processes:

Social Workers use their professional skills to determine the level of intervention needed through psychosocial assessment and provide the following intervention as indicated: individual and family counseling, community resource information and referrals, education for patient and staff, crisis intervention, financial and legal problem-solving and referral, intervention with cases of abuse/assault, homeless, ETOH, mental health, and end of life.

Social Workers provide discharge planning services for those patients whose post-hospital care does not require clinical intervention. This specifically includes assistance with the implementation of the discharge plan, arrangements for hospice, caregivers, transportation or housing needs. This includes processes of psychosocial assessment /re-assessment, planning, social work intervention and evaluation of patient care, and team collaboration. Social Workers provide service incorporating the Vincentian Values and work in compliance with professional behavioral health standards of practice as outlined by NASW guidelines for practice and code of ethics.

Hours of Operation:

Monday through Friday 8 a.m. – 4:30 p.m.

On Call (urgent matters):

For adult and pediatric patients during the day on weekends  
For NICU babies and their parents 24 hours a day/7 days a week

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

Electronic mail	E-Insight
Cell Phones	Department Huddles
Memorandums	Intranet
One-on-one meetings	Weekly Staff Meetings

**B. Collaborative/Functional Relationship with Other Departments:**

Daily (Monday through Friday) Multidisciplinary Rounds on each nursing unit	
Stroke Team Meeting	
Monthly Leadership Meeting	Educational Forums
Unit Staff Meetings	Ethics Committee Meetings
Interdisciplinary Documentation	Cancer Care Meetings
Multidisciplinary Family Meetings	Critical Care Meetings
Monthly Survey Readiness Committee	

## STAFFING PLAN

**DEPARTMENT NAME:** Social Services

**STAFFING PLAN:**

Social Services is a fixed department, number of staff determined by growing patient census and based on level and scope of care that meets the needs of patient population.

**PURPOSE:**

To assure 7 day per week coverage during business hours to meet psychosocial needs of adult and pediatric inpatients and 24 hour 7 day per week coverage to meet the psychosocial needs of NICU babies and their parents.

**PROGRAMS INFLUENCING STAFFING PLAN:**

Social Workers assigned to areas of their expertise, however all are cross-trained in order to provide service across hospital units guaranteeing a level of competence to cover the absence of a social work colleague or to flex if a particular area is very busy at any time.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions are included in the allocation to fulfill the following responsibilities:

- Director
- Lead Social Worker (LCSW)
- Inpatient Medical Social Workers
- Family Center Medical Social Worker

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

They are available by cell phone. A monthly schedule is consistently available outlining the Social Worker on call and the cell phone number used to contact the Social Worker.

The Director of Case Management and Lead Social Worker maintain 24-hour responsibility and accountability. The Nursing House Supervisor can contact the Director or Lead Social Worker by cell phone after hours for urgent/emergency situations.

**SCOPE OF SERVICES  
SURGERY SERVICES (to include PACU and OR)**

**I. SCOPE OF SERVICE**

The Department of Surgery provides care on a 24-hour basis to In and Out-patients requiring surgical intervention by O'Connor Hospital Medical Staff. Services include ENT, general, cysto/urology, gynecology, ophthalmology, orthopedic, podiatry, dental, oral maxillo-facial, endovascular, neurosurgery, plastic, and cardiothoracic. Patient care is delivered by Registered Nurses, Certified Surgical Technicians, Surgical Technicians, Orderlies, and Anesthesia Technicians.

Ages of Patients:

The patient population consists of infants through geriatric age groups.

Procedures and Processes:

- A. All surgical patients will be assessed by an RN prior to admission to the operating room. The patient is properly identified and assessed by two patient identifiers.
- B. Preoperatively—The RN will conduct patient and family interviews when appropriate. Pre-operative nursing assessment is completed, including but not limited to patient safety goals are entered into the computer. Verification occurs by the admitting nurse of patient information entered during the pre-operative patient clinic visit. Correct surgical site will be marked by surgeon.
- C. Patients are admitted to the operating room via the ambulatory surgery care unit, the emergency room or an inpatient unit.
- D. There are 9 general OR rooms, 1 cysto/urology room, and 1 endovascular suite.
- E. All surgical procedure preparation will reflect patient assessment data and application of universal protocol including elements of appropriate supplies and equipment available. Time out process is carried out prior to actual start of the procedure.
- F. Site and side marked and verification
- G. Appropriate surgical consent and completeness of medical record prior to the procedure.

Hours of Operation:

24-hour basis, 7 days/week. The OR is staffed 6:30 a.m. – 11:00 p.m. Emergent and weekend cases are staffed with an after hour on-call schedule.

**III. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

- |                     |   |
|---------------------|---|
| Electronic mail     | Intranet  |
| Memorandums         | Communication Book (previous bulletin board postings) |
| One-on-one meetings | E-Insight Newsletter                                  |
| Staff Meetings      | Bulletin board postings                               |
| Department Huddles  |   |

**B. Collaborative/Functional Relationship with Other Departments:**

Monthly Managers/Directors Meetings	Weekly Clinical Operations Meetings
Monthly Leadership Meeting	Capital Budget Meeting
Performance Improvement Teams	Dept. of Surgery Medical Staff Meeting
Educational Forums	Interdisciplinary Documentation
Monthly Survey Readiness Committee	

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the SBAR Report. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

**STAFFING PLAN  
SURGERY SERVICES (to include PACU and OR)**

**DEPARTMENT NAME:** Surgery Department

**STAFFING PLAN:**

Staffing plans for the Surgery department are developed based on Title 22 Guidelines the level and the AORN Staffing Standards.

**PROGRAMS INFLUENCING STAFFING PLAN:**

1. Title 22
2. AORN Guidelines
3. FTE's allocated to department
4. Standard of care per unit of service

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Director
- Manager
- Supervisors
- Assistant Nurse Manager
- Peri-operative Educator
- Registered Nurses
- Administrative Assistant
- Orderlies and Aids
- Sterile Processing Technicians
- Surgical Technicians
- Anesthesia Technicians
- Clerical

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national community and AORN standards.

**SCOPE OF SERVICE**  
**SUBACUTE UNIT**

**I. SCOPE OF SERVICE**

The Subacute Unit consists of twenty-four beds located on the fourth floor of the Hospital main building (4 North West). The unit's staff delivers care to patients who need complex skilled nursing care services. The eligibility criteria for admission to the program are as follows:

- A. Patient's condition has stabilized to the point that acute care is not medically necessary.
- B. Patient's condition warrants twenty-four hour nursing care by a registered nurse.
- C. Any one of the following three items:
  - Tracheostomy with continuous mechanical ventilation for at least 50 percent of the day;
  - Tracheostomy care with suctioning and room air mist or oxygen as needed and one of the six treatment procedures listed below.
  - Administration of any three of the six treatment procedures listed below.

Treatment Procedures:

- 1. Total Parenteral Nutrition (TPN),
- 2. Inpatient physical, occupational, and/or speech therapy, at least 2 hours per day, 5 days per week,
- 3. Tube feeding (nasogastric or gastrostomy),
- 4. Inhalation therapy treatments every shift and a minimum of 4 times per 24 hour period,
- 5. IV therapy involving:
  - The continuous administration of a therapeutic agent; or
  - The need for hydration; or
  - Frequent intermittent IV drug administration via a peripheral and/or central line without continuous infusion (e.g., with Heparin lock).
- 6. Debridement, packing and medication irrigation with or without whirlpool treatment.

Ages of Patients:

The patient population consists of adult and geriatric age groups.

Procedures and Processes:

The program utilizes an interdisciplinary approach to provide care to meet the needs of each resident, which includes but is not limited to:

- Enteral Feedings
- Rehabilitation Therapy (PT, OT, ST)
- Wound Care
- IV Therapy
- Psychosocial Interventions
- Activities
-

Respiratory Therapy/treatments:

- Delivery of pharmacological agents related to respiratory procedures via hand-held nebulizer (HHN) and Intermittent Positive Pressure Breathing (IPPB).
- Aerosol therapy: high humidity aerosols.
- Bronchopulmonary hygiene: chest physiotherapy and postural drainage.
- Non-invasive procedures: pulse/ear oximetry.
- Volumetric bedside screens: incentive spirometry and expiratory peak flow monitoring.
- Artificial airway care and management
- Airway suctioning.
- Patient and family education and instruction:
- Metered dose inhalers (MDI).
- Incentive spirometry (IS).
- Trach care/change.
- Nasotracheal suctioning.
- Suctioning of the artificial airway.
- Oxygen therapy.
- Mechanical ventilation.
- Breath sounds.
- Chest assessment.
- Breathing/coughing retaining.

