

**Plan for the Provision  
Of Patient Care**

**FY 2014**

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## **SECTION I: INTRODUCTION**

### **Purpose**

The purpose of the Plan for the Provision of Patient Care (the “Plan”) is to provide the framework for the appropriate provision of health care services at SVMC, including:

- Identifying existing and new patient services
- Directing and integrating patient care and support services throughout SVMC
- Implementing and coordinating services across departments
- Directing and supporting a comparable level of patient care throughout SVMC

The Plan outlines the organizational components integral in the provision of safe and effective patient care while considering the following:

- The areas of the organization in which care is provided
- The mechanism(s) used in each area to identify patient care needs
- The number and mix of staff members in each area to provide for patient needs
- The process used for assessing and acting on staffing variances
- The interdisciplinary plan for improving the quality of care
- Compliance with the National Patient Safety Goals

### **Policy**

The leadership of SVMC recognizes its role in providing the frame-work for planning, directing, coordinating, and improving health care services that are responsive to community and patient needs and that result in positive patient care outcomes. The leadership further recognizes the complexity of the acute care hospital organization as 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 mission and the leadership process defined for SVMC and is guided by our Vincentian values. The Plan is appropriate to the scope and level of care required by the patients served.

### **Community**

SVMC is located in Service Planning Area (SPA) 4 of Metro Los Angeles. Its service area, however, extends over a larger regional area with patients coming to SVMC from over 80 cities in Los Angeles, San Bernardino, Riverside and Orange Counties, as well as from across the county and around the world.

### **Overview of Services**

St. Vincent Medical Center was founded by the Daughters of Charity of St. Vincent de Paul in 1856 and has grown into a 366-bed regional acute care, tertiary referral center, specializing in heart care, cancer care, spine care, multi-organ transplantation, and the treatment of ear and hearing disorders.

SVMC has an average daily census of approximately 150. The average number of acute patient days per year is 54,900. The skilled nursing inpatient days average 7,500 per year. The eight-bed Emergency Department has an average of 12,600 visits per year.

SVMC employs over 1300 associates, with approximately 550 nursing/patient care associates, and 300 physicians. Over 200 volunteers donate their time and experience to serving the SVMC patient population.

## **SECTION II: ORGANIZATION OVERVIEW**

### **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 spirit of our Vincentian values, to be the preferred hospital of patients, physicians, and staff in the greater Los Angeles area for our primary, community and specialty services and nationally and internationally for our highly specialized services.

### **Values**

The Charity of Jesus Christ urges us to live our Vincentian Values of:

- 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 to those who lack resources for a healthy life and full human development.
- Inventiveness to Infinity - being continuously resourceful and creative.

### **Patient Care Philosophy**

It is the philosophy of SVMC to create an environment that supports safe and effective delivery of patient care, treatment and services, continuous improvement, and innovative leadership that recognizes the complexities presented by the current health care environment. Compliance with the Joint Commission on Accreditation of Healthcare Organizations' functional standards and The Center for Medicare and Medicaid Services Conditions of Participation are fundamental to providing quality health care. Achieving compliance with these important standards and conditions requires interdisciplinary teamwork involving many hospital departments and services. Our goals in the provision of patient care, treatment, and services are as follows:

- **Ethics, Rights, and Responsibilities**

We will recognize and respect each patient in the provision of care, treatment, and services in accordance with fundamental human, civil, constitutional, and statutory rights to improve patient outcomes. Associates function as patient advocates and participate in problem identification and resolution to ensure a high level of quality care. All business relationships with patients and the public are conducted in an ethical manner.

- **Provision of Care, Treatment, and Services**

We will match the patient's ongoing needs to the appropriate level and type of care before admission, during admission, while in the hospital, before discharge, and at discharge by:

- Providing patient care in an integrated system of settings, services, health care practitioners, and care levels
- Maximizing coordination of care within this continuum to determine care needs through assessment of each patient's needs

- Providing individualized, planned, and appropriate care in settings that support the patient’s care, treatment and rehabilitation goals.
- Incorporating population-specific requirements into the plan of care including, but not limited to culture, ethnicity, religious/spiritual beliefs, gender, and age. SVMC uses the following age definitions:

- Infant                            1 month - 1 year
- Child/Children                1-13 years
- Adolescent                    14-18 years
- Adult                             >18-65 years
- Geriatric                        >65 years

**[American Academy of Pediatrics (2004) and the Hartford Institute for Geriatric Nursing (2012)]**

- **Patient and Family Education**

The patient and/or, when appropriate, his/her family receive education specific to the patient’s assessed needs, abilities, readiness to learn, cultural and religious practices, emotional barriers, physical and cognitive limitations and language barriers, and financial considerations. Initial assessment and reassessments are performed by all patient care disciplines and include assessments of patient/family learning needs. The goal is to provide patients and families with the knowledge and skills to:

- Promote recovery and return to function
- Change health behaviors leading to preventative health activities
- Make appropriate healthcare decisions
- Understand health status and options for treatment
- Anticipate risks, benefits of treatment, and cost

### **Organizational Structure**

A management philosophy that combines realistic delegation of authority with principles of participative management has been adopted to carry out our mission and fulfill our vision. This philosophy is based on three interrelated management structures designed to provide support, direction and achievement:

- Line Structure – provides goods and services for the care, treatment and comfort of our patients.
- Staff Structure – provides support elements (goods, services, manpower) to assist the line structure of the organization.
- Council Structure –provides venue for proposal and review; coordinate, demonstrate and arbitrate issues, policies and procedures that have medical center-wide impact. Council entities include:
  - Management Council – this Council is composed of administrative level representatives. Its purpose is to act as a coordinating, reviewing and proposing body for senior management on matters both operational and social, that have broad medical center implications. It is the approving authority for all medical center committees (other than committees of the medical staff). It is the responsibility to report to the Hospital President the approval/disapproval of proposals, policies or procedures that have medical center- wide implications.
  - Quality Care Committee – The Quality Care Committee’s charter is to enforce the Quality Improvement Program of the Medical Center in collaboration with the Management Council. This is a resource authorization body which may act independent of the Management Council.

### **Organizational Governance**

SVMC is governed by a local Board of Directors in conjunction with the DOCHS Board of Directors.

The President/CEO is appointed by the System Board of Directors and is ultimately accountable for the management of the hospital within the policies established by the Local Board of Directors. Hospital administrative and operating decisions originate through the President, either directly or indirectly. The President serves as the liaison between the hospital Medical Staff, the Foundation Board of Directors, contracting services and the hospital. Although the President is ultimately responsible, he/she may delegate a portion of his/her responsibility for actual performance of individual tasks.

He/she is responsible, in conjunction with the Governing Board, to provide the framework for planning healthcare services provided by SVMC based upon our mission, and for developing and maintaining an effective planning process. The process will include an assessment of customer and community needs, a strategic plan, establishing operating and capital budgets, and ongoing evaluation of each.

The Vice President of Patient Services/Chief Nursing Officer (CNO) is a registered nurse in the State of California and is qualified by advanced education and experience. The CNO is ultimately accountable for the provision of patient care and is vested with the authority and responsibility to address the following functions:

- Create a strong vision, well articulated patient care philosophy, care delivery model, and strategic and quality plans to lead patient care services.
- Develop and implement the nursing plan ensure quality care and positive outcomes
- Promote a healthy work environment that promotes the health and well-being of all associates.

### **SECTION III: PROVISION OF SERVICES**

#### **Planning for Services**

The planning process is collaborative and inclusive in order to allow input from all relevant levels of the organization, medical staff and community to address both patient care functions (access, treatment, patient rights, patient teaching, discharge planning, and assessment) and organizational support functions (information systems, safety, environment and performance assessment and improvement). The planning process is guided by concurrent and retrospective assessment of patient and physician satisfaction with care and services provided. The goal of the planning process is to ensure excellent patient care and compliance with regulatory standards and requirements. Consideration is given to ensuring configuration and allocation of all necessary resources, including space, equipment and other facilities to meet the specific needs of the patient population served by the hospital including age, ethnicity, physical disabilities, and other characteristics.

#### **Directing Services**

The leadership team SVMC continuously develops leaders at every level who help to fulfill the hospital's values, mission, and vision, accurately assess the needs of patients, and develops an organizational culture that focuses on continuously improving performance to meet these needs. Leadership and associates share responsibility in developing consistent standards of practice and competency by ensuring uniform delivery of patient care services throughout the organization, communication of the hospital's values, mission and vision throughout the organization in order to guide the day to day activities its associates, and interdepartmental collaboration on issues of mutual concern that require multidisciplinary input.

Principles of shared governance are inherent in the organization and are designed to promote participative decision making, invest managers with the authority and responsibility to direct and guide assigned departments, foster staff involvement and assure current standards of practice.

### **Participation in the Budget Process**

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

### **Patient Care Organizational Performance Improvement Activities**

Linked to the annual organization planning process, the plan for providing patient care will be reviewed and revised as necessary. All departments are responsible for participating in ongoing performance improvement efforts. Changes in patient care needs or findings from performance improvement activities, risk management, infection control, safety and other internal assessments may also trigger a review and revision.

### **Integrating Patient Care and Support Services**

Integration: Organizational structure at SVMC supports an integrated approach to the delivery of patient care services. Clinical services/departments are aligned under the direction of the CNO. Regular meetings are conducted for the purpose of interdisciplinary collaboration, planning and systems enhancement. Additionally, the organization embraces a continuous quality improvement philosophy as outlined in the Quality Plan in which interdisciplinary cross-functional teams are chartered for the purpose of performance improvement. Interdisciplinary relations are maintained to ensure continuity of patient care services through open communication. Examples of such collaborating activities include, but are not limited to:

- Informing physicians of changes in patients' condition, patient questions, needs or concerns and the presence of advanced directives for health care decisions
- Clarifying orders of a confusing nature, or those which do not correlate with the clinical plan of care.
- Involving patients and family members in patient care including but not limited to, decisions regarding goals of care, treatment, and services offered, providing information necessary to make effective decisions, and patient/family teaching
- Initiating appropriate referrals
- The discharge planning process and interdisciplinary communication with members of various disciplines such as Nursing, Medical Staff, Pharmacist, Food and Nutrition, Physical Medicine, Occupational Therapy, Respiratory Therapy, and Case Management
- Conferring with Environmental Services for coordinating a safe and clean environment upon admission and throughout hospitalization
- Coordinating between the patient care areas for appropriate patient placement
- Committees, Task Forces & Performance Improvement Teams for departmental or interdisciplinary problem solving
- Interdepartmental consultations for expertise related to identified patient needs to assure the same level of care regardless of patient placement
- Notification of Plant Operations for referral to Biomedical Engineering regarding potentially unsafe equipment
- Maintaining an interdisciplinary medical record
- Pharmacy consultation regarding medical orders, effects, usage, food/drug interaction, etc.

- Food and Nutrition consultation regarding nutritional assessment and intervention
- Rehabilitative Medicine consultation regarding patient mobility and use of appropriate body mechanics by clinical personnel
- Statistical tracking, trending, and analysis by Finance, Medical Records, and Quality Management

Communication and Information Management: Departments establish and maintain productive and professional working relationships with all of the hospital services and departments. Communication is key to establishing and maintaining these relationships. Communication occurs via staff meetings, department head and leadership meetings, individual conversations, telephone calls, e-mails, memos, performance improvement teams, reports, and newsletters.

**Professional Patient Care Associate Roles and Functions**

Associate	Assessment	Planning	Intervention	Discharge Planning	Invasive Procedures	Patient Rights	Nutritional Care	Patient Teaching
Occupational Therapist	X	X	X	X		X		X
Pharmacists	X					X	X	X
Physician	X	X	X	X	X	X	X	X
Physical Therapist	X	X	X	X		X		X
Registered Dietitian	X	X		X		X	X	X
Registered Nurse	X	X	X	X	X	X	X	X
Respiratory Therapist	X	X		X	X	X		X
Social Worker	X		X			X		X
Speech Therapist	X	X		X		X	X	X
Case Manager	X	X	X	X		X		X
Radiology Tech.					X	X		X
Spiritual Care	X					X		X

**Staffing For Patient Care**

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

Each department has a specific staffing plan that is reviewed no less than annually based on assessment of patient needs, patient satisfaction, physician satisfaction, utilization review/case management, associate turnover and performance improvement. Measurement tools are utilized to help assess the effectiveness of the staffing plans.

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

- Assess the patient care needs

- Plan and provide nursing care interventions
- Prevent complications and promote improvement in the patients' comfort and well-being
- Alert other care professionals to the patients' condition as appropriate

The plan for staffing St. Vincent Medical Center includes a department specific patient classification system designed to establish patient care needs of individual patients that reflect the assessment made by a registered nurse of patient requirements and provides for shift-by-shift staffing based on those requirements. Ongoing assessment and monitoring will be done to provide the patient/family with appropriate and timely interventions. An assessment is performed by a registered nurse who may delegate appropriate aspects of patient care to ancillary nursing personnel. Nursing personnel provide a safe and therapeutic environment for all patients. When patient care is provided by students or outside supplemental staff, patient care is the ultimate responsibility of the hospital staff.

Plans will include but not be limited to the following elements: individual patient care requirements, patient care delivery system, generally accepted standards of nursing practice, and elements reflective of hospitals' patient population

Census and patient acuity are reassessed on an ongoing basis by the Nursing Director/Administrative Supervisor  
Understaffing may be corrected by:

- Floating a staff person on duty
- Requesting a staff member to work additional hours
- Utilizing agency personnel

Overstaffing may be corrected by:

- Floating a staff member to another area
- Flexing off personnel to meet low census
- Sending staff home before completion of shift after appropriate reassessment of patients
- Reduction of staff will occur in the following priority manner (consideration will be given to license and safety issues):
  - Outside registry
  - Staff scheduled overtime
  - Per-diem
  - Part-time
  - Full-time

Temporary Alternate Reassignment (Floating) is subject to the following guidelines:

- Staff will be asked to accept alternate reassignments when necessary and as noted in collective bargaining contract
- Temporary alternate reassignments of personnel will be determined by specific unit staffing requirements
- Temporary alternate reassignments of personnel will be commensurate with their qualifications to facilitate meeting the care needs of patients. Personnel who "float" to various areas need to demonstrate competency in the area to which they are floated (independent performance of skills)

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

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

The reliability of the patient classification system for validating staffing requirements is reviewed annually and as necessary. To ensure an accurate measure of patient care needs, staff/managers and Vice President of Patient Services/CNE participate in the review, revision and implementation of the staffing plan.

The clinical information concerning patient care management presented at the intershift sessions is designed to provide for continuity of nursing care and an effective work pattern by the ongoing staff. The qualities of communications in the change of shift report influences the quality of patient care and requires each nurse to summarize the patient's status concisely and accurately. Report may be completed through the use of any method which allows the communication to be transferred in a timely and effective manner including:

- Direct verbal communication between on coming and off going staff
- Walking rounds
- Written summary

## **SECTION IV: SERVICES PROVIDED**

### **Patient Care Services**

Patient services at SVMC occur through an organized and systematic process designed to ensure the delivery of safe, effective and timely care, treatment, and services. Providing and delivering patient care, treatment, and services requires specialized knowledge, judgment, and skill derived from the principles of biological, physical, behavioral, psychosocial and medical sciences. As such, patient care, treatment, and services will be planned, coordinated, provided, delegated and supervised by professional health care providers who recognize the unique physical, emotional and spiritual needs of patient/family teaching, patient advocacy and research. Under the auspices of SVMC, The Medical Staff, registered nurses, allied health care professionals, and support services function collaboratively as part of an interdisciplinary team to achieve optimal patient outcomes.

- Emergency Department
- Acute Rehabilitation Unit
- Critical Care Unit
- Acute Dialysis Unit
- Telemetry Unit
- Transitional Care Unit
- Medical-Surgical Unit
- Oncology Unit
- Nephrology Unit
- Perioperative Services
- Respiratory Care
- Cardiology
- Cardiac Catheterization Laboratory
- GI Laboratory
- Nuclear Medicine
- Rehabilitative Services
- Vascular Laboratory
- Pharmacy
- Imaging Services
- Clinical Pathology and Laboratory Services
- Case Management
- Social Services
- Spiritual Care
- Nutrition and Food Services

### **Clinic Services**

Outpatient services are available to meet the needs of the population served by SVMC. These services include:

- Asian Pacific Liver Center
- Cancer Treatment Center
- Joint Replacement Institute
- Spine Center
- Orthopedic Institute
- Multi-Organ Transplant Center

### **Community Outreach Services**

To fulfill the mission of SVMC, community outreach programs supported by the DOCHS include:

- Casa de Amigos
- Multicultural Health Awareness and Prevention Center

### **Medical Staff Services**

Organized to coordinate, direct, and provide medical services to the hospital. The Medical Staff has established Bylaws and Rules and Regulations to govern their activities, the management of patient care, policy and procedure development, quality improvement, peer review, appointment, reappointment, and determination of clinical privileges.

### **Patient Support Services**

Support the individuals providing direct patient care through their collaboration and interaction with direct patient care providers. Other hospital services are provided to ensure that direct patient care services are maintained in a continuous manner by coordinating organizational functions such as leadership/management, information systems, human resources, environment, infection control and organizational performance improvement. These services support the comfort and safety of the patient and the efficiency of services available. These services are integrated with the patient services of the hospital.

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Patient Access/Admitting/Registration</li> <li>• Finance</li> <li>• Biomedical Engineering</li> <li>• Business Development and Planning</li> </ul> | <ul style="list-style-type: none"> <li>• Central Processing and Distribution</li> <li>• Education Services</li> <li>• Patient Relations</li> <li>• Health Information Management</li> <li>• Human Resources</li> </ul> | <ul style="list-style-type: none"> <li>• Corporate Compliance</li> <li>• Public Safety</li> <li>• Quality Management</li> <li>• Risk Management</li> <li>• Telecommunications</li> <li>• Tumor Registry</li> <li>• Volunteer Department</li> </ul> |
|---|--|--|

## **SECTION V: APPENDICES**

### **Appendix 1: Organizational Charts**

The hospital organizational charts are intended to reflect the organizational location of various departments and personnel within the hospital. However, the position of an organization, department, or individual is not a reflection of their relative importance to the hospital.

