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## **SUBJECT: PLAN FOR THE PROVISION OF PATIENT CARE**

### **PURPOSE**

The purpose of the Saint Louise Regional Hospital Plan for the Provision of Patient Care is to establish a framework for leadership, staff and providers to respond to community and patient needs, provide for patient safety and improve health outcomes. The plan serves as a basis to:

- Identify existing and potential new patient care services
- Plan for health care services
- Direct and integrate patient care and support services throughout the organization
- Implement and coordinate services among departments
- Demonstrate improvement in patient care services provided
- Direct and support comparable levels of patient care throughout the medical center
- Provide care based on the principles of patient safety.

### **INTRODUCTION**

The leadership of Saint Louise Regional Hospital recognizes its role in providing the framework for planning, directing, coordinating, providing and improving health services that are responsive to community and patient needs. Leadership also provides for patient safety initiatives that result in positive patient health outcomes. The Leadership further recognizes that the hospital organization that delivers multiple acute care services and ambulatory services 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 Saint Louise Regional Hospital.

### **DESCRIPTION OF ORGANIZATION**

Saint Louise Regional Hospital is a not-for-profit facility, owned and operated by Daughters of Charity Health Systems. Located in Gilroy California, Saint Louise Regional Health Center is a 93-bed licensed acute care hospital offering a wide range of services to residents of Santa Clara and San Benito counties. The Hospital is accredited by The Joint Commission and is a Joint Commission Certified Primary Stroke Center.

The population utilizing healthcare services of Saint Louise Regional Hospital consists of newborn to geriatric patients. Community-based healthcare is provided in a tertiary (or non-tertiary) setting. All patients requiring high risk care and services are referred or transferred to a healthcare facility where these needs can be met.

Saint Louise Regional Hospital employs 550 Associates and has over 200 medical staff members. Key services offered by the Hospital include general medical services, surgical services, maternal-child health services, critical care services and emergency services. An Urgent Care Center provides support to the general community.

### **SAINT LOUISE REGIONAL HOSPITAL SCOPE OF SERVICES**

In determining the scope of services to be provided at Saint Louise Regional Hospital, 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 and safe manner. The design of patient care services provided throughout the organization is specified in each department's scope of service.

The hospital monitors changes in the environment and community needs, emerging treatment modalities, significant patient and staff needs and changing regulatory requirements. 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.

## **HOSPITAL MISSION, VISION AND VALUES:**

### **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 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.

### **Vision**

In the context of our Mission and Vincentian Values, Saint Louise Regional Hospital is to be the center for health and healing for our communities and to nurture the spiritual and physical well being of all.

### **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.

## **ORGANIZATIONAL RESPONSIBILITIES**

### **St. Louise Regional Hospital Board of Directors**

The Board of Directors is the governing body of St. Louise Regional Hospital, responsible for conducting the affairs of the organization, establishing policy, and providing oversight of operations and patient care outcomes through review of quality and performance improvement data. The Board of Directors' duty is to ensure that the organization provides quality service to the organization's patients in a safe, efficient and cost-effective manner.

The Board of Directors delegates the responsibility for the provision of patient care, treatment and services to the President/Chief Executive Officer (CEO), Ministry Market Leader for Santa Clara County.

### **President/Chief Executive Officer**

The Saint Louise Regional Hospital Board of Directors appoints the President/CEO, Ministry Market Leader for Santa Clara County, of Saint Louise Regional Hospital. The Hospital President/CEO, Ministry Market Leader for Santa Clara County, is the person who is responsible for carrying out the policies established by the Board of Directors. He/she is responsible to the Board of Directors for the management of the hospital, including the efficient operation of all departments within the hospital. The President/CEO, Ministry Market Leader for Santa Clara County, is the liaison coordinating the Medical Staff, Board of Directors, contracted services, and the hospital.

In carrying out his/her management responsibility, the President/CEO, Ministry Market Leader for Santa Clara County, may delegate major functions to the Executive Management Team which includes but is not limited to the Chief Operating Officer, the Chief Nurse Executive, the Chief Financial Officer and the Vice President Quality and Risk Management

### **Chief Nurse Executive**

The Chief Nurse Executive (CNE) is ultimately responsible and accountable for the provision of patient care. The CNE is a registered nurse in the State of California and is qualified by advanced education and experience. The CNE is vested with the authority and responsibility to address the following functions:

- Developing organization-wide patient care programs.
- Developing patient care policies and procedures
- Developing and implementing the organization's plan for providing care to patients
- Participating with governing body, management, medical staff, and clinical leaders in the organization's decision-making structure and processes
- Implementing an effective ongoing program to measure, assess and improve the quality of patient care delivered to patients.

### **Department Directors**

Department Directors are responsible for planning, implementing and evaluating the functions and processes of their departments. They assure that department functions are successfully integrated so as to provide a continuous and comparable level of care, treatment and service to the patient in a safe and effective manner.

### **Hospital Associates**

Each staff member of Saint Louise Regional Hospital is responsible for supporting the organization's functions and processes through the proper performance of their respective job. Associates are encouraged to submit ideas for performance improvement/patient safety and to participate in performance improvement activities in order to achieve the highest level of patient care.

### **Medical Staff**

As part of their responsibility for the functions and processes of the Hospital, the Medical Staff, through the Medical Executive Committee (MEC), are responsible for providing input and guidance to hospital leadership. MEC has the authority and is accountable for all medical staff systems, processes and functions related to the provision of patient care.

## **PLANNING FOR PATIENT CARE**

The Hospital Plan for Provision of Patient Care is linked to the Mission, Vision and Values, the hospital's planning process and considers the following:

- Patient/customer needs, expectations, and satisfaction
- Determination of patient care services necessary to meet the needs of the patient population taking into consideration patients with all types of disabilities.
- Planning for the provision of those essential services, either directly, or through referral or contract.
- Adherence to regulatory standards and a focus on patient safety
- Ability to recruit, retain and/or develop appropriate staff
- Relevant information from staffing variance reports
- Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.
- Opportunities to improve processes in the design and delivery of patient care, treatment, and services, including the efficient flow of patients throughout the hospital.

The planning process at Saint Louise Regional Hospital is a collaborative process with leadership and the Medical Staff to define strategic and operational plans, budgets, allocation of resources, and policies.

## **DIRECTING SERVICES**

The leadership team at Saint Louise Regional Hospital provides daily oversight of the services provided. Leaders support the Hospital's mission, vision and values, and develop an organizational culture that focuses on continuously improving performance. Principles of participative decision making are inherent in the organization to promote participative decision making, invest directors with the authority and responsibility to direct and guide assigned departments, foster staff involvement and assure current standards of practice.

## **COMMUNICATION**

Leadership is responsible for communicating the hospital's mission, vision and values throughout the organization in order to guide the day-to-day activities of its associates. The communication process begins in hospital orientation

and continues in leadership forums, CEO employee meetings, publications and the interdisciplinary work teams on an on-going basis. Appropriate committees are appointed as well as to ensure interdepartmental collaboration on issues of mutual concern that require multidisciplinary input.

Leaders of the Medical Staff communicate with their members through the established Medical Staff Committee structure and through written memorandum. The Medical Staff Leadership meets at least monthly with the Medical Center Administration. Representatives from Administration attend Medical Staff meetings and keep members informed of hospital happenings.

### **BUDGET PROCESS**

Saint Louise Regional Hospital develops and monitors an annual operating budget and long term capital expenditure plan. The annual budget review process includes consideration of the appropriateness of the organization's plan for providing care to meet patient needs, improve patient safety and achieve outcomes of care. Responsibility for budget development and implementation is delegated to each department director. Physician input is solicited via department directors, committee structure and in the budgetary planning processes. The budgeting process takes into consideration the following:

- Information from the strategic planning process, reflecting hospital goals and objectives
- Physician input
- Proposed innovation/improvements
- Comparable level of care issues
- Performance improvement and risk management activities, utilization review, patient safety and other evaluation activities
- Budget/Staffing variance information
- Community standards of patient care
- Organization's ability to attract, develop and retain staff
- Feedback received from patient/families regarding expectations, involvement, and satisfaction with care
- Feedback from staff/providers regarding employee satisfaction
- Regulatory requirements

The Saint Louise Regional Hospital President/CEO, Ministry Market Leader for Santa Clara County, has overall responsibility for the budget implementation and performance.

### **STAFFING FOR PATIENT CARE**

Patient care services are organized, directed, and staffed in a manner commensurate with the scope of services offered. Associates are assigned clinical and managerial responsibilities based on educational preparation, applicable licensing laws and regulation, and assessment of current competence.

Staffing plans are department-specific and developed based on:

- Level and scope of care provided
- Age and developmental functioning of patients
- Diagnoses and co-occurring conditions
- Average acuity of patients
- Workload standards
- The physical design of the environment
- Regulatory requirements
- The number, scope of practice and competencies of the staff that can most appropriately provide the care needed, while meeting the minimum staffing requirements mandated by state law.

The acuity system is reviewed and evaluated at least annually by the nursing staff.

### **RECRUITMENT, RETENTION AND STAFF EDUCATION**

Programs to promote recruitment, retention, development, and continuing education of staff members are provided to enhance and promote patient care. Recruitment and retention is the responsibility of the department director with assistance from the Human Resources Department. Recognition programs exist to honor personal or team recognition. There are ongoing feedback mechanisms that are utilized to solicit employee feedback with respect to job satisfaction.

Directors consider the following factors when developing programs that promote the recruitment, retention, development, and continuing education of staff members:

- The Mission
- Case mix of patients
- Services provided and the complexity of the patient population
- Needs of family/significant others
- Technology used in the patient care provided
- Expectations of the organization, the medical staff, the patients, the families/significant others of patients for the type and degree of patient care provided
- The stated, inferred or otherwise identified learning needs of staff members
- Mechanism designed for recognizing the expertise and performance of staff members engaged in patient care
- Issues identified or stated by staff members that influence their decision to maintain employment with the organization.

All employees receive a formalized orientation based on the scope of responsibilities defined by their job description and the patient population they will be assigned to provide care. In addition, systems are in place to provide mandatory annual training to employees. Each department within the organization has developed standards for identifying, demonstrating, and documenting staff competence. Regular and routine department-focused education and training is conducted by each department. Human Resources and the Educators coordinate regular educational programs.

Clinical facilities are provided for nursing and allied health students of affiliated institutions. This association is based on commitment to community, patient care, education, and research. Formal written agreements are in place for each affiliated school or Institution.

### **DEFINITION OF PATIENT CARE SERVICES**

Patient care services at Saint Louise Regional Hospital are provided through an organized and systematic process. Patient care encompasses the recognition of disease and health, patient education and advocacy, and the unique physical, emotional and spiritual needs of each person. It is designed to ensure the delivery of safe, effective and timely care and treatment in an atmosphere that promotes respect and caring.

The provision of patient care requires specialized knowledge, judgment and skill derived from the principles of physical, biological, behavioral, psychosocial and medical sciences. As such, patient services will be planned, coordinated, provided, delegated, and supervised by professional healthcare providers. A registered nurse will assess each patient's need for nursing care in all settings in which nursing care is to be provided. A cohesive unit is formed with organizational administrative leaders, medical staff, nursing staff and other healthcare professionals functioning collaboratively as a multidisciplinary team to achieve positive patient outcomes.

Professional health care staff provides key patient care functions to support the patient's achievement of optimal health or a dignified dying process. Policies and procedures and medical staff bylaws, rules and regulations provide guidelines for the following key functions:

- Initial assessment within 24 hours of admission and defined periodic reassessments
- Plan of care development, prioritization, revision and problem resolution
- Care of patient during hospitalization
- Patient/family education
- Medication administration and management
- Application of patient safety principles
- Documentation (accurate and timely) of patient care provided, orders, care plan and support documents

### **PROFESSIONAL PRACTICE OF NURSING**

The professional practice of nursing includes accountability for coordination of the multidisciplinary team in the provision of patient care. This is achieved by applying the nursing process which involves the ongoing assessment, planning, implementation, and evaluation of care from admission to post-hospitalization. Saint Louise Regional Hospital supports the philosophy that nursing is a scientific discipline that takes a holistic approach to the diagnosis and treatment of potential and actual responses to illnesses. The goal of nursing is to lessen the effects of illness,

promoting comfort and healing and assisting patients to achieve an optimum state of health or a dignified death.