Other:

- Interdisciplinary conferences.
- Patient assessment/evaluations.
- Equipment maintenance.
- Quality improvement.
- Infection Control
- Discharge Planning

Hours of Operation:

24 hours a day / 7 days a week

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

Electronic mail	Memorandums
One-on-One meetings	Bulletin board postings
E-Insight Newsletter	Staff Meetings
Intranet	

**B. Collaborative/Functional Relationship with Other Departments:**

Weekly Patient Care Conferences  
Leadership Meeting  
Unit based PI meetings  
Staff education

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, admission from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

Licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Subacute Unit

### STAFFING PLAN:

Staffing plans for the Subacute Unit are developed based on the regulatory requirements for the program, level and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed. A matrix is used as a guideline to plan for daily staffing. Staffing is adjusted every shift, or more often, as indicated by the changing needs of the patient population or the increased demand for service. The matrix is available in the Nursing Staffing office.

### PURPOSE:

To define the staff scheduled on a daily basis including weekends.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to department.
2. Position control.
3. Standard of care per unit of service.

Assignment of staff is based on the individual needs of the patient and the competency of each staff member.

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on expected patient volume and patient's intensity of needs and nurse to patient ratio requirements. Appropriate adjustments in staffing are made daily. Per Diem associates assist in working as needed and during periods of fluctuating census.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Manager
- Case Manager
- MDS Coordinator
- Social Worker
- Activities Director
- Registered Nurses
- Licensed Vocational Nurses
- Respiratory Therapist
- Certified Nursing Assistants
- Unit Secretary
- Consultant Pharmacist
- Clinical Dietician

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon patient care needs and the regulatory requirements.

**WEEKEND STAFFING:**

The Subacute Unit provides the same level of direct patient care on weekends as on weekdays.

The Clinical Nurse Manager maintains 24-hour responsibility and accountability. There is a Nursing Supervisor on duty 24 hours a day, 7 days a week to facilitate handling any immediate patient care needs.

## **SCOPE OF SERVICES** **WOUND CARE CLINIC**

### **I. SCOPE OF SERVICE**

The Wound Care Clinic is an outpatient, ambulatory clinic providing care to patients with chronic, non-healing wounds that have not responded to standard treatment modalities. These wounds often result from, but are not limited to: diabetes, poor circulation, decubitus (pressure) ulcers, collagen vascular disease, trauma or neuropathies. The Wound Care Clinic provides limb salvage services for patients who have been recommended for amputation.

#### **Ages of Patients:**

The patient population consists mainly of patients with the average age of 70. Patients are typically over the age of 16. Since the average age of our patients is 70, particular focus is placed on dealing with geriatric issues. Patients under the age of 16 are referred to their primary care physician or the nearest emergency room for treatment and evaluation.

#### **Procedures and Processes:**

Patients are seen by physicians and nurses who are specially trained in detailed, comprehensive wound care that includes: wound assessment, vascular assessment and intervention, infection control, wound debridement, off-loading and protection, patient education and prevention. The Wound Care Clinic staff is comprised of a Medical Director, vascular surgeons, as well as medical specialists in general surgery, (only 1 vascular surgeon) infectious disease, podiatry, plastic surgery and internal medicine. Registered nurses, with pertinent experience, provide wound care, assist with evaluations and provide patient teaching. Medical assistants provide direct patient care under the supervision of the medical and/or nursing staff. All individuals who provide clinical services are either licensed and /or have appropriate certification. In addition to wound care, non-invasive diagnostics may be performed including skin perfusion pressure measurements of the extremities. Culture and sensitivity of wounds are routinely obtained on wounds. Biopsies are obtained on a patient's wound with previous history of skin cancer in the area, or a wound, which looks suspicious for cancer. Evaluation of the patient will include physical examination by a physician and review of their medical history. Wounds will be assessed at each visit. Treatment of the patient and their wound/s may include vascular studies, debridement, infection control, revascularization, orthotics, skin grafting, compression therapy, pain assessment and control, and patient education. Computerized charting using the WOUND EXPERT program is in place for all clinical documentation. This program also helps to track the wounds progress of individual patients and cumulatively for the clinic. The Clinic is now Joint Commission certified for disease specific for wound care.

#### **Hyperbaric Oxygen Treatment (HBOT):**

The Wound Care Clinic also provides HBOT, (hyperbaric oxygen therapy). Patients with the following wounds may benefit with the HBO therapy; slow or non-healing diabetic ulcers, lower extremities, preparation and preservation of compromised skin grafts, acute peripheral arterial insufficiency, acute peripheral traumatic ischemia, progressive necrotizing infections, crush injuries, osteoradionecrosis and soft tissue radionecrosis, chronic refractory osteomyelitis, gas embolism, burns and gas gangrene. HBOT technicians along with the HBOT trained physicians provides supervision during the treatment. The Hyperbaric Department was recently accredited by the Undersea Hyperbaric Medical Society (UHMS).

Hours of Operation:

Monday through Friday, 8:30AM-5:00PM

**I. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic email	Memorandums
Intranet	E-Insight Newsletter
One-on-one meetings	Monthly staff meetings
Participation in Community Health Fair	Bulletin board postings
Department Huddles	

**B. Collaborative/Functional Relationship with Other Departments**

Monthly Managers/Directors Meetings	Weekly Clinical Operations Meetings
Bimonthly Nursing Leadership Meetings	Monthly Physician Staff Meetings
Patient Care Conferences	Monthly Interdisciplinary Documentation
Performance Improvement Teams	Monthly Leadership Meetings
Educational In-services	Monthly Survey Readiness Committee

## STAFFING PLAN

**DEPARTMENT NAME:** Wound Care Clinic – Outpatient

### STAFFING PLAN:

Staffing plans for the outpatient department are developed based on the level and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed. Standard of care per unit of services is used as a guideline to plan for daily staffing. Staffing is adjusted every day or more as indicated by the acuity of the patient or the increased demand of the procedure/service.

### PURPOSE:

To define the staff scheduled on a daily basis.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to department.
2. Position control.
3. Standard of care per unit of service

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on units of service and types of procedures scheduled.

- Productive appropriate adjustments made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating censuses.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Clinical Nurse Manager
- Registered Nurse
- Licensed Vocational Nurse
- Medical Assistant
- Medical Office Coordinator
- Receptionist

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

## OTHER PATIENT SERVICE DEPARTMENTS

### SCOPE OF SERVICE CASE MANAGEMENT DEPARTMENT

#### I. SCOPE OF SERVICE

The Case Management Department consists of a staff of Registered Nurses and Social Workers with training and experience in Case Management. The three fundamental processes employed in the department are Utilization Review, Case Management and Discharge Planning.

- Utilization review is a formal review of healthcare services for appropriateness and medical necessity. Medical necessity review criteria from Inter-Qual is used to aid in establishing patient status (observation versus inpatient) and defining the appropriate level of inpatient care prospectively, concurrently or retrospectively.
- Case Management is a process in which specific care needs are identified and a plan which efficiently utilizes health care resources is designed and implemented to achieve the optimum patient outcome in the most cost-effective manner.
- Discharge planning is a process used to identify patients at risk for adverse outcome and determining what a patient needs for a smooth transition from one level of care to another.

#### Ages of Patients:

The patient population consists of neonates, infants, pediatrics, adolescent, adult and geriatric age groups.

#### Procedures and Processes:

Access Case Management is applied to all patient admissions to the hospital assisting the physician to determine the appropriate status (inpatient versus outpatient / observation) and level of care (acute, intermediate, or critical care) for each patient's placement or admission to the hospital. Access Case Management is also applied to assist the physician determine changes of level of care for inpatients based upon medical necessity review.

#### Hours of Operation:

Weekdays 8:30 AM - 5:00 PM full coverage  
8:30 AM – 5:00 PM partial coverage

#### II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP

##### A. Internal/External Methodology of Communication:

Electronic mail	Hospital produced Updates
Memorandums	Case review
One-on-one meetings	E-Insight r
Weekly Staff Meetings	Intranet
Bulletin board postings	Inservice programs

##### B. Collaborative/Functional Relationship with Other Departments:

Daily Multidisciplinary Rounds	Bed Control
Case review rounds	Hospital Council
Performance Improvement Teams	Various Medical Staff Meetings
Educational Forums	Interdisciplinary Rounds
Interdisciplinary Documentation	Monthly Survey Readiness Committee

## STAFFING PLAN

**DEPARTMENT NAME:** Case Management Department

**STAFFING PLAN:**

Staffing plans for the Case Management department are developed based on the level and scope of care that meets the need of the patient population.

Hospital Case Managers are geographically assigned assuming responsibility for patients who are housed in their assigned units. Coverage for time off necessitate shifting of unit and portions of unit in order to insure each patient is provided with a level of case management on each day of their observation or inpatient stay.

Access Case Managers cover day and evening hours 7 days a week.

**PURPOSE:**

To define the staff scheduled on a daily basis including holiday schedules.

**FACTORS INFLUENCING STAFFING PLAN:**

1. Standard of care
2. FTE's allocated to department.
3. Position control.
- 4.
5. Scheduled and unscheduled absences

**FTE'S ALLOCATED TO THE DEPARTMENT:**

Case Management is a fixed budget department. FTE'S are allocated to the department based on units of service.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Director
- Manager
- Registered Nurses/Social Workers
- Clerical

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

## **SCOPE OF SERVICE** **CHAPLAIN SERVICES**

### **I. SCOPE OF SERVICE**

Chaplain Services consists of one onsite department. Professionally trained chaplains provide pastoral care and spiritual support to patients, their family and friends, the associates and the hospital as a system.