### **Appendix 2: Scopes of Service**

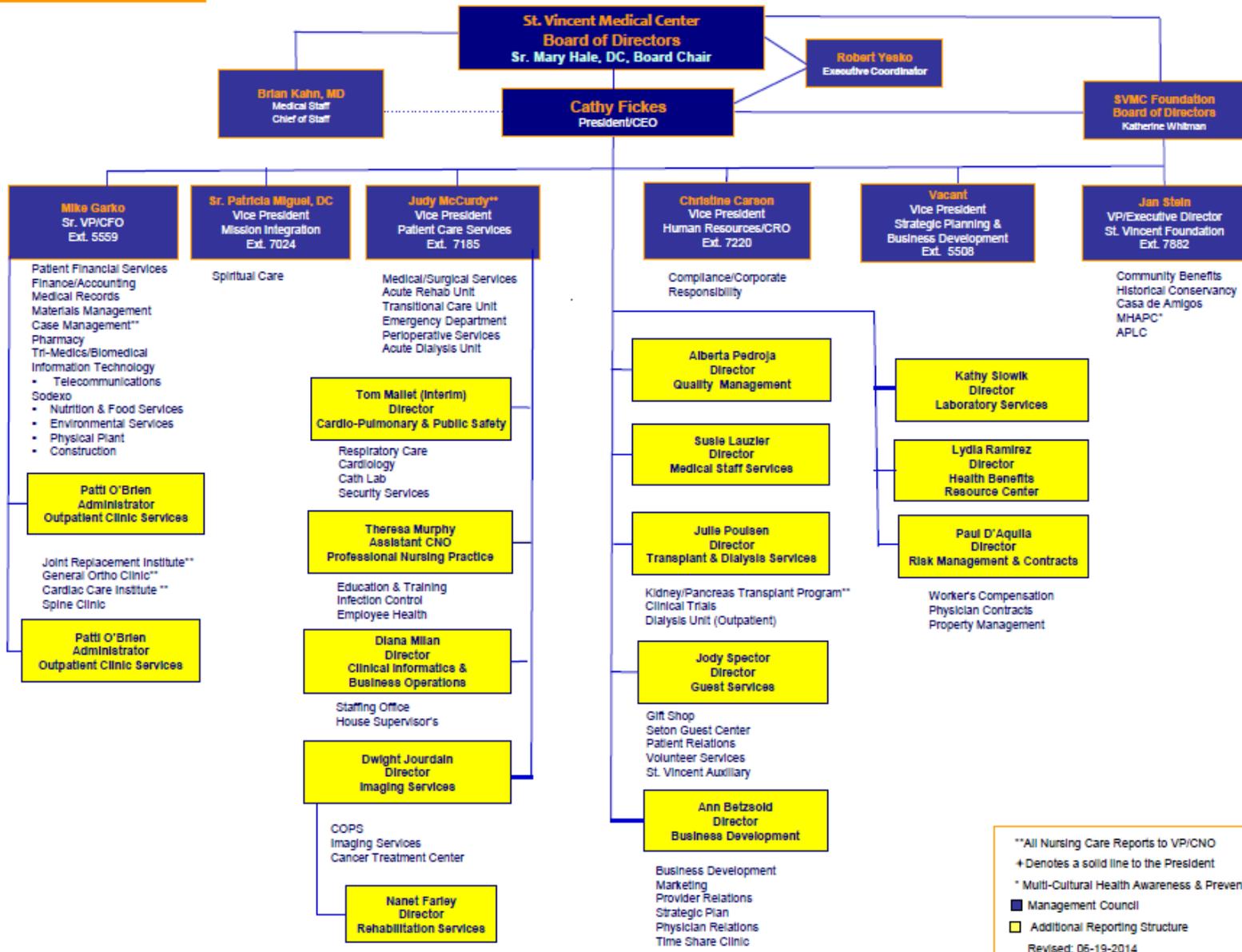
The design of patient care services provided throughout the organization is specified in each department's scope of service. Each scope includes, but is not limited to, the following information:

- Department Description
- Hours Of Service
- Population Served
- Services Provided
  - Conditions/Diagnosis Of Patients Cared For In Department
  - Treatments, Interventions, And Activities Provided
  - Utilization Of Technology

- Admission Criteria (as appropriate)
- Discharge Criteria (as appropriate)
- Staffing (as appropriate)
  - Accountabilities, Responsibilities, and Scope Of Practice
  - Competency Validation And Maintenance Plan
  - Staffing Plan/Matrix

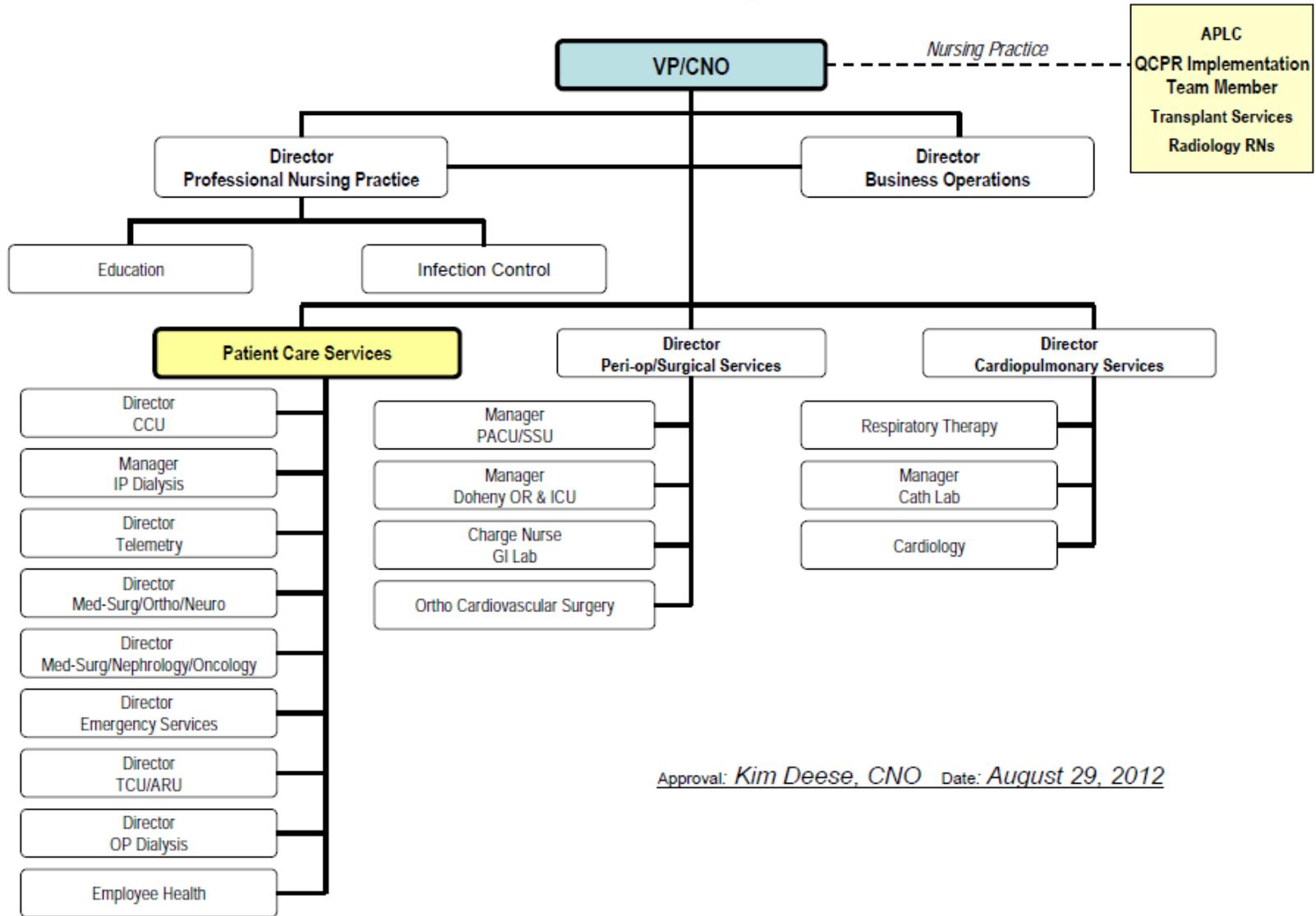
**APPENDIX 1**  
**ORGANIZATIONAL CHARTS**

**St. Vincent Medical Center  
Organizational Chart**



\*\*All Nursing Care Reports to VP/CNO  
+ Denotes a solid line to the President  
\* Multi-Cultural Health Awareness & Prevention Center  
■ Management Council  
■ Additional Reporting Structure  
Revised: 05-19-2014

## Patient Care Services Organizational Chart



Approval: *Kim Deese, CNO* Date: *August 29, 2012*

**APPENDIX 2**  
**SCOPES OF SERVICE**

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<b>ST. VINCENT MEDICAL CENTER (SVMC)</b> Nursing Policy and Procedure Manual	<b>Page:</b> 1 of 3	<b>Originating Department:</b> Nursing	<b>Originating Date:</b> 6/2011	<b>Reviewed/No Revisions:</b>
	<b>Revised:</b> 07/2014			
<b>SUBJECT:</b> Acute Dialysis, Scope of Service	<b>APPROVAL:</b> Medical Executive Committee			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The inpatient Dialysis department is located on the 4<sup>th</sup> floor St. Vincent Medical Center (SVMC).

### HOURS OF OPERATION

The hours of operation for dialysis treatments are 24 hours a day, 7 days a week with an on-call nurse from 10 PM to 6AM.

### POPULATION SERVED

The populations served by the Acute Dialysis Unit include all inpatients meeting admission criteria. Dialysis is not performed in the Transitional Care Unit.

### SERVICES PROVIDED

#### Treatments, Interventions, Activities Provided

The Acute Dialysis Unit provides hemodialysis treatments.

#### Utilization of Technology

There are four types of dialysis machines that are used to provide treatments.

1. Fresenius 2008H, K2 and T which has the reverse osmosis unit attached of which there is a total of ten in the department.
2. The fourth type of dialysis machine is the self-contained REDY 2000 The REDY machines are used in rooms where there is no appropriate plumbing hook up at this time those areas are the Operating Room..

Currently there are four types of dialyzers used:

1. The F6 for the REDY machines
2. The F16, F160, F250 Optiflux, are used for the single-pass machines.

### ADMISSION CRITERIA

Stat cases come first, with the first available nurse to perform the treatment. For all other cases, priority is defined by the Nephrology Committee as:

1. Patient's going to surgery
2. Patients fluid overloaded with shortness of breath
3. Patients in Critical Care
4. K+ 6.5 or greater
5. Patients being discharged

ST. VINCENT MEDICAL CENTER (SVMC)  Nursing Policy and Procedure Manual	Page:	Originating Department:	Originating Date:	Reviewed/No Revisions:
	2 of 3	Nursing		Revised: 07/2014
<b>SUBJECT:</b> Acute Dialysis, Scope of Service				

**STAFFING**

**Accountability, Responsibility, and Scope of Practice**

**Director** - Responsible for the overall 24 hour organization, management and leadership of the Acute Dialysis Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Supervisor** - Assumes the role as the Coordinator assigning cases to the staff on a daily basis. The Supervisor is an exempt position who works Monday through Friday in which additional leadership responsibilities are included. Supervisor is clinically competent to provide dialysis treatments to patients. Reports directly to Director.

**Registered Nurse** - A clinically competent nurse who provides care through the nursing process and maintains standard of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided

**Biomedical Technician:** Responsible for preventive maintenance of all hemodialysis equipment.

**Certified Hemodialysis Technician:** Responsible for performing requiring culturing and cleaning services necessary for equipment operations.

**Competency Validation and Maintenance**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include:

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Nursing Policy and Procedure Manual	<b>Page:</b>  3 of 3	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>	<b>Reviewed/No Revisions:</b>
				<b>Revised:</b> 07/2014
<b>SUBJECT:</b> Acute Dialysis, Scope of Service				

4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The unit is staffed with Registered Nurses working 12 hours shifts. Nurses work either full-time, part-time or per diem. During the week including Saturday one RN starts at 6 AM, one or two nurses are scheduled at 7 AM, one or two nurses at 8 AM, one or two nurse at 9AM and one or two at 10 AM. Sunday staffing consists of two scheduled RN's. The Supervisor adjusts the staffing needs throughout the day according to number of cases. The average number of treatments performed by a nurse is usually two per shift.
3. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Supervisor contacts staff to work. Supervisor calls the staff who were cancelled first, contacts staff members who have made themselves available, and per diem staff.

**Process for ordering dialysis treatments**

It is the responsibility of the nursing staff of each unit to notify the Dialysis Supervisor or designee of a dialysis treatment for the current day by calling them on their wireless phone. Orders for the next day treatments will be placed through ARCIS or faxed to the Dialysis Department. The Supervisor will review the incoming orders and make the assignments. After 7:30 PM if a treatment is required for that day the ordering unit will contact the House Supervisor who will notify the on-call nurse. The on-call nurse has one hour to report to work. The dialysis nurse must enter a charge for the treatment into the computer at the time of dialysis.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 3	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 07/2014  <b>Revised:</b> 12/2011
<b>SUBJECT:</b>  Acute Rehabilitation Unit, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Acute Rehabilitation Unit (ARU) is located on the 5<sup>th</sup> floor. Double-occupancy rooms are sufficient to house a maximum of 19 patients. Each room has electrical outlets, oxygen access, and a full bathroom. Crash carts and emergency equipment are available on the unit. Additional areas are designated for therapy, dining, and patient/visitor interactions.

**HOURS OF SERVICE**

The ARU is open 24 hours a day, 7 days a week, and 365 days per year.

**POPULATION SERVED**

Comprehensive inpatient rehabilitation services are provided to those ages 18 and over. This program will also serve patients ages 15-17, but only on a case-by-case basis and when it is deemed that these individuals would be best served by the program. The program accepts persons of varying cultural backgrounds.

**SERVICES PROVIDED**

**Conditions/Diagnoses of Patients Cared for in Department**

Common diagnoses addressed by the ARU include, but are not limited to:

1. cerebral vascular accident
2. spinal cord injury
3. traumatic brain injury
4. amputation
5. multiple trauma
6. hip fracture or joint replacement
7. arthritis
8. congenital deformity
9. burns
10. other progressive, neurological syndromes

**Treatments, Interventions, and Activities Provided**

A wide range of services is needed to address the multitude of treatment goals identified in the assessment. The goal of each service is to maximize the individual’s potential in the restoration of function or adjustment by integrating with other services. Every effort is made to discharge persons served back into the community.

**Utilization of Technology**

Technology utilized in the ARU includes, but is not limited to:

1. Infusion pumps
2. Defibrillator
3. Point-of-Care Blood Glucose testing

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<b>SUBJECT:</b> Acute Rehabilitation Unit, Scope of Service				

4. Electronic thermometers
5. Cardiac monitors
6. Portable cardiac monitors
7. MARTTI- portable translation device

### **ADMISSION CRITERIA**

Patients admitted to the ARU must be medically stable but have sufficient medical acuity to warrant an ongoing hospital stay.

### **DISCHARGE CRITERIA**

Discharge criteria are set by the treatment team and individualized for each patient taking into consideration physical and cognitive abilities, support systems, and location to be discharged to.

### **STAFFING**

#### **Accountabilities, Responsibilities, and Scope of Practice**

**Director** - Responsible for the overall 24 hour organization, management and leadership of the ARU. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Charge Nurse** - Provides leadership and supervision to the staff ensuring the delivery of excellence in care throughout the assigned shift.

**Registered Nurse** - A clinically competent nurse who provides care through the nursing process and maintains standard of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Licensed Vocational Nurse (LVN)** - The licensed vocational nurse, under the direction and supervision of a registered nurse, provides direct and indirect nursing care to a select number of adolescent, adult and geriatric patients during a given period of time.

**CNA** - Provides direct patient care to assigned patients under the direct supervision of the RN/LVN.

**Unit Secretary** - Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

**Office Coordinator** - The Office Coordinator provides clerical support for unit and maintains personnel records for staff.

**Ancillary Services** - Ancillary services are provided and include, but are not limited to, medical nutritional therapy/dietary services, pharmaceutical services, respiratory therapy services, diagnostic radiology services, dental services, pathology, laboratory services, and chaplaincy services/pastoral care. In addition, prosthetic and orthotic services, vocational rehabilitation, audiology services, rehab engineering, and driver education are provided when necessary through affiliate agreements or

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<b>SUBJECT:</b> Acute Rehabilitation Unit, Scope of Service				

arrangements with external organizations. The timeframe for provision of such services is determined by the interdisciplinary team.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California.

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

- 6. Mandatory requirement of a regulatory agency
- 7. High Volume
- 8. High Risk
- 9. Low Volume
- 10. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

- 1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
- 2. The skill mix includes Registered Nurses, Licensed Vocational Nurses, Patient Support Technicians, staff in occupational and physical therapy, and unit secretaries. Hours per patient day (HPPD) are maintained at not less than 9.82.
- 3. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
- 4. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
- 5. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 2	<b>Originating Department:</b> Asian Pacific Liver Center	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Asian Pacific Liver Center, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Located at 2200 West 3rd Street, the 3,722 sq. ft. Asian Pacific Liver Center at St. Vincent Medical Center (SVMC) is a comprehensive liver center offering specialized services for the treatment of liver related diseases. The center offers free hepatitis screenings to the community, free community seminars in order to elevate the awareness of hepatitis, as well as low cost hepatitis B vaccinations.

**HOURS OF SERVICE**

The department provides routine services for outpatient office visits Monday through Friday, 9:00 AM to 5:30 PM on an appointment basis. When the center is closed, notifications will be made on the voicemail message that callers would access after normal business hours. This message instructs patients to call 911 or to go to their local ER in the event of an emergency.

**POPULATION SERVED**

Evaluations are performed on an outpatient basis with the following age specific groups:

- a. Young adults            13-17 years
- b. Adults                    18-64 years
- c. Geriatric                65 years and older

**SERVICES PROVIDED**

The evaluation and treatment of patients with liver conditions will include but not be limited to those specific to the liver, such as:

- Hepatitis A, B, and C
- Liver Cirrhosis
- Hepatocellular Carcinoma
- Fatty Liver

**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

Physician

- Evaluates and treats patient, and oversees patient’s care.
- Provides patient and family education regarding hepatitis, risk factors, and available treatment plans
- Oversees research studies.

Nurse Practitioner

- Follows physician’s plan of care under the supervision of the physician.
- Organizes outreach programs for community education and screening of hepatitis
- Oversees and manages research studies.

Licensed Vocational Nurse (LVN)

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Administrative Manual				<b>Revised:</b> 07/2014
<b>SUBJECT:</b> Asian Pacific Liver Center, Scope of Service				

- Manages the daily operations of research studies.
- Assists physician in the clinic by escorting patients to the exam room, taking the initial interview for the visit, assisting the physician with standard procedures done in the clinic, such as drawing blood.
- Administers vaccinations to patients.

#### Administrative Assistant

- Helps with grant writings
- Helps uninsured or underinsured patients with patient assistant programs to get free medications if treatment is required
- Coordination of imaging services for research patients.
- Financial counseling

#### Research Assistant

- Assists physician, nurse practitioner, and LVN in the clinic by checking patient's insurance and preparing patient's charts before appointments.
- Prints out patient's reports for physician/nurse practitioner to review.
- Coordinates patient's clinic and procedure appointments
- Prepares supplies for hepatitis screenings.

### Competency Validation and Maintenance Plan

#### Physician

- Competency evaluated through routine Medical Staff Office procedures.

#### Nurse Practitioner

- Competency formally evaluated annually by supervising physician on physical assessment and care plans.

#### Licensed Vocational Nurse

- Competency formally evaluated annually by Nurse Practitioner.

#### Administrative Assistant

- Competency formally evaluated annually by Nurse Practitioner.

#### Research Assistant

- Competency formally evaluated annually by Nurse Practitioner.

### Staffing Plan/Matrix

The department is staffed with qualified personnel Monday through Friday, 9:00AM to 5:30 PM and with a Supervisor/Manager in addition to the staff.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 1	<b>Originating Department:</b> Business Development and Planning	<b>Originating Date:</b> 12/2011	<b>Reviewed/No Revisions:</b>  <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Business Development and Planning, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The department is located on the main level of the Hospital just past the Gift Shop. The department works closely with our physicians and all service lines of the hospital to develop awareness throughout our primary, secondary service areas, and tertiary service areas.

**HOURS OF SERVICE**

The department is open Monday through Friday 8am to 5pm

**POPULATION SERVED**

The department services our physicians, service lines and surrounding communities.

**SERVICES PROVIDED**

Marketing, Public Relations, Community Relations, Strategic Planning, Program Development, Physician Relations, Physician Development, Managed Care Development and Nursing Home Development.

**STAFFING**

Director Business Development - Primarily responsible for Physician Development, Contracting, Marketing, Service Line Development  
Manager Marketing – Primarily responsible for Marketing, newsletter, community relations, social media, internet/web site and public relations  
Business Development Specialist – Primary responsibility Nursing Home Relations, Physician growth relations  
Manager Neurotology Service Line Outreach, Business Development for House Ear Clinic/Service Line Development and Relations

ST. VINCENT MEDICAL CENTER (SVMC)  Administrative Manual	Page:  26 of 138	Originating Department:  Cardiac Care Institute	Originating Date:  07/2012	Reviewed No Revisions:  <b>Revised:</b> 07/2014
	<b>SUBJECT:</b> Cardiac Care Institute, Scope of Service <b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b>				

### DEPARTMENT DESCRIPTION

Located at 201 S. Alvarado, The Cardiac Care Institute at St. Vincent Medical Center (SVMC) offers services for the diagnosis and treatment of a wide variety of cardiac conditions, including but not limited to coronary artery disease, arrhythmias, and congenital heart defects.

### HOURS OF SERVICE

The department provides routine services for outpatient office visits Monday through Friday, 9:00 AM to 4:30 PM on an appointment basis. Emergency services are provided for the outpatient through the on-call physician after 4:30 PM on weekends and holidays through the clinic answering service.