Nursing will:

- Strengthen nursing practice through a commitment to innovation and research-based theories.
- Accept professional accountability to patients, families, and the communities.
- Believe that patient care is best provided through collaboration with other health care professionals treat and advocate for those who need nursing care.
- Recognize the uniqueness and cultural diversity of each person, and respect, protect, and advocate for the individual's right to self-determination, self-expression, confidentiality and dignity.
- Value the relationships that have an inherent capacity to promote health, healing and wholeness.
- Commit to support, acknowledge and nurture one another, thereby creating an environment of mutual respect and caring.

### **INTEGRATION AND FUNCTIONAL RELATIONSHIPS OF PATIENT CARE SERVICES**

The leadership of Saint Louise Regional Hospital strives to ensure systems are in place to promote the integration of services that support the patient's continuum of care needs in a way that promotes patient and family understanding. The importance of a collaborative multidisciplinary 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. Medical staff, registered nurses, and allied healthcare professionals function collaboratively as part of a multidisciplinary team to achieve positive patient outcomes. Open, ongoing lines of communication are established between all departments providing patient care in the hospital, and as appropriate with community agencies to ensure efficient, effective patient care.

In caring for patients across the continuum, linkages are supported between the ambulatory care departments, the acute care hospital departments and the post-hospitalization setting. These linkages are maintained through case management activities and the partnerships with physicians.

Each department is integrated into the overall functioning of the hospital to better understand the role and purpose of other services and how they complement each other's patient care activities. The leaders of the hospital are responsible for coordinating and integrating its services with those of other services, and to continuously improve the services. Positive interdepartmental communications are encouraged as part of our customer focused philosophy.

### **CONTRACT SERVICES**

In order to meet the ongoing needs of patients at Saint Louise Regional Hospital, it is necessary to contract with agencies external to the hospital. The contract includes language that requires the agency to remain independently in compliance with Joint Commission and other regulatory agencies such as Department of Public Health Services, CMS and OSHA.

Saint Louise Regional Hospital has overall responsibility and authority for services furnished under a contract. The business and patient care aspects of the contracts are monitored by the appropriate leader in the organization. An evaluation by Leadership and Medical Staff of services provided are communicated on an annual basis to the Medical Staff for approval. The Medical Staff collaborates with hospital leadership regarding the sources of clinical services to be provided by contractual arrangements.

### **PATIENTS ENTERING SAINT LOUISE REGIONAL HOSPITAL**

Patients enter Saint Louise Regional Hospital by:

- Self-referral, referral from an ambulatory care setting, referral from physician, transfer from other institutional health care settings.
- Scheduled surgeries or admissions.
- Emergency admissions.
- Patients seeking acute medical care are referred to the Emergency Department.
  - Women in labor may present to the Emergency Department or directly to the labor and delivery department.
  - Patients arriving via ambulance are seen in the Emergency Department unless a direct admission has been arranged in advance by the physician

**PATIENT CARE DEPARTMENTS**

- Breast Care Center
- Cardiopulmonary Services
- Clinical Laboratory
- Critical Care Unit
- Diagnostic Radiology/Imaging Services
- Emergency Department
- Food and Nutritional Services
- Maternal Child Health Services
- Medical Surgical Pediatrics
- Pathology
- Pharmacy
- Rehabilitation Services (Physical Therapy, Occupational Therapy, Speech Therapy)
- Surgical Services
- Urgent Care
- Wound Care and Hyperbaric Medicine

**PATIENT SUPPORT DEPARTMENTS**

- Admitting
- Case Management
- Central Processing
- Communications/PBX
- Environmental Services
- Infection Prevention and Control
- Materials Management
- Medical Records/Health Information Management
- Pastoral Care
- Plant Maintenance and Operations Services and Biomedical Engineering
- Safety and Security
- Social Services
- Volunteers

**ADMINISTRATIVE SUPPORT DEPARTMENTS**

- Administration
- Employee Health Services
- Financial Operations
- Human Resources
- Information Systems
- Marketing/Public Relations
- Medical Staff Office
- Nursing Education
- Quality Management
- Risk Management

**PATIENT CARE PERFORMANCE IMPROVEMENT ACTIVITIES**

All departments are responsible for participating in the organization's Performance Improvement Program. Data collection, analysis and action planning in response to the data are focused on clinical outcomes, clinical processes and quality control activities that are new, high risk, problem prone and/or low volume. Included in monitoring activities are patient/customer satisfaction and financial indicators. Saint Louis Regional Hospital utilizes the Plan-Do-Check-Act (PDCA) and Rapid Cycle methodologies for focused performance improvement activities. Various data analysis tools are used to provide analysis for developing action plans in response to the data. These include data dashboards, graphs, run charts, root cause analysis, etc.

The Performance Improvement Committee receives periodic reports of performance improvement activities. This committee reports to the Medical Executive Committee who receives, considers, and acts on reports of the clinical services, medical staff monitoring functions and pertinent hospital-wide activities.

**EVALUATION OF PLAN AND SERVICES**

The organization's plan for the provision of patient care and the department specific scope of service are reviewed and revised, at a minimum, every year 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.

## Saint Louise Regional Hospital Scope of Services

### Direct Patient Care Departments

#### Breast Care Center

##### **Department Description**

The Breast Care Center provides services to a specific patient population to include outpatients, primarily women. The Breast Center provides mammography procedures which include diagnostic mammography, breast ultrasound and biopsies. The department provides care to adolescent, adult and geriatric populations.

##### **Key Functions**

Key functions of the Breast Care Center include patient assessment, patient/family education, medical imaging and invasive procedures with local anesthesia.

##### **Hours of Operation**

The Breast Care Center is routinely open from 8:30am to 4:30pm, Monday through Friday except holidays.

##### **Staffing**

Saint Louise Regional Hospital Breast Care Center is routinely staffed with Radiologists, Technologists and Clerical staff. Minimally, each shift is staffed with one Technologist and one Clerk. Staffing schedules are developed based on historical analysis of patient exams and procedures. Staffing is adjusted based on the current day's scheduled exams.

##### **Staff Qualifications**

The Breast Care Center is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files. Staff performance and competency are evaluated at least annually and documented in a performance appraisal and competency tools.

##### **Professional Practice Guidelines**

The Breast Care Center works closely with Physicians to develop population-specific policies based on American College of Radiology recommendations, the Mammography Quality Standards Act, California Title 17 and Joint Commission. Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

##### **Integration of Services**

The Breast Care Center works closely with a multidisciplinary team of health care providers specific to the patient's needs to facilitate diagnostic treatment.

##### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication focuses on prospective care planning by staff, as well as coordinated care follow-up with specialists as determined by the outcome of the diagnostic test.

##### **Performance Improvement**

The Breast Care Center participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Breast Care Center.

## Cardiopulmonary Services

### Department Description

Cardiopulmonary Services provides services to a broad patient population to include outpatients and inpatients with a goal of maintaining optimum physiological maintenance of the cardiac and respiratory systems. Cardiopulmonary Services personnel provide quality conscious, cost effective and competent care with respect for life and dignity at every state of the human experience. The Cardiopulmonary Department provides special procedures to include mechanical ventilator support, bronchoscopy assistance, pulmonary function testing oximetry, EKG, EEG, Echocardiography, Holter monitoring, pulmonary function testing, pulmonary rehabilitation, peak flow analysis, treadmill stress testing, ventilator care and breathing treatments and arterial blood gases. The department provides care to neonatal, pediatric, adolescent, adult and geriatric populations.

### Key Functions

Key functions of Cardiopulmonary Services include patient assessment, treatments, patient/family education, medication management, application and monitoring of medical gases, ventilator care and management and artificial airway care.

### Hours of Operation

The Cardiopulmonary Department is open 24 hours per day/7 days per week.

### Staffing

Cardiopulmonary Services is routinely staffed with:

Licensed Respiratory Care Practitioners	24 hours/7 days	minimally two/shift
EKG Tech	Monday-Friday 7am to 3:30pm	One/shift
	During off-hours, EKG completed by RCP	
ECHO Tech	Monday and Friday 8am to 12pm	One/shift
	During off-hours, on-call Tech available	
EEG Tech	On-call	

Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through overtime, per diem staff or agency staff.

### Staff Qualifications

The Cardiopulmonary Department is staffed with appropriately qualified personnel. Respiratory Care Practitioners must possess a current state RCP license and current certification of ACLS, BLS and NRP. Clinical Service Representatives must possess current BLS certification. Cardiac Sonographers must possess a current ARDCS or CCI certification as well as BLS certification. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### Professional Practice Guidelines

The Cardiopulmonary Department works closely with Physicians to develop population-specific policies based on recommendations from Respiratory Care Board of California.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### Integration of Services

The Cardiopulmonary Department works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

### Communication

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between caregivers completed through department report.
- Verbal or written communication provided when the patient receives care off of the unit.

### **Performance Improvement**

The Cardiopulmonary Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Cardiopulmonary Department.

## **Clinical Laboratory**

### **Department Description**

The Clinical Laboratory Department provides comprehensive testing and immunohematology services for all patients utilizing the facility. The department is accredited by the Joint Commission and is registered under the Department of Health Services for CLIA. The department participates in proficiency testing through the College of American Pathologists.

Relationships with outside reference laboratories allow for completion of any laboratory test in a timely manner via computerized interface. All outside reference laboratories are approved by the medical staff.

### **Key Functions**

Clinical laboratory personnel, as members of the health care delivery team, are responsible for assuring reliable and accurate laboratory test results which contribute to the diagnosis, treatment, prognosis, and prevention of physiological and pathological conditions.

Quality clinical laboratory testing is evidenced by: performing the correct test, on the right person, at the right time, producing accurate test results, with the best outcome, and in the most cost-effective manner. This is accomplished by:

- Ensuring that appropriate laboratory tests are ordered.
- Procuring laboratory test samples in an efficient, timely manner.
- Producing accurate laboratory test results.
- Correlating and interpreting laboratory test data.
- Disseminating laboratory test information to clinicians and patients in a timely manner.
- Evaluating the outcome of clinical laboratory testing for each individual patient and the entire health care system.

### **Hours of Operation**

The Clinical Laboratory is open 24 hours per day/7 days per week.

### **Staffing**

Saint Louise Regional Hospital Clinical Laboratory is routinely staffed with Clinical Laboratory Scientists as well as support staff. Staffing levels vary by shift. Minimally each shift is staffed with a Clinical Lab Scientists and a Lab Assistant / Phlebotomist. Staffing schedules are developed based on historical analysis of workload volumes. Staffing is adjusted based on the current day's workload. Additional staff can be obtained through overtime, per diem staff or contract staff.

### **Staff Qualifications**

The Clinical Laboratory is staffed with appropriately qualified personnel to include staff state licensed in medical technology and certified in phlebotomy. All personnel have evidence proficiency with the Laboratory computer system. All personnel have an understanding and are able to demonstrate knowledge of the laboratory specific safety and infection control policies and procedures, as well as, the organizational safety management. The medical

director of the Clinical Laboratory is board certified in Clinical Pathology. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

CLIA and Joint Commission standards and CMS regulations provide a basis from which practice guidelines are developed or revised.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical text book provides guidelines for basic care procedures.

### **Integration of Services**

The Laboratory works closely with a multidisciplinary team of health care providers specific to the patient's needs to facilitate diagnostic treatment.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between caregivers completed through department report.
- Verbal or written communication provided to nursing staff when critical values are called to the unit which is caring for the patient.

### **Performance Improvement**

The Laboratory participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Laboratory.