#### Ages of Patients:

The patient population consists of neonatal, infants, pediatrics, adolescent, adult and geriatric age groups.

#### Procedures and Processes:

Chaplains -

- Assess patient spiritual and religious needs and evaluate spiritual risk assessment within 24-48 hours of admission.
- Offer pastoral care through spiritual and emotional support, end-of-life ministry, and counseling, to patients, visitors, associates, medical staff and hospital system.
- Respond to Code calls to ascertain the need for pastoral intervention or spiritual support.
- Enable patients and/or their families to make informed decisions regarding ethical issues and offer pastoral intervention or spiritual support when requested.
- Participate as a member of the Bioethics Committee and Bio-ethics consultations.
- Serve as members of the Palliative Care Committee.
- Provide input into the development, implementation, and evaluation of the patient care plan as related to pastoral care. Interventions are recorded in Chaplain Services Patient Records.
- Participate in interdisciplinary rounds and patient/family care conferences.
- Facilitate contact with religious leaders in accordance with the requested needs of patients.
- Recruit, train and support community volunteers in Pastoral Care of the Sick, Eucharistic Ministry and Mother/Baby Visiting.
- Collaborate with other religious organizations to provide field education opportunities in Pastoral Care of the Sick.
- Design and facilitate educational opportunities for associates, medical staff, local clergy and community.
- Participate in new hire orientation and commissioning.
- Preside at Eucharist or communion services daily in the chapel. Patients have access to these liturgies on the televisions in patient rooms.

### **Chaplain Services - Scope of Service - Continued**

- Celebrate monthly Memorial Services for families/friends of those patients recently deceased at O'Connor Hospital.
- Provide Memorial Services for deceased associates and volunteers.

#### Hours of Operation:

- Daily from 8:00 a.m. – 4:30 p.m.
- After hours for emergencies only 4:30 p.m. – 8:00 a.m. screened by and through the nursing supervisor.

## **II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

### **A. Internal/External Methodology of Communication:**

Daily gathering for prayer and emotional and spiritual support  
Weekly Staff Meeting  
Electronic mail  
New hire orientation and commissioning  
E-Insight Newsletter  
Intranet  
Chaplain Bulletin board postings

### **B. Collaborative/Functional Relationship with Other Departments:**

Monthly managers/directors meetings  
Monthly Bioethics Committee meeting  
Patient interdisciplinary rounds  
Family-patient care conferences  
Performance improvement initiatives  
Educational Forums  
Monthly Palliative Care Committee Meeting

## STAFFING PLAN

**DEPARTMENT NAME:** Chaplain Services

**STAFFING PLAN:**

Staffing plans for chaplain services are based on the level and scope of care that meets the need of the patient population, the type of pastoral interventions, and a determination of the level of staffing defined by the NACC (National Association of Catholic Chaplains) and a research paper in *Journal of Pastoral Care*, Fall 2001, and in keeping with the mission and values of the Daughters of Charity.

**PURPOSE:**

To define the staff need for 24/7 availability for pastoral care.

**PROGRAMS INFLUENCING STAFFING PLAN:**

1. FTE's allocated to department.
2. Standard of care per unit of service.

**FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on units of service and types of procedures scheduled.

- Productive appropriate adjustments made daily.
- Contract Clergy/Chaplains assist in working as needed and during periods of fluctuating censuses.

**POSITION CONTROL:**

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Director
- Priest Chaplain
- Staff Chaplains

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**WEEKEND STAFFING:**

Chaplain Services maintains limited staffing levels on weekends and holidays.

The Nurse Manager maintains 24-hour calendar and contact information for Chaplain Services on duty 24 hours a day, 7 days a week to facilitate handling any emergency patient care needs.

**SCOPE OF SERVICE**  
**HEALTH BENEFITS RESOURCE CENTER**

**I. SCOPE OF SERVICE**

The Health Benefits Resource Center (HBRC) is a one stop center housed at O'Connor Hospital and located in the first floor of the Hospital in Forest Avenue, San Jose, California. The HBRC is a one stop centered focused on linking patients, clients and community residents to government sponsored health coverage and nutritional services as well as any other safety net services available. Established in November 2010, the HBRC implemented a comprehensive strategy to improve community health by increasing access to health care services and other safety net benefits.

Ages of Patient:

The HBRC provides assistance to underserved Santa Clara County residents including children, youth, adults, families and seniors.

Procedures and Processes:

HBRC is a center that provides services following the one-stop model. All individuals requiring assistance are screened and triaged for all available programs and services such as: Medi-Cal, Healthy Families, Healthy Kids, AIM (Access for Infants and Mothers), Kaiser Permanente Child Health Plan; CalFresh program (formerly known as Food Stamps), Second Harvest Food Bank programs and any other services offered by the Santa Clara County's Safety Net as well as referrals to community clinics and the County Hospital to provide continuum of care.

Hours of Operation:

HBRC is open Monday thru Friday from 8:30 a.m. until 5:00 p.m. and after hours by appointments if requested. In order to meet some of the language demand the HBRC has bilingual staff fluent in Spanish and Vietnamese available.

Patients and community residents can request an appointment by calling the toll free number (877) 904-HBRC (4272) or 408-283-7768. Walk-ins are welcomed.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIPS**

**A. Internal/External Methodology of Communication:**

Electronic Mail/Intranet                      Bulletin board postings  
Memorandums                                      E-Insight Newsletter

Meetings:

One-on-one meetings  
QA staff meetings

**B. Collaborative/Functional Relationships with Other Departments:**

Monthly Leadership meetings  
Educational forums  
Interdisciplinary documentation

**C. Hand-Off Communication with Other Departments:**

As part of the one stop model HBRC participates in weekly meetings along with Patient Access & Case Management to discuss length of stay and insurance coverage. The HBRC staff works closely with Social Workers when the need for our services rises, Social Workers communicate with us via email or phone call as its deemed necessary.

## STAFFING PLAN

**DEPARTMENT NAME:** Health Benefits Resource Center

**STAFFING PLAN:**

The core staff is comprised of five members all of whom are full time employees.

**FTE'S ALLOCATED TO DEPARTMENT:**

FTE's are allocated to the department based on units of service and types of procedures scheduled.

- Productive appropriate adjustments made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating censuses.

**POSITION CONTROL:**

The following positions are staffed at O'Connor's HBRC

- Manager
- Operations Coordinator
- Enrollment Specialists (2)
- Office Assistant (1)

Management oversight is provided by a centralized office located in Lynwood California and provided by the Health Benefits Resource Management (HBRM) team of which Lydia Ramirez is the Director.

**STANDARD OF CARE:**

The standard of care is based best practices and processes established by HBRM, where the Mission and Values of the Daughters of Charity is reflected every step of the way. Joint Commission standards as well as the conditions of participation provided by the Centers for Medicare and Medicaid are followed.

**SCOPE OF SERVICE**  
**IMAGING SERVICES**  
**(Radiology, Mammography, Interventional Radiology, US, CT and MRI)**

**I. SCOPE OF SERVICE**

Imaging Services consists of Radiology, Mammography, Interventional Radiology, Ultrasound (US), Computerized Tomography (CT), and Magnetic Resonance Imaging (MRI). All imaging is digital rendered and archived.

Ages Of Patients:

The patient population consists of neonates, infants, pediatrics, adolescent, adult and geriatric age groups.

Procedures And Processes:

**Radiology:** Radiology performs routine x-ray, portable x-ray and fluoroscopy, fluoroscopy, minor specials, and mammography.

**Ultrasound:** Abdominal, OB, small parts, soft tissue, ultrasound guided biopsies and aspirations, vascular ultrasound.

**Computerized Tomography:** Multi-slice CT scanner performs head, body, extremities, CTA, and CT guided procedures. Nursing staff access and monitor all patients for CT intervention procedures.

**Magnetic Resonance Imaging:** All routine MRI and MRA procedures

**Interventional Radiology:** Angiography, vascular interventions, Kyphoplasty, vertebral plasty, Discograms, chemo embolizations, biopsies, aspirations, percutaneous tube placements, epidurals, and PICC lines. Nursing staff accesses and monitors all procedures in the Intervention Suite.

