



ST. FRANCIS  
MEDICAL CENTER  
*our mission is life*

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# Plan for the Provision of Patient Care

Administrative Policy and Procedure #1409

**FY – 2014**

**INTRODUCTION / PURPOSE**

St. Francis Medical Center is a licensed general acute care hospital, referred to as a local health ministry (LHM), and a member of the Daughters of Charity Health System (DCHS).

The leadership of St. Francis Medical Center recognizes its role in providing the framework for planning, directing, coordinating, providing, and improving health care services that are responsive to community and patient needs and that result in positive patient health outcomes. The leadership further recognizes that the community acute care hospital organization is complex, composed of many professional disciplines, each of which brings a unique expertise to patient care. The coordination and integration of each of these disciplines is embodied in the leadership process defined for St. Francis Medical Center.

The purpose of the Plan for the Provision of Patient Care (PPPC) is to provide the framework for the appropriate provision of health care services at St. Francis Medical Center. This document serves as a basis to:

- Identify existing and new patient care services
- Direct and integrate patient care and support services throughout the Medical Center
- Implement and coordinate services among departments
- Direct and support a comparable level of patient care throughout the Medical Center

The plan is a reference used by the Medical Center to plan, implement, evaluate and improve services to our patients, customers, and the community.

**APPLICABILITY**

This is an organization-wide document. As such, it applies to all inpatient, emergency, outpatient, ambulatory services and community health settings.

**AUTHORITY / RESPONSIBILITY**

**BOARD OF DIRECTORS**

The St. Francis Medical Center Board of Directors has the ultimate authority to establish, require, support and evaluate the PPPC for St. Francis Medical Center. The Board of Directors has delegated this responsibility to the President.

**PRESIDENT**

As delegated by the Board of Directors, the President is responsible for planning, developing, implementing, and evaluating the PPPC. To accomplish this, the President has established a senior administrative team known as Management Council.

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### MANAGEMENT COUNCIL

Specific organizational responsibilities and administrative oversight functions have been delegated to these individuals.

- President & CEO
- Executive VP and COO
- VP Business Development and Planning
- VP of Development/CEO SFMC Foundation
- Chief Financial Officer
- VP, Compensation and Benefits
- VP Mission
- VP Patient Care Services and CNO
- VP Ancillary and Support Services, CRO

### DIRECTORS / MANAGERS / SUPERVISORS

Under the direction of Management Council, the Medical Center has various levels of Directors, Managers and Supervisors. These individuals are collectively known as “Department Leadership”. Department Leadership is responsible for planning, developing, implementing and evaluating the PPPC relative to their administrative department and/or service area.

### MEDICAL STAFF

As part of their responsibility for the provision of quality patient care, the Medical Staff, through its senior leadership, is responsible for providing input, advice and guidance to the Medical Center in the development, implementation and evaluation of the PPPC.

### QUALITY ASSESSMENT/IMPROVEMENT – CONTINUOUS IMPROVEMENT BOARD

The QA/I-CIB is responsible for assuring the functional integration of the PPPC into the Medical Center’s performance improvement process.

### ASSOCIATE

Each associate of St. Francis Medical Center is responsible for supporting the PPPC through the proper performance of his/her respective job function.

## **MISSION**

In the spirit of our founders, St. Vincent de Paul, 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 health care 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.

In the simplest of terms, ***Our Mission is Life!***

**VISION**

St. Francis Medical Center will become the leading health care provider in Southeastern Los Angeles, providing compassionate and spiritually-centered health care and community services to bring renewed hope and well-being to all who depend on us for care.

**Strategic Focus and Priorities**

The Mission of the Daughters of Charity and St. Francis Medical Center is to meet the health care needs of the whole person – body, mind and spirit – and respect the dignity of each individual. We achieve this through our Strategic Focus:

- Practice servant leadership to meet the needs of our patients', families, associates, other health care partners and our community at large.
- Express our Core Values through our daily work.
- Reduce barriers that members of our community face in accessing needed services.
- Link departmental initiatives to our Mission and Operational Priorities.

and Strategic Priorities:

**FINANCIAL:** Improve and sustain the financial performance of SFMC.

**GROWTH:** Improve and sustain the financial performance of SFMC

Attract physicians who are aligned with our mission, values and philosophy of care which promotes patient/family engagement.

**PEOPLE:** Build Human Potential/Employer of Choice

Employer of choice for individuals who want to make a difference with patients through development and support, reputation of excellence, rigor & self discipline and alignment of values.

**QUALITY:** Excellence, Consistency & Sustainability

Consistent and sustainable top performer, top 10%, across patient safety, quality, service (experience) and financial indicators through a balance of systematic approaches and innovation.

**SERVICE:** Excellence, Consistency & Sustainability

Advocate for health care access to positively impact community health.

The PPPC is aligned with the strategic plan of the organization as well as our own strategic initiatives. The reader is referred to the St. Francis Medical Center Strategic Plan.

## **VALUES**

In carrying out its Mission, Vision, and Strategic Plan, St. Francis Medical Center draws upon our Core Values. The Charity of Christ urges us to live our Vincentian Values of:

- Respect
- Compassionate Service
- Simplicity
- Advocacy for the Poor
- Inventiveness to Infinity

### **Our Community & Community Need<sup>1</sup>**

SFMC provides quality medical care, educational programs and support services to the 1,000,000 residents of communities in Southeast Los Angeles County including Lynwood, South Gate, Downey, Huntington Park, Bell, Cudahy, Bell Gardens, Maywood Compton, and the Watts and Florence-Firestone sections of Los Angeles. Within Service Planning Areas (SPAs) 6, 7, and 8, which encompass the major communities within SFMC's service area, Hispanics are the largest ethnic group at 56.8 percent, followed by Whites at 16.3 percent and African-Americans at 13.0 percent. The largest age group is 15-34 year-olds at 30.8 percent, followed by 45-64 year-olds at 23.4 percent, and 0-14 year-olds at 21.9 percent. This is according to US Census Bureau and American Community Survey 2010 statistics.