### POPULATION SERVED

Type and Ages of Patients Served

Evaluations are performed on an outpatient basis with the following age specific groups:

- a. Young adults      13-17 years
- b. Adults            18-64 years
- c. Geriatric         65 years and older

Note: Evaluations are not performed on young adults (13-17) without the presences and authorization of a parent or guardian.

### SERVICES PROVIDED

1. Level of service

Each patient is evaluated by the physician at the time of initial consultation. The physician determines the criteria for additional diagnostic testing to evaluate the condition of the patient and to determine the most appropriate treatment plan. The evaluation and treatment of patients with cardiac conditions will include but not be limited to Treadmill Stress Tests (TMST) Holter monitoring, Electrocardiograms (EKG) and Echocardiograms.

2. Standards of Practice

All evaluations are provided and performed in accordance with the appropriate institutional licensure requirements and/or applicable law regulations.

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3. **Methods to Assess and Meet the Patient's Needs**  
The patient care needs are assessed by the physician through a combination of patient questionnaires, patient evaluation and physical examination.
  
4. **Diagnostic Testing Request Communication**  
All diagnostic testing recommended by the physician is communicated to the Medical Assistant through written orders. When applicable, all tests or procedures are pre-authorized by the Medical Assistant or other appropriate staff, prior to scheduling. Patients are instructed to return for evaluation after the testing is completed and are directed to the receptionist to schedule the return appointment prior to leaving the clinic.

## **STAFFING**

### **Accountabilities, Responsibilities, and Scope of Practice**

Physician - evaluates patient and oversees the clinic and surgical processes/care.

Supervisor/Manager - manages the daily operations of the outpatient clinic. Oversees clinic staffing.

Medical Assistant - assists Physician in the clinic by escorting patients to the exam room, taking the initial interview for the visit, assisting the physician with standard procedures done in the clinic such as preparing supplies for a suture removal and coordinating the order for Non Invasive procedures.

### **Competency Validation and Maintenance Plan**

Physician - competency evaluated through routine Medical Staff Office procedures.

Supervisor/Manager - competency formally evaluated annually by Administrator of outpatient Services.

Medical Assistant - competency formally evaluated annually by either the supervising physician or the supervisor/manager for vital signs and weight assessment, preparing area for a joint injection, preparing medications for a joint injection, suture removal, fall risk screening assessment, performing electrocardiograms, heart monitoring placement and use of the AED.

### **Staffing Plan/Matrix**

The department is staffed with qualified personnel Monday through Friday, 8:00AM to 4:30 PM and with a Manager in addition to the staff.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b>  Casa de Amigos	<b>Originating Date:</b>  12/2011	<b>Reviewed/No Revisions:</b>  <b>Revised:</b>
<b>SUBJECT:</b>  Casa de Amigos, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Casa de Amigos is a youth and family community center that offers cultural arts programs, academic, recreational activities, and excursions for youth ages 6-17; and instructional classes for adults in technology, music, health, and fitness. Casa de Amigos offers its services on a complementary basis to the community.

**HOURS OF SERVICE**

The Staff of Casa de Amigos is available during regular working hours, Monday to Friday from 2:00 pm to 10:00 pm and Saturday from 9:00 am to 2:30 pm. On the weekend, the Director of Casa de Amigos can be reached via Hospital Operator.

**POPULATION SERVED**

Youth ages 6-17

**SERVICES PROVIDED**

Each customer group requires uniquely different services to meet their particular needs. These might include:

- Youth—Services provided to participants vary in nature by the specific needs of the individual. The services offered include homework help, 1:1 tutoring in Language Arts and Mathematics, multimedia instruction, music instruction (Guitar, Keyboard, Drums), art instruction, academic intervention, sports programs, nutrition information, and excursions to sports events, fairs, theaters, beaches, museums, and colleges and universities.
- Adults—Adults may participate in instructional course offerings such as music (Guitar, Keyboard, Drums) art instruction, fitness (Zumba) and nutrition courses. Adults and parents are also encouraged to attend monthly community meetings where different health and safety topics are discussed with the larger community.
- Volunteers—Volunteers offer custodial, special event support, and Zumba instruction.

All services offered are set on an “as available basis” to meet programming needs and participant interest.

**STAFFING**

The Director of Casa de Amigos will assure appropriate interaction with internal departments to survey the needs for service for the community, design appropriate volunteer roles, and to place volunteers with appropriate skills, interests and availability.

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<b>SUBJECT:</b> Casa de Amigos, Scope of Service				

Volunteers provide non-clinical services as requested. Volunteers will not provide services for which a license or certification is required. Volunteer meet performance standards as well as specific assignment descriptions and directions as given by supervisors of assignment areas. Volunteers complete re-orientation consisting of mandatory education self-study modules, universal precautions and handwashing procedures, confidentiality, and revised policies and procedures. Volunteers receive re-training in department policies as needed.

Core Staffing: One full time Director, One full time Program Supervisor, One full time Clerical Assistant, Two part time Youth Activities Coordinator/Tutor, One Technology Instructor, One Music Instructor and One Art Instructor, One Contract Custodian.

Augmentation to Core: In the absence of the Program Supervisor, the Director oversees participant and volunteer activity. The Program Supervisor reports to the Director Casa de Amigos. Volunteer staffing is augmented as available.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 2	<b>Originating Department:</b> Case Management and Social Services	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b>  <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Case Management and Social Services Scope, of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

## **DEPARTMENT DESCRIPTION**

### **Case Management Department**

The Case Management Department of St. Vincent Medical Center has been developed under the guidance of the facility's Medical Staff. The Program oversees and ensures the appropriate allocation of resources by the Medical Center, Medical Staff, and clinical support services. The overall goals shall be to maintain one level of care, high quality of care and effective and efficient utilization of services. The focus is on a positive outcome of care.

Discharge Planning is coordinated by the Case Managers as a component of facilitating the patient's continuum of care. A Case Manager will visit the patient and for patient's family member(s) to follow up as indicated. The discharge plan will be finalized along with the collaboration of primary physician. The Case Managers' documentation is located in ARCIS and 3M Interqual.

### **Social Services Department**

The Department of Social Services at St. Vincent Medical Center provides social work services to patients and their families who have social, psychological, and/or environmental needs related to the impact of admission, diagnosis and treatment.

The social work staff assists in providing support for the psychosocial needs of patients and families as part of the total patient care. Services include, but are not limited to: Psychosocial Assessment and intervention, Patient/Family Advocacy and Education, Psychosocial Counseling, Crisis Intervention and Resource Identification and Referral.

## **HOURS OF SERVICE**

### **Case Management**

The department hours are from 06:30am to 5:00pm Monday through Friday. Pre-Access Case Manager is available seven days a week from 07:00am to 07:30pm.

### **Social Services**

The department hours are from 08:00am to 5:00pm Monday through Friday. On-site coverage on Saturdays 08:00am to 04:30pm and on-call coverage on Sundays 08:00am to 04:30pm.

## **POPULATION SERVED:**

All patients

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  2 of 2	<b>Originating Department:</b>  Case Management and Social Services	<b>Originating Date:</b>  06/197	<b>Reviewed/No Revisions:</b>
				<b>Revised:</b>  07/2014
<b>SUBJECT:</b> Case Management and Social Services, Scope of Service				

**SERVICES PROVIDED, STAFFING, ACCOUNTABILITIES AND RESPONSIBILITIES**  
**Case Management Role and Function:**

1. Provision for the timely review and monitoring of 100% of patients in Inpatient and Observation Status.
2. Clinical necessity of the admission and continued stay per InterQual criteria
3. Efficient utilization of clinical services
4. Quality of the clinical care provided
5. Appropriateness, timeliness and adequacy of support services provided
6. Appropriateness of documentation of care by all disciplines
7. Evaluation of all observation patients
8. Monitoring and trending of patterns of patient care
9. Discharge planning assessment and follow through of the plan to assure patients needs are met.

**Social Services Role and Function:**

1. Consultation, in-service training for hospital personnel, participation on appropriate hospital committees and working cooperatively with community agencies
2. Coordinate departmental efforts with the medical staff, administration and all other related departments
3. Follow all safety regulations and attend annual safety classes
4. Establish and maintain accurate and appropriate policy and procedure manuals and patient records in HIPPA compliance to maintain confidentiality and legal responsibility
5. Provide social work services and maintain patient and employee relations in accordance with the philosophy and policies of the Daughters of Charity, the hospital compliance of professional social work ethics.
6. Engage in ongoing quality improvement activities to ensure the highest quality of service provided
7. Develop improved systems and procedures to deliver services within the budget without sacrificing the quality of care

**STAFFING**

**Case Management**

All aspects of the program are coordinated by qualified RNs holding a current California Nursing license. The staff is trained in the application of InterQual Criteria and comprehensive case management approach. Staffing is augmented based upon anticipated patient volume by temporary agency staff as needed.

**Social Services**

Social Work staff are graduates from an accredited School of Social Work with oversight consultation and supervisor by a Licensed Clinical social worker. Core Staffing consists of 1 Supervisor that oversees 3 full-time Social Workers and Per Diem as needed. If needed, staffing is augmented by a supplemental Social Worker with a Master's Degree in Social Work and experience in an acute care hospital setting through a temporary agency.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 1	<b>Originating Department:</b> Clinical Engineering	<b>Originating Date:</b> 07/2014	<b>Reviewed/No Revisions:</b>  <b>Revised:</b>
<b>SUBJECT:</b> Clinical Engineering, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Clinical Engineering will assist Patient Services in repair, maintenance, procurement, and evaluation of medical equipment.

**HOURS OF SERVICE**

Clinical Engineering associates are available from 6:30 a.m. to 9:30 p.m., Monday through Friday. During weekends and holidays and after hours, department personnel are On-call and may be contacted through calling Trimedx Client Experience Center at Ext. 7169.

**SERVICES PROVIDED**

All medical equipment purchased by the department of nursing is delivered directly to Clinical Engineering for safety check prior to use on the floors and for inventory control.

Clinical Engineering provides periodical preventative maintenance checks in specific nursing areas. Nursing is requested to assist Clinical Engineering in providing availability of equipment for inspection. Review date is indicated on a tag attached to the equipment. Clinical Engineering will complete a service report for all items checked. A copy of this report is available upon request. Clinical Engineering will notify nursing supervisor/manager if any device is missing or if it does not pass the scheduled inspection and if further repair is necessary.

Clinical Engineering provides equipment operation manuals in specific nursing areas upon request. Patient care areas maintain operations manuals for equipment utilized within their service. All medical equipment (i.e., pacemakers) is forwarded to Clinical Engineering for repair.

**STAFFING**

Core Staffing: Clinical Engineering Tech. On-call 9 hours a day, 9:30pm to 6:30am, and 24 hours a day on weekends and holidays.

Additional technical support, in emergency situations, is obtained from equipment manufacturers and Independent Service Providers.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b> Administrative Manual	<b>Page:</b> 1 of 2	<b>Originating Department:</b> Material Management Department	<b>Originating Date:</b> 1/23/09	<b>Reviewed/No Revisions:</b>
				<b>Revised:</b> 07/2014
<b>SUBJECT:</b> Central Processing Department: Scope of Service		<b>APPROVAL:</b> Quality Committee of the Board		
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION:**

Located on the 2<sup>nd</sup> floor of the main hospital building, Materials Management provides supply contract management, sourcing, purchasing, receiving, distribution, inventory management, and management of capital purchases through use of contracts. A Materials Management Information System is used to purchase and track supply spend and to automate the Accounts Payable process.

**HOURS OF SERVICE:**

Central Processing: 11:00 am – 7:30 pm Monday – Friday  
Patient Transportation 7:30pm – 11:00 pm Monday – Friday  
3:30 pm – 11:00 pm Saturday and Sunday  
5:00 am – 11:00 pm Monday – Friday  
6:00 am – 11:00 pm Saturday – Sunday  
Central Supply Distribution: 7:00 am – 7:30 pm Monday – Friday  
7:00 am – 3:30 pm Saturday – Sunday

**POPULATION SERVED**

Patients and nursing staff

**SERVICES PROVIDED**

1. Decontamination and sterilization of instruments and trays.
2. Cleaning of patient care equipment.
3. Maintain supply inventory for the nursing units.
4. Restock isolation carts.
5. Respond to replacement of Crash Carts.
6. Daily check of expiration supply dates.
7. Deliver equipment to all nursing units.
8. Facilitate Value Analysis Committee.

**STAFFING**

**Director of Material Management:**

Responsible for receiving and distribution of all supplies entering the facility.  
Maintaining control and responsibilities of Central Supply and Central Processing.

**Operations Coordinator:**

Supervises and maintains the operation of Central Supply and Central Processing.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b> Central Processing Department: Scope of Service	<b>Page:</b> 2 of 2	<b>Originating Department:</b> Material Management	<b>Originating Date:</b> 1/23/09	<b>Reviewed/No Revisions:</b>  <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Central Processing Department: Scope of Service				

**Warehouse Supervisor:**

Supervises and is responsible for receiving and distribution

**Additional Associates:**

Certified Instrument Technician

Certified Central Supply Technician

Non-Certified Central Supply Technician

Central Supply Distribution Clerk

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 2	<b>Originating Department:</b> Corporate Compliance	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 07/2014 <b>Revised:</b> 12/2011
<b>SUBJECT:</b> Corporate Compliance, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The SVMC Corporate Responsibility Program focuses both with respect to individuals and organizations on business and professional standards of conduct; compliance with federal, state and local laws; promotion of good corporate citizenship; prevention and early detection of misconduct; identification and prioritization of high risk areas; and communication/education for associates and agents. The Corporate Responsibility Department also oversees HIPAA Privacy and HIPAA Security.

**HOURS OF SERVICE**

The Compliance Department is located in the main hospital. Hours of operation are Monday through Friday from 8:00 am to 4:30 pm

**POPULATION SERVED**

Patients, visitors, medical staff, and hospital associates.

**SERVICE PROVIDED**

1. The Corporate Compliance Department provides the following:
2. Management of the Corporate Responsibility Program, ensuring compliance with the seven (7) OIG elements of a hospital compliance programs.
  - a. Written standards of conduct, policies and procedures.
  - b. Designation of Corporate Responsibility Officer and Compliance Committee.
  - c. Conducting education and training.
  - d. Development of open and effective lines of communication.
  - e. Response to detected deficiencies.
  - f. Internal auditing and monitoring.
  - g. Enforcement of standard through disciplinary process.
  - h. Oversight of HIPAA Privacy and HIPAA Security.
3. Facilitation of the Compliance Committee which meets at minimum quarterly. The committee’s role is to advise the Corporate Responsibility Officer and to assist the Corporate Responsibility Program including:
  - a. Analyzing organization’s environment, legal requirements for compliance and specific risk areas.
  - b. Assessing existing policies and procedures that address compliance and incorporate into compliance program.
  - c. Promoting compliance programs through use of standards of conduct and policies and procedures.
  - d. Recommending and monitoring compliance through controls to carry out policies and procedures as a part of daily operations.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 2 of 2	<b>Originating Department:</b> Corporate Compliance	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 07/2014 <hr/> <b>Revised:</b> 12/2011
<b>SUBJECT:</b> Corporate Compliance, Scope of Service				

- e. Determining appropriate strategy/approach to promote compliance and detect potential violations.
- f. Developing a system to solicit, evaluate, and respond to complaints and problems.

**STAFFING**

Vice President/Corporate Responsibility Officer  
Compliance Manager  
Compliance Committee

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	<b>Revised:</b> 11/2010			
<b>SUBJECT:</b> Critical Care, Scope of Service	<b>APPROVAL:</b> Medical Executive Committee			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The Critical Care Unit (CCU) at St. Vincent Medical Center (SVMC) is organized to meet the mission of the Daughters of Charity in providing excellence in the care of the whole person (body, mind, and soul) and to provide services to acutely/chronically ill patients regardless of their social, economic, and religious backgrounds.

The CCU consists of 31 beds located on the fourth floor of SVMC the unit is divided into two areas. CSU -1 is a 15 bed open bay unit with patient cubicles. Rooms are numbered 413-428 (with no 417 cubicle). Each room is separated by privacy curtains. The most frequent diagnosis seen in area is post-operative cardiac –surgical patients. Additional patients are those that require complicated intensive surgeries. Patients with known infections may not be admitted to this area due to the lack of private rooms.

CSU-2 is a 16 bed unit with all private rooms numbering 401-412 and 429-432. Patients that require isolation are admitted to this area. The population of this unit includes but is not limited to the following: Septic patients, end stage renal disease, respiratory distress/failure, neurological disorders, and multi organ failure patients, and transplant patients.

If the census in the unit does not warrant opening CSU -1 then all patients will first be admitted into CSU-2 until there is a need to expand.

The CCU has three negative air flow rooms which are 412, 429, and 430.

Multidisciplinary rounds are conducted three times a week, Monday, Wednesday, and Friday. These rounds focus of patient plan of care and discharge planning. There is an assigned Social Worker and Case Manager to the unit.

The CCU consists of a Medical Director who is experienced and qualified in the specialized field of Critical Care. The Medical Director is responsible for both administrative and clinical duties. Duties include but not limited to: attending multidisciplinary rounds, maintain core measure compliance, member of identified committees, providing educational support to nursing staff, assist nursing director of department with reduction of central line associated bloodstream infections along with other identified projects to enhance the efficiency and coordination of the department.

### HOURS OF SERVICE

The CCU is available and staffed 24 hours per day, seven days per week, and 365 days per year.

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### **POPULATION SERVED**

The Critical Care Unit provides care to adolescent, adult, and geriatric patients who meet the criteria related to diagnosis, severity of illness, or intensity of services required.

### **SERVICES PROVIDED**

#### **Conditions/Diagnosis of Patients Cared for in Department**

1. Acute respiratory failure
2. Intra-cranial or sub-arachnoid hemorrhage
3. Acute Cardiovascular accident (CVA)
4. Dissenting aortic aneurysm
5. Unstable MI, MI's receiving thrombolytic therapy
6. Intra coronary PTCA, Stent, Rotoblator
7. Cardiogenic shock
8. Coronary artery bypass/valve surgery
9. Unstable cardiac arrhythmias
10. Acute pulmonary edema or embolism
11. Closed head injuries
12. GI hemorrhage Major abdominal surgical procedures
13. Intra-vascular surgeries
14. Craniotomies/ closed head injuries
15. Major thoracic surgeries
16. Multi organ dysfunction syndrome
17. Sepsis
18. Drug overdose
19. Endocrine emergencies

#### **Treatments, Interventions, and Activities Provided (utilization of technology)**

The CCU offers a full array of acute care services including, but not limited to the following:

1. Critical assessment of patient needs
2. Rapid Response/Code Blue Team
3. Diagnosis and treatment of:
  - a. AICD implantation
  - b. Implantation of pacemaker (temporary and permanent)
  - c. Patient with invasive procedures and complications. Invasive lines and
  - d. Drips
  - e. Patient with electrophysiology studies
  - f. Treatment post cardiology procedures (i.e. PTCA, stents)
4. Infusion and titration of complex life support medication

#### **Utilization of Technology**

Technology utilized in the CCU includes but is not limited to:

1. Intra-aortic balloon therapy
2. Oxygen therapy/ventilator support
3. Arrhythmia surveillance support
4. Continuous Renal Replacement Therapy (CRRT)

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5. Electronic thermometers and vital sign machines
6. Hemodynamic monitoring devices
7. ACT machines

### **ADMISSION CRITERIA**

The Critical Care Unit provides care to patients (age 14 years and older) who meet the criteria related to diagnosis and severity of illness. First priority for admission will be given to those patients that are physiologically unstable, and in need of intensive treatment. Second priority will be given to those patients that require highly specialized or technical nursing skills, assessment, and interventions that are only available in the CCU.

Patients admitted to the CCU will be seen by the attending physician or his designee within an appropriate time frame. When a patient is admitted to the unit the primary care physician or his designee must contact the unit and present a plan for evaluation, supportive care and treatment immediately upon admission or transfer.

Baseline assessment of the patient care needs is documented by the primary nurse upon admission. The patient's initial assessment and screening will include physical, psychosocial, nutritional, self care, and functional/environmental status. Other areas of assessment include cultural, anticipated discharge planning, and educational needs. Patients admitted to CCU are assessed by the RN within 15 minutes of admission and reassessed every 1-2 hours depending on monitoring requirements.