## **Critical Care Unit**

### **Department Description**

The Critical Care Unit is an 8-bed multi-disciplinary unit that provides specialized intensive care primarily to acutely ill and postoperative patients. Other populations served include cardiac care patients. The Unit provides care for adult and geriatric populations. The Critical Care Unit department population will include the developmental groups of adults, geriatrics and adolescent patients greater than 14 years of age. The types of diagnosis managed in the Critical Care department include:

- Suspected, impending or established myocardial infarction
- Post-cardiac or respiratory arrest
- Cardiac arrhythmias or conduction disturbances
- Severe pneumonia or patients with significant respiratory disease or compromise
  - Pulmonary edema and acute Congestive Heart Failure
  - Multi-system organ failure
  - Single system organ failure with instability
  - Septic syndromes
  - Severe Diabetic Ketoacidosis with metabolic acidosis
  - Post-surgical care of moderately complex to complex surgical cases
  - Low Cardiac Output syndrome
  - Thrombolytic Agent therapy
  - Medical or Surgical patients who require:
    - Direct Cardiac monitoring
    - Mechanical ventilation
    - Intensive observation

- Medical and Emotional Management for patients on 72-hour hold while awaiting psychiatric care transfer
- Patients who require post-anesthesia recovery for after hour service
- Intracranial Monitoring

### **Key Functions**

Key functions of the Critical Care Unit include patient assessment and care planning, patient/family education, medication management, pain management, post-operative recovery, ventilator management, physiological monitoring, and sedation with invasive procedures.

### **Hours of Operation**

The Critical Care Unit is open 24 hours per day/7 days per week.

### **Staffing**

The Critical Care Unit is staffed by a minimum of 2 licensed nursing personnel whenever open. When there are no patients, a Critical Care Nurse remains on site with a back-up licensed nurse on-call. A Registered Nurse may be kept on call during a shift when potential admissions could warrant the need for additional nursing staff. The Critical Care Unit complies with the California State Staffing Ratios, which is minimally 1 RN: 2 patient ratio, although patient acuity is taken into consideration, potentially requiring additional staff above the ratio.

Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through overtime, qualified float staff, per diem staff or agency staff.

### **Staff Qualifications**

Registered nurses trained in critical care nursing are employed in the Critical Care Unit. These nurses have received training in critical care nursing theory, EKG recognition, ACLS/PALS certification, and have completed an orientation and preceptor-ship in Critical Care nursing. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The American Association of Critical Care Nurses is the recognized authority and resource for the practice of Critical Care Nursing at Saint Louise Regional Hospital. Publications by the AACN are kept on the Critical Care Unit for scientific and theoretical reference. Publications endorsed by the AACN are also used as references for the Critical Care staff. The Critical Care Unit also relies on the California State Department of Health Services Title 22, CMS and The Joint Commission for standards and guidelines used to establish and update patient care delivery methodology and practice.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical textbook provides guidelines for basic care procedures.

### **Integration of Services**

The Critical Care Unit works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between caregivers completed through bedside rounds.
- Fax or verbal report provided for patients who are admitted from the Emergency Room.
- Verbal or written communication provided when the patient receives care off of the unit.
- Fax or verbal report provided for patients who are transferred between levels of care or from other nursing care departments.

Whenever a patient is being transferred to another unit for care, the name of the key care provider and department extension is provided to facilitate communication of additional information if needed.

### **Performance Improvement**

The Critical Care Unit participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department and to the Performance Improvement Committee.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Medical Surgical Intensive Care Unit.

## **De Paul Urgent Care**

### **Department Description**

The De Paul Urgent Care provides outpatient services to a broad patient population that includes: pediatric, adult and geriatrics. The department provides care to pediatric, adolescent, adult and geriatric populations.

### **Key Functions**

Key functions of the De Paul Urgent Care include basic patient assessment, minor treatments and/or splinting and patient/family education for ongoing follow-up care.

### **Hours of Operation**

The De Paul Urgent Care is open 7 days per week; M-F from 3pm-11pm and Saturday and Sunday from 11am – 7pm. Hours are adjusted and posted on Holidays.

### **Staffing**

De Paul Urgent Care is staffed with a Physician, a Medical Assistant and a Radiology Technician during all open business hours.

### **Staff Qualifications**

The De Paul Urgent Care is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files. Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The De Paul Urgent Care works closely with Physicians to develop population-specific policies based on recommendations from Joint Commission and CDPH.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to assure consistent and safe care to the patient. Additionally, a service-specific clinical book provides guidelines for basic care procedures.

### **Integration of Services**

The De Paul Urgent Care is a clinic from hospital that provides outpatient care to the patients that present for basic level care.

## **Diagnostic Imaging**

### **Department Description**

Diagnostic Imaging provides services to a broad patient population to include: inpatients and outpatients, Emergency Services and Urgent Care. The department provides special procedures to include: diagnostic radiology, CT, MRI, Ultrasound, Mammography, and Nuclear Medicine. The department provides care to: neonatal pediatric, adolescent, adult and geriatric populations.

### **Key Functions**

Key functions of Diagnostic Imaging include diagnostic medical imaging, patient assessment, treatments, and patient/family education.

### **Hours of Operation**

Diagnostic Imaging is open 24 hours per day/7 days per week for diagnostic and CT services. Diagnostic Imaging provides some services during closed hours via an on-call schedule that covers evenings, nights and weekends. When a need arises during closed hours, on-call staff can be reached by contacting the Diagnostic Imaging department. On-call staff include: Radiologists, Nuclear Medicine Technologists, Ultrasound Technologists, MRI Technologists, and Radiologic Technologists.

### **Staffing**

Saint Louise Regional Hospital Diagnostic Imaging department is routinely staffed with Radiologists, Nuclear Medicine Technologists, Radiologic Technologists, Ultrasound Technologists, MRI Technologists, Mammographic Radiologic Technologists, and clerical staff. Minimally each shift is staffed with a Radiology Technologist. Staffing schedules are developed based on historical analysis of patient treatments. Staffing is adjusted based on current day's expected patient treatments. Additional staff can be obtained through overtime, on-call and per diem staffing.

### **Staff Qualifications**

Diagnostic Imaging is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance is evaluated at least annually and documented in performance appraisal tool. Staff competency is evaluated at least annually and documented in competency files located in the Department personnel files.

### **Professional Practice Guidelines**

Diagnostic Imaging works closely with Physicians to develop population-specific policies based on recommendations from The American College of Radiology.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to assure consistent and safe care to the patient. Additionally, a service-specific clinical book provides guidelines for basic care procedures.

### **Integration of Services**

Diagnostic Imaging works closely with a multidisciplinary team of healthcare providers specific to the patient's needs to facilitate diagnostic treatment.

### **Communication**

Various modes of communication are used to assure continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety.

Communication methods include:

- Verbal or written communication provided by caregiver when a patient is transferred between departments.
- Information transmitted through an electronic medical record.

### **Performance Improvement**

Diagnostic Imaging participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department. Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service Diagnostic Imaging.

## **Emergency Department**

### **Department Description**

The Emergency Department consists of five (5) patient care areas and nine (9) beds. The beds are designated for care of critically ill or injured patients, orthopedic patients, general examination of adult and pediatric patients, OB/GYN patients, eye patients and fast track care.

All patients presenting to the Emergency Department will be triaged according to approved Triage Policy and Procedures. Patients admitted to the Emergency Department will be assessed by a licensed nurse. Data collected from this assessment will be utilized as the basis for problem identification and subsequent patient care planning.

The Emergency Department refers for a higher level of care, patients such as critically ill newborns or pediatrics, C.N.S. and major trauma requiring surgical intervention, cardiac disorders requiring invasive procedures or surgery, pediatric psychiatric illness, and other psychiatric illness requiring more than emergency intervention for drug and alcohol abuse. Burn care is provided on a very limited basis for those patients whose injuries are not severe-all major burns are transferred to a Burn Center. The Emergency Department will provide stabilization care to these patients while arrangements are being made for their transfer to a higher level of care. The Emergency Department will follow the COBRA guidelines in treatment of patients.

**Key Functions**

Key functions of the Emergency Department include providing emergency medical screening examinations, patient assessment and care planning, patient/family education, medication management, pain management, physiological monitoring, ventilatory care, sedation and invasive procedures.

All patients presenting to the Emergency Department will be triaged according to approved Triage Policy and Procedures (see Triage and Medical screening exam policies). Patients admitted to the Emergency Department will be assessed by a licensed nurse, using the Emergency Record/Outpatient procedure. Data collected from this assessment will be utilized as the basis for problem identification and subsequent patient care planning.

**Hours of Operation**

The Emergency Department is open 24 hours per day/7 days per week.

**Staffing**

The department is staffed with Registered Nurses and a Unit Clerk.

The Emergency Department complies with the California State Staffing Ratios, which is minimally;

Emergency Department Patients	1 RN: 4 patients
ICU Patients	1 RN: 2 patients
Trauma Patients	1RN:1 patient

Patient acuity is taken into consideration, potentially requiring additional staff above the ratio.

Staffing schedules are developed based on historical analysis of patient census. Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through overtime, qualified float staff, per diem staff or agency staff.

**Staff Qualifications**

The Emergency Department is staffed with appropriately qualified personnel. Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Basic Cardiac Life Support (BCLS) certifications are mandatory for all RN's in the Emergency Department. It is recommended that the Emergency Department RN's take the CEN exam for Specialty certification. All Emergency Department clerks must be BCLS certified.

All nursing staff in the Emergency Department must complete and pass competencies (both general and department specific). The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

The Emergency Department works closely with Physicians and Physician Assistants to develop population-specific policies based on recommendations from American College of Emergency Physicians, Emergency Nurses Association, Joint Commission and CMS.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical textbook provides guidelines for basic care procedures.

**Integration of Services**

The Emergency Department works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

**Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between caregivers
- Fax or verbal report provided for patients who are admitted from the Emergency Department as an inpatient.
- Verbal or written communication provided when the patient receives care off of the unit.

Whenever a patient is being transferred to another unit for care, the name of the key care provider and department extension is provided to facilitate communication of additional information if needed.

**Performance Improvement**

The Emergency Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Emergency Department.

**Food and Nutrition Services Department**

**Department Description**

The Food and Nutrition Services Department provides services to staff, visitors, volunteers, physicians and a broad patient population including inpatients and outpatients. Services are performed in an environment that promotes personal responsibility and growth, teamwork, and continuous improvement. Success is measured by customer satisfaction surveys, quality performance improvement monitoring and financial performance. The department provides care to neonatal, pediatric, adolescent, adult and geriatric populations.

**Key Functions**

Key functions of the Food and Nutrition Services Department include:

- Inpatient meal service providing nutritionally appropriate patient meals
- Patient assessment and medical nutrition therapy recommendation
- Patient/family education
- Out-patient nutrition counseling
- Employee, physician and visitor meal service
- Catering services
- Meal on Wheels

**Hours of Operation**

The Food and Nutrition Services Department is open 7 days per week, provided from 6:00am to 7:30pm. This service includes meal service for breakfast, lunch and dinner – snacks and beverages are available between meals. During hours when the department is closed, food is available to patients through pantry stock provided to the nursing units and from a Patient Late Tray Refrigerator.

Employee, physician and guests, food service is available 7 days per week. Vending services are available 24 hours per day, seven days per week.