In the primary communities SFMC serves, 15.9 percent of households speak English only; 81.9 percent speak Spanish.

### **Economic Well-being**

Approximately a quarter of the households in six of the primary communities served by SFMC have incomes below 100% of the federal poverty level. The highest percentage of these households is in the Florence-Firestone and Watts areas at 30 percent, and Cudahy at 28 percent, followed by Maywood at 26 percent, Huntington Park and Bell Gardens at 25 percent, and Bell and Compton at 24 percent. This is compared to 16 percent of the households in Los Angeles County. The median income for the 10 primary communities within SFMC's service area is \$19,271, compared to LA County's median income of \$25,343.

### **Education/Workforce Readiness**

Data shows that educational attainment in the SFMC service area is not very high, resulting in limited career and wage earning options for young adults. In the communities of Florence-Firestone, Watts, Huntington Park, Bell, Cudahy, Bell Gardens, Compton, Lynwood, Maywood, and South Gate, 55 percent of people 25 years old and above do not have a high school diploma. This is compared to 24 percent in Los Angeles County. Approximately 3.7 percent in these same communities have a bachelor's degree compared to 19 percent in LA County.

### **Access to Health Care**

According to the Los Angeles County Health Survey 2011, 38.2 percent of adults aged 18-64 in SPA 6 did not have health insurance. In SPAs 7 and 8, 32.4 percent and 26.7 percent, respectively, did not have health insurance. This is compared to LA County at 28.5 percent and California at 20.9%. This is the age group which most often does not qualify for linkage to government health insurance programs.

The majority of children age 0-17 in SFMC's service area were covered by Medi-Cal and private insurance. In SPA 6, 52.9 percent had Medi-Cal, with SPAs 7 and 8 having 39.5 percent and 35.4 percent, respectively. The percentage of children with private insurance in SPAs 6, 7, and 8 were 23.8 percent, 40.4 percent, and 50.8 percent, respectively.

The percent of children whose primary caretaker reported having no regular source of care was highest among Latinos at 6.2%, and those who reported having difficulty accessing care was highest among Latinos (15.6%) and Asian/Pacific Islanders (14.6%).

### **Chronic Conditions**

Obesity, Overweight, and Diabetes are more prevalent in SPAs 6 and 7 than in LA County or California. The highest rates are in SPA 6 for all three conditions, with Obesity at 32.7 percent, Overweight at 37.3 percent, and Diabetes at 10.1 percent as compared with California which has rates for Obesity at 22.7 percent, Overweight at 33.6 percent, and Diabetes at 8.5 percent. This is according to data from the LA County Department of Public Health, Office of health Assessment and Epidemiology -- Key Indicators of Health by Service Planning Area: March 2013, June 2009, April 2007, and 2002-03.

The same data source reports that the percentage of children in grades 5, 7, and 9 who are obese (BMI above the 95<sup>th</sup> percentile) is 29.0 percent in SPA 6, 25.7 percent in SPA 7, and 20.7 percent in SPA 8. This is compared to 11.9 percent in California and 22.4% in LA County.

According to participants in SFMC's 2013 Community Health Needs Assessment Focus Groups, obesity is a problem in the community because many people do not have access to healthy foods, or are not aware of the healthier foods they could be eating.

Focus group participants also feel that lack of trust among immigrant communities remains a significant barrier to disease prevention. The percentage of immigrants living in SFMC's primary communities who entered the US after the year 2000 is 18.7 percent. In seven of the communities, 34.8 percent of people feel linguistically isolated.

### **Leading Causes of Death**

Based on the most recent data from the LA County Department of Public Health, from 2000-2009, the leading causes of mortality in LA County were coronary heart disease,

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stroke, lung cancer, emphysema, and Alzheimer's. In 2009, the highest death rate from coronary heart disease was among African-American men at 266 deaths per 100,000.

In SPAs 6, 7, and 8, coronary heart disease was also the leading cause of death. Among the three SPAs in 2009, SPA 6 had the highest rate at 178.2 per 100,000. This is down by 35.3 percent compared to 2000.

It is of note that diabetes was the fourth highest cause of death in SPAs 6 and 7 over the last decade, but was not among the top five causes of death for SPA 8 or LA County. In SPA 6, death due to diabetes was at a rate of 34.1 per 100,000 in 2009. In SPA 7, death due to diabetes was 27.5 per 100,000.

### **OVERVIEW OF SERVICES**

Founded in 1945, St. Francis Medical Center (SFMC) is a non-profit 384-bed full service acute care facility licensed by the State of California. SFMC is a member of the Daughters of Charity Health System.

Acute inpatient days are approximately 70,073 per year, with an average length of stay of 4.19 days. Psychiatric inpatient days trend at 11,056 and skilled nursing inpatient days at 6,815.

Overall facility occupancy is 62.7% with occupancy trending in the 80.8% range in Telemetry, 74.7% in the adult ICU, 74.9% in the neonatal ICU, and 45.8%, 77.5%, 68.6% and 75.6% ranges in the four Medical Surgical units.

SFMC employs more than 2,000 associates, and has approximately 350 physicians on its Medical Staff. In addition, the Medical Center enjoys the benefits of over 300 volunteers donating their time and expertise.

SFMC operates one of the busiest private Emergency Departments/Trauma Centers in the Los Angeles County, with nearly 75,000 visits each year. Approximately 30% of those visits are pediatric patients.