### **DISCHARGE CRITERIA**

Patients will be considered appropriate for discharge when their conditions are no longer life threatening, they no longer require advanced technological and/or pharmacological treatment modalities, and /or they will no longer benefit from intensive medical/nursing care.

In general patients will be considered eligible for discharge from the CCU when the following parameters are achieved (Refer to Admission/Transfer/Discharge of Patients policy and procedure for additional information);

1. Stable vital signs
2. Stable hemoglobin and hematocrit
3. Stable electrolytes
4. Normalizing of cardiac enzymes and arterial blood gases
5. Adequate renal function
6. Neuro signs improved or unchanged for 12 hours
7. Absence of chest pain for 12 hours
8. Absence of life-threatening arrhythmias

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**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

**Director:** Responsible for the overall 24 hour organization, management and leadership of the Critical Care Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Charge Nurse:** The Charge Nurse is a clinically competent registered nurse who delivers care to acutely ill adolescent, adult, and geriatric patients through the nursing process. In addition to delivery of care the Charge Nurse demonstrates leadership and supervisory skills.

**Registered Nurse:** A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Unit Secretary:** Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

**Office Coordinator:** The Office Coordinator provides clerical support for the CCU and Acute Dialysis Departments. Maintains personnel records for staff.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) and Advanced Cardiac Life Support (ACLS) and possess a current LA County Fire and Safety card. All RN’s must possess a current, active license to practice in the State of California. Staff to attend yearly competency training (both didactic and clinical) for both core and unit specific competencies which are identified by the Director/staff and Education Department. Staff to complete unit specific Skills Checklist at the time of their evaluation. Staff to attend unit specific educational classes and inservices provided by the Educational Department and other resources.

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, and unit secretaries. The unit is staffed with Registered Nurses working 12 hour shifts which consist of full time, part time, and per diem staff. The minimal amount of nursing staff in the CCU is two nurses at all times. In the CCU patient care defaults to two patients to one nurse unless the patient’s acuity warrants a higher staffing ratio.

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3. Staffing assignments are based on patient acuity. Description of each acuity level is outlined in the Optilink scheduling system.
  - a. Level 3 is 1:2 patient ratio (Nurse/patient)
  - b. Level 4 is 1:1 ratio (Nurse to patient)
  - c. Level 5 is 2:1 patient ratio (Nurse/patient)
4. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
5. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.
6. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.

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<b>SUBJECT:</b> Doheny Intensive Care Unit, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Doheny Intensive Care Unit (DICU) is located on the 6<sup>th</sup> floor of Doheny wing in the main hospital. DICU consists of 6 Intensive care beds (686A through 686F)

**HOURS OF SERVICE**

The Doheny Intensive Care Unit is available and staffed as needed for the needs of the acoustic neuroma or other craniotomy patients Monday through Friday 24 hours a day as needed. The unit can remain open Saturday and Sunday as needed.

**POPULATION SERVED**

The Doheny Intensive Care Unit provides care to post craniotomy patients, primarily acoustic neuroma patients, children, adolescent, adult, and geriatric patients requiring continuous neurological monitoring, cardiac, lumbar, intracranial, invasive arterial, and venous pressure monitoring.

**SERVICES PROVIDED**

**Conditions/Diagnosis of Patients Cared For in Department**

1. Common Diagnoses and complaints for patients admitted to the Doheny Intensive Care Unit include, but are not limited to, the following:
  - a. Post acoustic Neuroma patients
  - b. Post craniotomy patients
  - c. Post spine surgery patients
  - d. Patients with lumbar drains
  - e. Patients with ventriculostomy drains
  - f. Patients with subdural drains
  - g. Post transphenoidal surgery patients

**Treatments, Interventions, and Activities Provided**

1. The treatment, interventions, and activities provided by the Doheny Intensive Care Unit include direct patient care using the nursing process, medications, IV therapy, pain management, nutrition, patient/family education, discharge planning, and safety risk management.
2. The Doheny Intensive Care Unit offers a full array of acute care services including, but not limited to, the following:
  - a. Intensive Nursing Care
  - b. Cardiac Monitoring
  - c. Neurological monitoring

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**Utilization of Technology**

1. The technology utilized in the Doheny Intensive Care Unit includes, but is not limited to, the following:
  - a. Infusion pumps
  - Defibrillator
  - b. Lumbar drain monitoring
  - c. Venticulostomy monitoring
  - d. Arterial monitoring
  - e. Central venous monitoring
  - f. Intracranial pressure monitoring
  - g. Suction

**ADMISSION CRITERIA**

The Doheny Intensive Care Unit maintains formal and detailed admission criteria that have been approved by the SVMC Medical Staff. Further information can be found in this document.

**DISCHARGE CRITERIA**

The Doheny Intensive Care Unit maintains formal and detailed discharge criteria that have been approved by the SVMC Medical Staff. Further information can be found in this document.

**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

**Director** – Available 24-hours per day, 7 days per week. Responsible for overall operation of the Perioperative Services Department, assuring the delivery of competent, compassionate, quality care in a cost effective manner. Reports to the Chief Nursing Officer.

**Manager** – Available 24 hours per day, 7 days per week. Accountable for the coordination and supervision of patient care activities.

**Registered Nurse (RN)** – A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) ACLS, and PALS competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California.

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

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**Continuing Education** – Each staff member is responsible for maintaining up-to-date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual

competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

11. Mandatory requirement of a regulatory agency
12. High Volume
13. High Risk
14. Low Volume
15. Problem Prone

**Staffing Plan/Matrix**

The Doheny Intensive Care Unit is staffed with two RN’s minimum at all times the unit is open. Acoustic Neuroma patients are 1:1 for the first 6 hours post surgery. Other craniotomy patients are 1:1 for the first 4 hours. Recovered spine and other patients are 1:2.

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<b>SUBJECT:</b> Doheny Operating Room, Scope of Service	<b>APPROVAL:</b> Medical Executive Committee			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

Doheny Operating Room (DOR) is located on the 6<sup>th</sup> floor of Doheny wing in the main hospital. DOR consists of 5 general surgical suites.

### **HOURS OF SERVICE**

DOR provides elective surgery services Monday-Friday form 0700 to 1530. After 1530, staffing may be supplemented from MOR and with on-call teams.

### **POPULATION SERVED**

DOR serves infants, children, adolescents, adults and geriatric patients that require elective or emergent surgical interventions.

### **SERVICES PROVIDED**

#### **Conditions/Diagnosis of Patients Cared For in Department**

Primary conditions and procedures offered through DOR include, but may not be limited to:

1. Otorhinolaryngological
2. Neurosurgical
3. Otoneurosurgical
4. Plastic/reconstructive

#### **Treatments, Interventions, and Activities Provided**

The DOR provides:

1. Elective procedures
2. Emergent procedures
3. Local and general anesthesia
4. Procedural sedation

#### **Utilization of Technology**

The DOR utilizes technology appropriate to the procedure being provided including, but not limited to:

2. Electronic cardiac and vital sign monitoring
3. Defibrillator
4. Electrocardiograph
5. Oxygen and respiratory rate alarms
6. Intraoperative imaging
7. Anesthesia gases and administration apparatus
8. Equipment for rapid heating and cooling of patient
9. Point of Care testing
10. Suction

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<b>SUBJECT:</b> Doheny Operating Room, Scope of Service				

### **ADMISSION CRITERIA**

All elective and emergent surgical patients must meet the following criteria before admission to the DOR:

1. Current written H&P in the Medical Record (MR)
2. Pertinent diagnostic test results recorded in MR
3. Preoperative evaluation and diagnosis noted in the MR
4. Appropriate evidence of informed consent in the MR
5. Anesthesia evaluation, status and progress note in the MR
6. Completed preoperative nursing assessment and checklist in the MR

### **DISCHARGE CRITERIA**

Patients are discharged to Doheny PACU or DICU as appropriate:

1. Immediately following completion of the intraoperative treatment phase.
2. Vital signs are satisfactory and minimum discharge Aldrete scores are met.

### **STAFFING**

#### **Accountabilities, Responsibilities, and Scope of Practice**

**Director** – Available 24-hours per day, 7 days per week. Responsible for overall operation of the Perioperative Services Department, assuring the delivery of competent, compassionate, quality care in a cost effective manner. Reports to the Chief Nursing Officer.

**Registered Nurse (RN)** – A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided. May function in the role of scrub or circulator.

**Surgical Tech (CST, ST)** – supports RN in providing patient care. May function in the role as scrub person or assistant to the circulator.

#### **Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS), Advance Cardiac Life Support (ACLS), competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California.

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

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**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the DOR. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, and Surgical Technicians.. Clinical staffing is provided at a ratio of 2.0 FTE per operating room. A minimum of one Registered Nurse is assigned to each procedure in the Operating Room as the circulating RN and may be assisted by non-licensed personnel under the RN’s supervision and direction. Sufficient ancillary staff is provided to efficiently run non clinical support functions of the department.
3. Schedules: A 4 2-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Regular staff is asked to work additional hours, or temporary staff is scheduled. On-call assignments and requests to work overtime are made by the management team in order to meet department staffing needs.
4. When more staff are available than unit requires, they may have their shift cancelled.
5. Assignments are made taking into consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
6. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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<b>SUBJECT:</b> Doheny Post Anesthesia Care Unit, Scope of Service	<b>APPROVAL:</b> Medical Executive Committee			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The Doheny post anesthesia care unit (PACU) is located adjacent to the Doheny operating room on the 6<sup>th</sup> floor of the Doheny wing in the main hospital. The Doheny PACU consists of 4 monitored beds.

### HOURS OF SERVICE

The Doheny PACU provides services Monday-Friday from 0600 to 2200. A PACU nurse is available on call after normal business hours, weekends, and holidays.

### POPULATION SERVED

The Doheny PACU provides in-patient and out-patient preoperative and postoperative nursing services for elective and emergent, children, adolescent, adult and geriatric patients.

### SERVICES PROVIDED

#### Conditions/Diagnosis of Patients Cared For in Department

Types of patients receiving care in the Doheny PACU include, but are not limited to preoperative and postoperative adult or pediatric patients receiving elective or emergent surgical interventions requiring sedation or local or general anesthesia including, but not limited to:

5. Otorhinolaryngological
6. Otoneurosurgical
7. Plastic/reconstructive

#### Treatments, Interventions, and Activities Provided

Treatments, interventions, and activities provided in the Doheny PACU include, but are not limited to:

1. Physical assessment and preparation of patients prior to surgical or diagnostic procedures
2. Post sedation/anesthesia recovery of patients following outpatient surgical or diagnostic procedures
3. Basic nursing care and assessment

### ADMISSION CRITERIA

Patients admitted to the Doheny PACU must:

1. Require post sedation or post anesthesia monitoring
2. Have written orders from the anesthesiologist

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## DISCHARGE CRITERIA

Patient may be discharged from the Doheny PACU

1. When established discharge criteria are met. and/or
2. A written order is provided by the anesthesiologist

## STAFFING

### Accountabilities, Responsibilities, and Scope of Practice

**Director:** Responsible for the overall 24 hour organization, management and leadership of the Critical Care Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Manage:** Responsible for day-to-day operations of the PACU. Assures adequate staff is available and quality care is provided to all patients. Reports to the Perioperative Services Director.

**Registered Nurse:** A clinically competent registered, professional nurse who delivers care to the acutely ill, child, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

### Competency Validation and Maintenance Plan

As a condition of hire, all associates are required to maintain current basic life support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California.

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

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<b>SUBJECT:</b> Doheny Post Anesthesia Care Unit, Scope of Service				

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the Doheny PACU. A formal staffing matrix is maintained in the Staffing office.
2. Clinical Staffing is provided at a ratio of 1:2. This allows for appropriate assessment, planning, implementing and evaluation for discharge to the next level of care. Flexibility in staffing is adjusted based on a patient's acuity and may be adjusted to meet the changing acuity.
3. Sufficient ancillary staff is provided to efficiently run non clinical support functions of the department.
4. Schedules: Two 2-weekblock schedules are published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may have their shift cancelled.
5. Assignments are made taking into consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
6. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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<b>SUBJECT:</b> Education Department, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The Education department is located on the first floor of Seton Hall. The primary responsibility of the department is to offer the associates of St. Vincent Medical Center education programs that enhance their abilities to establish and maintain a safe and appropriate environment for the delivery of high-quality patient care. We support organizational learning by translating evidence-based practice and regulatory standards into an effective format to meet the learning needs of SVMC associates and through adherence to the following beliefs:

- Learning is a lifelong process.
- Adults are self-directed learners.
- Teaching/learning is a dynamic, interactive process between the learner and the staff-development specialist conducted in an environment of mutual respect and regard.
- Adult learners bring a wealth of life experiences to any teaching/learning situation. These experiences facilitate the teaching/learning experience.

### Mission

The education department of St. Vincent Medical Center (SVMC) upholds the mission, vision, and values of the organization by developing and offering educational products and services crafted to improve the quality and appropriateness of patient care.

Educational products and services enhance organizational effectiveness by providing programming designed to increase the knowledge and skills of all associates. The education department facilitates the maintenance of The Joint Commission standards.

### Vision

Our vision is to provide training, education and professional development opportunities in an environment of life-long learning that supports the provision of exceptional care and goals of SVMC.

### Values

Our mission, vision and values are designed to develop and support excellence in care and service to our patients. In order to achieve these values, we believe in:

- Continuous quality improvement.
- Excellent customer service.
- Teamwork.
- Effective resource utilization.
- Evidence-based practice.
- Critical thinking.
- Multidisciplinary collaboration.
- Professional responsibility.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 2 of 4	<b>Originating Department:</b> Education	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Education Department, Scope of Service				

### **HOURS OF SERVICE**

The department operates Monday through Friday, 7:30 a.m. to 4:30 p.m. Evening and/or weekend classes are offered as needed. We are located on the first floor of Seton Hall.

### **POPULATION SERVED**

We respect the dignity, individuality, and cultural beliefs of all learners. We provide valid and reliable education activities that meet the needs of our learners. We use various teaching/learning methods including, but not limited to, classroom learning, clinical setting learning, computer-based learning, self-learning initiatives, and other forms of distance education.

### **SERVICES PROVIDED**

Recognizing the right of all staff to receive appropriate education to assist them in supplying safe, competent care and services, comprehensive educational programs are provided on a wide variety of topics. Clinically relevant theoretical frameworks are reflected in our teaching and learning strategies. Methodologies employed include competency-based didactic instruction, self-learning activities, skill demonstration, pre- and post testing, computer-based learning and the use of simulation technology.

Contributions to the quality of patient care are developed by collaborating with nursing leadership and other disciplines to identify learning needs, responding with appropriate educational programs and activities, validating required competencies, and providing consultative and evaluative services and other resources as needed. Assessments of Needs/Specific requests are used to develop appropriate associate education in conjunction with departmental input. Just-in-time learning is provided based on priority of need.

Specific services provided by the Education Department include, but are not limited to the following:

- Department staff serves in the adviser role, providing training expertise in the form of direct provision, collaboration, consultation and/or facilitation to individuals, committees, or departments in need of educational assistance.
- Major organizational initiatives and/or high-priority system-wide learning needs are planned, coordinated, implemented and evaluated.
- In-services related to new programs, standards of practice and technology are planned, implemented and evaluated.
- Clinical and Nursing Orientations are planned, implemented and evaluated.
- New Nursing Graduate Program
- The Department manages contracts with Schools of Nursing who use SVMC for clinical experiences.
- An American Heart Association (AHA) Training Center, Staff Education provides Basic Life Support (BLS) classes, Advanced Cardiac Life Support (ACLS) classes and Pediatric Advanced Life Support (PALS) classes.
- A variety of professional development classes for clinical staff are provided.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>	<b>Page:</b>	<b>Originating Department:</b>	<b>Originating Date:</b>	<b>Reviewed/No Revisions:</b>
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				<b>Revised:</b> 07/2014
<b>SUBJECT:</b> Education Department, Scope of Service				

- Computer Based Learning (CBL) modules on a wide variety of topics for various departments through the Learning Management System.
- System-wide mandatory yearly competencies.
- Advertisement for programs sponsored or supported by the Education department.

All courses and inservices offered by the Education department adhere to the following standards:

- American Nurses' Association (ANA) Standards of Professional Nursing Practice
- The Joint Commission (TJC) Accreditation Standards
- American Nurses Credentialing Center (ANCC) Magnet elements of professional practice
- Occupational Safety and Health Administration (OSHA) requirements
- American Heart Association (AHA) recommendations
- The Nursing Practice Act (NPA) located in the California Business and Professions Code starting with Section 2700 and the California Code of Regulations.
- Guidelines/Standards of Practice from Specialty Practice nursing organizations
- National Nursing Staff Development Organization Standards

## **STAFFING**

SVMC education associates work in partnership with the individual learner and organizational leadership.

## **Accountabilities, Responsibilities, and Scope of Practice**

The educator is responsible for

- identifying the educational needs of the organization
- planning education programs based on identified needs of the learners for the purpose of enhancing organizational effectiveness
- creating education programs that meet the needs of the learners
- evaluating the effectiveness of education programs as measured by their effect on organizational effectiveness
- using evaluation data to improve educational activities

Learners are responsible for

- identifying their education needs
- achieving their education goals
- attending relevant/necessary education programs
- maintaining competence
- contributing to the success of education programs
- evaluating the effectiveness of education programs
- assuming responsibility for his or her life-long learning

Organizational leadership is responsible for

- supporting an environment that facilitates life-long learning
- collaborating with the staff-development department to achieve the organization's education goals
- facilitating learners' ability to participate in education activities

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 4 of 4	<b>Originating Department:</b> Education	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Education Department, Scope of Service				

- attending relevant or necessary education programs

**Competency Validation and Maintenance Plan**

Each member of the Education department team completes an annual self-evaluation, which is combined with the evaluation by the Director. Course evaluations, written observations by other leaders and associates, and direct observation are incorporated into the annual evaluation.

**Staffing Plan/Matrix**

Service providers include the Director of Professional Nursing Practice, Office Coordinator, Critical Care Educator, Medical Surgical Educator, Wound Care Nurse, and Diabetes Educator. The Director is prepared at the Master’s level with background and experience in education administration, healthcare leadership, and patient care management.

Other resources used to support educational and project needs include members of the Medical Staff, qualified associates, and expert outside speakers.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b> Nursing Policy and Procedure Manual	<b>Page:</b> 1 of 4	<b>Originating Department:</b> Nursing	<b>Originating Date:</b> 6/2011	<b>Reviewed/No Revisions:</b>
	<b>Revised:</b> 07/2014			
<b>SUBJECT:</b> Emergency Department, Scope of Service,	<b>APPROVAL:</b> Medical Executive Committee			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The Emergency Department, services the City of Los Angeles and surrounding areas. The Emergency Department is a ten bed unit composed of seven treatment bays separated by curtains, one enclosed isolation room, and two hallway beds. There are also two chairs located in a small alcove that are utilized for non-urgent fast track patients.

Each bay, including the isolation room is equipped with a gurney, medical oxygen, air and suction, otoscope and ophthalmoscope and a cardiac monitor. There are two adult crash carts with defibrillators as well as a pediatric crash cart available in the department. The department also has a dedicated ENT/OB cart with specialized equipment available for use as well as two large centralized supply carts.

There is a centralized nursing station, a clean utility/dirty utility a patient restroom, a staff restroom and two offices, a Patient Nourishment arealocated in the rear of the Emergency Department.

### HOURS OF SERVICE

The Emergency Department is available 24 hours a day, seven days a week to provide quality care to anyone who presents to the department seeking treatment.

### POPULATION SERVED

The patient population served by the Emergency Department consists of newborn, pediatric, adolescent, adult and geriatric population requiring or seeking medical care.