Hours Of Operation:

Imaging Services provides 24 hour coverage for Emergency and Inpatients 365 days per year. Outpatient services are available Monday Through Friday 7:30 a.m. to 5:30 p.m. MRI – 7:00 a.m. – 10:00 p.m.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication**

Electronic Mail	Memorandums
One-on one meetings	Bulletin Board postings
Monthly staff meetings	Intranet
Communication Book	E-Insight

**B. Collaborative/Functional Relationship with other Departments:**

Monthly Leadership meetings	Rounding
Service Excellence teams	Various Medical Staff meetings
Educational Forums	Radiation Safety Meeting
Tumor Board	Stroke Team
Monthly Survey Readiness Committee	

**C. Hand-off Communication with Other Departments:**

Pertinent information about each patient is communicated at any time when there is a change in responsible caregiver. This includes change of shift, transfer from one unit or level of care to another and transfer to a department for ancillary services such as Imaging Services. This communication is verbal or using written tools, such as the Pre-Procedure and Transport Check List. In instances when the responsible caregiver

travels with the patient, as with a critical patient transport to Imaging Services, completion of the Pre-Procedure and Transport Check List is not required.

**D. SBAR Nurse to Physician Communication:**

All licensed professional staff has received education in SBAR as the method for communication between nurses and physicians about a change or deterioration in patient condition. An SBAR Nurse to Physician Communication tool is available as a resource for nurses on all units.

## STAFFING PLAN

**DEPARTMENT NAME:** Imaging Services

### STAFFING PLAN

Staffing plans for the Imaging department are developed based on the level and scope of Care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed. A matrix is used as a guideline to plan for daily staffing. Staffing is adjusted as indicated by patient volume and acuity or increased demand of the procedure.

### PURPOSE:

To define the staff scheduled on a daily basis including after hours and on call schedule.

### PROGRAMS INFLUENCING STAFFING PLANS:

1. FTE's allocated to departments
2. Position control
3. Acuity of patient

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE's are allocated to the department based on units of service and types of procedures performed.\*Productive appropriate adjustments made daily.\*Per Diem employees assist in working as needed and during periods of fluctuating censuses.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Director
- Interventional Nurse
- Technologists (MRI / Radiology / CT)
- Sonographers
- Clerical (MRI / Radiology)

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

### WEEKEND STAFFING:

The Radiology Department maintains 24 hour responsibility and accountability. There is a Nursing Supervisor on duty 24 hours per day, 7 days per week to facilitate handling any immediate patient care needs. There is an Administrator on-call 24 hours a day, 7 days per week for Administrative needs.

**SCOPE OF SERVICE**  
**INFECTION PREVENTION AND CONTROL**

**I. SCOPE OF SERVICE**

The Infection Prevention and Control Department's goal is to ensure that the clinical community has the information to protect O'Connor Hospital patients, associates, physicians, volunteers, students, contractors and visitors from infectious complications. Infection Prevention and Control plans, coordinates, and monitors all the activities related to the prevention, identification, and control of infectious diseases and helps develop safe Infection Prevention and Control measures and standards of care among patients and personnel. Infection Prevention and Control provides expertise in the epidemiological method through education, consultation, research, and surveillance and investigation of disease clusters, environmental laboratory services, quality improvement, and policy formation.

Infection Control's risk-reduction programs and procedures are hospital-wide in scope and include the in-patient, out-patient, service/diagnostic, and support services areas of the hospital. The Infection Prevention and Control Department operates from 8 a.m. to 5:30 pm Monday through Friday and is available by pager twenty-four hours a day, seven days per week. The Infection Prevention and Control Director performs all functions required to implement the Infection Prevention and Control Program. An Infection Prevention and Control Committee is responsible for overseeing the Infection Prevention and Control Program. The Infection Prevention and Control Committee is a multidisciplinary group consisting of, but not limited to, representatives from Infection Control, Medical Staff, Administration, Nursing, Environmental Services, Nutritional Services, Employee Health, Facilities, Sterile Processing, Microbiology, Pharmacy, Quality Assurance, and Sub-Acute Program Development..

**METHODS USED TO ASSESS PATIENT NEEDS:**

**Surveillance Data**

Active surveillance within the hospital is a systematic, ongoing observation and analysis of the occurrence and distribution of disease, disease potential, and the events or conditions that increase or decrease the risk of disease transmission. Specific methods used to obtain surveillance data include daily lab reports, patient census reports, daily serological reports, patient charts, prevalence studies, focus studies, and verbal/written communication with staff, case managers, and physicians. Infection Prevention and Control compiles, interprets, and disseminates this data and maintains a database of all identified cases related to targeted infections and communicable diseases. The hospital then uses this data to develop appropriate measures for prevention and control, and to provide reports to local health agencies.

The amount of time dedicated to infection surveillance activities is based upon the following hospital demographics:

- Number of licensed beds: 358
- Outpatient Clinics: 2 offsite (Wound Care Clinic, Outpatient Rehabilitation and Sports Therapy) 1 in-house; Cardiac Rehab
- Infection Prevention and Control Department resources:
  - Staff: Director
  - Staff: RN Infection Preventionists
  - Staff: Part-time Administrative Assistant

- Needs of the patient population:
  - Standard precautions/transmission-based precautions
  - Differences in age and ethnic background
  
- Risk factors of the population:
  - Clostridium difficile
  - Tuberculosis
  - Multi-drug resistant organisms, i.e., MRSA, VRE, ESBLs, Acinetobacter, Carbapenem resistant Enterobacteriaceae (CRE)
  - Hepatitis B
  - Foreign born population
  - Elderly population
  
- Complexity of services provided:
  - Critical Care: ICU, CCU
  - Open Heart Surgery
  - Clinical Decision(observation) Unit
  - In-patient Dialysis
  - Emergency
  - Medical-Surgical
  - Orthopedics
  - Surgery
  - Cancer Care
  - Pediatrics
  - Family Center
  - NICU
  
  - Endoscopy
  - Cardiac Cath Lab
  - Nuclear Medicine
  - Radiology/Diagnostic Imaging Services
  - Interventional Radiology
  - Radiation Therapy
  - Wound Care
  
  - Inpatient Rehabilitation Services
  - Outpatient Rehabilitation and Sports Therapy
  - Cardiac Rehab
  - Sub-Acute Program Development

The following are surveyed on a monthly basis: Catheter Associated Urinary Tract Infections and primary central line infections in all inpatient units, surgical wound infections, and Ventilator Associated Conditions including possible and probable ventilator-associated pneumonias; Sub-Acute Unit infections; and marker organisms (MRSA, VRE, C. difficile, acinetobacter, ESBLs, CRE and M. tb). The selection of clinical indicators is determined by the Infection Prevention and Control Committee and is based upon the assessment of problem-prone, high-risk/high-volume services provided in addition to governmental mandates. These measures are evaluated annually using data trend analysis generated by surveillance activities during the year and reflect changes in the hospital's assessed needs.

**Patient Assessment:**

In the surveillance process, Infection Prevention and Control identifies high-risk patients, looks for active infections, and determines if follow-up is needed. Patient assessment ensures appropriate patient placement, initiates isolations or special precautions, and prevents the spread of Healthcare Acquired Infections. Assessment of patient care issues associated with Infection Prevention and Control facilitates changes and improvements in policy, procedure, staff performance, equipment use, food and water safety, and education.

**Staff Compliance:**

Infection Prevention and Control guidelines are intended to protect patients and all who come into contact with them. Therefore a conscientious effort and the cooperation of all hospital personnel are required to maximize safety and minimize the transmission of infection. All employees, physicians, and students are responsible for both familiarizing themselves and complying with Infection Prevention and Control policies. Physicians are expected to set an example for others in complying with Infection Prevention and Control practices and policies.

**SCOPE AND COMPLEXITY OF SERVICES:**

The scope of the Infection Prevention and Control Program is hospital-wide and includes the in-patient, out-patient, service/diagnostic, and support services areas of the hospital. The Infection Prevention and Control Department provides expertise in effective prevention and control of diseases through constant surveillance, patient assessment, regularly updated policy and procedure, effective reports, ongoing employee education, new hire orientation and re-orientation, and timely consultation. Infection Prevention and Control is an integrated, comprehensive suite of services that include the following elements:

- Activities that relate to proactive risk assessment to identify hazards that could potentially compromise patient care during hospital demolition, construction or renovation work.
- Activities at the patient care and patient care support levels to reduce risk of nosocomial infections among patients.
- Activities that reduce risk of infection transmission between patients, employees, medical staff members, contract workers, volunteers, students, and visitors.
- Activities related to surveillance, prevention, and control of Healthcare Acquired (nosocomial) infections.
- Activities that reduce risks of infection from the environment, including food and water sources.
- Policies and procedures that reduce risk of hospital-acquired infection.
- Policies and procedures that minimize or eliminate risk of exposure to blood borne pathogens and Tuberculosis.
- Policies and procedures that reflect regulatory change or maintain compliance to regulatory agencies.
- Policies and procedures that minimize or eliminate risk of exposure to Blood borne and Airborne pathogens.

- Documentation of epidemiologically significant infections among employees (TB, Pertussis, Rubella, Rubeola, Meningitis, MRSA and Hepatitis A).
- Continuing education program for hospital personnel.
- A quality improvement program.