In 2000 SFMC completed a multi-million dollar program to replace its entire physical campus. The Health Services Pavilion, which houses ambulatory, surgical, intensive care, and rehabilitation services, opened in 1991. St. Francis Medical Plaza, which houses physician offices, administrative departments and the Health Benefits Resource Center opened in 1994. The Family Life Center, which houses obstetrics, nursery, neonatal intensive care, and gynecology services, opened in October of 1996. Lastly, the Patient Tower, which houses inpatient and support services opened in December 1998, with final completion of the lobby occurring in April 2000.

In addition to the main campus, SFMC either owns or leases space for four outpatient ambulatory clinics providing preventive and basic primary care health services, and one satellite children's counseling center.

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SFMC is accredited by the following organizations:-

- A. The Joint Commission
- B. California Medical Association for Continuing Medical Education
- C. American College of Surgeons (Trauma Services)

SFMC maintains active membership in the following organizations;

- A. Catholic Health Association of the United States
- B. The Alliance of Catholic Health Care
- C. Hospital Association of Southern California
- D. California Hospital Association
- E. American Hospital Association
- F. Private Essential Access Community Hospitals
- G. Institute for Patient- and Family- Centered Care

### **PLANNING FOR SERVICES**

The planning process at St. Francis Medical Center begins with the establishment and communication of the DOCHS and the LHM's mission, vision, and values. Guided by these statements, the leaders assess the needs of the community and patients and, in coordination with the Board of Directors and Medical Staff, define strategic and operational plans, budgets, allocation of resources, and policies. The planning process is monitored concurrently to assure consistency with the organization's values, mission, and vision and in alignment with the Daughters of Charity.

Within the planning process human resources are allocated on a priority basis to meet identified needs. The design process is collaborative and inclusive in order to allow input from all relevant levels of the organization, medical staff and community. The planning and design process is guided by concurrent and retrospective assessment of patient and physician satisfaction with care and services provided.

Within the planning process consideration is also given to ensuring configuration and allocation of all necessary resources, including space, equipment and other facilities to meet the specific needs of the patient population served by the hospital including age, ethnicity, physical disability, and other characteristics. The goal of the planning process is to provide effective and efficient patient care by maximizing resource utilization.

Plans for patient care and administrative policies governing the management of staff functions adhere to all regulatory standards and requirements. These include:

- Continuum of Care
- Management of the Environment of Care
- Governance
- Management of Human Resources
- Management
- Medical Staff
- Nursing
- Surveillance

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- Prevention and Control of Infection
- Management of Information
- Leadership
- Assessment of Patients
- Education (Patient & Family)
- Improving Organizational Performance
- Patient Rights & Organization Ethics, and
- Care of Patients.

The planning process addresses both:

- patient care functions (access, assessment, treatment, patient rights, patient teaching, discharge planning) and
- organizational support functions (information systems, safety, environment and performance assessment and improvement)

### **DIRECTING SERVICES**

Effective leadership is inclusive and encourages staff participation in shaping the hospital's vision. The senior leadership team at St. Francis Medical Center continuously develops leaders at every level who help to fulfill the hospital's values, mission, and vision, accurately assess the needs of patients, and develop an organizational culture that focuses on continuously improving performance to meet these needs. To realize the hospital's vision and values, leadership plays a role in teaching, development and coaching staff.

Education and development of staff is consistent with standards of practice and competency requirements and is the joint responsibility of the individual employee and the hospital.

**St. Francis Medical Center** senior leadership ensures:

- Appropriate direction, management and leadership of all services and/or departments.
- Uniform delivery of patient care services provided throughout the organization.
- Communication of the hospital's mission, vision, and values throughout the organization in order to guide the day-to-day activities of its personnel.
- An environment that encourages associates to innovate, implement, and/or improve programs and plans for patient care.
- The communication process begins in hospital orientation and continues in Round the Clock meetings, President/CEO – Associate meetings, Department Leadership meetings, Leadership rounding, Departmental Staff meetings, Patient Care Services Council meetings, Clinical Practice meetings and Interdisciplinary work teams, on an ongoing basis.
- Systems are in place that promote the integration of services that support the patients' continuum of care needs in a way that promotes consumer understanding and interdepartmental communication and collaboration.

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- Interdepartmental collaboration on issues of mutual concern that require multidisciplinary input through the appointment of appropriate committees, task forces, and other forums.
- Principles of shared governance are inherent in the organization and are designed to promote participative decision-making; invest directors with the authority and responsibility to direct and guide assigned departments; foster associate involvement and assure current standards of practice.

The Vice President, Patient Care Services is ultimately responsible for the provision of patient care. The Vice President, Patient Care Services is a registered nurse in the State of California and is qualified by advanced education and experience. The Vice President, Patient Care Services is vested with the authority and responsibility to address the following functions:

- Developing organization-wide patient care programs, policies, and procedures that describe how patients' nursing care needs are assessed, met, and evaluated;
- Developing and implementing the organization's plan for providing nursing care to those patients requiring nursing care;
- Participating with the governing body, system office, management, medical staff, and clinical leaders in the organization's decision-making structure and processes; and
- Implementing an effective, ongoing program to measure, assess, and improve the quality of nursing care delivered to patients.

The Vice President, Patient Care Services and Senior/Clinical Directors represent patient care on committees at all levels of the organization as defined by the Board of Directors and medical staff structure. The forums include but are not limited to:

- Administrative Operational Meetings
- Bioethics Committee
- CIB Teams (Patient Care, Patient Safety, Environment of Care, Strategic Planning)
- Critical Care Committee
- Department of Anesthesia Committee
- Department of Medicine Committee
- Department of Obstetrics Gynecology Committee
- Department of Pediatrics Committee
- Department of Psychiatry Committee
- Department of Surgery Committee
- Division Committees
- Infection Control Committee & CIB Team
- Interdisciplinary Practice Committee
- Governing Board
- Management Council Meetings
- Medical Executive Committee
- Patient Care Services Management and Leadership Councils
- Pharmacy & Therapeutics Committee

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- Program Planning for Maternal Child
- Quality Assessment/Improvement-Continuous Improvement Board
- Quality and Patient Safety Committee of the Board of Directors
- Senior Leadership Team
- Trauma Services Committee
- Value Analysis Team Meeting

### **PARTICIPATION IN BUDGET PROCESS**

St. Francis Medical Center's senior leadership promotes a budgeting process that allows directors to identify the expected resource needs of their departments. Department Directors have direct input into both the budgetary process and allocation of resources which can be expected to improve the delivery of patient care and services, and are held accountable for managing and justifying their budgets and resource utilization. This includes, but is not limited to identifying, investigating and budgeting for new technologies.