### SERVICES PROVIDED

#### Conditions/Diagnosis of Patients Cared For in Department

Common conditions/diagnoses seen in the Emergency Department include but are not limited to: (All medical conditions/injuries requiring treatment) such as,

1. Acute or suspected myocardial infarction
2. Heart failure
3. CVA
4. Renal failure/insufficiency
5. HTN
6. Cardiac Arrest/Respiratory Arrest
7. Pneumonia
8. Sepsis
9. Asthma

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Nursing Policy and Procedure Manual	<b>Page:</b>  2 of 4	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>  6/2011	<b>Reviewed/No Revisions:</b>
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<b>SUBJECT:</b> Emergency Department, Scope of Service				

10. Flu/minor cold symptoms
11. Orthopedic injuries
12. ENT related complaints
13. GI bleed
14. Falls
15. Lacerations

**Treatments, Interventions, and Activities Provided**

The treatment, interventions, and activities provided by the Emergency Department include direct patient care using the nursing process, medications, IV therapy, pain management, splinting of orthopedic injuries, repair of lacerations, patient/family education, and safety risk management.

**Utilization of Technology**

The technology utilized by the Emergency Department includes but is not limited to

1. Infusion pumps
2. Defibrillator
3. Point-of-Care Chemistry and Cardiac marker analyzers
4. Blood Glucose machine
5. Pyxis Medication dispenser
6. Electronic thermometers
7. Cardiac monitors
8. Portable cardiac monitors
9. MARTTI- portable translation device
10. Electronic Patient Care Record
11. Sonosite Ultrasound
12. Glidescope Videoscopic Laryngoscope

**ADMISSION CRITERIA**

All patients presenting to the Emergency Department seeking treatment for acute or minor illness or injury will be evaluated by an Emergency Department physician or mid level practitioner and receive all necessary treatment, testing and services within the capability of St. Vincent Medical Center.

**DISCHARGE CRITERIA**

Emergency Department patients are evaluated by the ED physician and/or mid level practitioner for response to treatment and are admitted, transferred for further treatment not provided by the hospital, or discharged home with follow-up instructions based on the findings of the patient's evaluation.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Nursing Policy and Procedure Manual	<b>Page:</b>  3 of 4	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>  6/2011	<b>Reviewed/No Revisions:</b>
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<b>SUBJECT:</b> Emergency Department, Scope of Service				

## **STAFFING**

### **Accountabilities, Responsibilities, and Scope of Practice**

**Director-** Responsible for the overall 24 hour organization, management and leadership of the Emergency Department. Demonstrates an advanced level of management expertise. Assists in integrating nursing with ancillary and support services. Bridges administrative planning and operational implementation of care.

**RN-** A clinically competent, registered, professional nurse who delivers care to acutely ill adolescent, adult and geriatric patients by utilizing the nursing process while maintaining standards of professional nursing. Assumes responsibility for nursing care and patient safety while in the Emergency Department.

1. Utilizes the nursing process to assess the patient's condition and nursing needs. Sets goals, prescribes appropriate nursing actions to meet the goals and the physical, cultural, spiritual, and rehabilitative needs of the adolescent, adult and geriatric patients, including discharge planning as appropriate for the age of the patient.
2. Recognizes the abnormal and acts accordingly

**Unit Coordinator/ED Technician-** The Emergency Department Coordinator (ED Coordinator) / Ed Technician acts as the central controller of communication at the department, providing secretarial/clerical support, reconcile patient charts, assist in performing EKG and assist in observing cardiac monitor to detect rhythm abnormalities and obtain immediate and appropriate response to abnormalities to support the professional nursing staff.

**Office Coordinator-** Ensures the proper preparation and accountability of the Emergency Department charts for appropriate and accurate capture of revenue.

### **Competency Validation And Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include::

1. RN - Pediatric Advanced Life Support (PALS), Advanced Cardiac Life Support (ACLS), and CPI (Crisis Prevention Intervention)
2. Technicians/Coordinators - CPI training/certification

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Nursing Policy and Procedure Manual	<b>Page:</b>  4 of 4	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>  6/2011	<b>Reviewed/No Revisions:</b>
	<b>Revised:</b> 07/2014			
<b>SUBJECT:</b> Emergency Department, Scope of Service				

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. A minimum of one ED physician is on duty at all times.
3. The skill mix includes Registered Nurses, ED Technicians, and unit coordinators. Minimum staffing consists of 2 RNs and 1 ED Technician/Coordinator. Staffing adjustments are made according to the following matrix:

7A- 3 RN 2 Unit Coordinators/ Ed Technicians 1 Office Coordinator	1p- 1 RN
9A- 1 RN	3P- 1 Unit Coordinator
11A- 1 RN	7P- 3 RN 1 Unit Coordinator

4. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
5. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
6. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 1	<b>Originating Department:</b> Environmental Services	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 07/2014 <b>Revised:</b> 12/2011
<b>SUBJECT:</b> Environmental Services, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION:**

The Environmental Services Department is located on the second floor of the main building.

**HOURS OF SERVICE**

7 days a week, 24 hours a day

**POPULATION SERVED**

Patients, visitors, staff

**SERVICES PROVIDED**

1. Scheduled cleaning services for clinical and non-clinical areas within the acute facility and Seton Hall building.
2. Maintenance of hard surface and carpeted floor surfaces, wall, cubicles, draperies, upholstery and refrigerators throughout the facility.
3. Terminal Cleaning.
4. Coordination of pest control services.
5. Facility waste stream management.
6. Clean linen distribution.
7. Collection of soiled linen.
8. Set up of meeting rooms and other special events.
9. Limited moving of furniture.
10. Respond to disaster and emergency situations

**STAFFING**

Environmental Services staff are deployed to individual areas of the facility each shift and complete cleaning and service assignments under the direction of a lead, or manager. Leads and Managers report to the Director of Environmental Services, who has responsibility for the overall planning, coordination and implementation of Environmental Services in collaboration with appropriate departments.

Director	1
Manager	2
Working Leads	3
Service Personnel	63

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b>  Facilities	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Facilities, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The department maintains the building and grounds in a safe and sanitary condition that permits normal operation of other facility departments. The department follows Guidelines for Construction and Equipment and other codes as applicable and required by insurance companies, accreditation bodies, or government agencies.

**HOURS OF SERVICE:**

Maintenance Shop: 6:00 am - 10:30 pm Monday - Friday  
7:00 am - 3:30 pm Saturday - Sunday  
Power Plant: 24 hrs 7 days

**POPULATION SERVED**

Patients, Staff, Visitors and Guests

**SERVICES PROVIDED:**

The department provides the following services:

1. Checks building mechanical systems daily
2. Records systems' operating status in logbook as required
3. Performs preventive maintenance on mechanical and electrical equipment as specified in the department's Preventive Maintenance Policy
4. Repairs plumbing and electrical systems where work is within the capacity of the department
5. Performs mechanical repair on portable facility equipment such as beds, carts, and wheelchairs
6. Repairs carpentry, masonry, paint work; renovates and remodels facilities
7. Repairs minor appliances
8. Repairs mechanical systems
9. Contracts out all repairs beyond the scope of the department to the appropriate approved vendor
10. Performs other work as directed.

**STAFFING:**

**Director of Engineering:**

Responsible for all technical functions of plant operations and maintenance.  
Ensures regulatory compliance for plant operations and maintenance.

**Manager of Engineering :**

Responsible for the daily operation of the department and oversees minor construction projects

<p align="center"><b>ST. VINCENT MEDICAL CENTER (SVMC)</b></p> <p align="center">Administrative Manual</p>	<p><b>Page:</b> 2 of 2</p>	<p><b>Originating Department:</b> Facilities</p>	<p><b>Originating Date:</b> 06/1997</p>	<p><b>Reviewed/No Revisions:</b> 11/2005</p> <p><b>Revised:</b> 07/2014</p>
<p><b>SUBJECT:</b> Facilities, Scope of Service</p>				

**Operations Manager:**

Supervises the Maintenance Shop and Power Plant and assumes responsibility for all maintenance work.

**Additional Associates:**

- Admin Assistant
- Carpenter
- Dispatcher
- Electrician
- General Maintenance Mechanic
- Grounds Keeper
- HVAC Tech
- Painter
- Plumber
- Power Plant Operator

The working hours may be staggered or otherwise modified to provide work coverage as needed

ST. VINCENT MEDICAL CENTER (SVMC)  Administrative Manual	Page:  62 of 138	Originating Department:  Health Information Management	Originating Date:  07/2014	Reviewed No Revisions:  <b>Revised:</b>
	<b>SUBJECT:</b>  Health Information Management, Scope of Service		<b>APPROVAL:</b>  Quality Committee of the Board	
<b>REFERENCES:</b>				

**DEPARTMENT DESCRIPTION**

The Health Information Management Department (HIM) provides accurate, timely information to support patient care and hospital (SVMC) operations.

**HOURS OF SERVICE**

The Health Information Department is located on the Third Floor on the Administrative Wing. Hours of operation are Monday – Saturday from 8:00 am to 4:30 pm. Sunday closed.

**POPULATION SERVED**

HIM serves internal, external customers, and all associates of St. Vincent Medical Center.

**SERVICES PROVIDED**

The Health Information Management Department services include, but is not limited to the following:

1. Maintaining medical records on paper and electronically that are documented accurately and in a timely manner are readily accessible and permit prompt retrieval of information, including statistical data.
2. Assuring that the medical records contains sufficient information to identify the patient, support the diagnoses, justify the treatment and document the results accurately.
3. Assuring that the medical records are confidential, secure, current, authenticated, legible, and complete on paper and electronically.
4. Performing qualitative and quantitative analysis of the contents of discharged patients’ medical records.
5. Performing monthly count of all incomplete and delinquent medical records and reporting to the Medical Records Committee on a quarterly basis; monitoring and reporting physicians meeting suspension criteria for delinquent records.
6. Preparing monthly, quarterly, biannual, and annual statistical reports of hospital activity and other special/ad hoc reports as requested.
7. Responding to request for patient identifiable medical information received from the patient, attorneys, insurance companies, social agencies, other healthcare facilities, subpoenas, etc.. according to the Daughters of Charity Health System (DOCHS) policies and procedures for the release of medical information.
8. Filing and retrieving medical records and medical record loose information to support timely patient care services.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  63 of 138	<b>Originating Department:</b>  Health Information Management	<b>Originating Date:</b>  07/2014	<b>Reviewed No Revisions:</b>  <b>Revised:</b>
<b>SUBJECT:</b> Health Information Management, Scope of Service				

9. Providing education to our Medical Staff physicians on documentation to capture the severity of illness and risk of mortality of patient care.
10. Coding and Abstracting the diagnoses and procedures for services provided during a patient's visit through the documentation, dictations, and or test results of our Medical Staff physicians.

**STAFFING**

Skill Mix: The skill mix varies based on workload and operation priorities. FY2014 staffing includes:

- 1 – Interim HIM Director (reporting to the Hospital Chief Financial Officer)
- 1 – Certified Coding Specialist Supervisor
- 4 – Certified Coding Specialists
- 1 – Non-Certified Coder
- 1 – Tumor Registry Coordinator
- 2 – HIM Coordinators
- 10 – HIM Technicians

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 2	<b>Originating Department:</b> Human Resources Department	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Human Resources Department, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Human Resources Department provides support to all associates of the medical center in support of the Mission by providing assistance in recruitment and hiring, benefits administrating, Human Resources records management, labor relations, and regulatory compliance with all employment and wage and salary laws, retention, management training, staff orientation, and staff recognition. Human Resources associates support the attainment of all business goals and initiatives and are advocates for fair treatment for all associates.

Human Resources department practices are determined by policy, industry standards, contracts, best practices, regulatory guidelines and law. The following are some of the applicable statutes:

- Title 22, State of California Code of Regulations
- The Joint Commission for Accreditation
- Occupational Safety and Health Agency (OSHA and CAL-OSHA)
- Federal, state and local discrimination and employment laws and regulations
- American with Disabilities Act, 1991
- Department of Fair Employment and Housing
- Family Medical and Leave Act
- California Family Rights Act

**HOURS OF SERVICE**

The Human Resource office is located in the main hospital on the 8<sup>th</sup> floor. Hours of operation are Monday through Friday from 7:30 am to 4:30 pm

**POPULATION SERVED**

All associates of St. Vincent Medical Center.

**SERVICES PROVIDED**

The department provides the following services:

- Associate Records Retention and Competency Validation Records Retention
- Associate Communications related to Human Resource activities
- Associate Selection and Placement
- Associate Relations, Retention and Recognition
- Regulatory Compliance and Employment Law
- Training and Development (Management)
- Benefit Administration and Leave Management
- Compensation Administration
- Labor Relations/Labor Contract Interpretation
- Performance Management

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 2 of 2	<b>Originating Department:</b> Human Resources Department	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <hr/> <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Human Resources Department, Scope of Service				

**STAFFING**

**Skill Mix:** The skill mix varies from time to time and is based on workload and business priorities.

**Core/Minimum Staffing:** Staffing of the HR department is based on organization needs, business strategies, priorities and financial abilities. FY 2012 staffing includes:

- 1 – Vice President (reporting to the Hospital President/CEO)
- 1 – Director of Human Resources
- 1 – Recruiters
- 1 – HR Generalist
- 1 – HRIS Coordinator
- 1 – Human Resources Assistant

**Augmentation to Core Staffing:** If additional manpower support is needed due to increased departmental activities, temporary help will be obtained.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 4	<b>Originating Department:</b> Imaging Services	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Imaging Services, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The Imaging Services Department at St. Vincent Medical Center provides quality, compassionate, diagnostic services to patients in all age groups in an efficient and cost effective manner.

The Imaging Services Department focuses on technology to provide assistance in the diagnosis and treatment of patient disease and injury, while preserving patient rights, including the right to refuse treatment. Inherent to the patients' response to critical illness is the need to maintain spiritual, psychosocial, emotional, and social integrity.

### HOURS OF SERVICE

- The Imaging Services Department offers diagnostic X-ray service twenty-four hours a day, seven days per week.
- Computerized Tomography offers diagnostic CT service from 7:30 am to 11:00 pm, Monday through Friday with on-call availability after hours and weekends.
- Magnetic Resonance Imaging offers diagnostic MRI service from 7:30 am to 8:30 pm, Monday through Friday with on-call availability on Saturday and Sunday from 8:00am to 4:00pm.
- Nuclear Medicine offers diagnostic Nuc. Med service from 7:00 am to 10:00 pm, Monday through Friday with on-call availability after hours and weekends.
- Ultrasound offers diagnostic US service from 8:00 am to 5:30 pm, Monday through Friday with on-call availability after hours and weekends.
- Special Procedures offers diagnostic and interventional service from 7:30 am to 5:30 pm, Monday through Friday with on-call availability after hours and weekends.
- Mammography offers screening and diagnostic service from 8:00 am to 4:30 pm, Monday through Friday.
- Vascular Ultrasound offers diagnostic Vas. Ultra. service from 8:30 am to 5:00 pm, Monday through Friday with on-call availability after-hours and weekends.

### POPULATION SERVED

Patients cared for in the Imaging Services department include ambulatory outpatients, critically ill medical/surgical inpatients and emergency department patients.

The Imaging Services associates provide diagnostic services to patients from all ethnic and age groups with acute and chronic problems that require prompt diagnosis and treatment. The majority of patients we serve are elderly.

Fifty-seven percent of the Imaging Services Department exams are inpatient generated and forty-three percent are outpatient and Emergency Room generated. Our customers also include the patient families, physicians, hospital associates, health plan reviewers and vendors.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>	<b>Page:</b> 2 of 4	<b>Originating Department:</b> Imaging Services	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005
Administrative Manual				<b>Revised:</b> 07/2014
<b>SUBJECT:</b> Imaging Services, Scope of Service				

### **SERVICES PROVIDED**

The department consists of a full range of diagnostic services:

- Diagnostic X-ray and fluoroscopy suites
- Computerized Tomography
- Magnetic Resonance Imaging
- Nuclear Medicine
- Ultrasound
- Special Procedures
- Mammography (POB)
- Vascular Ultrasound

### **STAFFING**

#### **Title and Qualifications**

Director

- Graduation from AMA approved school of Radiologic Technology.
- Current California Licensure
- Fluoroscopy License
- Minimum 10 years of hospital experience
- Minimum 5 years management experience

Manager

- Current California Licensure, CRT, ARRT
- Fluoroscopy License
- 5 years of hospital experience
- AA degree, Graduation from AMA approved school of Radiologic Technology.

Supervisor

- Current California Licensure (CRT)
- Fluoroscopy license
- Graduation from AMA approved school of Radiologic Technology
- ARRT, BCLS, FIRE CERT.
- Demonstrates an understanding of diagnostic services, patient population, including diagnostic imaging equipment and technology.
- Minimum of two years of experience as a staff technologist in an acute care setting
- RIS, HIS, PACS computer training within one week of hire.

Staff Technologist

- Current California Licensure (CRT)
- Fluoroscopy license
- Graduation from AMA approved school of Radiologic Technology
- ARRT, BCLS, FIRE CERT.RIS
- HIS, PACS computer training within one week of hire.
- CT / MRI Technologist
- Current California Licensure (CRT)
- Graduation from AMA approved school of Radiologic Technology.
- ARRT, ARMRT, BCLS, FIRE CERT.
- RIS, HIS, PACS computer training within one week of hire.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  3 of 4	<b>Originating Department:</b>  Imaging Services	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <hr/> <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Imaging Services, Scope of Service				

#### Nuclear Medicine Technologist

- Current California Licensure (NMTCB)
- Graduation from AMA approved school of Nuclear Medicine.
- BCLS, FIRE CERT.
- RIS, HIS, PACS computer training within one week of hire.

#### Ultrasound Technologist: Vascular and Diagnostic

- American Registry of Diagnostic Medical Sonography license.
- Graduation from AMA approved school of Ultrasound
- BCLS, FIRE CERT.
- RIS, HIS, PACS computer training within one week of hire.

#### Special Procedures Technologist

- Current California Licensure (CRT)
- Fluoroscopy license
- Graduation from AMA approved school of Radiologic Technology.
- ARRT, BCLS, FIRE CERT.
- RIS, HIS, PACS computer training within one week of hire.

#### Radiology Receptionist

- High School graduate
- Registration or Financial clerical experience in a hospital or healthcare setting preferred.
- RIS, HIS, PACS computer training within one week of hire
- FIRE CERT.

#### Radiology Assistant

- High School graduate
- One year of hospital experience or related setting.
- RIS, HIS, PACS computer training within one week of hire
- BCLS, FIRE CERT.

### Staffing Plan/Matrix

- a. The Imaging Services department will be staffed for eight hour shifts.
- b. The staffing plan will be based upon the services provided, average patient units of service and annual statistical forecast.
- c. The diagnostic x-ray department will have a core staffing unit of one A.M. Supervisor, 6 diagnostic technologists on the day shift, P.M Supervisor, two diagnostic technologists on the evening shift and one diagnostic technologist on the night shift. On weekends the diagnostic x-ray department will have a core staffing unit of two diagnostic technologists on the day shift, one diagnostic technologist on the evening shift and one diagnostic technologist on the night shift.
- d. The Ultrasound, Nuclear Medicine, Magnetic Resonance Imaging and CT department will have a core staff of two technologists per day, staggered shifts, Monday thru Friday.
- e. The special procedures department will be staff with 3 technologists and two nurses, staggered shifts, Monday thru Friday.
- f. Vascular Ultrasound department will be staff with one technologist.
- g. The clerical support will be staff with one receptionist.
- h. Support staff will include film clerks and transporters; staffing based on volume.

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<b>SUBJECT:</b> Imaging Services, Scope of Service				

- i. On-call technologists and nurses are available after normal working hours for increased demand in service.
- j. The department director, manager and supervisors make patient assignments. Assignments reflect the degree of supervision required, the service provided and the technology used. The technologists are responsible for coordinating the flow of patients in their unit. Assignments are based upon the type of technology required, the examination ordered, and complexity of the procedure, patient's condition and the degree of supervision needed.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b> Infection Control	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Infection Control Department, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Infection Control program is hospital-wide and includes activities at the direct patient care level and at the patient care support level to reduce risks for healthcare associated infection in patients. Activities are also designed to reduce risks of transmission of infections among patients, associates, medical staff members, contract service workers, volunteers, students and visitors.

All departments and services are part of the Infection Control program which coordinates all activities related to the surveillance, prevention and control of healthcare associated infections.