**Staffing**

Food and Nutrition Services Department is routinely staffed as follows:

Director	7:00 a.m. – 4:00 p.m. Monday – Friday
Dietitian	8:00 a.m. – 4:30 p.m. Monday through Saturday (On call on Sundays)
Dietetic Technician	7:00 a.m. – 11:00 a.m. Saturday & Sunday
Chef	5:30 a.m. – 2:00 p.m. Monday through Friday
Cook	5:30 a.m. – 7:00 p.m. Sunday through Saturday
Purchasing Assistant	10:30 a.m. – 7:00 p.m. Monday, Tuesday, Thursday, and Friday
	8:00 a.m. – 4:30 p.m. Wednesday

Cafeteria Lead                    6:00 a.m. – 2:30 p.m. Monday through Friday  
Food Service Assistant        5:30 a.m. – 9:30 p.m. Sunday through Saturday

Clinical Nutrition Services, including patient screening, assessment, intervention and counseling are available 8 hours daily, 7 days/week. If a nutrition question arises outside of these hours, the Food Service Assistant calls a Dietitian at home. If a patient is being discharged and a Dietitian is not on site to provide diet instruction, the Dietitian contacts the patient by phone and/or the patient can return for outpatient instruction, or Nursing may provide educational materials.

Staffing is adjusted based on the current day's census and expected admissions and discharges and on requested catered meals. Additional staff can be obtained through the use of supplemental staff, overtime or staff from other local DCHS hospitals.

### **Staff Qualifications**

The Food and Nutrition Services Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal and competency tools.

### **Professional Practice Guidelines**

The Food and Nutrition Services Department works closely with Physicians to develop policies based on recommendations from the Academy of Nutrition & Dietetics, the Academy of Nutrition and Dietetics Nutrition Care Manual, American Society for Enteral and Parenteral Nutrition, and U.S. Public Health Service FDA Food Code Book, U.S. Department of Health and Human Services.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### **Integration of Services**

The Food and Nutrition Services Department works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Documentation in the patient medical record
- Verbal communication with the multi-disciplinary team

### **Performance Improvement**

The Food and Nutrition Services Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Food and Nutrition Services Department.

## **Maternal Child Health**

### **Department Description**

The Maternal Child Health Department provides the community with services for the Perinatal, Gynecological, and Newborn needs and provides the following services:

- Antepartum Observation and testing
- Labor & Delivery in a Level I capacity
- Newborn Nursery in a Level I capacity

- Postpartum Patients in a Mother-Baby Unit
- Non-Newborns under eight weeks old

The Maternal Child Health Department refers for higher levels of care. These patients are considered for transport based upon criteria including risks/benefits of transport, stability of the patient, gestational age and underlying medical problems. The Maternal Child Health Department follows the COBRA guidelines in treatments of patients. Specialty consultation is available to the medical staff, generally within 30 minutes.

The Maternal Child Health Department consists of three separate patient care areas as follows:

#### Labor and Delivery (LD)

- Two Labor Deliver Recover (LDR) Suites
- Two Labor Rooms
- One Recovery Room
- One Delivery/Cesarean Delivery room that may be used for patients such as those with high risk vaginal deliveries, multiple gestation deliveries, or planned cesarean deliveries. These rooms are used for patients such as those here for ante partum observation, in labor or suspected labor, and deliveries.

#### Mother/Baby Unit

- 16 beds, including 2 private rooms
- This area provides care for postpartum patients, and newborns, including transition after birth, stabilization, and discharge with family.

#### Nursery

- Main Nursery 2 beds
- Well Nursery 4 beds
- The Newborn Nursery provides care for stable newborns. Resuscitation and stabilization of critically ill neonates is also provided until a Neonatal Intensive Care Unit transport team arrives to assume care for the patient.

#### **Key Functions**

Key functions of the Maternal Child Health Department include patient assessment; care planning, patient/family education, medication management, analgesia and anesthesia pain management, ante partum and intra partum management, surgical care for cesarean sections, post-surgical care, physiological monitoring and neonatal stabilization.

#### **Hours of Operation**

The Maternal Child Health Department is open 24 hours per day/7 days per week.

#### **Staffing**

The Saint Louise Regional Hospital Maternal Child Health Department complies with the California State Staffing Ratios. The Family Birth Center complies with the "Perinatal Guidelines" recommended staffing ratios. These guidelines are supported by the Association of Women's Health, Obstetric and Neonatal Nursing, American College of Obstetricians, and American Academy of Pediatrics.

The minimal staffing for labor and delivery is 2 RNs. for postpartum is 1 RN and in the nursery 1 RN. Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Staffing schedules are developed based on historical analysis of patient census. Additional staff can be obtained through overtime, qualified float staff, per diem staff or agency staff.

#### **Staff Qualifications**

The Maternal Child Health department is staffed with appropriately qualified personnel. RNs hold certificates in ACLS, BLS and Fetal Monitoring. Staff is encouraged to become certified in Inpatient Obstetrical Nursing. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

The Maternal Child Health department works closely with Physicians to develop population-specific policies based on recommendations from The Guidelines for Perinatal Care, AWHONN, ACOG, AAP, AORN, Joint Commission, CMS and California DPHS.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical text book provides guidelines for basic care procedures.

**Integration of Services**

The Maternal Child Health department works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

**Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between caregivers completed through bedside rounds.
- Fax or verbal report provided for patients who are admitted from the Emergency Room.
- Verbal or written communication provided when the patient receives care off of the unit.

Whenever a patient is being transferred to another unit for care, the name of the key care provider and department extension is provided to facilitate communication of additional information if needed.

**Performance Improvement**

The Maternal Child Health department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Maternal Child Health.

## **Medical Surgical Pediatrics Department**

**Department Description**

The Medical-Surgical-Pediatrics Department is a 43 bed unit that provides care to medical, surgical and pediatric patients. Other populations served include patients requiring hemodialysis, cardiac monitoring, wound care, pulmonary care, chemotherapy and any of the various types of isolation. The department provides care to infant, pediatric, adolescent, adult and geriatric populations.

**Key Functions**

Key functions of the Medical Surgical Pediatrics Department includes patient assessment and care planning, patient/family education, medication management, pain management, initial rehabilitation and telemetry monitoring

**Hours of Operation**

The Medical-Surgical-Pediatrics Department is open 24 hours per day/7 days per week.

**Staffing**

The Medical-Surgical-Pediatrics Department complies with the California State Staffing Ratios, which is minimally 1 RN: 5 patients, however, patient acuity is also taken into consideration, potentially requiring additional staff above the ratio.

The Medical-Surgical-Pediatrics Department is routinely staffed with Registered Nurses, Licensed Vocational Nurses, Nursing Assistants, and a Ward Clerk. Minimally each shift is staffed with 2 Licensed Nurses (RNs and LVNs). Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through overtime, qualified float staff, per diem staff or agency staff.

**Staff Qualifications**

The Medical-Surgical-Pediatrics Departments staffed with appropriately qualified personnel. RNs providing chemotherapy treatments to cancer patients are chemotherapy certified. RNs caring for pediatric patients are PALS certified. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Medical-Surgical-Pediatrics Department works closely with Physicians, including Pediatricians to develop population-specific policies based on recommendations from professional evidence-based literature, professional association recommendations, Joint Commission, CMS and the American Academy of Pediatrics. Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, service-specific clinical text books provide guidelines for basic care procedures.

### **Integration of Services**

The Medical-Surgical-Pediatrics Department works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between caregivers completed through bedside rounds.
- Fax or verbal report provided for patients who are admitted from the Emergency Room.
- Verbal or written communication provided when the patient receives care off of the unit.
- Fax or verbal report provided for patients who are transferred between levels of care or from other nursing care departments.

Whenever a patient is being transferred to another unit for care, the name of the key care provider and department extension is provided to facilitate communication of additional information if needed.

### **Performance Improvement**

The Medical-Surgical-Pediatrics Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Medical-Surgical-Pediatrics Department.

## **Pathology**

### **Department Description**

Pathology provides for examination, diagnosis and description of all human tissue and cytology specimens received in the department for both inpatients and outpatients. Services are provided to all patient populations of Saint Louis Regional Hospital and include infants, pediatrics, adolescents, adults and geriatrics.

### **Key Functions**

Key functions of Pathology tissue and specimen analysis and autopsies.

### **Hours of Operation**

Pathology is open from 8am to 5pm Monday to Friday. Pathology staff and the Pathologist are available via exchange beeper during closed hours.

### **Staffing**

The Pathology Department operates under the direction of a physician licensed in anatomical and clinical pathology. In addition there is a certified Histotechnologist.

**Staff Qualifications**

The Pathology Department is staffed with appropriately qualified personnel. The pathologist is credentialed and privileged by the Medical Staff. Privileges can be found in the credential file or online. The Histotechnologist is licensed by the American Society of Clinical Pathologists Board of Registry. The specific qualifications are outlined in the job description, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

The Pathology Department works closely with the Pathologist and Administration to develop population-specific policies based on recommendations from the College of American Pathologists, Joint Commission and CMS. Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to assure consistent and safe care to the patient. Additionally, a service-specific clinical book provides guidelines for basic care procedures.

**Integration of Services**

The Pathology Department works closely with Physicians and all clinical care departments to facilitate diagnostic treatment.

**Communication**

Various modes of communication are used to assure continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Verbal and written communications to Physicians and clinical care units
- Fax or verbal report provided for patients who are transferred between levels of care or from other nursing care departments.

**Performance Improvement**

The Pathology Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Pathology Department.

## Pharmacy

**Department Description**

The Pharmacy provides dispensing and clinical pharmacy services to a broad patient population including both inpatients and outpatients. The department provides care to neonatal, pediatric, adolescent, adult, and geriatric populations.

**Key Functions**

Key functions of the Pharmacy Department include:

1. All aspects of medication management: selection, storage, ordering and prescribing, dispensing, administration, and monitoring.
2. Dispensing of pharmaceuticals in accordance with federal and state regulations
3. Inventory and Formulary maintenance functions
4. Drug monitoring and record keeping
5. Provision of drug information
6. Provision of patient, physician and staff education
7. Serves in an advisory capacity through the Pharmacy & Surveillance Committee and the administrative leaders to insure the development, coordination and review of all professional standards, procedures, policies and controls relating to procurement, storage, dispensing and safe use of medications.
8. Patient care services in collaboration with other health-care professionals to optimize medication therapy for patients.
9. Pharmacist participation in the prospective evaluation and development of an individualized treatment plan

10. Participation on multidisciplinary teams
11. Written and oral consultations regarding medication selection and management.
12. Education and teaching of both 4<sup>th</sup> year pharmacy students through clinical rotations and Pharmacy Practice Residents through the ASHP accredited residency program (IPPE & APPE).

### **Hours of Operation**

The Pharmacy Department is open during the hours of 7:30 AM through 8:00 PM, Monday through Friday, 8:00 AM through 4:00 PM, Saturday and Sunday; with a pharmacist available on-call 24-hour per day. The nursing supervisor may access medications from department PYXIS machines or the Night Locker when the Pharmacy Department is closed.

### **Staffing**

The Pharmacy Department is staffed with registered pharmacists and pharmacy technicians. Minimally each shift is staffed with one registered pharmacist and one registered pharmacy technician when the Pharmacy is open. Staffing schedules are developed based on historical analysis of patient census and department need. Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through the use of per diem staff or with overtime.

### **Staff Qualifications**

Pharmacists are registered and licensed in accordance with the regulations of the State Board of Pharmacy, with training and experience that emphasizes an acute care hospital environment. Technician personnel meet the licensing/certification requirements of the State Board of Pharmacy. All personnel are provided with regular continuing education and training to maintain proficiency and competence. Technicians and Pharmacists are required to demonstrate active participation in continuing education courses as required by the State Board of Pharmacy by providing documentation of attendance.

The Pharmacy Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal or competency tools.

### **Professional Practice Guidelines**

The Pharmacy Department works closely with the medical staff to develop population-specific policies based on recommendations from evidence-based medicine, as well as standards from Joint Commission, CMS and the American Society of Health-System Pharmacists (ASHP).

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### **Integration of Services**

The Pharmacy Department works closely with a multidisciplinary team of health care providers to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between Pharmacy staff completed through verbal reporting.
- Written communication provided when there are patient-specific issues that require follow-up.

### **Performance Improvement**

The Pharmacy Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department and reported to the Quality Management Committee as appropriate.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Pharmacy Department.