### **INTEGRATION OF PATIENT CARE AND SUPPORT SERVICES**

The importance of a collaborative inter-departmental and trans-professional team approach, which takes into account unique knowledge, judgment and skills of a variety of disciplines in achieving desired outcomes, serves as a foundation for the plan for provision of patient care services. As such, patient care services are planned, coordinated, provided, delegated and supervised by professional care providers who recognize the unique age-specific physical, emotional, and spiritual needs of each person. Patient care encompasses health promotion and disease management, patient teaching, patient advocacy, spirituality and evidence based practice. Under the auspices of the hospital, medical staff, registered nurses and allied health care professionals function collaboratively as part of a inter-disciplinary team to achieve positive patient outcomes. Open, ongoing lines of communication are established between all departments providing patient care, patient services, and support services in the hospital, and as appropriate, with community agencies to ensure efficient, effective patient care.

### **THE PROFESSIONAL PRACTICE MODEL**

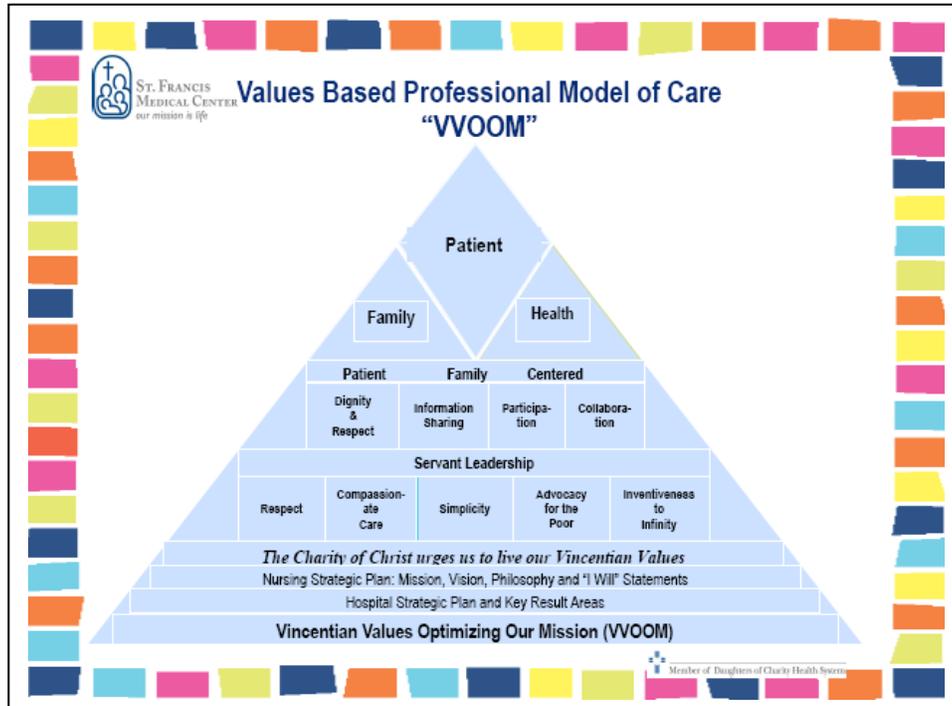
This *Professional Model of Care* is based on the Vincentian Values that the Daughters of Charity, sponsors of St. Francis Medical Center, use as their fundamental foundation to optimize the mission of each of their local health ministries. The aim of the professional model is to provide comprehensive healthcare that promotes healthy families and responsible stewardship of the environment through value-based relationship and community-based collaboration.

This concept was chosen to develop the Vincentian Values Optimizing Our Mission (VVOOM) Model that structures our Professional Practice Model. The model is adapted from Jean Watson's<sup>9</sup> theory of Transpersonal Caring to establish a caring relationship

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with patients, as well as the Synergy Model developed by the American Association of Critical-Care Nurses for patient care to improve nurses’ competencies of patient and family centered care<sup>10</sup>.

The professional practice of nursing includes accountability for coordination of the interdisciplinary team in the provision of patient and family care. Patient and family centered care is comprised of four key elements: 1) dignity and respect, 2) information sharing, 3) participation, and 4) collaboration. This is achieved by applying the nursing process, which involves the ongoing assessment, planning, implementation, and evaluation of care from admission to post-hospitalization.