**HOURS OF SERVICE**

The program operates 24 hours per day, seven days per week.

**POPULATION SERVED**

All Hospital patients and associates.

**SERVICES PROVIDED**

Role and function includes: Serving as a resource to Hospital and all associated services and programs with respect to infection prevention and control activities.

- Using the principles of epidemiology in problem solving and investigation of problems, clusters and outbreaks.
- Surveillance to identify trends, clusters or unusual infection occurrences.
- Providing orientation and education to associates and other providers of health related services to the Hospital.
- Providing consultation and compliance verification services on infection control related issues including but not limited to patient care activities and devices, environment of care, facilities and construction.
- Identification of problems and resolution of issues related to patient care and employee health activities through rounding and surveillance.
- Reviewing and revising policies, procedures and standards of care utilizing evidence and sound science-based rationale.
- Providing input regarding product selection/change, including review of technical information and objective studies, and cost benefit analysis.
- Serve as a liaison to the Public Health Department for communication and collaboration regarding communicable disease and other special studies of epidemiological significance to the community, including but not limited to submission of reportable disease cases and fulfillment of requests for related patient information.
- Serve as liaison to Occupational Health Services/Employee Health Services regarding policies and procedures.

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<b>SUBJECT:</b> Infection Control Department, Scope of Service				

**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

Core Staffing:

Infection Prevention Manager (IP). (1): All aspects of the program are coordinated by the IP. The IP is professionally responsible to the Physician Chairperson of the Infection Control Committee. The IP is administratively responsible to the Assistant Chief Nursing Officer.

- Data Coordinator (1): The Data Coordinator is responsible for collecting and entering data for the Infection Control program for the purpose of understanding or making conclusions from the data. The Data Coordinator is administratively responsible to the Infection Prevention Manager.

**Competency Validation and Maintenance Plan**

IP will complete ongoing education activities such as:

- Monthly APIC chapter meetings and annual APIC national meetings
- Attending relevant seminars
- Participate in applicable webinars

Data Coordinator will complete ongoing education activities such as:

- Participate in applicable webinars

**Staffing Plan/Matrix**

IP and Data Coordinator will arrange vacation time so a representative from the Infection Control Department is available at all times. In the absence of the IP, the following methods will be used to maintain services:

- The Data Coordinator will be available to address day to day concerns.
- The Assistant Chief Nursing Officer will respond to urgent calls if IP is not available by cell phone.
- The Physician Chairman of the Infection Control Committee will be available for consultation and recommendation.
- The Employee Health Services will cover for any incidents of communicable disease exposures.
- The department managers or designees will report any cases of communicable disease to the Assistant Chief Nursing Officer.
- Follow-up calls from the Department of Health Services will be referred to the Medical Records Department and information given through the medical record technician.
- Back up consultation with IPs from other Daughters of Charity hospitals will be available.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b> Joint Replacement Institute	<b>Originating Date:</b>  12/2011	<b>Reviewed/No Revisions:</b>  <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Joint Replacement Institute, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Located at 2200 West 3rd Street, the 9,000 sq. ft. Joint Replacement Institute at St. Vincent Medical Center (SVMC) is an orthopedic center offering specialized surgical services for the treatment of arthritis. The center has state-of-the-art imaging equipment, allowing for full on-site evaluation of patients by renowned orthopedists. When appropriate, the Institute will integrate various specialties to ensure the most comprehensive treatment available including internists, anesthesiologists, pain management specialists, neurologists, physical and occupational therapy and psychological services.

**HOURS OF SERVICE**

The department provides routine services for outpatient office visits Monday through Friday, 8:00 AM to 5:00 PM on an appointment basis. Emergency services are provided for the outpatient through the on-call physician or physician assistant after 5:00 PM and on weekends and holidays by pager through the clinic answering service.

**POPULATION SERVED**

Evaluations are performed on an outpatient basis with the following age specific groups:

- a. Young adults            13-17 years
- b. Adults                    18-64 years
- c. Geriatric                65 years and older

**SERVICES PROVIDED**

The evaluation and treatment of patients with orthopedic conditions will include but not be limited to those specific to the joints, such as arthritis.

- Total Hip Replacement
- Hip Resurfacing
- Knee Resurfacing
- Shoulder and Elbow Replacement

**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

Physician

- Evaluates patient and oversees the clinic and surgical processes/care.

Physician Assistant

- Follows physician’s plan of care, under the supervision of the physician.
- Assists the surgeon in surgery and follows patient’s recovery progress in the hospital and clinic. Provides on-call support to the surgeon.

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<b>SUBJECT:</b> Joint Replacement Institute, Scope of Service				

Supervisor/Manager

- Manages the daily operations of the outpatient clinic. Oversees clinic staffing.

Medical Assistant

- Assists surgeon in the clinic by escorting patients to the exam room, taking the initial interview for the visit, assisting the surgeon with standard procedures done in the clinic such as preparing supplies for a joint injection and coordinating the order for x-rays.

**Competency Validation and Maintenance Plan**

Physician

- Competency evaluated through routine Medical Staff Office procedures.

Physician Assistant

- Competency formally evaluated annually by supervising physician on physical assessment, pre-operative assessment, intra-operative skills, and post-operative assessment.

Supervisor/Manager

- Competency formally evaluated annually by Administrator of Outpatient Clinic Services.

Medical Assistant

- Competency formally evaluated annually by either the supervising physician or physician assistant for vital signs and weight assessment, preparing area for a joint injection, preparing medications for a joint injection, suture removal, fall risk screening assessment and use of the AED.

**Staffing Plan/Matrix**

The department is staffed with qualified personnel Monday through Friday, 8:00AM to 5:00 PM and with a Supervisor/Manager in addition to the staff.

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<b>SUBJECT:</b> Main Operating Room, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

The Main Operating Room (MOR) is located on the 1<sup>st</sup> floor of the medical center. It consists of 10 general, 2 cardio-thoracic, and 1 fixed-table urology surgical suites.

### **HOURS OF SERVICE**

The MOR provides elective and emergent surgery services Monday-Friday from 0600-2315. After 2315 on weekdays, as well as weekends and holidays, an on-call surgical team is available to provide emergent surgical services.

### **POPULATION SERVED**

The MOR serves pediatric, adult and geriatric patients requiring surgical interventions, regardless of inpatient or outpatient status.

### **SERVICES PROVIDED**

#### **Conditions/Diagnosis of Patients Cared For in Department**

Surgical specialties provided include, but may not be limited to:

1. General surgical
2. Cardiovascular
3. Cardiothoracic
4. Orthopedic
5. Spinal
6. Ophthalmological
7. Otological
8. Neurosurgical
9. Urological
10. Solid organ transplants (kidney, pancreas)
11. Dental
12. Ear, nose and throat
13. Gynecological
14. Reconstructive
15. Minimally invasive

#### **Treatments, Interventions, and Activities Provided**

The MOR provides:

1. Elective procedures
2. Urgent and Emergent procedures
3. Local, general and regional anesthesia
4. Procedural sedation

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### Utilization of Technology

The MOR utilizes technology appropriate to the procedure being provided including, but not limited to:

1. Electronic cardiac and vital sign monitoring
2. Defibrillator
3. Electrocardiograph
4. Oxygen, carbon dioxide, and respiratory rate alarms
5. Intraoperative imaging
6. Anesthesia gases, administration apparatus, and monitoring
7. Heart Lung Bypass equipment
8. Equipment for rapid heating and cooling of patient
9. Point of Care testing
10. Suction
11. Autotransfusion and blood recovery

### ADMISSION CRITERIA

All elective and emergent surgical patients must meet the following criteria before admission to the MOR:

1. Current written or dictated H&P in the Medical Record (MR)
2. Pertinent diagnostic test results recorded in MR
3. Preoperative evaluation and diagnosis noted in the MR
4. Appropriate evidence of informed consent in the MR
5. Anesthesia evaluation, status and progress note in the MR
6. Completed preoperative nursing assessment and checklist in the MR

### DISCHARGE CRITERIA

Patients are discharged to PACU or CCU as appropriate:

1. Immediately following completion of the intraoperative treatment phase and all associated processes
2. VS are stable by Aldrete Criteria

### STAFFING

#### Accountabilities, Responsibilities, and Scope of Practice

**Director** – Available 24-hours per day, 7 days per week. Responsible for overall operation of the Perioperative Services Department, assuring the delivery of competent, compassionate, quality care in a cost effective manner. Reports to the Chief Nursing Officer.

**Charge Nurse (CN)** – A clinically competent registered nurse responsible for 8-hour shift operations including staff assignments, assurance of safe, quality care.

**Registered Nurse (RN)** – A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing.

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<b>SUBJECT:</b> Main Operating Room, Scope of Service				

The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided. May function in the role of scrub or circulator.

**Surgical Tech (CST, ST)** – supports RN in providing patient care. May function in the role as scrub person or assistant to the circulator.

**Office Coordinator - :** Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

### **Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California.

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

### **Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the MOR.
2. The skill mix includes Registered Nurses, Surgical Technicians, and Office coordinator. Clinical staffing is provided at a ratio of 2.0 FTE per operating room. Sufficient ancillary staff is provided to efficiently run non clinical support functions of the department.

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<b>SUBJECT:</b> Main Operating Room, Scope of Service				

3. Schedules: A 2-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may have their shift cancelled.
4. Assignments are made taking into consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
5. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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				<b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Main Post Anesthesia Care Unit, Scope of Service	<b>APPROVAL:</b>  Medical Executive Committee			
<b>REFERENCES:</b>  The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

The main post anesthesia care unit (PACU) is located adjacent to the main operating room on the 1<sup>st</sup> floor. The main PACU Consists of 10 monitored beds, including one monitored bed designated for pediatric, special needs or isolation patients.

### **HOURS OF SERVICE**

The main PACU provides services Monday-Friday from 0600 to 2200. A PACU nurse is available on call after normal business hours, weekends, and holidays.

### **POPULATION SERVED**

The main PACU provides in-patient and out-patient preoperative and postoperative nursing services for elective and emergent child, adolescent, adult and geriatric patients.

### **SERVICES PROVIDED**

#### **Conditions/Diagnosis of Patients Cared For in Department**

Types of patients receiving care in the main PACU include, but are not limited to those:

1. Preoperative and postoperative adult patients receiving elective or emergent surgical or procedural interventions requiring sedation or local or general anesthesia.
2. Preoperative and postoperative pediatric patients receiving elective surgical interventions requiring general anesthesia

#### **Treatments, Interventions, and Activities Provided**

Treatments, interventions, and activities provided in the SSU include, but are not limited to:

1. Physical assessment and preparation of patients prior to surgical or diagnostic procedures
2. Post sedation/anesthesia recovery of patients following outpatient surgical or diagnostic procedures
3. Administration of IV infusions with appropriate patient monitoring
4. Basic nursing care and assessment

### **ADMISSION CRITERIA**

Patients admitted to the main PACU must:

1. Require post sedation or post anesthesia monitoring
2. Have written orders from the anesthesiologist

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<b>SUBJECT:</b> Main Post Anesthesia Care Unit, Scope of Service				

**DISCHARGE CRITERIA**

Patient may be discharged from the main PACU

1. When established discharge criteria are met. and/or
2. A written order is provided by the anesthesiologist

**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

**Director:** Responsible for the overall 24 hour organization, management and leadership of the PACU. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Manager** – Responsible for day-to-day operations of the PACU. Assures adequate staff is available and quality care is provided to all patients. Reports to the Perioperative Services Director.

**Registered Nurse:** A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Unit Secretary:** Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California.

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

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<b>SUBJECT:</b> Main Post Anesthesia Care Unit, Scope of Service				

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the main PACU. A formal staffing matrix is maintained in the Staffing office.
2. Clinical Staffing is provided at a ratio of 1:2. This allows for appropriate assessment, planning, implementing and evaluation for discharge to the next level of care. Flexibility in staffing is adjusted based on a patient’s acuity and may be adjusted to meet the changing acuity.
3. Sufficient ancillary staff is provided to efficiently run non clinical support functions of the department.
4. Schedules Two 2 -week block schedules are published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may have their shift cancelled.
5. Assignments are made taking into consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
6. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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<b>SUBJECT:</b>  Medical Surgical, Scope of Service	<b>APPROVAL:</b>  Medical Executive Committee			
<b>REFERENCES:</b>  The Joint Commission Accreditation				

### **DEPARTMENT DESCRIPTION**

The 6th Floor Medical Surgical department is divided into two wings, 6 West & 6 South. The unit contains four nursing stations (6w1, 6w2, 6s1, 6s2) for a total capacity of 62 beds. The West side has a total capacity of 30, private rooms; the South side has a total of 32, private rooms. Each room has electrical and oxygen outlets, and a full bathroom. The unit also contains two visitor's lounges, a staff conference room, a storage room, an eye exam room, two clean utility rooms, two soiled utility rooms, two staff lounge with staff toilets, two pantries, a copy/locker room, satellite pharmacy, a coordinator office, a charge nurse office, and a director office.

### **HOURS OF SERVICE**

The Medical Surgical 6 Floor operates and is staffed 24 hours per day, seven days per week, and 365 days per year.

### **POPULATION SERVED**

The 6<sup>th</sup> floor provides care to child, adolescent, adult and geriatric Medical Surgical patients. Children and adolescents are admitted both by House Ear Institute and by General Surgery for post operative care. The House Ear Institute also sends all age patients (infants through adults) for Short Stay status following same day surgery ENT procedures.

### **SERVICES PROVIDED**

#### **Conditions/Diagnoses of Patients Cared for in Department**

Common Diagnoses and complaints for patients admitted to the Telemetry Unit include, but are not limited to, the following:

16. The primary surgical specialties are ENT, General Surgery, GYN, Orthopedic, Neurologic and Urologic surgery.
17. A full range of general adult medical diagnoses are also admitted to this unit.
18. Same Day post operative care is given to post operative ENT patients

#### **Treatment, Interventions, and Activities Provided**

The treatment, interventions, and activities provided by the Medical Surgical unit include direct patient care using the nursing process, medications, IV therapy, pain management, nutrition, patient/family education, discharge planning. And safety risk management.

The Medical Surgical unit offers a full array of acute care services including, but not limited to, the following:

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1. Nursing Assessment and Care
2. Pain Management
3. Wound Care
4. Physical and Occupational therapies
5. Nutritional care
6. Respiratory treatments
7. Social Work services

### **Utilization Of Technology**

The technology utilized in the 6th floor includes, but is not limited to, the following:

1. Infusion pumps
2. Lumbar Drains
3. Dopplers
4. Bladder Scans
5. Glucometer Bedside testing
6. Epidural and local analgesia.

### **ADMISSION CRITERIA**

The Medical Surgical unit admission criteria include, but are not limited to:

1. General medical surgical patients
2. Orthopedic patients post hip/knee implant
3. Post op cochlear implants
4. General surgical patients
5. Medical over-flow patients

### **DISCHARGE CRITERIA**

Prior to discharge from the Medical-Surgical Unit, patients will meet the following criteria:

1. Have a physician order for transfer or discharge.
2. Have satisfactory pain control if applicable.
3. Have stable vital signs.
4. Will be able to perform ADL's according to functional status.
5. Have received condition-specific education, including diagnosis, medications, and care at home.

### **STAFFING**

#### **Accountabilities, Responsibilities, and Scope of Practice**

**Director:** - Responsible for the overall 24 hour organization, management and leadership of the Medical-Surgical Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Charge Nurse** - The Charge Nurse is a clinically competent registered nurse who delivers care to acutely ill adolescent, adult, and geriatric patients through the nursing process. In addition to delivery of care the Charge Nurse demonstrates leadership and supervisory skills.

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<b>SUBJECT:</b> Medical Surgical, Scope of Service				

**Registered Nurse** - A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Licensed Vocational Nurse (LVN)** - The licensed vocational nurse, under the direction and supervision of a registered nurse, provides direct and indirect nursing care to a select number of adolescent, adult and geriatric patients during a given period of time.

**Certified Nursing Assistant (CNA)** – Provides direct patient care to assigned patients under the direct supervision of the RN/LVN

**Unit Secretary** - Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

**Office Coordinator** - The Office Coordinator provides clerical support for unit. Maintains personnel records for staff.

**Competency Validation And Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include::

3. RN – Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS)
4. LVN – Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS), IV Therapy Certification
5. Certified Nursing Assistant (CNA) – Certified Nursing Assistant

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

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<b>SUBJECT:</b> Medical Surgical, Scope of Service				

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, Licensed Vocational Nurses, Patient Support Technicians, and unit secretaries. The nurse patient ratio model is utilized in the delivery of care ratio is 1:5.
3. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
4. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
5. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 3	<b>Originating Department:</b> Multi Organ Transplant Center	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005
	<b>Revised:</b> 12/2011			
<b>SUBJECT:</b>  Multi Organ Transplant Center, Scope of Service		<b>APPROVAL:</b>  Quality Committee of the Board		
<b>REFERENCES:</b>				

### **DESCRIPTION OF DEPARTMENT**

Patient visits take place at SVMC-MOTC transplant clinic, located at 2200 West Third St., Suite 500, Los Angeles, CA, 90057 in the S. Mark Taper Building. The Transplant Administrative Offices are located at 2200 West Third St., Los Angeles, CA, 90057 in the S. Mark Taper Building, 3<sup>rd</sup> and 5<sup>th</sup> floors.

We believe that patients deserve care that respects their choices and supports their participation in the care provided. Care is planned to respond to every patient’s unique needs—including age specific needs, expectations and characteristics—with effective, efficient and individualized care. Our goals are to provide and enhance the provision of safe effective patient care in a cost-effective manner in accordance with established Federal, State, Centers for Medicare and Medicaid Services (CMS), United Network for Organ Sharing (UNOS), End Stage Renal Disease (ESRD) Network 18, hospital regulations and professional standards or guidelines.

SVMC-MOTC will notify CMS and UNOS immediately of any significant changes related to the center’s transplant program, or any changes that would alter elements in the approval/re-approval application:

- A change in key staff members of the transplant team
- A decrease in the center’s volume or survival rates
- Termination of an agreement between the hospital in which the transplant center is located and the organ procurement organization (OPO) for the recovery and receipt of organs
- Inactivation of the transplant center

### **HOURS OF SERVICE**

Regular business hours for the Center are Monday – Friday, 9:00am – 5:00pm. On-call personnel are available on a 24 hour 7 day a week basis, including a Medical and Surgical Transplant Physician of each specialty and a Transplant Nurse Coordinator.

### **POPULATION SERVED**

The MOTC provides services to adult and geriatric patients requiring kidney only transplants (AKO - deceased and living donor), simultaneous kidney and pancreas transplants (SPK), and pancreas after kidney transplants (PAK).

### **SERVICES PROVIDED**

#### **Transplant Selection Committee**

- Evaluates potential candidates for transplant and makes recommendations for provision of optimal care options such as transplantation and medical management
- Evaluates potential candidates for living kidney donation

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<p><b>SUBJECT:</b> Multi Organ Transplant Center, Scope of Service</p>				

- Participates in the development and implementation of kidney, and/or pancreas transplant protocols
- Provides a forum where the members of the multi-disciplinary team and consultative experts can present clinical findings for purposes of transplant candidate review and approval
- Reviews clinical status of transplant recipients for evaluating and recommending patient care
- Monitors outcomes as they relate to the transplant program and the care of the kidney patient

**Candidate Services**

- Recipient evaluation, education and preparation for kidney, and/or pancreas transplantation
- Living donor evaluation and advocacy, education and preparation for kidney donation
- Recipient follow-up care, education and services
- Patient financial counseling
- Patient registration on the national waiting list
- Clinical coordination with organ procurement organizations to obtain suitable organs for recipients
- Patient support group, advocacy and community involvement

**Other Medical Services**

- The expertise of other medical services are available for the following, but not limited, to services such as: internal medicine, surgery, anesthesiology, immunology, infectious disease control, pathology, radiology and blood banking, as related to the provision of transplantation services.
- Inpatient dialysis services are provided by St. Vincent Medical Center.