## STAFFING PLAN

**DEPARTMENT NAME:** Infection Prevention and Control

### Director

The Infection Prevention and Control Director performs all functions related to planning, coordination and implementation of the entire Infection Prevention and Control Program, coordinating all of the activities related to the prevention and control of hospital infections. The Infection Prevention and Control Director organizes surveillance activities; compiles and interprets surveillance data; develops standards of care that reduce the risk of disease transmission; researches, writes, and updates Infection Prevention and Control policies and procedures; disseminates critical information to all hospital personnel via educational training programs and consultation; develops isolation techniques; acts as liaison between hospital and local health agencies; and serves as the main proponent of change in providing safe, effective, quality healthcare. The Director of Infection Prevention and Control is also designated as the Infection Control Officer.

Qualifications for this position are as follows:

- Baccalaureate degree from an accredited college or university, and/or equivalent capability through previous experience and/or education facilitating independent practice.
- A current California license as a Registered Nurse.
- Certification by CBIC and re-certification every five years. (In the absence of CBIC certification, three to five years experience in Infection Prevention and Control and completion of the APIC Beginning Infection Prevention and Control Practitioners Course within one year.)
- Knowledge of current Infection Prevention and Control standards and practices
- Knowledge of current regulations, requirements, and recommendations of federal and state/county regulatory bodies (CMS, California Department of Public Health, the State of California, The Joint Commission, OSHA, and CDC).

The Director of Infection Prevention and Control also is responsible for the daily functions of the Infection Prevention and Control Department:

- Reviewing patient admission for incoming information.
- Following placement of infected patients for prevention and/or control of infection
- Reviewing all positive microbiology and serology reports for possible infection in patients and employees in accordance with the recommendation of the Infection Prevention and Control committee.
- Qualitatively reviewing patient records for health-care acquired infection.
- Prepares report to Infection Prevention and Control committee regarding health-care acquired infections; disseminates data to medical and nursing staff.
- Initiates and monitors all surveillance activities and chart review

- Institutes appropriate control measures or studies when the situation indicates a danger to any patient or personnel in accordance with the Infection Prevention and Control committee.
- Develops retrospective and prospective studies to determine areas where the infection rate could be lowered, in collaboration with the Infection Prevention and Control Director.
- Reporting of all general and communicable diseases to the appropriate local and state Departments of Public Health.
- Is actively involved with compliance of Core Measures related to Infection Prevention and Control (i.e. Ventilator Associated Events, CAP, SCIP)
- Monitoring for compliance with Infection Control-related regulations, standards and nationally recognized guidelines
- Providing all in-service programs relating to infection prevention and control for nursing and ancillary departments during orientation.
- Providing resource data to supervisors, department managers, medical staff, patient, and/or family members regarding Infection Prevention and Control issues.
- Establishing Infection Prevention and Control policies and procedures.
- Providing information to managers and staff regarding Infection Prevention and Control related issues or practice changes.

**SCOPE OF SERVICE**  
**INPATIENT REHABILITATION SERVICES**

**I. SCOPE OF SERVICE**

Rehabilitation Services provides Physical Therapy, Occupational Therapy, and Speech/Language Pathology Services to patients with varying diagnoses and disease entities. Rehabilitation services are designed to assist patients in achieving an optimal level of functioning, self-care, self-responsibility, independence, and quality of life. The rehabilitation team works collaboratively with the patient, and patient’s family as indicated, and other care providers to restore, improve, and/or maintain the patient’s level of function.

The most common diagnoses treated by the rehabilitation therapists are post operative joint replacement surgery and other orthopedic conditions; post-op spine surgery, Hemiplegia and other neurological conditions; dysphasia; aphasia; muscle weakness and other impairments resulting from varying medical conditions.

Ages of Patients:

The patient population consists of neonatal, pediatrics, adolescent, adult and geriatric age groups.

Procedures and Processes:

The most common procedures and modalities performed include the following:

- Therapeutic Exercise
- Gait / Transfer Training
- Balance / Vestibular Training
- Functional ADL Training
- Cognitive / Linguistic Training
- Dysphasia Training
- Modified Barium Swallow Studies
- Fiberoptic Endoscopic Evaluation of Swallow (FEES)
- Home Program Instruction

Processes include Infection Prevention and Control measures, maintenance of a safe patient care environment, assessment/reassessment, care planning, treatment interventions and patient/family education.

Hours of Operation:

Physical Therapy: Daily 7:30 am – 5:00 pm

Occupational Therapy: Daily 7:00 am – 5:00 pm

Speech / Language Pathology: Daily 8:00 to 5:00 pm

Exception: Rehabilitation Services will be routinely closed on Thanksgiving and Christmas Holidays, however, PT and SLP staff will be available on-call to meet extenuating circumstances.

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

- |                         |                       |
|-------------------------|-----------------------|
| Electronic mail         | Physician Newsletters |
| Memorandums             | Fax Reports           |
| One on One Meetings     | E-Insight             |
| Staff Meetings/Huddles  | Intranet              |
| Bulletin Board Postings | DCHS Communications   |

**B. Collaborative / Functional Relationship with Other Departments:**

- Monthly Division Meetings with COO
- Monthly Leadership Team Meetings
- Safety Committee Meetings
- ASAP Committee
- Performance Improvement Teams
- Educational Forums
- Monthly Survey Readiness Committee
- Unit Rounds – 5W, 5E, ICTU, ICU, Sub Acute, NICU, Pediatrics
- Safe Patient Handling Task Force
- Bi-Monthly Clinical Operations Meeting

Rehabilitation Services works collaboratively as needed with the interdisciplinary team within the hospital, and with Outpatient Rehabilitation and Sports Therapy, as well as with outside Home Care agencies, Skilled Nursing facilities, etc., to assure a smooth transition across the continuum of care.

## STAFFING PLAN

**DEPARTMENT NAME:** INPATIENT REHABILITATION SERVICES

**STAFFING PLAN:**

Staffing plans are developed based on the level and scope of care that meets the need of the patient population, the type of procedures/modalities, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed. Staff meetings, in-service education, safety training, and other non-productive time is considered and allowed for when determining staffing levels.

**PURPOSE:**

To define the staff needed on a daily basis to meet the needs of the department and patients we serve.

**FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on patient volume / units of service and types of procedures scheduled.

- Productive appropriate adjustments are made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating census.
- Qualified / Competent Therapists may float from the Outpatient Rehabilitation and Sports Therapy department as needed to assist PRN.
- Registry / Travelers may be utilized when and if available if no other alternative exists.

**POSITION CONTROL:**

All associates working in the department are employed by O'Connor Hospital with the exception of registry/travelers, when and if utilized.

- Director
- Lead Therapists
- Physical Therapists
- Physical Therapist Assistants
- Occupational Therapists
- Speech Language Pathologists
- PT Aides
- Clerical

**STANDARD OF CARE:**

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF SERVICE  
LABORATORY**

**I. SCOPE OF SERVICE**

The Clinical Laboratory consists of the main laboratory and an outpatient phlebotomy station to service hospital outpatients, 3 draw sites at the 3 Daughters of Charity System (DCHS), San Jose Medical Group (SJMG) Medical Foundation Clinics (625 Lincoln Avenue, San Jose, 227 McKee Avenue, San Jose, and 2585 Samaritan Drive, San Jose), and phlebotomy services are also provided at the DCHS Medical Foundation Urgent Care Center at 455 O'Connor Drive, San Jose.

The O'Connor Hospital Laboratory is a full service clinical laboratory with transfusion service, serology, chemistry, immunology, virology, hematology, microbiology, and point-of-care testing.

There is also a small laboratory at 625 Lincoln Avenue, San Jose to service patients from the Urgent Care Center at that site. This Laboratory offers limited Chemistry, Hematology, and Serology testing.

Ages of Patients:

The patient population consists of all age groups: neonates, infants, pediatrics, adolescent, adult and geriatric age groups.

Procedures and Processes:

The most common tests performed are CBC, Basic Metabolic Panel, Comprehensive Metabolic Panel, Cardiac Markers, Thyroid tests, Prothrombin time, Partial Thromboplastin time, Urinalysis, Cultures, and Transfusion testing.

Processes include infection control; maintenance of a safe patient care environment; patient and family education; processing of physician orders, clinical laboratory testing, patient laboratory test reporting, phlebotomy, quality assurance, and quality control.

**Test Turnaround Times from receipt in Laboratory:**

ROUTINE: two hours for inpatients, four hours for outpatients;

STAT: within one hour or less (inpatient or outpatient); specific goals include:

- AUTO CBC/HEMOGRAM ..... 20 minutes
- PT/PTT/D-DIMER ..... 30 minutes
- LACTIC ACID..... 30 minutes
- AMYLASE ..... 30 minutes
- MAGNESIUM ..... 30 minutes
- BASIC METABOLIC PANEL..... 30 minutes
- COMPREHENSIVE METABOLIC PANEL ..... 45 minutes
- CK/CKMB ..... 45 minutes
- TROPONIN ..... 45 minutes
- BNP ..... 60 minutes
- FLU A & B/RSV ..... 30 minutes
- RAPID STREP SCREEN ..... 30 minutes
- URINALYSIS..... 30 minutes
- CROSSMATCH..... one hour
- GRAM STAIN ..... one hour

**Additional turnaround time expectations:**

- Code Stroke Alert (Hemogram, PT/PTT, Basic Metabolic Panel): 45 minutes from time of order.
- Code AMI: (Hemogram, PT/PTT, Basic Metabolic Panel): 45 minutes from time of order.