**PROFESSIONAL PATIENT CARE ASSOCIATE / STAFF ROLES AND FUNCTIONS**

The associate / staff roles and functions of the professional staff are highlighted in the chart:

Discipline	Assess	Care	Discharge Planning (Continuum)	Assist Pt Access (Referral)	Nutrition	Operative & Invasive Procedures	Patient Rights	Patient / Family Education
Case Management	X	X	X	X			X	X
Chaplain	X	X	X	X			X	X
Licensed Vocational Nurses		X	X	X			X	X
Med./Rad. Technologists		X		X		X	X	X

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<b>Discipline</b>	<b>Assess</b>	<b>Care</b>	<b>Discharge Planning (Continuum)</b>	<b>Assist Pt Access (Referral)</b>	<b>Nutrition</b>	<b>Operative &amp; Invasive Procedures</b>	<b>Patient Rights</b>	<b>Patient / Family Education</b>
Nuclear Medicine Technologist	X	X		X			X	X
Occupational Therapists	X	X	X	X			X	X
Pharmacists	X	X	X	X	X		X	x
Physical Therapists	X	X	X	X			X	x
Physicians/Physician Assistants	X	X	X	X	X	X	X	X
R.N.s/Nurse Practitioners	X	X	X	X	X	X	X	X
Registered Dietitians	X	X	X	X	X		X	X
Respiratory Therapists	X	X	X	X		X	X	X
Social Workers	X	X	X	X			X	X
Speech Therapist	X	X	X	X	X		X	X
Psychiatric Evaluation Team	X	X	X	X			X	X

**PATIENT SERVICES DEPARTMENTS**

Patient Services Departments are those inpatient and outpatient departments that provide patient services and/or patient care by the type of staff as described above. Patient services are delivered in or by the following departments:

- Ambulatory Clinics
- Ambulatory Surgery Center
- Antepartum/Gynecology
- Behavioral Health Acute Adult
- Cardiac Catheterization Lab
- Cardiology
- Critical Care
- Emergency Services
- GI Lab - Endoscopy
- Hemodialysis Unit (Inpatient)
- Medical Surgical
- Neonatal Intensive Care
- Newborn Nursery
- Nutrition Services
- Obstetrics and Triage - Labor & Delivery, Post Partum and High Risk Antepartum
- Pediatrics
- Pharmacy

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- Post Anesthesia Care
- Radiology (diagnostic, MRI, Ultrasound, CT Scan, Angiography, Nuclear Medicine, Women's Imaging)
- Radiation Therapy
- Rehabilitation Services (Physical Therapy, Occupational Therapy, Speech Therapy)
- Respiratory Therapy
- Skilled Nursing Facility
- Social Services
- Surgery
- Telemetry
- Trauma Services
- Wound Care

Services not provided are: Burns, organ transplant, pediatric ICU, and substance abuse.

### **PATIENT SUPPORT DEPARTMENTS**

Other departments within the hospital function as support departments in the provision of patient care to ensure that direct patient care and services are maintained in an uninterrupted and continuous manner. This is achieved by coordinating identified organizational functions such as leadership/management, information systems, human resources, environmental support and organizational performance improvement. These services support the comfort and safety of the patient and the efficiency of services available and are fully integrated with the patient services departments of the hospital.

Some departments, such as Pharmacy, can function both as support or and as direct care givers.

Patient support departments include, but are not limited to:

- Admitting/Finance
- Biomedical Engineering
- Case Management
- Central Supply
- Clinical and Pathology Laboratory Services
- Clinical Informatics
- Communications
- Education
- Engineering
- Environmental Services
- Infection Control/Prevention
- Information Technology Services
- Medical Library
- Medical Records (Health Information Services)
- Medical Staff Services
- Neuro Diagnostic & Cardiovascular (EKG/EEG)

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- Patient Advocacy
- Patient Safety
- Public Safety (Security)
- Quality Management
- Risk Management
- Spiritual Care Services
- Transport Services
- Volunteer Services
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### **PATIENT CARE EXPERIENCE**

Administrative Services and Patient Care Services policies at St. Francis Medical Center ensure the same level of care is provided throughout the organization for patients with the same health problems and care. **Payment sources and/or ability of patient to pay do not impact access to or provision of patient care and treatment.** Established staffing patterns and patient classification indicate the resources utilized in the care of the patient. For example: The level of care provided to patients who have been administered medications that result in the loss of protective reflexes outside the operating room is comparable to that provided in the operating room. **Patients with the same nursing care needs will receive comparable levels of care throughout the organization.**

To facilitate effective interdepartmental relationships, problem-solving is encouraged at all levels within the organization. Associates are encouraged to be open to addressing all concerns and seeking mutually acceptable solutions. Positive interdepartmental communications are strongly encouraged as part of the patient and family-centered care delivery model (PFCC). Tools, and skills include rounding, huddles, SBAR hand offs, check lists, etc. The associate Standard of Conduct and “I Will” program are aligned with the Vincentian values and serve as a foundation for all communication.

St. Francis Medical Center staff designs, implements, and evaluates systems and services for care delivery (assessments, procedure, treatments, interventions) that are consistent with a patient and family centered approach and delivered:

- With right to privacy, confidentiality, compassion, respect, dignity and self-determination for each individual without bias; following the guidelines set forth by Health Insurance Portability Accountability Act (HIPAA);
- In a manner that best meets the individualized needs of patients/families, and assures optimal patient outcomes;
- In a timely manner based on the individualized needs of patients/families;
- Through coordinated multidisciplinary team collaboration, to ensure continuity of care to the greatest extent possible; and
- In a manner that maximizes the efficient use of financial and human resources through standardization of processes, centralization or decentralization of services as appropriate, enhanced communication, continuing staff education, and technological enhancement.

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Nursing care at St. Francis Medical Center is based on nursing theory and research, evidence-based practice, legal and ethical principles, professional nursing standards, community standards, compliance with current and emerging technology, compliance with all applicable regulations, and scientific knowledge. The plan for providing nursing care takes into consideration appropriate utilization of staff mix to promote quality care. It provides for the use of a registered nurse, licensed vocational nurse, nursing assistant, and other nursing staff to their full potential and competency. Staff members contribute, within their scope of education, certification and/or licensure and validated competency, for the delivery of efficient and effective patient care.

### **STAFFING FOR PATIENT CARE/CARE DELIVERY SYSTEMS**

Staffing plans for patient care service departments are developed based on the level and scope of care that needs to be provided, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately and competently provide the type of care needed as defined by the California state mandated ratios.