**Patient Care Policies**

- An environment that promotes confidentiality, patient safety and optimal patient care shall be provided.
- Patients shall be informed of: their rights and responsibilities, and services available from SVMC upon admission to the transplant evaluation process.
- Translator services shall be in a form or language which is comprehensible to patients/families that are unable to communicate with the transplant multi-disciplinary team. Patients are encouraged to bring a family member/significant other who can act as a translator.
- Medical and other information related to the care and treatment of the patient shall be shared/communicated between the SVMC-MOTC, the referring nephrologist and the patient's dialysis facility.

**Maintenance of Medical Records**

- All patients are ensured confidential treatment of their medical records.
- Copies of patient tests, procedures and reports may be retained in the patient's information record in the SVMC-MOTC Office. Original documents are forwarded to Medical Records for filing in the patient's official Medical Record.
- Medical records shall be maintained in a confidential, systematically organized manner to facilitate accurate documentation, availability, ease of retrieval.
- Medical records shall be maintained in a manner protecting them from damage or access by unauthorized persons.

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<b>SUBJECT:</b> Multi Organ Transplant Center, Scope of Service				

- A signed and dated Medical Release of Information shall be obtained from the patient prior to the sharing of the medical record with any party outside of SVMC-MOTC.
- A computerized method of documentation may be utilized to document clinical information in the patient's medical record.

#### **Quality Assessment and Performance Improvement (QAPI)**

- SVMC-MOTC shall continually assess and improve services according to an approved comprehensive QAPI Plan as described in the CMS Conditions of Participation (CoPs).
- The MOT/QAPI Committee, as defined in the QAPI Plan, shall define and track indicators, and, regularly report findings and plans of action to the Medical Executive Committee and access the resources of the Quality Improvement Department as needed.

#### **STAFFING**

##### **Accountabilities, Responsibilities, and Scope of Practice**

A multi-disciplinary team approach is the essence of the transplant program at SVMC-MOTC. This multi-disciplinary and collaborative approach provides the coordination and planning of care to meet the patient care goals and achieve optimal outcomes. Our multi-disciplinary team includes, but is not limited to: the patient and family, transplant surgeons, nephrologists, transplant coordinators, transplant social worker, transplant pharmacist and transplant nutrition specialists. Members of our ancillary staff, such as various Administrative Assistants, Data Analysts and Financial Coordinators, also provide support services. Communication with the recipient's nephrologists and outpatient dialysis center is an essential component to the planning and coordination of care. Recipients, living donors and their families are the focal point.

##### **Competency Validation and Maintenance**

- All personnel shall receive a comprehensive orientation with a preceptor, based on individual needs and clinical knowledge, under the direction of the Transplant Administrator and Medical Director.
- All personnel shall attend ongoing orientation and continuing education sessions to maintain competency as stipulated by the hospital and various accrediting agencies.
- Documentation of orientation and ongoing competence shall be maintained in the employee record. These records may include orientation validation tools, post tests, online education and annual employee assessments.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b> Multicultural Health Awareness and Prevention (MHAP) Center	<b>Originating Date:</b>  12/2006	<b>Reviewed/No Revisions:</b>  <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Multicultural Health Awareness and Prevention (MHAP) Center, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Located on the campus of SVMC, The Multicultural Health Awareness and Prevention (MHAP) Center is SVMC’s community outreach and benefits program focusing on health education, disease prevention, early detection, and information and referral services. Working through community partnership, MHAP Center health education and outreach staff work directly in the community through a collaborative network of community and faith based organizations, consular offices, schools, government agencies and health care providers. MHAP Center responds to community health concerns regarding breast cancer, hypertension, diabetes, obesity, heart disease, and other issues concerning the elderly. The core focus of MHAP is in community building, where community organizing is facilitated by outreach workers and health promoters. Health education, information and awareness is advanced through community education and outreach activities; health access and medical services are facilitated through referrals and the coordination of local private and public health services.

**HOURS OF SERVICE**

The MHAP Center are staffed Monday-Friday during normal business hours. In addition, community services and outreach programs may be offered during evening and weekend hours.

**POPULATION SERVED**

MHAP Center provides services for at-risk ethnic communities including Korean, Latino, Filipino and Thai and other vulnerable and underserved populations in the central Los Angeles area. The geographic area served by MHAP Center includes the Service Planning Area (SPA 4) of Metropolitan Los Angeles. A million and a quarter people reside in the twenty-two (22) zip codes served by SVMC, with Latinos (58%) comprising the largest segment of the population, followed by African-Americans (21%), Asian, Pacific-Islanders (12%), and Caucasians (9%).

**MHAP CENTER SERVICES PROVIDED**

1. Health Education: Cancer, Nutrition and Obesity, Diabetes and Heart Disease
2. Community Health fairs
3. Free mammogram, Pap Smears and Flu Shots
4. Patients Referrals for Diagnostic and Treatment Services

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  2 of 2	<b>Originating Department:</b> Multicultural Health Awareness and Prevention (MHAP) Center	<b>Originating Date:</b> 12/2006	<b>Reviewed/No Revisions:</b>  <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Multicultural Health Awareness and Prevention Center, Scope of Service				

**OTHER MHAP CENTER PROGRAMS:**

Health Access Collaborative Program

1. Breast Health Outreach Program
2. Community Mammography Program
3. Community Obesity Prevention Program
4. Community Diabetes Education Program
5. Look Good Feel Better Program for Cancer Patient
6. Physical Activity and Health Information Program for Seniors

**CORE STAFFING**

**Department Director:**

Responsible for the organization, management and leadership of SVMC Multicultural Health Awareness and Prevention Center’s community outreach and health education and promotion program including medical services and referrals for medically insured and uninsured individuals from multicultural communities. Represent and promote the hospital’s community benefits programs in government and community affairs. Managed relationship building activities and community involvement initiatives that were critical to local market integration plans. Identified and established collaborative partnerships with key non-profits, influential community leaders, and private partners to secure financial support for the hospital’s community benefit programs.

**Four (4) Community Outreach Coordinators:**

Assist the Department Director in the implementation of the centers’ outreach programs and health promotion services in the multicultural community and provides outreach activities support and data analysis of SVMC MHAP Center’s project. Works with other associates, community leaders and volunteers to coordinate new programs and services to meet St. Vincent Medical Center’s community benefits and outreach needs.

**Three (3) Community Health Promoters:**

Under the direction of the MHAP Center Director, Community Health Promoter assist in offering interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors they need, advocate for individual and community health needs and provide some direct services such as mammogram and diabetes screenings during MHAP Center outreach in the Multicultural communities. Will work with other associates, community leaders and volunteers to coordinate new programs and services to meet St. Vincent Medical Center’s community benefits and outreach needs.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 3	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Nephrology Unit, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The Nephrology unit is located on the 7<sup>th</sup> floor, south wing, and consists of thirty private rooms. The unit contains two nursing stations (7 south one and 7 south two). Seven south one contains 16 private rooms and 7 south two contains 16 private rooms. Rooms 760 and 744 are negative air pressure rooms and are designated for airborne isolation. Each nursing station has its own medication refrigerator. Both stations share the following: galley for patient refreshments, microwave, coffee and ice machines; crash cart and defibrillator; a soiled utility room for linen, trash and equipment disposal; a clean utility room which has the co struck and Omni cell supplies; a staff lounge; bathroom; staff conference room; copy room; satellite pharmacy; individual Pyxis machine for each station; coordinator's office; Physician Assistant's office; charge nurse's office and director's office.

### HOURS OF SERVICE

This unit operates 24 hours per day, seven days a week

### POPULATION SERVED

The Nephrology unit exists to improve the delivery of care to adolescent, adult and geriatric nephrology/renal transplant patients and their families during the acute stage of illness or during the stage in which intensive therapy has caused an alteration in lifestyle or normal body functions. It is recognized that the patient and his/her family are integral members of the health care team and will focus on the individual needs of the patient and his/her family. These needs include physical, psychosocial, environmental, spiritual, economic and rehabilitative.

### SERVICES PROVIDED

The Nephrology unit specializes in post operative care for the patient undergoing kidney and/or pancreas transplant as well as general medical surgical care.

#### Utilization of Technology

The technology utilized by the Nephrology Unit includes but is not limited to

1. Infusion pumps
2. Point of Care Blood Glucose Testing
3. Pyxis Medication Dispenser
4. Doppler Machine
5. Bladder Scanner
6. Ascom wireless phone
7. Electronic thermometers
8. MARTI portable translation device
9. Crash cart with defibrillator

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<b>SUBJECT:</b> Nephrology Unit, Scope of Service				

### **ADMISSION CRITERIA**

1. Live related
2. Live non-related
3. Deceased/Cadaveric
4. Donors of live or non-related
5. Clotted AV graft
6. Urological surgery
7. Uremic patients
8. General medical and surgical patients, and when request made by particular physicians providing there is adequate bed availability

### **DISCHARGE CRITERIA**

Prior to discharge from the Nephrology Unit, patients will meet the following criteria:

1. Have a physician order for transfer or discharge.
2. Have satisfactory pain control if applicable.
3. Have stable vital signs.
4. Will be able to perform ADL's according to functional status.
5. Have received condition-specific education, including diagnosis, medications, and care at home.

### **STAFFING**

#### **Accountabilities, Responsibilities, and Scope of Practice**

**Director:** Responsible for the overall 24 hour organization, management and leadership of the Nephrology Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Registered Nurse (RN)** – A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, planning, implementation and evaluation of patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Licensed Vocational Nurse (LVN)** - The licensed vocational nurse, under the direction and supervision of a registered nurse, provides direct and indirect nursing care to a select number of adolescent, adult and geriatric patients during a given period of time.

**Certified Nursing Assistant (CNA)** – Provides direct patient care to assigned patients under the direct supervision of the RN/LVN.

**Unit Secretary (US)** - : Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

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<b>SUBJECT:</b> Nephrology Unit, Scope of Service				

### Competency Validation and Maintenance Plan

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include::

1. RN – CAPD Certification, basic kidney/pancreas transplant class
2. LVN – IV Therapy Certification
3. CNA – Certified Nursing Assistant certificate

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

### Staffing Plan/Matrix

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, Licensed Vocational Nurses, Patient Support Technicians, and unit secretaries. The nurse patient ratio model is utilized in the delivery of care ratio is 1:5.
3. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
4. Patient assignments are made taking consideration patient complexity/acuity; frequency
5. of assessment and nursing activities required; competency/experience of the staff.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b>  Nutrition and Food Service	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 12/2011
<b>SUBJECT:</b> Nutrition and Food Service, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Nutrition and Food Services Department is accountable for dietary aspects of care. Each patient’s nutritional care is planned using the Nutrition Care Process and the patient’s response is monitored and evaluated. The nutritional therapy plan is updated as necessary for patients at nutritional risk as defined by these policies. Dietitians participate as members of the patient’s multidisciplinary care team and contribute to the plan of care, including management of food and drug interaction.

**HOURS OF SERVICE**

**Patient Meal Service:**

Breakfast 7:00 am. - 8:15 am.  
Lunch 11:45 am. - 1:15 am.  
Dinner 4:45 pm. - 6:15 pm.

Additional food (soup, sandwiches and other food items) are stocked in the patient pantries. Nursing employees have access to the pantries at all hours.

**Associates and Visitors:**

Weekday Hours: 6:30 am. - 7:00 pm.  
Weekend Hours: 7:00 am. - 10:00 am.; 11:00 am. - 2:30 pm.; and 4:30 – 7:00 pm.

**Hot Meal Service**

Breakfast: 7:00 - 10:00 am. Lunch: 11:00 am. - 2:00 pm. Dinner: 4:30 - 7:00 pm.

**Grill Service**

Breakfast: 7:00 am. - 9:00 am. Lunch: 11:00 am. - 1:30 pm. Dinner: 4:30 - 7:00 pm.

The Grill is closed on weekends.

Food Vending facilities are available 24 hours a day in the vending service areas.

**Nutrition Service Office Hours**

Diet Office personnel are available 6:00 am. - 6:30 pm. daily.  
Registered Dietitians are available  
Monday- Friday 8:00 am. - 6:30 pm.  
Saturday & Sunday 9:00 am. – 4:00 pm.  
Nutrition & Food Services may be reached via telephone 6:00 am. - 6:30 pm.

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<b>SUBJECT:</b> Nutrition and Food Service, Scope of Service				

After hours calls for service - emergency calls (24 hours/7 days a week) should be made to Hospital Operator.

**POPULATION SERVED**

Nutrition and Food Services serves infants, children, adolescents, adults and geriatrics, including patients, families, visitors, medical staff, hospital staff and the community.

**SERVICES PROVIDED**

**Consultation and meal planning for all patients**

**STAFFING**

Core Staffing: 0.91 man hours per adjusted patient day to be distributed between clinical and non-clinical staff.

- Department Director
- Clinical Nutrition Manager
- Registered Dieticians

Augmentation to Core Staffing: Flex as needs demand.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Occupational Health	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Occupational Health, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Occupational Health Service of St. Vincent Medical Center is responsible for assuring that each healthcare workers and volunteers are safe to work (not infectious) and physically qualified to perform his/her assigned duties and does not have any health conditions that would create a hazard to himself.

**HOURS OF SERVICE**

The department is available to healthcare workers Monday through Wednesday and Friday, 6:30 a.m. to 4:00 p.m; Thursdays from 0730am to 3:00pm. The Emergency Department is available outside of these hours for associates who have medical problems of an emergent nature or who have an accident or injury while on duty.

**POPULATION SERVED**

SVMC associates and volunteers

**SERVICES PROVIDED**

To achieve the above, the essential components of the associates health program are:

- Pre-placement physical examinations
- Periodic health examinations
- Coordinating Employee Health with services provided by employee’s private physician
- Immunization updates
- Exposure follow-ups

**STAFFING**

The Occupational Health Department is staffed by one Nurse Practitioner and one LVN

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Occupational Therapy Department	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 07/2014 <b>Revised:</b> 12/2011
<b>SUBJECT:</b>  Occupational Therapy Department, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Occupational Therapy services provide for goal-oriented, purposeful activity to aid in the development of adaptive skills and performance capacities by individuals of all ages who have physical disabilities. Such therapy is designed to maximize independence, prevent further disability and maintain health.

**HOURS OF SERVICE**

Occupational Therapy services are provided Monday through Friday, 8:30 a.m. – 5:00 p.m. by a contract service. In the event of an emergency, the Occupational Therapist can be contacted through the House Supervisor.

**POPULATION SERVED**

The Occupational Therapy Department services primarily adult patients. The majority of the caseload consists of patients with the following diagnosis: CVA, high risk infants, hip fracture/replacements, other neurological disorders, hand injuries, arthritis, and multiple medical problems.

**SERVICES PROVIDED**

The Occupational Therapists help patients recover the skills they need to take on the activities of daily living, such as grooming, cooking, eating, bathing and using the restroom.

**STAFFING**

**Skill Mix:** Patient care services are provided by a Registered Occupational Therapist and Certified Occupational Therapy Assistant (C.O.T.A.) under the supervision of a Registered Occupational Therapist.

**Core Minimum Staffing:** One Registered Occupational Therapist.

**Augmentation to Core Staffing:** Staffing is augmented based upon anticipated patient volume.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Nursing Procedure Manual	<b>Page:</b>  1 of 4	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>  6/2011	<b>Reviewed/No Revision:</b>
<b>SUBJECT:</b>  Oncology, Scope of Service	<b>APPROVAL:</b>  Medical Executive Committee			
<b>REFERENCES:</b>  The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

The Oncology unit is located on the 7<sup>th</sup> floor, west wing, and consists of sixteen private rooms. The unit has one nursing station. Rooms 705 and 706 are negative air pressure rooms and are designated for airborne isolation. The Oncology Unit has medication refrigerator, a galley for patient refreshments, microwave, coffee and ice machines, a soiled utility room for linen, trash and equipment disposal room; a clean utility room which has the co-struc and Omnicell supplies, Pyxis machine, crash cart and defibrillator, a staff lounge, bathroom, staff conference room, copy room, satellite pharmacy, coordinator's office, charge nurse's office and director's office.

### **HOURS OF SERVICE**

This unit operates 24 hours per day, seven days a week

### **POPULATION SERVED**

The Oncology Unit provides care to hemodynamically stable adolescent, adult, and geriatric patients requiring specialized care related to cancer treatment. The Oncology unit does not provide care to pediatric or newborn patients.

### **SERVICES PROVIDED**

#### **Conditions/Diagnosis of Patients Cared For in Department**

The Oncology unit exists to provide care to acutely ill adult and geriatric patients and improve the delivery of care to cancer patients and their families during the acute stage of illness or during the stage in which intensive therapy has caused an alteration in lifestyle or normal body functions.

#### **Treatments, Interventions, and Activities Provided**

The treatment, interventions, and activities provided by the Oncology unit include direct patient care using the nursing process, medications, IV therapy, pain management, nutrition, patient/family education, discharge planning, and safety risk management.

The Oncology unit offers a full array of acute care services including, but not limited to, the following:

1. Nursing Assessment and Care
2. Pain Management
3. Administration of chemotherapeutic agents
4. Wound Care
5. Physical and Occupational therapies

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Nursing Procedure Manual	<b>Page:</b>  2 of 4	<b>Originating Department:</b>  Nursing	<b>Originating Date:</b>  06/2011	<b>Reviewed/No Revision:</b>
<b>SUBJECT:</b> Oncology, Scope of Service				

6. Nutritional care
7. Respiratory treatments
8. Social Work services

### **Utilization of Technology**

The technology utilized by the Oncology Unit includes but is not limited to

1. Infusion pumps
2. Point-of-Care Blood Glucose testing
3. Pyxis Medication dispenser
4. Electronic thermometers
5. MARTTI- portable translation device
6. Extravasation kits
7. Crash cart with defibrillator, oxygen tank and emergency drugs
8. Chemotherapy spill kit
9. Bladder Scanner
10. Doppler
11. Wireless Ascom phone

### **ADMISSION CRITERIA**

Patient care services include but are not limited to care and treatment of cancer patients, chemotherapy, oncologic emergencies, pain management, radiation therapy, intravenous and total potential nutrient therapy, anti-coagulation therapy, nasogastric and PEG feeding, administration of prescribed medication and monitoring their effects, intake and output, daily weight, provision of hygiene and skin care, assistance with mobility, nutrition, preparation for diagnostic and surgical procedures, pre-op and post-op care of surgical cases, dressing changes, care of suspected TB patients patient and different types of isolation procedures.

### **DISCHARGE CRITERIA**

Prior to discharge from the Oncology Unit, patients will meet the following criteria:

1. Have a physician order for transfer or discharge.
2. Have satisfactory pain control if applicable.
3. Have stable vital signs.
4. Will be able to perform ADL's according to functional status.
5. Have received condition-specific education, including diagnosis, medications, and care at home.

### **STAFFING**

#### **Accountabilities, Responsibilities, and Scope of Practice**

**Director:** Responsible for the overall 24 hour organization, management and leadership of the Oncology Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

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<b>SUBJECT:</b> Oncology, Scope of Service				

**Charge Nurse:** The Charge Nurse is a clinically competent registered nurse who delivers care to acutely ill adolescent, adult, and geriatric patients through the nursing process. In addition to delivery of care the Charge Nurse demonstrates leadership and supervisory skills.

**Registered Nurse:** A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, planning, implementation and evaluation of patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Licensed Vocational Nurse (LVN) -** The licensed vocational nurse, under the direction and supervision of a registered nurse, provides direct and indirect nursing care to a select number of adolescent, adult and geriatric patients during a given period of time.

**Certified Nursing Assistant (CNA) -** Provides direct patient care to assigned patients under the direct supervision of the RN/LVN.

**Unit Secretary:** Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

**Office Coordinator:** The Office Coordinator provides clerical support for the CCU and Acute Dialysis Departments. Maintains personnel records for staff.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include::

1. RN - Chemotherapy Certification if administering chemotherapeutic agents
2. LVN – IV Therapy Certification

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

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<b>SUBJECT:</b> Oncology, Scope of Service				

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, Licensed Vocational Nurses, CNAs , and unit secretaries.
3. Patients receiving chemotherapeutic agents are staffed at a nurse patient ration of 1:4. All other patients are staffed at a ratio of 1:5.
4. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
5. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
6. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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	<b>SUBJECT:</b> Orthopedic Institute, Scope of Service <b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The Orthopedic Institute at St. Vincent Medical Center (SVMC) offers services for the diagnosis and treatment of a wide variety of general orthopedic conditions, including but not limited to fractures, sports related injuries, arthritis and spine conditions. The center has state-of-the-art imaging equipment, allowing for full on-site evaluation of patients by renowned orthopedists. When appropriate, the Institute will integrate various specialties to ensure the most comprehensive treatment available including internists, anesthesiologists, pain management specialists, neurologists, physical and occupational therapy and psychological services.