**Delays in Testing**

- If there is an anticipated delay of 30 minutes or more in turnaround time because of instrument failure, inadequate specimen, etc., any area where there are pending STAT requests should be notified by the CLS in charge.
- If the delay is to be pronounced (greater than 2 hours) all Nursing Clinical Managers/Directors should be notified.
- If the request is for an outpatient STAT result, the requestor should be notified by phone.

Hours of Operation:

O'Connor Hospital Laboratory:

- 24 hours/day, seven days a week.
- Open for outpatients 7am-5pm Monday-Friday,
- 7:30am-4pm Saturday/Sunday/holidays

625 Lincoln Avenue, San Jose Urgent Care STAT Lab:

- 7:30am-5:30pm Monday-Friday
- 8am-4pm Saturdays, closed Sundays and holidays

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

Electronic mail	Physician Weekly E-mails
Memorandums	One-on-one meetings
Staff Meetings	Nursing Newsletter
Intranet	Bulletin board postings
E-Insight	
Shift-to-shift communication with opportunity to ask and answer questions	

- Shift-to-shift communication will include any tests still pending as well as a description of any major events during the previous shift (instrument problems, staffing or supply shortages, significant physician/RN/patient complaints, etc.).

**B. Collaborative/Functional Relationship with Other Departments:**

Monthly Managers/Directors Meetings	Educational Forums
Monthly Survey Readiness Committee	Stroke Team Meetings
Monthly Nursing Leadership Team	Nursing Skills Day
Emergency Room Physicians Meeting	Infection Control Committee
Medicine QA&I Meetings	Pharmacy & Therapeutics Committee
Pharmacy & Therapeutics Committee	ER Process Improvement Committee

## STAFFING PLAN

**DEPARTMENT NAME:** Laboratory

**STAFFING PLAN:**

Staffing plans for the department are developed based on the level and scope of care that meets the need of the patient population, the type of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed. A matrix is used as a guideline to plan for daily staffing. Staffing is adjusted every day or more as indicated by the increased demand of service.

**PURPOSE:**

To define the staff scheduled on a daily basis including after hours on call schedule.

**PROGRAMS INFLUENCING STAFFING PLAN:**

1. FTE's allocated to the department.
2. Position control
3. Standard of care per unit of service.
4. Workload.

**FTE'S ALLOCATED TO THE DEPARTMENT:**

FTE'S are allocated to the department based on units of service (billed tests).

- Productive appropriate adjustments made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating censuses.

**POSITION CONTROL:**

Staffing is flexed up or down based on workload, but typical staffing includes:

POSITION	TYPE	TOTAL
<b>Day Shift (weekdays):</b>		
Director/Manager	Management	2
Lead CLS	Staff / Management	4
Clinical Laboratory Scientist (CLS)	Staff	8
Laboratory Assistants	Staff	9-10
<b>PM Shift (weekdays):</b>		
Lead/Charge CLS	Staff / Management	1
Clinical Laboratory Scientist (CLS)	Staff	4
Laboratory Assistants	Staff	5
<b>Night Shift (weekdays/weekends/holidays):</b>		
Lead/Charge CLS	Staff / Management	1
Clinical Laboratory Scientist (CLS)	Staff	1
Laboratory Assistants	Staff	2
<b>Day Shift (weekends/holidays):</b>		
Lead/Charge CLS	Staff / Management	1
Clinical Laboratory Scientist (CLS)	Staff	5
Laboratory Assistants	Staff	6

**PM Shift (weekends/holidays):**

Lead/Charge CLS	Staff / Management	1
Clinical Laboratory Scientist (CLS)	Staff	2
Laboratory Assistants	Staff	3

**STANDARD OF CARE:**

A standard of care is based on upon the department historical data, national and community standards.

**SCOPE OF SERVICES**  
**OUTPATIENT REHABILITATION AND SPORTS THERAPY**

**I. SCOPE OF SERVICE**

Outpatient Rehabilitation and Sports Therapy provides Physical Therapy, Occupational Therapy, and Speech/Language Pathology Services to patients with varying diagnoses and disease entities. The center also offers a Pilates exercise program, performance enhancement and personal training for individuals seeking exercise or conditioning in a supervised setting.

The most common diagnoses treated by the rehabilitation therapists are musculo-skeletal injuries, post operative joint replacement and other orthopedic conditions, tendonitis, carpal tunnel syndrome, fibromyalgia, lymphedema, hemiplegia, and other neurological conditions, dysphagia, and aphasia.

Ages of Patients:

The patient population consists of pediatrics, adolescent, adult and geriatric age groups.

Procedures and Processes:

The most common procedures and modalities performed include the following:

- Therapeutic Exercise
- Gait Training
- Functional ADL Training
- Balance / Vestibular Training
- Manual Therapy
- Soft Tissue Mobilization
- Lymphedema Management
- Home Program Instruction
- Ultrasound
- Heat / Cold Packs
- Electric Stimulation
- Iontophoresis
- Cancer rehabilitation and survivorship
- Dysphagia Training
- Cognitive / Linguistic Training
- Modified Barium Swallow Studies
- Speech / Language Therapy

Processes include Infection Prevention and Control measures, maintenance of a safe patient care environment, assessment/reassessment, care planning, treatment interventions and patient/family education.

Hours of Operation:

Monday through Thursday: 7:00 AM - 7:00 PM

Fridays: 7:00 AM – 4:30 PM

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal / External Methodology of Communication:**

- |                         |                               |
|-------------------------|-------------------------------|
| Electronic mail         | Physician Newsletters         |
| Memorandums             | Fax Reports                   |
| One on One Meetings     | E-Insight                     |
| Monthly Staff Meetings  | Intranet                      |
| Bulletin Board Postings | Quarterly DCHS Communications |

**B. Collaborative / Functional Relationship with Other Departments:**

Weekly Clinical Operational Meetings with Nursing Division

Monthly Division Meetings with COO

Monthly Leadership Meetings

Safety Committee – ASAP Committee and Patient Handling Task Force

Performance Improvement Teams

Educational Forums

Monthly Survey Readiness Team

Daily rounding within the department

Outpatient Rehabilitation and Sports Therapy works collaboratively with Employee Health Services to assure injured OCH associates are being evaluated in a timely manner and cared for as ordered by physician.

Outpatient Rehabilitation and Sports Therapy works collaboratively with Inpatient Rehab Services, outside Home Health Services/Community Agencies, and with referring and consulting doctors, to assure a smooth transition across the continuum of care.

## STAFFING PLAN

**DEPARTMENT NAME:** Outpatient Rehabilitation and Sports Therapy

### STAFFING PLAN:

Staffing plans are developed based on the level and scope of care that meets the need of the patient population, the type of procedures/modalities, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed.

### PURPOSE:

To define the staff needed on a daily basis to meet the needs of the department and patients we serve.

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on patient volume / units of service and types of procedures scheduled.

- Productivity appropriate adjustments are made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating census.
- Qualified / Competent Therapists may float from the Inpatient Rehabilitation Services department as needed to assist PRN.
- Registry / Travelers may be utilized when and if available if no other alternative exists.

### POSITION CONTROL:

All associates working in the department are employed by O'Connor Hospital with the exception of registry staff and/or travelers when and if utilized.

- Rehabilitation Supervisor
- Therapists / Therapists Assistants
- PT Aides
- Clerical

### STANDARD OF CARE:

A standard of care is based on hours per patient day required to care for this population and is based upon the department historical data, national and community standards.

**SCOPE OF SERVICES  
PATHOLOGY, ANATOMIC**

**I. SCOPE OF SERVICES**

The Anatomical Pathology Laboratory consists of Histology and Cytology divisions, which provide patient treatment in finding diagnoses such as cancer, infection.

The Histology division provides the following services:

1. Frozen section diagnosis service for STAT preliminary diagnosis.
2. Preparation of surgical specimens such as tissue grossing and fixation.
3. Variety of tissue staining services such as H& E, Giemsa, Alcian Blue.
4. Variety of Immunohistochemistry services such as Estrogen receptor, Progesterone receptor.

The Cytology division provides the following services:

1. Processing of non Ob/Gyn specimens (smears, cell blocks, etc).
2. A variety of staining services such as H& E, PAP
3. A variety of Immunohistochemistry services such as Pneumocystis carinii

In addition to these services, autopsy service is provided upon request of the deceased's attending physician, after consultation with a pathologist.

Patient Populations:

The Pathology department provides services for patients of O'Connor Hospital as well as out-side clinics.

Ages of Patients:

The patient population consists of all age groups: neonates, infants, pediatrics, adolescent, adult and geriatric.