Each department has a formalized staffing plan that is reviewed at least annually. Staffing effectiveness is assured through a process of comparing projected staffing needs to data and information on current staff numbers and qualifications. Data on clinical/service and human resource screening indicators is used to identify staffing needs. This analysis is used to support proposed modifications to each department's staff allocation.

To promote quality patient care, services including nursing care, are provided on a continuous basis to those patients requiring care and services. Nursing monitors each patient's status and coordinates the provision of nursing care while assisting other professionals to implement their plan of care. To achieve this goal the hospital provides a sufficient number of qualified nursing staff to:

1. Assess patient care needs
2. Plan and provide nursing care interventions, including education
3. Prevent complications and promote healing and improvement in patients' comfort and well-being that promotes self-management when possible
4. Evaluate nursing care provided and modify care plan in collaboration with patient, family, physician and other health care professionals based on patient's severity of illness and intensity of service
5. Provide effective verbal/written/electronic communication that accurately reflects and communicates the patient's needs, care and status

The plan for staffing at St. Francis Medical Center includes a patient classification system designed to establish the care needs of individual patients that reflects the assessment made by a registered nurse. This acuity tool provides for both a shift-by-shift staffing based on those patient care requirements and a mechanism for ongoing

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assessment/monitoring to ensure the patient/family with appropriate and timely interventions.

The reliability of the patient classification system for validating staffing requirements is reviewed annually and as necessary. To ensure accurate evaluation of patient care needs, clinical directors, supervisors and associates and the Vice President, Patient Care Services participate in the review, revision and implementation of the staffing plan. When patient care is provided by students, outside supplemental staff, or private duty staff, patient care is the ultimate responsibility of the hospital associates. Census and patient condition fluctuations are reassessed on an ongoing basis by the assistant unit managers/charge nurses/ administrative house supervisors and are covered in the specific scope of service and staffing plans for the clinical units.

### **STAFFING ADJUSTMENTS**

Understaffing may be corrected by:

1. Floating a staff person on duty from one area to another
2. Requesting a staff member to work additional hours
3. Utilizing outside agency personnel
4. Assigning available staff or off-duty staff as able

Overstaffing may be corrected by:

1. Floating a staff member to another area
  2. Flexing off personnel to meet low census
- Reduction of staff will occur in the following priority manner  
(Consideration will be given to license, competencies, ~~and~~ safety issues, and collective bargaining agreements):
- Outside registry
  - Staff on overtime hours
  - Per-diem or casual floor staff
  - Part-time floor staff
  - Full-time floor staff

Temporary Reassignment (Floating)

1. Staff will be asked to accept alternate assignments when necessary.
2. Temporary reassignments of personnel will be determined by specific unit staffing requirements.
3. Temporary reassignments of personnel will be commensurate with their qualifications to meet the needs of patients. Personnel who "float" to various areas need to demonstrate competency in the area to which they are floated or take a modified assignment for which core nursing competencies are adequate.

In the event staff members are assigned to an area to which they have not previously oriented or cross-trained, they will be under the direct supervision of a competent licensed staff member and an orientation to the department will be provided.

Daily shift-by-shift patient care assignments are retained for 6 years.

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Staff schedules and daily staffing sheets are retained and are reflective of action taken to manage variances between required and actual staffing. Staffing levels within nursing are adequate to allow for the communication and continuity of patient care between shifts and among caregivers.

### **MANAGEMENT OF PATIENT FLOW**

Managing the flow of patients is essential to assure optimum delivery of patient care. The patient flow process identifies strategies to mitigate situations (i.e., Full Capacity Plan) related to overcrowding and excessive holding of ED patients, and establishes guidelines to assure that the delivery of care meets expected standards especially in overflow situations. Leadership is committed to understanding and improving the processes that can ensure the prudent use of limited resources during periods of “full capacity” and thereby reduce the risk to patients of negative outcomes from delays in the delivery of care, treatment, or services.

Leadership has implemented identified processes critical to patient flow within the organization that impact patient safety, delivery of care, treatment, or services through the following:

- All Acute/Critical Care admissions are directed through the Administrative House Supervisor.
- Around-the-clock-bed briefings are convened as necessary in the Staffing Office to discuss projected admissions, discharges, unit occupancy, and staffing needs.
- Electronic bed tracking and transport systems are interfaced to ensure efficient allocation of beds throughout the hospital.
- Admission and Continued Stay Criteria is enforced and aligned with nationally recognized criteria.
- Case Management tracks avoidable days and Observation Status for appropriate utilization of beds and LOS.
- Physician Advisors are available to each unit to assist with best course of action for managing patient’s care management needs.
- Emergency Department huddles take place four times daily to expedite patient flow
- Use of the rapid medical evaluation (RME) area is maximized.
- Four beds in the ED can be used for either medical/surgical or psychiatric patients
- Throughput meetings are held a minimum of 6 times per year to evaluate key data elements, and implement corrective action plans This working group is comprised of the following departments:
  - Administration
  - Nursing Leadership
  - Physicians
  - Emergency Department
  - Admitting
  - Case Management

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- Diagnostic Imaging
- Laboratory
- Environmental Services
- Transport Services

In the Family Life Center, “full capacity” issues are addressed through established guidelines for the management of patient flow that impact patient safety, delivery of care, treatment, or services. They include the following:

- Dedicated Triage area and Medical Screening area for patients with gestational age > 20 weeks that present for care.
- Shift-to-shift evaluation of number of patients in labor versus number of available beds.
- Process to arrange for transfers of patients to other facilities where physicians have privileges.
- Implementation of calls to physicians to initiate discharge of patients.
- Opening of Med/Surg beds for OB overflow patients.