## **Rehabilitation Services**

### **Department Description**

Rehabilitation Services is an exclusive contract service providing physical therapy, occupational therapy and speech therapy to inpatients at the bedside, in the nursing units or in the Physical Therapy Department, and outpatients. Rehabilitation Services provides services to primarily adults and geriatric patient populations with orthopedic, neurological, or general medical diagnoses. Occasionally, pediatric and adolescent populations are served.

Physical therapy and occupational therapy services are provided to individuals with physical dysfunction secondary to disability, disease or injury in accordance with professional standards of practice, departmental policies and procedures and organizational standards.

Speech Therapy provides prescribed bedside therapies/evaluations for the inpatient population at Saint Louis Regional Hospital. Speech Therapy delivers comprehensive services to individuals with speech and language dysfunction and dysphasia secondary to disability, disease or injury in accordance with professional standards of practice, departmental policies and procedures and organizational standards

### **Key Functions**

Key functions of Rehabilitation Services includes patient assessment/reassessment, development of treatment plans/care plans, treatment, discharge planning, patient/family education and consultation designed to restore, improve, or maintain the patient's optimal level of functioning, self-care, self-responsibility, independence, and quality of life.

### **Hours of Operation**

Rehabilitation Services are scheduled during specified hours at the acute hospital level of care. In the event of an emergency or high-risk situation, the routine hours of operation may be flexed as needed. Service hours are 8am to 4:30pm as census requires. During closed hours, referrals are coordinated between the House Supervisor and the contract service.

Outpatient Rehabilitation Services are scheduled at Saint Louis Regional Hospital on Wednesdays and Fridays from 9am to 3pm.

### **Staffing**

Rehabilitation Services is routinely staffed with Physical, Occupational, and Speech Therapists.

Daily staffing is based upon anticipated amount (number of hours) and type (evaluation or treatment and acuity) of patient volume, as well as department operations activities pre-scheduled to occur that day.

As needed, additional staff may be obtained by the regular contract staff overtime.

### **Staff Qualifications**

Rehabilitation Services is staffed with appropriately qualified and licensed personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the contract staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

Rehabilitation Services adheres to the State of California Practice Acts, laws and regulations for Physical, Occupational, and Speech Therapy. Rehabilitation Services references professional standards and practices of the American Physical Therapy Association (APTA) American Speech-Language-Hearing Association (ASHA), the American Occupational Therapy Association (AOTA), the Joint Commission and CMS.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### **Integration of Services**

Rehabilitation Services works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include verbal or written communication between caregivers.

- Verbal and written communication between Therapists
- Verbal communication with clinical department RN caring for patient

### **Performance Improvement**

Rehabilitation Services participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Rehabilitation Services.

## **Department of Surgical Services**

### **Department Description**

The Saint Louise Regional Hospital Department of Surgery provides care on a 24 hour basis to inpatients and outpatients requiring surgical intervention by the Saint Louise Regional Hospital Medical Staff. The patient population consists of pediatric, adolescent, adult and geriatric. Services include, but not limited to ENT, general, gastrointestinal endoscopies, urology, gynecology, ophthalmology, orthopedic, podiatry, dental, oral maxillo-facial, endovascular, neurosurgery, plastic and thoracic. Patient care is delivered by Registered Nurses, Certified Surgical Technicians, Surgical Technicians, and Surgical Aides.

The Department of Surgical Services consists of a pre-admissions service, 3 operating rooms, a 5 bed pre-operative/holding unit, a 5 bed post-operative unit and a special procedures room for endoscopy procedures.

### **Key Functions**

Key functions of the Surgery Department include patient assessment and care planning, patient/family education, medication management, pain management, physiological monitoring, anesthesia, sedation, surgery, invasive procedures, and recovery.

### **Hours of Operation**

The Surgery Department is open 24hours/7 days per week. Elective procedures can be scheduled Monday-Friday from 7:30a, to 3pm.

### **Staffing**

The Department of Surgery complies with the recommendations from AORN, which are minimally one Circulating RN and one ORT/RN scrub for each procedure performed in the operating room and Special Procedures. Recovery patients are staffed according to California State Staffing Ratios which is 1 RN: 2 patients. Additionally, patient acuity is taken into consideration, potentially requiring additional staff above the ratio.

The Department of Surgery is routinely staffed with Registered Nurses, Certified Surgical Technicians, Surgical Technicians, Surgical Aides and a surgery scheduler. Staffing schedules are developed based on volume of surgical cases scheduled.

### **Staff Qualifications**

The Operating Room is staffed with appropriately qualified personnel. Clinical staff must have BLS and/or PALS with PACU staff maintaining certification in ACLS and PALS. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Department of Surgery works closely with Physicians to develop population-specific policies based on recommendations from ASA, ACOS, AORN, Title 22, Joint Commission and CMS.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical text book provides guidelines for basic care procedures.

### **Integration of Services**

The Department of Surgery works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Universal protocol to include the "pause" and identification requirements at all levels of care within the perioperative departments.
- Hand off report between caregivers.
- Fax or verbal report provided for patients who are transferred to the next level of care.

Whenever a patient is being transferred to another unit for care, the name of the key care provider and department extension is provided to facilitate communication of additional information if needed.

### **Performance Improvement**

The Department of Surgery participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized.

## **Center for Wound Care and Hyperbaric Medicine**

### **Department Description**

The Center for Wound Care and Hyperbaric Medicine is a fully integrated, outpatient system for the management of acute and chronic wounds. Evaluation, diagnostic testing and therapeutic intervention are delivered for all appropriate diagnoses according to orders written by The Center's physicians. Hyperbaric Oxygen Therapy is also provided. Patient access to The Center includes, but is not limited to self-referral, referral from primary care physicians, specialty care physicians, or referral from another health-care facility. The department provides care to the following: pediatric, adolescent, adult and geriatric populations.

### **Key Functions**

The Center provides patient evaluation as required including complete patient assessment of systemic and local factors affecting wound healing and peripheral vascular testing to assess the blood flow to the extremities.

Based on the identification of underlying causes of poor wound healing, the Center provides specific wound management as indicated to include:

- An aggressive program of conventional wound care and clinical wound debridement.
- Lower extremity edema control.
- Adjunctive hyperbaric oxygen (HBO<sub>2</sub>) treatment to correct tissue hypoxia.
- Skin grafting with bioengineered skin products.
- Negative Pressure Wound Therapy.
- Patient education.
- Photographs and measurements of patients' wound(s) on initial and follow-up visits.
- Recommendation of off-loading and specialized orthotics to assist in initial healing of plantar ulcers and to prevent recurrence.

Hyperbaric Oxygen Therapy is provided as either the primary method of treatment or a significant adjunctive treatment for acute peripheral arterial insufficiency, preparation and preservation of compromised skin grafts, chronic refractory osteomyelitis and certain diabetic wounds, diabetic wound classified as Wagner grade III or higher and has

failed an adequate course of standard wound therapy.

### **Hours of Operation**

The Center for Wound Care and Hyperbaric Medicine department is open from 7am to 4:30pm, Monday through Friday.

### **Staffing**

The Center for Wound Care and Hyperbaric Medicine is staffed with the following personnel on a daily basis:

- Program Director who leads the department and provides operational support services to the Medical Director, staff and patients.
- Registered Nurses.
- Certified Hyperbaric Technicians who can function as a Chamber Console Operator, and perform daily chamber system maintenance.
- Clerical Personnel who can function as a Contact Person, a Medical Records Coordinator, and perform basic Certified Nursing Assistant and Wound Technician functions.
- Certified Nursing Assistant OR Wound Technician who can function as Wound Care Assistant, and assist clerical personnel as needed.

The Center will safely adjust staffing levels by consideration of volume, needs, and acuity of the population served.

### **Staff Qualifications**

The Hyperbaric and Wound Care department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Center for Wound Care and Hyperbaric Medicine works closely with Physicians to develop population-specific policies based on recommendations from the Undersea Hyperbaric Medicine Society, Joint Commission and CMS.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical text book provides guidelines for basic care procedures.

### **Integration of Services**

The Center for Wound Care and Hyperbaric Medicine works closely with a multidisciplinary team of health care providers specific to the patient's needs to develop and implement an individualized patient plan of care that is updated as the patient's condition changes.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between caregivers completed through department report.
- Written communication with patients
- Verbal or written communication with physicians.

### **Performance Improvement**

The Center for Wound Care and Hyperbaric Medicine participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of The Center for Wound Care and Hyperbaric Medicine.

## Patient Support Departments

### Admitting Department

#### **Department Description**

The Admitting Department provides registration of patients for the entire hospital in order for the patient to receive care prescribed by their admitting/referring physician. Patient registration can occur in the Emergency Department, Admitting Department or at the bedside according to the assessed needs of the patient. The responsibilities of the department include preregistration and registration of patients to the acute hospital, Emergency Department, Outpatient Surgery and outpatient ancillary services.

#### **Key Functions**

The Admitting Department provides the following:

- Pre-admission and admission services
- Obtaining demographic information, insurance verification
- Patient information on PSDA, Conditions of Admission, patient rights, financial responsibilities
- Translation services as needed

#### **Hours of Operation**

The Admitting Department is open 24 hours/7 days.

#### **Staffing**

The department is routinely staffed with Admitting Clerks.

Additional staff can be obtained through overtime or agency staff.

#### **Staff Qualifications**

The Admitting Department personnel must possess an accurate understanding of applicable state and federal requirements, insurance verification and requirements, organizational policy including patient rights and a thorough knowledge of the computerized registration system. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

#### **Professional Practice Guidelines**

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to for consistent and safe care to the patient.

#### **Integration of Services**

The Admitting Department works closely with all departments providing patient care to carry out the key functions of the department and meet the department's goals.

#### **Communication**

Communication between shifts passes information regarding the patient's admission process. Communication also occurs with the House Supervisor on a routine basis to assure patients are appropriately placed. Communication is verbal.

#### **Performance Improvement**

The Admitting Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Admitting Department.

## Case Management

### Department Description

The Case Management Department provides a significant support role in coordinating discharge planning and appropriate post-hospitalization care arrangements for patients. Utilization is assessed and managed on an on-going basis during hospitalization

### Key Functions

The RN Case Manager concurrently facilitates the coordination of services and care designed to move the patient through inpatient care in a timely, cost-effective manner with desired outcomes. This is accomplished through:

- Identify and monitor the appropriate level of care and intensity of service per INTERQUAL criteria.
- Provide medically necessary cost effective care
- Collaborate with other members of the health care team to develop and implement continued care plans based on medical diagnosis and on the identified needs and goals of the patient
- Determine a target length of stay based on medical diagnosis
- Evaluation of responses to treatments as related to discharge planning and utilization review.
- Effective intervention and communication with the patient, their family, physician, caregivers and payers in assessing patient needs
- Provide a process for responding to questions or appeals, denials, one day length of stays and authorizations in hospitals.
- Provide education to physicians and hospital staff regarding utilization findings and performance
- Fulfill the regulatory and contractual requirements related to utilization review

Case Management provides assessment of the biopsychosocial needs and financial resources of the patient and collaborates with all disciplines appropriate for the patient's care to develop an interdisciplinary care plan that smoothly moves the patient through the continuum of services and connects them to programs, services and resources that exist in the community.

### Hours of Operation

Case Management is available Monday through Friday 8am to 5pm, excluding holidays.

### Staffing

Staffing is fixed, meaning each day starts out with a full complement of staff. The standard is based on volume of each fiscal year and correlates with the budget. Staffing assignments are made at the beginning of each day. The assignment will vary and will be agreed upon by the staff on duty.

Staffing adjustments are made when the census changes enough to require more or less staff. The department director makes the changes as necessary with authorization from Administration.

### Staff Qualifications

The Director of Case Management is a licensed RN with applicable certification and experience. The Case Managers are licensed RN's with special training in Utilization Review and Discharge Planning. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### Professional Practice Guidelines

INTERQUAL criteria is utilized by Case Managers to provide guidelines for appropriate treatments and length of stay. Joint Commission and CMS standards guide the department in collaboration with evidence-based medicine.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical text book provides guidelines for basic care procedures

## Central Processing

### Department Description

Central Processing is directed by the Materials Management Department who assumes oversight responsibility for all Central Processing functions.