Hours of Operation:

Surgical Pathology and Cytology services are provided by Board Certified Pathologists on site. Pathologists are on site from 8:00 a.m. to 5:30 p.m. Mon-Fri, and are available on-call 24 hours a day, 7 days a week. Preparation of surgical and cytology specimens are provided on site under the supervision of an ASCP registered Histologist.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION / FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication:**

- |                         |                                    |
|-------------------------|------------------------------------|
| Electronic mail         | Physician Newsletter               |
| Memorandums             | Staff Meetings One-on-one meetings |
| Intranet                | E-Insight                          |
| Bulletin board postings |                                    |

**B. Collaborative/Functional Relationship with Other Departments:**

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| Monthly Managers/Directors Meetings |                                    |
| Performance Improvement Teams       | Variety of Medical Staff Committee |
| Monthly Survey Readiness Committee  | Educational Forums                 |
| Monthly Nursing Leadership Team     |                                    |

## STAFFING PLAN

**DEPARTMENT NAME:** Pathology

### STAFFING PLAN:

Staffing plans for the department are developed based on the level and scope of care that meets the need of the patient population, the types of procedures, and a determination of the level of staff that can most appropriately (competently, comfortably and confidently) provide the type of care needed. A matrix is used as a guideline to plan for daily staffing. Staffing is adjusted every day or more as indicated by the increased demand of service.

### PURPOSE:

To define the staff scheduled on a daily basis including after hours on call schedule.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to department.
2. Position control.
3. Standard of care per unit of service.
4. Workload.

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on units of service (billed tests).

- Productive appropriate adjustments made daily.
- Per Diem employees assist in working as needed and during periods of fluctuating censuses.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Pathologists
- Lead Histologist/Pathologist Assistant
- Histologists/Histotechnologists
- Pathology Aides
- Transcriptionists
- Clerk

### STANDARD OF CARE:

A standard of care is based upon the department historical data, national and community standards.

**SCOPE OF SERVICE**  
**PATIENT ACCESS**

**I. SCOPE OF SERVICE**

The scope of the registration process is focused on the proper identification of the patient using established naming conventions within the hospital's HIS system to accurately complete the registration/admission processes. This is done to assure proper patient identification and appropriate billing of services to patients. Registration, insurance verification, and financial counseling services are monitored to ensure performance standards related to registration accuracy are consistently met.

Ages of Patients:

The patient population consists of all ages ranging from newborn to geriatric age groups.

Procedures and Processes:

The Patient Access department provides registration for all hospital services: Inpatient, Outpatient, and Emergency services. Admit Registrars, Financial Counselors, Insurance Verifiers, and Schedulers work with the and Patient Access Management Team to ensure prompt and accurate registrations.

Hours of Operation:

The main admitting area is staffed Monday – Friday 7:00 a.m. 5:30 p.m.. After hours, registration/admissions are performed by ED registration personnel. ED registration is staffed 24 hours a day. Scheduling, Financial Counseling, and Insurance Verification services are provided Monday – Friday 8:30 AM to 6:00PM, excluding holidays.

**II. DESCRIPTION OF COMMUNICATION / COLLABORATION / FUNCTIONAL RELATIONSHIP**

**B. Internal/External Methodology of Communication**

Electronic mail	Hospital Newsletter
One-on-one meetings	Intranet
Regular staff meetings	Bulletin board postings

**B. Collaborative/ Functional Relationships with Other Departments:**

Leadership Meetings	Hospital Council
Performance Improvement Teams	Health Benefit Resource Center (HBRC)
Emergency Department Operations	Case Management Outlier
Revenue Cycle Meetings	High Dollar Review Meetings
Denials Task Force Meetings	

## STAFFING PLAN

**DEPARTMENT NAME:** Patient Access

**STAFFING PLAN:**

The Patient Access will maintain adequate staffing according to volume and operational considerations. Schedules are posted to reflect a four-week period and are posted two weeks prior to the start of the new schedule. Review of earned hours vs. budgeted hours and the automated time and attendance system is performed daily. Whenever appropriate the use of premium pay may be utilized. A member of the Patient Access is accessible 24 hours a day.

**PURPOSE:**

The Patient Access Department criteria used to indicate achievement of the departmental and patient needs is determined through the measurement, assessment and improvement of the following processes: 1) Customer satisfaction with inpatient admission process; 2) Emergency Department registration accuracy; 3) Timely and appropriate completion of the Conditions of Admissions forms; 4) Compliance with authenticated physician orders and 5) Improving the identification and collection of calculated patient liabilities prior to services or prior to departure and 6) reduction in denials in payment by payers for services provided to patients. In addition, information received from the HIM and Resource Committee, Net Revenue Committee, ED Clinical Operations Committee and related Ad Hoc Committees are taken into consideration.

**STANDARDS USED BY THE DEPARTMENT IN THE CARE OF PATIENTS:**

The Patient Access Department adheres to Joint Commission guidelines, HFCA (Medicare) general admission and billing guidelines, Title XXII, CHA consent guidelines and applicable policies and procedures.

**METHODS USED TO ACCESS PATIENTS' NEEDS:**

The admitting physician must be an active medical staff member and comply with Section B, Rule 23 of the Rules and Regulations of the Medical Staff concerning incomplete records. Patients are registered for scheduled and non-scheduled services provided the patient has a physician order for services, which has been signed by the ordering physician. The department staff adheres to EMTALA guidelines related to the collection of financial information for emergent patients.

**FTEs ALLOCATED TO THE DEPARTMENT:**

FTEs are allocated to the department based on units of service.

**SCOPE OF SERVICE**  
**PHARMACY**

**I. SCOPE OF SERVICE**

The Pharmacy Department shall prepare departmental policies and procedures that provide information on the scope of pharmaceutical services designed to meet the medication needs of the patients consistent with the organization's mission and goals.

Ages of Patients:

The patient population consists of neonates, infants, pediatrics, adolescent, adult and geriatric age groups.

**Procedures and Processes:**

- A. All medications used within the facility will be controlled and distributed by the Department of Pharmacy.
  
- B. Pharmacy services include, but are not limited to, the following:
  - 1. Purchase, storage, control and distribution of all medications in the hospital
  - 2. An inspection system designed to ensure the safety and integrity of all medications
  - 3. A medication recall system
  - 4. A hospital formulary service in collaboration with the Pharmacy and Therapeutics Committee
  - 5. Emergency medication use and control
  - 6. Complete and appropriate labeling of all medications
  - 7. IV admixture services including total parenteral nutrition and chemotherapy
  - 8. Unit-dose drug distribution
  - 9. Floor stock distribution where appropriate
  - 10. Patient-specific dosing services as needed
  - 11. Medication compounding & bar-coded packaging
  - 12. Poison control and hazardous drug information
  - 13. Drug information and education services
  - 14. Pharmacy and Therapeutics Committee
  - 15. Drug-drug interaction and drug-food interaction monitoring
  - 16. Computerized patient medication profiles
  - 17. Adverse drug reaction and medication error monitoring, reporting and analysis based upon the hospital's Medication Errors Reduction Plan (MERP)
  - 18. Medication use evaluation studies Performance improvement within the medication use process
  
- C. Pharmacy And Staff Licensure
  - 1. The hospital pharmacy shall be licensed in accordance with California and Federal laws and regulations.
  - 2. All pharmacists and pharmacy technicians shall maintain required licenses and certifications and provide documentation of current licensure to the hospital as a condition of employment.
  
- D. Hours Of Operation
  - 1. The pharmacy shall provide sufficient staff to meet the needs of the hospital, professional staff and patients 24 hours a day, seven days a week.
  - 2. The central pharmacy is open 24 hours a day, 7 days a week.

**II. DESCRIPTION OF COMMUNICATION/COLLABORATION/FUNCTIONAL RELATIONSHIP**

**A. Internal/External Methodology of Communication**

Electronic Mail	Memorandums
One-on one meetings	Bulletin Board postings
Staff meetings	Intranet
E-Insight	

**B. Collaborative/Functional Relationship with other Departments:**

Leadership meetings	Various Medical Staff meetings
Educational Forums	Information Systems Steering Committee
Stroke Team	Pharmacy & Therapeutics Committee
Monthly Survey Readiness Committee	Clinical Operations Meeting
Medication Safety Committee	Infection Prevention & Control meetings

## STAFFING PLAN

**DEPARTMENT NAME:** Pharmacy

### STAFFING PLAN:

Staffing plans for the Pharmacy are developed based on the level and scope of care that meets (1) the need of the patient population, (2) the safe and cost-effective use of medications and (3) pharmaceutical information needs of the medical and hospital staff. The level of pharmacy staffing will be adjusted to meet the training requirements for competencies and the implementation of improved pharmacy and hospital-wide services. A matrix is used as a guideline to plan daily staffing. If indicated by the demand of service, staffing is adjusted daily or more frequently.

### PURPOSE:

To define the staffing level of a 24 hour-7 days per week schedule of Pharmacy Services.