### **CONTINUITY OF CARE AND SERVICES PROVIDED**

The clinical information concerning patient care management presented at the inter-shift hand-off report is designed to provide for continuity of nursing care and an effective work pattern for the oncoming staff. The quality of communications in the change of shift report influences the quality of patient care and requires each off-going nurse to summarize the patient’s status concisely and accurately. Report is expected to be completed through the use of the method which allows the communication to be transferred in a timely and effective manner:

- Direct verbal communication between on-coming and off-going staff using S-B-A-R (situation, background, assessment and recommendations)
- Walking rounds with patient and family participation when therapeutic
- Use of white boards to provide current information regarding Plan of Care (POC) for patient and family

### **SCOPE OF CARE AND SERVICES PROVIDED**

In determining the scope of services to be provided, consideration has been given to the needs and expectations of the community, patient, families, and surrogate decision-makers. Specific systems have been designed to assure patients/families receive care to meet identified needs within the scope and at the level of care required in a timely manner.

When specific services are not provided at St. Francis Medical Center, appropriate mechanisms for referral, consultation, or contractual agreements are in existence. All outside agencies that provide services for St. Francis Medical Center have been approved and credentialed (when appropriate) by the Medical Staff Leadership and the

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Medical Executive Committee approval function. Employees of the contracted agency may or may not be credentialed, depending upon the type of services they provide.

The design of patient care services provided throughout the organization is specified in each department's scope of service. Each department's scope may contain but is not limited to:

1. Description of the unit, area, or department of the organization in which care is provided;
2. Scope and complexity of patient care and needs;
3. Characteristics and age of patients served;
4. Hours of operation of the unit, area, or department, including the method used for ensuring that the hours of operations meet the needs of the patients to be served with regard to availability, timeliness, and the technical skills of the care providers that may be necessary;
5. The mechanism for classifying patients and assigning staff;
6. The required number and mix of staff members necessary to meet identified patient needs;
7. The process used for acting on both positive and negative staffing variances;
8. The plan for improving quality of care;
9. Recognized standards or guidelines for practice when available; and
10. Departmental competency/education plan.

The organization's plan for providing patient care and the department specific scope of service are reviewed and revised, at a minimum, every three years or whenever patient care needs change, or prioritization findings from performance improvement activities, risk management, case management and/or staffing plan variance suggest the need for review and revision. The hospital further monitors changing regulatory requirements, emerging treatment modalities, significant patient and staff needs and changes in the environment and community needs. Priority for design attention is placed on those processes that affect a large percentage of the patient population, place patients at risk, and are problem prone.

## **PATIENT CARE ORGANIZATIONAL PERFORMANCE IMPROVEMENT ACTIVITIES**

The leadership of St. Francis Medical Center strives to continually improve the processes that affect the outcomes of patient care. Our Performance Improvement Plan is aligned with our strategic plan. The ongoing need to coordinate and integrate governance, managerial, clinical and support processes is recognized and actions are taken to improve efficiency, effectiveness, efficacy, appropriateness, availability, timeliness, safety, respect and care. In order to accomplish this, the leaders participate in ongoing educational activities. See the Plan for Improving Organizational Performance for specifics.

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The performance improvement structure as defined supports planning the process of improvement, setting priorities, assessing performance, implementing improvement processes based on assessment, and maintaining improvements achieved. Additionally, key internal processes and activities that impact the outcome of patient care are continuously assessed and improved. The budgetary process allows for the allocation of resources for assessing and improving the key governance, managerial, clinical, and support functions.

### **PATIENT ASSESSMENT AND REASSESSMENT**

All patients admitted for care or treatment throughout the organization are assessed by qualified professionals within their scope of practice as defined by the assessment and reassessment policy. Each admitted patient's initial assessment is conducted within a defined time frame as outlined by policy. Included in each patient's assessment are individual physical, psychological, and social factors. The assessment and reassessment of the patient will continue throughout the patient's stay.

Care Decisions: Based on the initial and ongoing assessments of the patient, appropriate care decisions are made in collaboration with the patient and family. The information is integrated to identify and assign priorities to care needs. Care decisions are based on the identified needs and care priorities. A patient's family and/or significant others are included in the patient's plan of care, and they receive appropriate knowledge regarding the patient's condition, treatment, and discharge plans as defined by and permitted by the patient..

Structures Supporting the Assessment of Patients: Other non-clinical departments support patient care personnel by providing supplies, testing and other services as appropriate. Each support department has a plan for the provision of service.

Specific Patient Populations: Patients with special needs due to their age, disability, cultural, psychosocial, spiritual, or other considerations are identified. These special needs are assessed and reassessed and included in the plan of care with a focus on data and information specific to those characteristics and interventions. These special needs include patients who are victims of neglect or abuse.

### **CARE OF PATIENTS**

Planning and Providing Care: Patient care is planned and provided in an interdisciplinary, collaborative manner by qualified staff. Care, treatment and rehabilitation are planned to ensure applicability and appropriateness to patients' needs with regard to severity of disease/illness, condition, impairment, and disability. Informed consent is documented as appropriate.

Anesthesia Care: The Department of Anesthesia is accountable for monitoring this function. Patients receiving anesthesia have a pre-anesthesia assessment before the induction of anesthesia. Each patient's anesthesia care is planned. Anesthesia

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options, benefits, and physiological status is monitored during anesthesia administration. In addition, physiological status is assessed on admission to and before discharge from the post anesthesia unit.

**Medication Use:** All medications are dispensed from the Pharmacy upon the order of a practitioner legally authorized to prescribe. All medication orders are screened by a pharmacist for appropriateness with regard to the patient's age, weight, diagnoses, allergies, concurrent medications, drug interactions, and other pertinent factors. Pharmacy policies and procedures with respect to medication ordering, preparing, dispensing, administering and monitoring are shared with nursing to ensure compliance across the organization.

**Nutritional Care:** The Nutritional Services Department is accountable for dietary aspects of care. Each patient's nutritional care is planned and the patient's response is monitored in accordance with policy and procedure. The nutritional therapy plan is updated as necessary for patients at nutritional risk, as defined by these policies. Dietitians participate as members of the patient's multidisciplinary care team and contribute to the plan of care, including management of food and drug interaction.