### Key Functions

Key functions of Central Processing include:

- Routine stocking of inpatient units with supplies.
- Filling of requests for sterilized non-chargeable and chargeable items and equipment.
- Pick up of reusable equipment/supplies from patient care units that need to be decontaminated and sterilized.
- Clean, decontaminate and sterilize all reusable instruments, assemble reusable instrument sets and crash carts,

Central Processing provides and routinely stocks inpatient units with certain items, as well as fills requests for sterilized non-chargeable and chargeable items and equipment. Patient care personnel are responsible for placing reusable dirty supplies in appropriate containers or areas within the dirty utility rooms. Central Processing personnel make daily rounds to areas to pick up reusable equipment/supplies that need to be decontaminated and sterilized. Patient care units are restocked by par levels. Central Processing is responsible for assembly of reusable instrument sets, assembly of crash carts and clean, decontaminate and sterilize all reusable instruments

### Hours of Operation

Central Processing provides supply services 24 hours per day/7 days per week.

### Staffing

Central Processing is routinely staffed with Technicians. Staffing schedules are developed based on historical analysis of patient census/procedures and is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through overtime.

### Staff Qualifications

Central Processing is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### Professional Practice Guidelines

Central Processing develops policies based on recommendations from AAMI (American Association of Medical Instrumentation), ASHCSP (American Society of Hospital Central Service Personnel), Infection Control guidelines, Joint Commission and CMS.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### Integration of Services

Central Processing works closely with the Materials Management department, operating rooms, emergency department, inpatient and ancillary areas to carry out the key functions of the department and meet the department's goals.

### Communication

Various modes of communication are used to assure continuity of patient care and communication of key information. Communication methods include shift to shift report between staff and communication throughout the shift to assure patient care needs are met.

### Performance Improvement

Central Processing participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

## Communications/PBX

### Department Description

The Communications/PBX Department is responsible for the operation of the organization's communication system.

### Key Functions

Communications/PBX Department staff is responsible for:

- Answering all incoming calls in a timely and professional manner and to accurately disperse all calls to their final destination.
- Activating the facility's overhead paging system.
- Activating internal and external pocket pager system.
- Monitoring all of the organization-wide emergency systems Key functions of the Telecommunications Department.

### Hours of Operation

The Communications/PBX department provides services 24 hours per day/7 days per week.

### Staffing

The Communications/PBX department is routinely staffed with telecommunications operators. Staffing schedules are developed based on historical analysis of patient census. Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained with the use of per diem staff.

### Staff Qualifications

The Communications/PBX department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### Professional Practice Guidelines

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### Integration of Services

The Communications/PBX department works closely with all departments to carry out the key functions of the department and meet the department's goals.

### Communication

Various modes of communication are used to assure continuity of patient care and communication of key information to various departments and physicians. This includes, telephone communication, overhead paging and beeper paging. Communication methods include a verbal shift to shift report.

### Performance Improvement

The Communications/PBX department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

As opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Communications/PBX department.

## Environmental Services

### Department Description

The Environmental Services Department provides routine cleaning of patient care and public areas. As well, linen services are provided to patient care units to include pick-up, cleaning and stocking of linen.

### Key Functions

Key functions of the Environmental Services Department include:

- Cleaning and disinfecting patient and non-patient areas according to policies and procedures.
- Removing regular and bio-hazardous waste.
- Removing soiled linen and restocking clean linen on patient care units.

- Completing any unscheduled or emergency housekeeping service that falls under the routine scope of services of the Environmental Services Department or that is considered necessary for the health and safety of patients, employees, visitors or medical staff (i.e., cleaning up spills or flooding).
- Setting up rooms for special functions and meetings.
- Evaluating and monitoring the interior of the hospital for areas or items needing repair/replacement (i.e., floor tiles, carpet or paint), safety concerns and reporting items to the appropriate department.

### **Hours of Operation**

The Environmental Services Department provides services 24 hours per day/7 days per week.

### **Staffing**

Saint Louise Regional Hospital Environmental Services Department is routinely staffed housekeepers and a Lead housekeeper on the day shift Monday through Friday. At least one Housekeeper is staffed weekends, evenings and nights with House Supervision. Staffing schedules are developed based on historical analysis of patient census and adjusted discharges. Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through the use of supplemental staff and overtime.

### **Staff Qualifications**

The Environmental Services Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal and competency tools.

### **Professional Practice Guidelines**

The Environmental Services Department develops policies based on recommendations from **ASHES**/The American Society for Healthcare Environmental Services and from facility infection control practitioners.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### **Integration of Services**

The Environmental Services Department works closely with all departments to carry out the key functions of the department and meet the department's goals.

### **Communication**

Various modes of communication are used to assure continuity of work flow and needs of the departments. Communication methods include shift-to-shift report between staff completed through department report.

### **Performance Improvement**

The Environmental Services Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Environmental Service Department.

## **Infection Prevention and Control**

### **Department Description**

Infection Prevention and Control provides consultative services to prevent and control infection throughout the hospital, including outpatient facilities. Populations served include neonatal, pediatric, adolescent, adult and geriatric.

### **Key Functions**

Key functions of the Infection Control Department include epidemiology, surveillance, reporting, consultation, education, and policy formation relative to infection prevention, control and emerging pathogens.

The organizational Infection Prevention and Control Plan and infection control policies serve as guidelines for all infection prevention and control activities.

The Pharmacy and Surveillance Committee serves as the gatekeepers for infection prevention and control activities, including policy review and approval and approval of all infection prevention and control programs. The committee includes appropriate Department Directors and Physicians.

**Hours of Operation**

The Infection Control Department provides services 8am to 5pm, Monday through Fridays, except holidays. The Infection Preventionist is available via pager during closed hours.

**Staffing**

Infection Prevention and Control is routinely staffed with an Infection Control Practitioner who works in concert with a physician specializing in Infectious Disease.

**Staff Qualifications**

The Infection Control Department is staffed with a certified Infection Preventionist. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency is evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

Infection Prevention and Control develops policies based on recommendations from the CDC, APIC, OSHA, AORN, DHS, Joint Commission, CMS and the county DPHS.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

**Integration of Services**

Infection Prevention and Control works closely with Nursing, Plant Operations, Risk Services, Quality Management, Environmental Services, Food and Nutrition Services and Employee Health Services to carry out the key functions of the department and meet the department's goals.

**Communication**

Various modes of communication are used to assure continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include one-on-one discussion, staff meetings, committee minutes, visual aids (posters, flyers, etc.), and e-mail.

**Performance Improvement**

Infection Prevention and Control participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the departments individually or through the specific department leadership.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Infection Prevention and Control.

## **Materials Management**

**Department Description**

Materials Management provides and distributes patient care supplies to a centralized location in each clinical department.

**Key Functions**

Key functions of Materials Management include:

- Stocking of patient care supplies to departments
- Assessing dates of sterile supplies maintained in the central locations on each patient care unit.
- Patient charges of supplies

**Hours of Operation**

Plan for the Provision of Patient Care -2013

Materials Management provides supply services 24 hours per day/7 days per week.

### **Staffing**

Materials Management is routinely staffed with department technicians and office staff. Staffing schedules are developed based on historical analysis of patient census/procedures and is adjusted based on the current day's census and expected admissions, transfers and discharges. Additional staff can be obtained through overtime.

### **Staff Qualifications**

Materials Management is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

Materials Management develops policies based on recommendations from AAMI (American Association of Medical Instrumentation) and ASHCSP (American Society of Hospital Central Service Personnel).

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient. Additionally, a service-specific clinical book provides guidelines for service-specific procedures.

### **Integration of Services**

Materials Management works closely with the operating rooms, emergency department, inpatient and ancillary areas to carry out the key functions of the department and meet the department's goals.

### **Communication**

Various modes of communication are used to assure continuity of patient care and communication of key information. Communication methods include shift to shift report between staff and communication throughout the shift to assure patient care needs are met and telephonic communication with patient care units to meet special supply needs.

### **Performance Improvement**

Materials Management participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

## **Medical Records/Health Information Management Department**

### **Department Description**

Medical Records/Health Information Management is responsible for overseeing the timely processing, completeness, and retrieval of all patient medical records. Services provided by Medical Records/Health Information Management are based upon a collaboration and information sharing format to enhance patient care. Medical records services are provided to all areas of the organization, as appropriate to need and security levels.

### **Key Functions**

Key functions of Medical Records/Health Information Management include:

- Provision of an accurate patient record
- Record abstracting, analysis and coding
- Transcription of dictation for the medical record
- Correspondence/Release of Information
- Record retrieval, filing and storage
- Accessibility of the medical record at all times to those authorized persons requesting use for patient care;
- Hours of Operation

### **Hours of Operation**

Medical Records/Health Information Management is open from 8am to 4:30pm Monday through Saturday. The House Supervisor has access to the department and all medical records and is available during closed hours.

**Staffing**

Medical Records/Health Information Management is routinely staffed with a Department Director, a lead technician, , a coding supervisor Medical Records, Technicians, coders and clerks. Staffing on each shift is constant with a set number of employees on each shift including one staff member on the night shift.

**Staff Qualifications**

Medical Records/Health Information Management is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

Medical Records/Health Information Management develops policies based on recommendations from the American Health Information Management Association, California Health Information Management Association, Joint Commission, California Code of Regulations Title 22, CMS and applicable federal and state law regarding confidentiality and handling of patient medical records including the Health Insurance Portability and Accountability Act (HIPAA).

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to for consistent and safe care to the patient.

**Integration of Services**

Medical Records/Health Information Management works closely with several departments to carry out the key functions of the department and meet the department's goals. These departments include but are not limited to: Patient Registration, Emergency Department, Quality Management Department, Medical Staff Services, Case Management, inpatient and outpatient care units and Administration.

**Communication**

Various modes of communication are used to assure continuity of patient care and communication of key information. Focus of communication is on continued customer service in providing records for patient care in a timely and efficient manner. Communication methods include department meetings and minutes, in-service training, memos and e-mail.

**Performance Improvement**

Medical Records/Health Information Management Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized.

Department involvement in performance improvement initiatives is related to the scope of service of Medical Records/Health Information Management Department

## **Spiritual Care Services**

**Department Description**

Spiritual Care Services works collaboratively with patient care staff to meet the spiritual needs of inpatients, outpatients, family and staff, representing diverse spiritual and religious perspectives. Any patients expressing desire for care from various denominations are afforded timely contact with those religious/spiritual leaders through referral and contact by members of the Spiritual Care Department. Spiritual Care Services provides care to neonates, pediatrics, adolescents, adults and geriatric patients and their families/friends.

Spiritual Care is available to all persons in the facility regardless of religious affiliation. Spiritual care is provided from community resources and can be initiated by the patient, family, hospital personnel or Spiritual Care Department members. All patients are visited by members of the Spiritual Care Department to assess need for spiritual care and comfort.

**Key Functions**

Key functions of Pastoral Care include

- Assessment of spiritual practices and distress

- Crisis intervention and family support
- Grief assessment and interventions,
- Patient/family education regarding Advance Directives and bereavement resources
- Prayer/scripture and sacramental/ritual support
- Spiritual/emotional counsel and support.

### **Hours of Operation**

Spiritual Care is available Monday through Saturday during regular work hours by Spiritual Care staff. Catholic priests are available on call during the night or off hours in the event of an emergency should the family request this.

### **Staffing**

Spiritual Care is routinely staffed with trained chaplains. Minimally one chaplain is staffed. Staffing schedules are developed based on historical analysis of patient census/treatments. Staffing is adjusted based on the current day's census and expected admissions, transfers and discharges.