### PROGRAMS INFLUENCING STAFFING PLAN:

1. FTE's allocated to the department.
2. Position control
3. Standard of care per adjusted patient days (APD).

### FTE'S ALLOCATED TO THE DEPARTMENT:

FTE'S are allocated to the department based on Pharmacy hours per adjusted patient days (APD).

- Productive appropriate adjustments made daily.
- Per Diem associates assist in working as needed and during periods of fluctuating censuses.

### POSITION CONTROL:

Each unit/department maintains a position control document to ensure that allocated FTEs are not exceeded. Positions included in the allocation are:

- Director of Pharmacy
- Pharmacy Supervisor
- Pharmacists
- Pharmacy Inventory Control Technician
- Pharmacy Technicians
- Office Coordinator

### STANDARD OF CARE:

A standard of care is based on hours per adjusted patient day (APD) required to care for this population and is based upon the department historical data, national and community standards.

## **SCOPE OF SERVICE** **QUALITY MANAGEMENT**

### **I. SCOPE OF SERVICE:**

The Department of Quality Management serves all patients within O'Connor Hospital's continuum of care by facilitating and supporting the performance improvement process organization-wide. This process also serves Associates, volunteers, administration, medical staff and the Board of Directors.

#### **METHODS USED TO ASSESS DESIRED PATIENTS AND ORGANIZATION OUTCOMES:**

As guided by the Performance Improvement Plan, the Quality Management Department strives to assess and facilitate improvement of those governance, managerial, clinical and support processes that most affect patient outcomes, with particular emphasis on those that affect a large percentage of patients, and place patients at serious risk if:

- Not performed well
- Performed when not indicated
- Not performed when indicated
- And/or have been or are likely to be problematic

The Quality Management Department utilizes a broad spectrum of data from inside and outside the organization to assist leadership in identifying opportunities to improve care and service. The Department of Quality Management advocates and utilizes the FOCUS-PDCA model to facilitate improvement within the organization. Service provided by the department is evaluated and guided by feedback from Quality Management staff itself; organization input including the Board of Directors, Administration, Managers, Medical Staff, and Associates; and external feedback including professional organizations, public agencies and regulatory bodies. Data sources used by the Department to assist the organization in identifying opportunities for improvement include, but are not limited to: 1) monitoring and evaluating the activities of the clinical, ancillary, and medical staff departments, 2) risk management information such as incident reports, complaints, claims and data from Safety Committee 3) patient, medical staff and associate satisfaction measurements 4) mandated external reporting 5) outcomes of Performance Improvement teams 6) regulatory requirements (e.g.: Centers for Medicare and Medicaid Services (CMS), Partnership for Patient (PfP) under Hospital Engagement Network (HEN), California Department of Public Health (CDPH), The Joint Commission (TJC), HCFA, DHS, etc.) and 7) results of root cause analyses (RCAs) failure mode and effects analysis (FMEA) teams. (Please refer to the Performance Improvement Plan.)

#### **SCOPE AND COMPLEXITY OF SERVICES:**

The Quality Management Department is responsible for:

- Assisting the medical staff and support systems in carrying out the Performance Improvement Program.
- Monitoring the activities of the Performance Improvement Program.
- Maintaining performance improvement databases.
- Generating reports for medical staff departments and functions.
- Generating reports for credentialing.
- Conducting focus reviews as assigned.
- Generating reports for nursing and ancillary departments.
- Providing education to clinical and non-clinical staff.
- Serving as facilitators to Performance Improvement Teams.
- Conducting RCAs and FMEAs in collaboration with the Risk Management Department.

STAFFING AND AVAILABILITY:

The Department of Quality Management is staffed from 0830 – 1700, Monday through Friday. In addition to these routine business hours, the Quality Management Director is available for consultation via the House Supervisor. Urgent matters regarding quality may also be referred to the Administrator-on-call via the House Supervisor. The categories of staff providing services for the Department of Quality Management include registered nurses and data analysts. The Director of Quality Management is a registered nurse with a minimum of a Bachelor's Degree; experience in management as well as hospital performance improvement; and preferably a Certified Professional in Healthcare Quality (CPHQ) and Masters Degree.

ACCESSING DEPARTMENT SERVICES, COMMUNICATION AND INTERFACE:

The full list of contact numbers for Quality Management is available to all Associates house-wide via the O'Connor Hospital Intranet printed phone directories, Telecommunications and Administration. In addition, communication is facilitated through formal means (committee activity and reports as outlined in the Performance Improvement Plan, Medical Staff Bylaws/ Rules and Regulations and organization-wide policies and procedures; written/electronic communication and conference calls, education and training) as well as informal verbal, written and electronic communication.

THE EXTENT TO WHICH THE DEPARTMENT'S LEVEL(S) OF CARE/SERVICES MEETS PATIENT AND ORGANIZATIONAL NEEDS:

The adequacy of services provided by the Department of Quality Management is measured via the annual appraisal of the Performance Improvement Plan, the performance evaluations of Quality Management staff, Associate and medical staff satisfaction scores, and compliance to regulatory standards.

STANDARDS USED BY THE DEPARTMENT:

The Department of Quality Management is governed by the all applicable policies and procedures of O'Connor Hospital; regulatory requirements (i.e. State of California Title 22 regulations), all applicable federal guidelines and regulations, including FCA, CMS and QIC (Medicare); The Joint Commission regulations, and professionally recognized guidelines.

**SCOPE OF SERVICE**  
**RISK MANAGEMENT**

**SCOPE OF SERVICE**

The Department of Risk Management serves both inpatients and outpatients of all ages. This includes associates, volunteers, medical staff and the Board of Directors.

**METHODS USED TO ASSESS PATIENTS' NEEDS:**

The Risk Management Department incorporates several methodologies in its assessment of the delivery of services provided to patients, staff, medical staff and the Board of Directors. The Department of Risk Management utilizes the FOCUS PDCA model to demonstrate improvement in the quality of services provided. Service Improvement activities are guided by feedback from all reporting internal and external customers. This includes formal (Press Ganey poll, incident reports) and informal (verbal and written patient complaints) for collecting feedback. Data sources used for the development of risk management reporting includes, but is not limited to the following: 1) monitoring and evaluating the activities of the clinical, ancillary, and medical staff departments, 2) the "Incident Report" pertaining to patient, associate and/or visitor 4) findings and results from activities including the Safety Committee. 5) medical record inquiries; 6) third-party reports (e.g.: Joint Commission, CMS, DHS, etc.) 7) reports of suspected drug or transfusion reaction reports and defective/malfunctioning equipment/device reports; 8) loss trending data including claims and litigation; 9) referrals from all organizational departments/services/functions. The Department of Risk Management employs case review analysis for risk potential and case review techniques in preparation for potential and actual litigation. The Department of Risk Management employs Root Cause Analysis for sentinel event review.

**SCOPE AND COMPLEXITY OF SERVICES:**

- SI The Service Improvement Program continuously provides opportunities for all internal and external customers to share information, achieve resolution of concerns, as well as engage in efforts to improve service delivery and thus customer satisfaction. Incorporated into the Service Improvement Program is a fulltime dedicated individual who responds to complaints within 24 hours after receiving a complaint (or by the next business day, whichever comes first), and makes referrals to the appropriate departments and/or committees.
- RM It is the responsibility of the Risk Management Program to direct the assessment and identification of loss potential; develop and measure the effectiveness of loss prevention programs; provide educational activities to increase the knowledge, skills, and abilities of the governing body, associates, volunteers, visitors and medical staff with regard to risk potential and mitigation; provide claims management for actual and potential claims; and coordinate development and maintenance of risk financing programs and claims control activities in the areas of general and professional liability. The Risk Management Program is comprehensive and requires the participation of all departments, services, and healthcare professionals within or affiliated with the organization. It is continuous and includes mechanisms to monitor patient care services, as well as identify, evaluate and resolve problems that may impact patients or their families, visitors, facility staff, medical staff or the organization.

**STAFFING AND THE AVAILABILITY OF STAFF:**

The Department of Risk Management is staffed from 0800 – 1700, Monday through Friday. The types of staff providing services for the Department of Risk Management include the Director of Risk Management, RN Risk Management Coordinator, and an administrative assistant.

**ACCESSING DEPARTMENT SERVICES:**

The Director of Risk Management is on call 24 hours a day for medical legal concerns. In the event the Risk Manager is not available, the Nursing Supervisor and/or the Administrator on call would be notified to resolve a problem.

THE EXTENT TO WHICH THE DEPARTMENT'S LEVEL(S) OF CARE/SERVICES MEET PATIENT NEEDS:

The level of services provided by the Department of Risk Management is consistent with the needs of the patients, associates, volunteers, the Medical Staff, Board of Directors and the organization and its mission.

STANDARDS USED BY THE DEPARTMENT IN THE CARE OF PATIENTS:

The Department of Risk Management is governed by the State of California Title 22 regulations, Federal CMS regulations, Joint Commission regulations, and FDA regulations. The Department of Risk Management subscribes to the principles of the California Healthcare Association Consent manual. The Department of Risk Management also utilizes guidelines set forth by the American Society of Healthcare Risk Managers.