**Rehabilitation Care and Services:** These services are provided by qualified professionals as ordered by a physician and are based on the assessment of patient needs. A rehabilitation plan is implemented with the patient/family, social network or support system.

**Special Treatment Procedures:** All treatments are given under the direction of a physician. All treatments are administered by physicians or others as appropriate within their scope of practice.

Should restraint or seclusion of the patient become necessary due to a patient being a danger to self or others, hospital policy will be followed. (Refer to Restraint Policy)

## **EDUCATION OF PATIENT AND FAMILY**

The registered nurse directing the patient care team is responsible and accountable for monitoring this key function and including education in the inter-disciplinary plan of care. The purpose and goal of educating the patient and family is to improve patient health outcomes by:

- Promoting recovery and return to the highest level of possible function.
- Encouraging changes of behaviors that support preventative health activities.
- Appropriately involving the patient and family in care and decisions.
- Enhancing understanding of health status and options for treatment.
- Anticipating risks, benefits of treatment, and cost.
- Employing “teach back” methods when indicated with patients and families.

The patient and/or, when appropriate, his/her family receive education specific to the patient's assessed needs, abilities, readiness to learn, cultural and religious practices, emotional barriers, physical and cognitive limitations, language barriers, and financial

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considerations. Initial assessment and reassessments are performed by all patient care disciplines and include assessments of patient/family learning needs.

The reader is referred to the *Plan for the Provision of Patient & Family Education* for a detailed description of this function.

### **CONTINUUM OF CARE**

The continuum of care encompasses a range of integrated systems, settings, services, health care practitioners and care levels. Patients may experience multiple health care settings and providers. The hospital defines, shapes and sequences processes in order to optimize the coordination of care.

Prior to admission of the patient, St. Francis Medical Center staff will identify and utilize available information relative to patient needs, including communications with other care providers.

During admission, arrangements are made to facilitate the needs of patients including referral and transfer as necessary based on intensity of service, risk to patient safety and staffing levels.

Patient care is coordinated among practitioners in a continuous flow from assessment through treatment and reassessment.

Early in the hospitalization, patients are identified who require discharge planning to facilitate continuity of medical care and/or other care. Discharge planning is initiated by any member of the hospital team, coordinated by case managers, and initiated on a timely basis. Patients are referred to practitioners, settings and organizations that meet continuing care needs.

The reader is referred to the *Plan for the Continuum of Care* for a detailed description of this function.

### **EVALUATION OF PLAN/SERVICES**

On an annual basis or more often if necessary, the plan for providing patient care is reviewed and revised, if indicated. This review is coordinated with the annual budgeting process, and changes to the plan will be made in consideration of, but are not limited to, the following sources:

1. Information from the organization's strategic planning and goal process;
2. Patient requirements (e.g. acuity) and their implications for staffing;
3. The organization's ability to attract and develop appropriate staff;

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4. Relevant information from staffing variance reports;
5. Review of other sources that address adequacy of fiscal and other resources allocations;
6. Information from performance improvement, risk management, utilization review, and other evaluation activities pertaining to unit, area, or departmental staffing;
7. Reports on the provision of comparable levels of care to patients in all units, areas, or departments throughout the organization;
8. Proposed innovations and improvements for the delivery of patient care or the quality planning process;
9. Services/needs identified by the employees, medical staff, community; and
10. Priority setting based on high volume, high risk, and problem-prone processes.
11. Changes in healthcare legislation and/or reform.

### **RELATED DOCUMENTS**

The following organization-wide documents are related to and support the PPC:

- *Information Management Plan*  
Outlines the mechanism by which the information needs of the Medical Center are assessed and the processes and programs implemented to meet those needs.
- *Leadership Plan*  
Provides an overview of the Leadership and administrative structure of the Medical Center, the strategic planning process, and the responsibilities of Leaders in the organization.
- *Plan for Improving Organizational Performance*  
Outlines the framework, structure, process, and quality model for designing, measuring, assessing, and improving the performance of the Medical Center.
- *Plan for Patient / Family Education*  
Outlines the mechanisms and processes by which the learning needs of the patient/family are assessed, barriers to learning identified, and resources allocated to provide education based on the identified need.
- *Plan for Patient Safety*  
Outlines the mechanisms and processes by which patient safety is assessed, monitored and improved.
- *Plan for the Continuum of Care*  
Describes the role of the Medical Center in the provision of health care for the community, and how the Medical Center assures service is provided to the patient/family across the continuum of care
- *Plan for the Management of Human Resources*  
Outlines the mechanism and process by which the Medical Center determines the staffing needs of the organization, and educates, trains, and evaluates its employees to assure a competent work-force
- *Plan for the Management of the Environment of Care*  
Outlines the mechanism and process by which the Medical Center assures that a safe environment of care is maintained.
- *Plan for the Surveillance, Prevention and Control of Infection*  
Outlines the mechanism and process by which the Medical Center surveys, prevents, and controls the spread of infection.

## Plan for the Provision of Patient Care

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QA/I-CIB	
MEC	
QPS	
Board	

<sup>1</sup> St. Francis Medical Center Community Health Needs Assessment 2013

<sup>9</sup> Watson, J. (2006). Caring theory as an ethical guide to administrative and clinical practice. *Nursing Administration Quarterly*, 30(1), 48-55.

<sup>10</sup> Mullen, J. E. (2002) The synergy model in practice: The synergy model as a framework for nursing rounds. *Critical Care Nurse*, 22(6), 66-68

11 SFMC Strategic Plan 2011-2015

MEC	<u>10/14/13</u>
QPS	<u>10/22/13</u>
Board	<u>11/12/13</u>