### **Staff Qualifications**

Spiritual Care is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files. Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

Spiritual Care works to develop population-specific policies based on recommendations from the National Association of Catholic Chaplains.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

### **Integration of Services**

Spiritual Care Services works closely with a multidisciplinary team of health care providers specific to the patient's needs to facilitate diagnostic treatment and support of the care plan. The Spiritual Care team works closely with Department Leadership during times of staff crisis.

### **Communication**

Various modes of communication are used to provide continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include:

- Shift to shift report between chaplains.
- Verbal report provided for patients who are transferred between levels of care or from other nursing care departments.

### **Performance Improvement**

Spiritual Care participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department. Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Spiritual Care.

### **Performance Improvement**

Medical Records/Health Information Management Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized.

Department involvement in performance improvement initiatives is related to the scope of service of Medical Records/Health Information Management Department

## **Plant Maintenance & Operations Services Department & Biomedical Engineering**

### **Department Description**

The Plant Maintenance & Operations Services Department & Bio-Medical Engineering Department is responsible for the organization's equipment management program, condition of the physical plant; including all grounds and equipment.

**Key Functions**

Key functions of the Plant Maintenance & Operations Services Department & Bio-Medical Engineering Department include:

- Inspection and maintenance of all equipment in accordance with the equipment preventive maintenance system, either directly through the Plant Maintenance & Operations Services Department & Bio-Medical Engineering Department or via outside vendor contracting.
- Oversight responsibility for the safety and security of the organization, including the Safety Management Program, physical condition of the plant and grounds and security of patients, personnel and visitors. is responsible for the organization's equipment management program. The program assesses and controls the clinical and physical risks of fixed and portable equipment used for the diagnosis, treatment, monitoring and care of patients. will ensure the safety of patients and maintain life safety equipment. Provide reliable utility system; maintain specialty equipment systems unique to the Hospital such as med gas, vacuum, etc.

The Plant Maintenance & Operations Department systems that maintain a normal hospital environment are supplied or maintained and recorded on an individual basis within the system. Inspection, maintenance and repair of the following categories of equipment and documentation thereof is the responsibility of the following departments:

- |   |  |
|---|--|
| • Imaging equipment   | Radiology/Imaging Services                                 |
| • Laboratory testing equipment  | Laboratory   |
| • Anesthetic delivery equipment (including analyzers)                         | Surgery  |
| • Computer terminal equipment   | Data Processing/Information Systems                        |
| • Communication lines   | PBX/Business Office  |
| • Personal computers  | Desktop Publishing/Data Processing/<br>Information Systems |
| • Telecommunications equipment  | PBX/Business Office  |
| • Verification oxygen purity & nitrous oxide at the point of patient delivery | Cardiopulmonary  |

**Hours of Operation**

The Plant Maintenance & Operations Services Department & Bio-Medical Engineering Department provides services 24 hours per day/7 days per week.

**Staffing**

Plant Maintenance & Operations Services Department & Bio-Medical Engineering Department is routinely staffed with Engineers, Technicians, Painters, Clerical staff, and Management. Minimally each shift is staffed with 1 Engineer in Plant Maintenance & Operations. Bio-med is staffed with one Engineer Monday through Friday 7:00 am – 3:30 pm. After hours is staffed by an Engineer on-call. Staffing schedules are developed based on the need to keep the generators, boilers & associated utilities in working order. Staffing is adjusted based on preventative maintenance & inspection schedules. Additional staff can be obtained through overtime, part-time or per diem staff.

**Staff Qualifications**

Plant Maintenance & Operations Services Department & Bi- Medical Department staff possess the skill level in order to provide safe, competent and accurate services. Personnel must possess knowledge of safety program policies and procedures including a thorough understanding of the "Safe Medical Device Act of 1990."The specific job qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files. Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

Plant Maintenance & Operations Services Department & BioMedical Engineering Department develops policies and management plans that are based on Joint Commission Standards, and Federal, State and County regulations.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure

**Integration of Services**

Plant Maintenance & Operations Services Department & BioMedical Engineering Department works closely with all departments to carry out the key functions of the department and meet the department's goals.

### **Communication**

Various modes of communication are used to assure communication of key information. Focus of communication is on identification and mitigation of issues that may affect the safety of staff, visitors and patients. Communication methods include shift-to-shift report between staff completed through verbal and written report, work orders and telephonic communication methods with departments.

### **Performance Improvement**

The Plant Maintenance & Operations Services Department & Bio-Medical Engineering Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Plant Maintenance & Operations Services Department & Bio-Medical Engineering Department.

## **Safety and Security**

### **Department Description**

Safety and Security Departments maintain a safe and secure environment for patients, visitors and hospital personnel.

### **Key Functions**

Key functions of Safety and Security include:

- Risk assessments through the multidisciplinary Safety Committee
- Monitoring of sensitive areas
- Serve as a resource for security/safety information, equipment, supplies and training.
- Random hospital and ground patrol
- Provides escorts and directions
- Access control to hospital facilities
  
- Response to calls for assistance in assault/combatative behavior incidents,
- After hours visitor control
- Response to all codes with the exception of Code Blue

### **Hours of Operation**

**The Safety and Security Department is staffed 24 hours/day 7 days per week.**

### **Staffing**

The Safety and Security Department is routinely staffed with the Safety/Security Supervisor and Security Officers. Additional resources are available through Hospital Administration approval.

### **Staff Qualifications**

The Safety and Security Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in agency staff files. Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Safety and Security Department develops policies based on recommendations from the Safety Committee and regulatory commissions.

Policies and Procedures within the EOC manual, specifically the Safety and Security sections, provide guidelines and structure for the services provided to patients, visitors and staff. Policies and procedures within the Administrative Policy Manual provide additional guidelines and structure.

### **Integration of Services**

The Safety and Security Department works closely with all departments to carry out the key functions of the department and meet the department's goals.

### **Communication**

Various modes of communication are used to assure communication of key information. Focus of communication is on site condition, recent or anticipated changes and safety. Communication methods include attendance and/or transcripts of various committees, interdepartmental meetings, emails and telephonic communications with departments.

### **Performance Improvement**

The Safety and Security Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of the Safety and Security Department.

## **Social Services**

### **Department Description**

The Social Services Department provides clinical services to patients in all areas of the hospital. Special patient populations include Emergency Department, Maternal/Child Health and Pediatrics patients which have specific requirements for social services as defined by federal, state or regulatory requirements. The department provides care to all ages of the hospital population, including: neonatal, pediatric, adolescent, adult and geriatric populations.

### **Key Functions**

Referrals for all Social Services are accepted from physicians, hospital personnel, patients, families, outside agencies and other healthcare professionals as appropriate. Referrals may be made in person, by telephone or written contact. The Social Worker works closely with the interdisciplinary teams to develop a holistic plan of care for the patient.

Key functions of Social Services include

- Patient assessment
- Development of a care plan
- Staff consultation
- Discharge planning
- Collaboration with external agencies
- Referrals to community resources

### **Hours of Operation**

Social Services staff are available onsite 8am to 5pm Monday through Friday, except holidays. During closed hours, Social Services staff is contacted through the nursing supervisor.

Additional staff can be obtained through use of overtime, per diem staff or contracted agency staff.

### **Staff Qualifications**

The Social Services Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files or in the agency staff files. All staff receive specialized training and are certified as designated individuals to apply for 5150 involuntary holds. Social workers are licensed or certified.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Social Services Department works closely with Physicians to develop population-specific policies based on recommendations from Title 22, NASW Ethics, Joint Commission, CMS, California Consent Manual and Standards of Practice.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

## **Volunteers**

### **Department Description**

The Volunteers of Saint Louise Regional Hospital provide various assistance to patients, visitors, staff and physicians. Volunteers staff the information desk and patient services desk to assist family with directions, run errands for various hospital departments, and provide customer service to all visitors and patients. Other departments include the gift shop, emergency department, and other departments as needed.

### **Key Functions**

The key function of the Volunteers is to provide volunteer services throughout the hospital. Delivering flowers, messages and locating patients for their visitors as well as walking them to their destination are but a few of their services. Many volunteers work within various departments and work as directed by staff.

### **Hours of Operation**

The Volunteers provide services during the day and evening hours. Each volunteer signs up for his or her scheduled hours each month.

### **Staff Qualifications**

The Volunteers are staffed with appropriately qualified personnel. The specific qualifications are outlined in the Volunteer job descriptions, which can be found in the Volunteer Department.

Volunteers receive orientation and in-Service training on an annual basis, to keep them up-to-date with hospital policies and protocol.

### **Integration of Services**

The Volunteer Department works closely with several departments to provide service assistance as requested.

### **Communication**

Various modes of communication are used to assure communication of key information. Focus of communication is on identification of a need and completing the process to resolve the need within the scope of the Volunteer. Communication methods include communication between individual volunteers, meetings, memos, and quarterly newsletters.

## **Administrative Support Departments**

### **Administration**

#### **Department Description**

The Administration department of Saint Louise Regional Hospital provides ongoing operational and administrative support to the entire organization.

#### **Key Functions**

Key functions of the Administration department are administrative oversight and support to department personnel in the entire hospital.

#### **Hours of Operation**

The Administration department provides services Monday through Friday 8:00am to 5:00pm. The Hospital President or a designated representative will be available at all times to provide administrative support to personnel of the organization. In the absence of the Hospital President, the administrator on-call will be fully responsible for the medical center and will act in consultation with other senior leaders as indicated/available. When a need arises during closed hours, the Hospital President or Administrator on-call can be reached by contacting the House Supervisor.

#### **Staffing**

The Administration Department is routinely staffed with Administrators and administrative assistants.

#### **Staff Qualifications**

The Administration Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

#### **Professional Practice Guidelines**

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistent and safe care to the patient.

#### **Integration of Services**

The Administration Department works closely with all departments to carry out the key functions of both Administration and the hospital departments and meet established hospital goals.

#### **Communication**

Various modes of communication are used to assure continuity of patient care and communication of key information. Focus of communication is on identification, condition, care requirements, recent or anticipated changes and safety. Communication methods include daily communication between Administrators, the House Supervisor, Administrator on-call, and other Administrators completed through daily reports and conference calls throughout the day.

#### **Performance Improvement**

The Administration Department participates in hospital-wide performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Administration.

## **Employee Health Services**

#### **Department Description**

Saint Louise Regional Hospital Employee Health Services provides for and delivers health and safety services to associates, physicians and volunteers. The practice focuses on promotion and restoration of health, prevention of illness and injury, and protection from work-related and environmental hazards.

#### **Key Functions**

Key functions of Employee Health Services include:

- Performing annual health requirements of Tuberculosis skin testing and Respirator Fit testing
- New hire physical examinations and medical clearance
- Assessment of ill/injured associates
- Yearly biometrics review
- Workers' compensation injury/risk management
- Ergonomic evaluation
- Transitional work management
- Yearly influenza vaccination program, insuring compliance with local, state, and Federal regulations.

#### **Hours of Operation**

The Employee Health Services department is open and provides services Monday through Friday from 8:00 AM to 4:00 PM. If an emergency arises during off hours, associates, physicians and volunteers should be assessed and treated in the Emergency Department. Non-emergent injuries/illnesses should be seen in Employee Health Services the next business day.

#### **Staffing**

Saint Louise Regional Hospital Employee Health Services is routinely staffed with an Occupational Health Nurse.

#### **Staff Qualifications**

The Employee Health Services department is staffed with appropriately qualified personnel to include a Registered Nurse certified as required. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Employee Health Services department develops policies based on recommendations from the California Nursing Practice Act, American Association of Occupational Health Nurses Standards of Occupational and Environmental Health Nursing, and the Core Curriculum for Occupational and Environmental Health Nursing, Third Edition, Joint Commission, CMS and local, state, and Federal regulations.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to assure consistent and safe care to associates, physicians and volunteers.

### **Integration of Services**

The Employee Health Services department works closely with Infection Control, Patient Care units, Human Resources and all other departments of the organization,

### **Communication**

Various modes of communication are used to assure continuity of associate, physician and volunteer health, care and communication of key information. Communication methods include emails of work-related injury status and other vital information within the strictures of patient confidentiality and verbal communication by telephone and in person.

### **Performance Improvement**

The Employee Health Services department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to those with a need to know.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Employee Health Services.

## **Financial Operations**

### **Department Description**

Financial Operations is responsible for providing all financial functions of the organization to leadership and focus performance improvement teams.

### **Key Functions**

Key functions of Financial Operations include:

- Accounts receivable
- Accounts payable, including patient refunds, payroll, financial statements, budgeting, financial regulatory reporting, including OSHPD and cost reports.
- Support to all patient care providers throughout the organization for all data-related to the financial operation of specific units and how this interrelates with the organizational mission and values.

### **Hours of Operation**

The Financial Operations Department provides services 8am to 5pm, Monday through Friday, except holidays.

### **Staffing**

The Financial Operations department is routinely staffed with qualified individuals in each of the major department functions.

### **Staff Qualifications**

The specific qualifications for each job are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Financial Operations department develops policies based on recommendations from CMS and published best practices.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to assure consistent and safe care to the patient.

### **Integration of Services**

The Financial Operations department works closely with all organization departments and the System Finance Department.

### **Communication**

Various modes of communication are used to assure communication of key information. Communication methods include financial reports, both routine and as needed, email and verbal/telephonic conversations.

### **Performance Improvement**

The Financial Operations department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Financial Operations.

## **Human Resources**

### **Department Description**

The Human Resources department provides support services to the hospital in the following key areas: employment on boarding, recruitment, benefits administration, workforce planning, policy development and review, employee/labor relations, training, reward and recognition programs, associate safety program and performance management.

### **Key Functions**

Key functions of the Human Resources department are administrative oversight and management of the human capital assets of the hospital.

### **Hours of Operation**

The Human Resources department provides services Monday through Friday 8:30am to 5:00pm. The Hospital Vice President of Human Resources or a designated representative will be available to provide services to personnel at the medical center. In the absence of the Hospital Vice President, the Human Resources Generalist (s) can be responsible for the human resources services and act in consultation with other senior leaders as indicated/available. When a need arises during closed hours, the Hospital Vice President or Administrator on-call can be reached by contacting the Administrative Nursing Supervisor.

### **Staffing**

Saint Louise Regional Hospital Human Resources Department is routinely staffed with one Administrator and two Human Resources Generalists. The Human Resources Staffing ratio to employees is .78 (HR FTE x EE FTE x100 = ratio).

### **Staff Qualifications**

The Human Resources Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Human Resources Practice Guidelines**

Policies and procedures within the Human Resources Policy umbrella of responsibilities provide guidelines and structure to for consistent application of various employment and regulatory requirements to ensure safe care to the patient and minimize liabilities. Additionally, the staff is tasked to source, track, monitor, and enforce key compliance requirements for the following: licensure, certification, OIG, background checks, performance evaluation, competencies, and policy adherence as prescribed by Joint Commission and Department of Public Health.

### **Integration of Services**

The Human Resources Department works closely with all departments to carry out the key functions of Human Resources to assist and meet established hospital goals.

### **Communication**

Various modes of communication are used to assure communication of key information. Focus of communication is on recruitment and selection, on boarding employment process, working with Employee Health for screenings and drug testing, licensure/certification source verification and all background check requirements, performance management tracking, employee assistance communications, benefit and retirement fairs and updates, payroll, union negotiations, recognition awards, and wellness initiatives. In addition, any substantial changes or new employment law regulations that may impact operations. Communication methods may include daily communication between Human Resources and key stakeholders (associates, directors, executives, system office, and union representatives). Communication vehicles include attending department staff meetings, fairs, emails, walk-ins, and phone.

### **Performance Improvement**

The Human Resources Department participates in hospital-wide performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Human Resources and what they are responsible for relative to Joint Commission HR standards, Department of Public Health, and other Federal and State law provisions governing the work.

## **Information Systems Department**

### **Department Description**

The Information Systems Department provides for the software, hardware and support needs of the patient care providers, as well as office automation. The Department is a critical component of the organization-wide information management system.

### **Key Functions**

Key functions of the Information Systems Department include:

- Installation of new software systems, along with the hardware and training necessary to utilize such systems
- Ongoing maintenance of current hardware and repair of such hardware.

The Information Systems Department is an important part of the decision team used in making selections of appropriate software systems to provide support in short and long-term planning for the patient care information needs of the organization.

### **Hours of Operation**

The Information Systems Department is open from 8am to 5pm, Monday through Friday, except holidays.

The Information Systems Department provides services during closed hours via service desk 24/7.

### **Staffing**

Information Systems Department is routinely staffed with Information Systems Technicians. Department staffing is constant.

**Staff Qualifications**

The Information Systems Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

**Professional Practice Guidelines**

The Information Systems Department develops policies based on recommendations from evidence-based information, Joint Commission standards and state and federal regulations.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to assure consistent and safe care to the patient.

**Integration of Services**

The Information Systems Department works closely with all departments to accomplish the goals of the department and organization.

**Communication**

Various modes of communication are used to convey key information. Communication methods include verbal/telephonic communications, emails and ARCIS education.

**Performance Improvement**

The Information Systems Department participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Information Systems Department.

## **Medical Staff Office**

**Department Description**

The Medical Staff Office provides liaison services between Saint Louise Regional Hospital and the medical staff.

**Key Functions**

Key functions of Medical Staff Office include:

- Coordinates medical staff credentialing and privileging, to include proctoring, and for medical staff reappointments.
- Coordinates OPPE and FPPE with other departments.
- Advises the Medical Staff Leadership on the appropriateness of actions under consideration with respect of the Medical Staff Bylaws, Rules and Regulations, and other regulatory bodies.
- Provides administrative support and functional guidance to the medical staff committees relative to the medical staff responsibilities.
- Provides support for ad hoc meetings, peer review and coordinating actions as needed.
- Acts as a vehicle of communication of policies and other documents through the appropriate medical staff committees.

**Hours of Operation**

The Medical Staff Office provides services from 8:30am to 5pm, Monday through Friday, except holidays.

The Medical Staff Office provides services during closed hours via the House Supervisor with respect to physician privileges online. The Hospital Administrator On-Call provides additional support during closed hours.

**Staffing**

The Medical Staff Office is routinely staffed with a Medical Staff Office Director and a Credentialing Coordinator. Staffing is flexed to support medical staff meetings and medical staff functions as needed.

**Staff Qualifications**

The Medical Staff Office is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

### **Professional Practice Guidelines**

The Medical Staff Office implements processes based on the Medical Staff Bylaws, Rules and Regulations, Joint Commission and CMS regulations.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure for consistency.

### **Integration of Services**

The Medical Staff Office works closely with clinical departments, Medical Records, Quality Management and Administration to carry out the key functions of the department.

### **Communication**

Various modes of communication are used to assure continuity of patient care and communication of key information. Emails, faxes, committee meetings and posters are conduits of information generated for the medical staff. Urgent communications are accomplished via telephone and email modes.

### **Performance Improvement**

The Medical Staff Office participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to the medical staff within the department via the medical staff department chairs.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized.

Department involvement in performance improvement initiatives is related to the scope of service of the Medical Staff Office.

## **Quality Improvement Department**

### **Department Description**

The Quality Improvement Department coordinates the organization-wide performance improvement program, which is designed to establish, support, maintain and document the improvement of patient care and service. The members of the department facilitate compliance with all regulatory standards regarding performance improvement through a variety of activities, including support of medical staff and hospital committees that focus on improvement of systems and processes. The department gathers data and provides reports as necessary to the leadership, and provides education to medical staff and associates regarding performance improvement. The members serve as a resource to the hospital in matters of performance improvement.

### **Key Functions**

Key functions of Quality Improvement Department include:

- Coordinating, conducting, monitoring and reporting quality control and performance improvement information
- Coordination of regulatory and accreditation surveys and provision of interpretation of regulation and standard.
- Policy and procedure management

### **Hours of Operation**

The Quality Improvement Department is open from 8am-5pm, Monday through Friday, excluding holidays.

The Vice President of Quality and Risk Management is available during closed hours via the nursing supervisor.

### **Staffing**

The Quality Improvement Department is staffed with licensed RNs with applicable certification and experience.

The Policy and Procedure Project Manager provides support for leadership regarding the formatting, routing and posting of hospital policies. The department is accountable to the Vice-President of Quality and Risk Management.

**Staff Qualifications**

The Quality Management Department is staffed with appropriately qualified personnel. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

Policies and procedures within the Administrative Policy Manual provide guidelines and structure to assure consistent and valid data reported. Additionally, a measure/study-specific abstraction guideline provides direction for core-specific abstractions.

**Integration of Services**

The Quality Improvement Department works closely with Risk Management, Health Information Management, Medical Staff Office, Administration and other hospital departments to facilitate timely abstraction and reporting of data. Additionally, the department works with various departments, physicians and teams on quality initiatives.

**Communication**

Various modes of communication are used to assure accuracy and timeliness of data abstraction and communication of key information. Focus of communication is on identification of cases/events, abstraction requirements, accuracy, recent or anticipated changes and timeliness. Communication methods include electronic and paper reports and memos, phone calls and meetings.

**Performance Improvement**

The Quality Improvement Department coordinates hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized.

Department involvement in performance improvement initiatives is related to the scope of service of the Quality Improvement Department.

## **Risk Management**

**Department Description**

Risk Management provides assessment and identification of risk issues and works with leadership, medical staff and staff to mitigate identified problems.

**Key Functions**

Key functions of Risk Management include:

- Assessment and identification of loss potential
- Development and measurement of the effectiveness of loss prevention programs
- Provide educational activities to increase the knowledge of the governing body, administration, associates, medical staff, volunteers and visitors with regard to risk potential and mitigation
- Act as hospital liaison to corporate risk management, attorneys, insurance and claims management entities
- Manage the incident reporting and grievance tracking system in collaboration with the Patient Advocate
- Patient Safety
- Assists hospital leadership and medical staff in tracking and trending risk data related to patient care and operations.

**Hours of Operation**

Risk Management is available 9a-5pm, Monday through Friday except holidays.

The Director of Risk Management is available during closed hours via pager and cell phone. When a need arises during closed hours, the Risk Director can be reached by contacting the Hospital Operator.

**Staffing**

Saint Louise Regional Hospital Risk Management department is routinely staffed with one Director of Risk Management. Additional staff can be obtained through per diem staff.

**Staff Qualifications**

Risk Management is staffed with a certified Risk Manager. The specific qualifications are outlined in staff job descriptions, which can be found in the Human Resources Personnel Files.

Staff performance and competency are evaluated at least annually and documented in a performance appraisal tool.

**Professional Practice Guidelines**

Risk Management develops policies based on recommendations from the California Consent Manual, Joint Commission standards, CMS regulations and evidence-based clinical practice guidelines.

Policies and procedures within the Administrative Policy Manual and the Department-specific Policy Manual provide guidelines and structure to assure consistent and safe care to the patient.

**Integration of Services**

Risk Management works closely with Daughters of Charity corporate office, attorneys, insurance departments, hospital leadership, physicians, and all hospital departments to facilitate quality of care, and a safe environment.

**Communication**

Various modes of communication are used to communicate key information. Communication methods include memos, emails and educational presentations.

**Performance Improvement**

Risk Management participates in hospital-wide and department-specific performance improvement activities. Data is collected for analysis and action planning as needed. Results and action plans are communicated to staff within the department.

Annually and as opportunities present, performance improvement initiatives are identified and prioritized. Department involvement in performance improvement initiatives is related to the scope of service of Risk Management.

<b>REPLACES:</b>	
<b>APPROVED BY</b>	<b>DATE APPROVED</b>
Administration	11/16/12, 07/13
Medical Executive Committee	07/24/13
Board	09/05/13