### HOURS OF SERVICE

The department provides routine services for outpatient office visits Monday through Friday, 8:00 AM to 5:00 PM. Emergency services are provided for the outpatient through the on-call physician after 5:00 PM and on weekends and holidays by pager through the clinic answering service.

### POPULATION SERVED

Evaluations are performed on an outpatient basis for Infants (at least 6 months of age), children, adolescents, adult and geriatric patients.

### SERVICES PROVIDED

The evaluation and treatment will include but not be limited to the following orthopedic conditions

- Treatment of fractures to include casting
- Shoulder
- Hip
- Knee
- Wrist and hand
- Back and neck
- Joint and trigger point injections

### STAFFING

#### Accountabilities, Responsibilities, and Scope of Practice

Physician - evaluates patient and oversees the clinic and surgical processes/care.

Supervisor/Manager - manages the daily operations of the outpatient clinic. Oversees clinic staffing.

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<b>SUBJECT:</b> Orthopedic Institute, Scope of Service				

Orthopedic Clinic Services Assistant- assists surgeon in the clinic by escorting patients to the exam room, taking the initial interview for the visit, assisting the surgeon with standard procedures done in the clinic such as preparing supplies for a joint injection and coordinating the order for x-rays.

**Competency Validation and Maintenance Plan**

Physician - competency evaluated through routine Medical Staff Office procedures.

Supervisor/Manager - competency formally evaluated annually by Administrator of Outpatient Clinic Services.

Orthopedic Clinic Services Assistant- competency formally evaluated annually by either the supervising physician or physician assistant for vital signs and weight assessment, preparing area for a joint injection, preparing medications for a joint injection, suture removal, fall risk screening assessment and use of the AED.

**Staffing Plan/Matrix**

The department is staffed with qualified personnel Monday through Friday, 8:00AM to 5:00 PM and with a Manager in addition to the staff.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Pathology and Laboratory Services	<b>Originating Date:</b>  07/2014	<b>Reviewed/No Revisions:</b>  <b>Revised:</b>
<b>SUBJECT:</b>  Pathology and Laboratory Service, Scope of Services		<b>APPROVAL:</b>  Quality Committee of the Board		
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The College of American Pathologists and American Association Blood Banks accredited Department of Pathology and Laboratory Services provides a range of services which assist in the diagnosis and treatment of patient disease and injury. Services are provided throughout hospital with the majority of testing taking place in the main Pathology and Laboratory Departments. Two draw stations located outside the main Laboratory serve the outpatient population.

**HOURS OF SERVICE**

**Pathology**                      Monday through Friday              0730 - 1700  
   Saturday                                      1000 - 1300  
   On Call                                      24 hours/ 7days per week

**Clinical Laboratory**    Open 24 hours/ 7days per week

First Shift:    Monday through Friday              Fully staffed, performance of all routine tests  
   Saturday-Sunday                              Reduced Staffing  
Second Shift:    Sunday through Saturday              Reduced Staffing; performance of timed, pre-op and emergency (STAT) tests only  
Third Shift:    Sunday through Saturday              Reduced Staffing; performance of timed and emergency (STAT) tests only

**POPULATION SERVED**

The Pathology and Laboratory Services Department serves all age groups, pediatric through geriatric. Services are provided to both the inpatient population of SVMC and the outpatient community.

**SERVICES PROVIDED**

**Pathology Department**

The Pathology Department provides Anatomical Pathology, Clinical Pathology and Cytology services with an estimated two day turnaround time. Consultation services are available business

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<b>SUBJECT:</b> Pathology and Laboratory Service, Scope of Services				

hours. Cytology consultation services are also available by contacting the on-call pathologist after business hours.

**Clinical Laboratory**

The Clinical Laboratory offers a full range of diagnostic and screening tests in the following areas; Hematology/Coagulation, Urinalysis, Microbiology, Chemistry, Immunology, Point of Care Testing, and Transfusion Service. Requested tests beyond the scope of the Clinical Laboratory to perform are sent to an accredited reference laboratory.

**STAFFING**

**Pathology**

All staff pathologists are board certified in Pathology and Anatomic Pathology.

Monday through Friday 0730 - 1700 2.5 Pathologists 1 Cytotechnologist

Saturday 1000 - 1300 1 Pathologist

On Call 1700 - 0730 1 Pathologist

**Clinical Laboratory**

All staff performing high complexity testing in the Clinical Laboratory are California licensed Clinical Laboratory Scientists.

Phlebotomists charged with drawing specimens are certified by the State of California.

The Clinical Laboratory staffing matrix is adjusted based on the acuity and census of the inpatient population.

	Monday through Friday	1	Administrative Director		
		1	Operations Manager		
	On Call		24 hours/ 7days per week		
First Shift:	Monday through Friday	8	CLSs	9	Lab Assistants / Phlebotomists
	Saturday-Sunday	3	CLSs	4	Lab Assistants / Phlebotomists
Second Shift:	Sunday through Saturday	3	CLSs	4	Lab Assistants / Phlebotomists
Third Shift:	Sunday through Saturday	2	CLSs	2	Lab Assistants / Phlebotomists

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Patient Access	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Patient Access, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Patient Access Department is comprised of several areas to include Admitting located on the 3<sup>rd</sup> floor of the main hospital building, Pre-registration and Financial Counseling, Emergency Room Registration, and Out-Patient Registration located on the 1<sup>st</sup> floor. All Patient Access Associates shall observe sound and ethical business practices in handling and processing of all patient accounts.

**HOURS OF SERVICE**

Patient Access associates are available Monday through Friday from 5:00 a.m. to 5:00 pm. and 24 hours a day on Saturday, Sunday and Holidays in the Emergency Department.

**POPULATION SERVED**

The Patient Access Department serves patients, visitors, associates, and medical staff.

**SERVICES PROVIDED**

**It is the responsibility of the Patient Access department to:**

1. Register patients, by fulfilling legal and financial requirements in accordance with hospital policy and governmental regulations.
2. Maintain the highest regard for the welfare and dignity of each patient, including safeguarding the confidentiality of all records.
3. Provide all necessary information, cooperation and support to related areas, especially to Administration, Nursing, Medical Records and Quality Review.

**STAFFING**

Core Staffing: 1 Manager, 1 Supervisor, and 20 FTEs.

Augmentation to Core Staffing: Will add additional staff on an as needed basis.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Patient Relations Department	<b>Originating Date:</b>  12/2011	<b>Reviewed/No Revisions:</b>  <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Patient Relations Department, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Patient Relations Department serves as a liaison between patients/visitors and SVMC associates and medical staff. Patient Relations associates are professionals who represent and advocate for the SVMC consumers, including patients, families and healthcare providers.

**HOURS OF SERVICE**

Guest Services Representative Lobby information desk      Monday to Friday 7am to 3:30pm  
After these hours Public Safety at information desks  
Korean Patient Representative      Monday - Friday 9am to 5:30pm  
Director of Patient Relations      Monday to Friday 9:30am to 6pm, and by cell phone  
Or role covered by House Supervisor and Department leadership

**POPULATION SERVED**

Patients, visitors,SVMC associates and physicians

**SERVICES PROVIDED**

Facilitate the patient concern/compliment process  
Receive, investigate, track and respond to patient and family concerns  
Coordinate development of action plans to resolve identified issues  
Assist patients in the referral process to Spiritual Care, Social Services, Patient Financial Services, and other departments as necessary

**STAFFING**

Director of Patient Relations  
Guest Services Representative, Main Lobby Information Desk, Monday to Friday  
Korean Patient Representative

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Patient Transport	<b>Originating Date:</b>  07/2014	<b>Reviewed/No Revisions:</b>  <b>Revised:</b>
<b>SUBJECT:</b>  Patient Transport, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Patient Transport Department is located on the second floor of the main building.

**HOURS OF SERVICE**

7 days a week, 18 hours a day

**POPULATION SERVED**

Patients, visitors, staff

**SERVICES PROVIDED**

1. Transportation services for clinical and non-clinical areas within the medical facility and Seton Hall.
2. Scheduled transportation services to the medical center from the patient's home within a 15 mile radius.
3. Scheduled transportation services from the medical center to the patient's home within a 15 mile radius.
4. Collect and distribute mail for the medical facility.
5. Respond to disasters and emergency situations.

**STAFFING**

Patient Transport Service staff receives their work assignments through an Interactive Voice Recognition System and complete their assignments under the supervisor of a lead or manager. Leads and managers report to the Director of Environmental Services, who has responsibility for the overall planning, coordination and implementation of Patient Transport Services in collaboration with the appropriate departments.

Director	1
Manager	1
Working Leads	1
Service Personnel	11

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b>  Pharmacy	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Pharmacy Department, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b>  The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The mission of the Pharmacy Department is to provide excellent Pharmaceutical Care to all SVMC patients consistent with the organization’s mission and goals. Pharmaceutical care is the direct, responsible provision of medication-related care for the purpose of achieving definitive outcomes that improve a patient’s quality of life. The Pharmacy Department provides medication management in all areas and specialties of the hospital, including General Medicine, General Surgery, Emergency Medical Services, Renal Transplantation, Cardiac Surgery, heart Catheterization Lab, GI Lab and Imaging Services, and the Outpatient Departments (Cancer Treatment Center, Los Angeles Spine Surgery Institute, POB Radiology, Multi-Organ Transplant Center, Asian-Pacific Liver, Joint Replacement Institute, and Cardiac Institute)

**HOURS OF OPERATION**

Main Pharmacy	Daily	0600 to 2400
Satellite Pharmacies	Monday through Friday	7:00 a.m. - 3:30 p.m.

A contracted after hours pharmacy service provides services from midnight to 0600. In addition, a SVMC Pharmacist is on-call.

**AGE OF PATIENTS SERVED**

The majority of patients (>90%) serviced by the pharmacy department are adults (18-64) or geriatric (>65 years). There are very few pediatric patients seen at the medical center, these are mainly out-patient surgical patients and a few Emergency Department visits.

**SCOPE OF SERVICES**

The Pharmacy Department provides comprehensive pharmaceutical services in the five aspects of medication management:

1. Procurement
2. Prescribing/ordering
3. Preparing/dispensing
4. Administering
5. Monitoring

Specific pharmacy services include, but are not limited to the following:

1. Purchase, storage, control, and distribution of all medications the hospital
2. A monthly inspection system designed to ensure the safety and integrity of all medications
3. A medication recall system
4. A hospital formulary in collaboration with the Pharmacy and Therapeutics Committee

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<b>SUBJECT:</b> Pharmacy Department, Scope of Service				

5. An emergency medication system
6. Computerized pharmacy software with patient medication profiles
7. Unit-dose distribution system with Automated Distribution Cabinets
8. IV admixture system (Compounded Sterile Products)
9. Floor stock distribution where appropriate
10. Medication compounding and packaging
11. Complete and appropriate labeling of all medications
12. Investigational drug study program
13. Therapeutic drug monitoring with patient-specific pharmacokinetic dosing services
14. Medical staff, hospital committee involvement
15. Drug information, education services, and poison control information
16. Drug-drug interaction and drug-food interaction monitoring
17. Adverse drug reaction and medication error reporting with HealthProLink® software
18. Medication use evaluation studies
19. Quality assurance and performance improvement activities with the medication use process
20. Sterile Compounding and extemporaneous compounding (non-intravenous)

#### **PHARMACY AND STAFF LICENSURE/SKILL MIX**

The Pharmacy Department is under the direct supervision of the Director of Pharmacy, who is registered as the 'Pharmacist in charge' with the California State Board of Pharmacy. The Director of Pharmacy is administratively accountable to the Chief Financial Officer.

Patient care services are provided by pharmacists (Pharm.D, or Pharm BSc) pharmacy technicians, pharmacy buyer/information system specialist, Pyxis who is also a pharmacy technician. All pharmacists, pharmacy technicians, pharmacy buyer, and pharmacy interns are licensed by the California State Board of Pharmacy.

#### **CORE/MINIMUM STAFFING**

The pharmacy department shall provide sufficient staff to meet the needs of the hospital, professional staff, and patients with qualified and licensed personnel.

Day Shift:	Monday – Friday	6:00am – 2:30pm	3 pharmacists 5 technicians
	Saturday – Sunday	6:00am – 2:30pm	3 pharmacists 3 technicians
Swing Shift and Night shift:	Monday – Friday	10:30am – 7:00pm 2:30pm – 11:00pm 3:30pm – 12:00pm	3 pharmacists, 3 technicians
	Saturday – Sunday	3:30 p.m. – 12:00am	1 pharmacist, 1 technician
After hours service	Daily	2400 - 0600	1 Pharmacist

Augmentation to Core Staffing:

Core staffing may be augmented or reduced with increased/decreased patient census or increases/decreases in actual workload volume

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Physical Therapy Department	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 07/2014 <b>Revised:</b> 12/2011
<b>SUBJECT:</b>  Physical Therapy Department, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Scope of Service: Physical Therapy services provided by a contract service includes identification, prevention, remediation, and rehabilitation of acute or prolonged physical function or pain, with emphasis on movement dysfunction. Such therapy encompasses examination and analysis of patients and the therapeutic application of physical and chemical agents, exercises, and other procedures to maximize functional independence.

**HOURS OF SERVICE**

Inpatient Physical Therapy services are provided Monday through Sunday from 8:30 am to 5:00 pm. Outpatient services are provided Monday through Friday between 8:00 am and 5:30 pm.

**POPULATION SERVED**

The Physical Therapy department services primarily a geriatric population. The majority of the caseload is made up of patients with the following diagnosis: CVA, hip fractures/replacements, other orthopedic problems, back and neck pain, other neurological deficits, and multiple medical problems.

**SERVICES PROVIDED**

The most common treatments are exercises to increase strength and flexibility of the injured or dysfunctional area of the body. The patients are educated as to the cause of their injury, reasons for exercises and proper body mechanics to aid in prevention of further problems and/or injury. Mobility training and instruction is provided to insure safety during transfers and ambulation. Modalities are used as an adjunct to exercise for pain control. The most common modalities utilized are hot packs, cold packs, ultra sound, massage, TENS/electrical stimulation, traction, and hydro-therapy.

**STAFFING**

Physical Therapy services are provided by Licensed Physical Therapists, Licensed Physical Therapy Assistants and trained Physical Therapy Aides under the supervision of a Physical Therapist.

Core/Minimum Staffing: One Registered Physical Therapist daily.

Augmentation to Core Staffing: Staffing is augmented based upon units of services to be provided on any given day. Individual patient treatments may be assigned 1-14 units of service.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 2	<b>Originating Department:</b> Public Safety	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Public Safety Department, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Public Safety Department is located in Seton Hall first floor . The purpose of the department is to ensure the safety and security for our patients, visitors, associates, and property.

**HOURS OF SERVICE**

The Public Safety Department operates 24 hours a day, 7 days per week.

**POPULATION SERVED**

The Public Safety Department provides security and safety services to our patients, visitors, and associates.

**SERVICES PROVIDED**

The services provided by the Public Safety Department include, but are not limited to:

1. Investigation of all security incidents.
2. Visitor control.
3. Monitoring and surveillance through foot and vehicle patrols, as well as video.
4. Issuance of associate ID badges, access keys, etc.
5. Associate orientation and education pertaining to security issues.

**STAFFING**

The Public Safety Department has 19 staff that includes a Department Manger, 3 Shift Supervisors, 13 full time officers, and two Per diem officers.

Department Manager: Oversee the day to day operation of the Public Safety Department and ensure continual training and development of Public Safety Staff. Address Security issues that involved patients, visitors, personnel, and property; SVMC Policies and Procedures when applicable.

Shift Supervisors: Oversee assigned shift, and to provide ongoing training and development of public safety staff, training and counseling sessions, and responsible for record keeping of fire drills and fire watches. and address security concerns that involve patients, visitors, personnel, and property. Provide security at entry points to medical center; SVMC Policies and Procedures when applicable.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  2 of 2	<b>Originating Department:</b>  Public Safety	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <hr/> <b>Revised:</b> 07/2014
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**SUBJECT:** Public Safety Department, Scope of Service

Officers: Reporting and investigating all security incidents, conduct foot and vehicle patrol of SVMC property and maintain visible presence to deter possible harm to patients, visitors, personnel or property.

Per Diem Officers: Assist staff with coverage for vacations, ER Stand Bys, LOA's, and special assignments.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 2	<b>Originating Department:</b> Quality Management Department	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Quality Management Department, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Quality Services Department supports on-going clinical quality based on the regulatory and strategic needs of SVMC. They perform this function through the use of the tools and methodologies associated with the field of Quality. They continually scan the environment for opportunities for improvement and assist hospital and medical staff leadership in improving performance when that is required. The department provides performance improvement (PI) expertise using PI tools and qualitative analysis.

Quality Services Department performs chart reviews for Medical Staff leadership analysis of the following functions:

- Chart documentation
- Blood Usage
- Operative and other invasive procedure review
- Autopsy/Mortality review
- Medical Staff Peer Review

Outcomes listed above are reported on an ongoing basis to the appropriate medical staff committees including the Quality Care Committee and the Quality Committee of the Board. They provide further review, evaluation, and action, if indicated. Specific quality indicators based on initiatives are tracked on a quarterly basis and submitted to the SVMC Quality Committee of the Governing Board as are performance improvement indicators reports.

Quality Services department collects and submits data for external comparative outcome measurement data bases: Core Measures, CCORP, SCPSC, and others as deemed strategic by Hospital Administration.

**HOURS OF SERVICE**

The Quality Services Department is open Monday through Friday during hours of 7am – 5pm

**POPULATION SERVED**

Hospital Leadership and Medical Staff Leadership

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  2 of 2	<b>Originating Department:</b> Quality Management Department	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Quality Management Department, Scope of Service				

**SERVICES PROVIDED**

The Quality Services Department data collection assists SVMC leadership to:

- Design and assess new processes.
- Measure concurrent process elements as well as outcomes.
- Assess the dimensions of performance relevant to functions, processes, and outcomes.
- Measure the stability of an existing process.
- Identify areas which may require process improvement.
- Determine whether changes have actually improved processes and outcomes

SVMC leadership assessment is performed in order to interpret the data collected and to provide information about the hospital’s level of performance. Assessment includes the following:

- The degree of conformance to process/outcome objectives
- The degree of conformance to regulatory requirements
- The degree of conformance to strategic goals
- The stability of an existing process
- The nature of variation in a process, i.e. common or special cause
- The need for improvement and prioritization
- Specific process changes to be implemented
- The degree to which process changes have improved outcomes

Performance Improvement expertise is provided as needed to address the opportunities discovered. This includes but is not limited to:

- Convening multidisciplinary teams to address opportunities for improvement
- Facilitating multi-disciplinary teams to address opportunities for improvement
- Analyzing data to offer solutions to opportunities for improvement
- Tracking on-going issues identified as opportunities
- Reporting information to hospital and medical staff leadership
- Educating segments of the organization as needed to improve or track performance
- Following external trends to keep SVMC current with regulatory and other requirements.

**STAFFING**

1 Quality Director – responsible for the coordination of external surveys TJC and CDPH; management of Quality Services associates

1 Quality Manager

4 RN Quality Specialists

1 Data Analyst

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	1 of 2	Respiratory Services	06/1997	<b>Revised:</b> 12/2011
<b>SUBJECT:</b>  Respiratory Services, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b>  The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Respiratory Care Practitioner, under the supervision of a Medical Director, provides therapeutic, supportive, rehabilitative and diagnostic procedures as delineated in the Respiratory Care Practice Act of 1985 and under the guidance of Title 22.

**HOURS OF SERVICE**

Services are provided seven days per week twenty four hours per day with the exception of complex diagnostic procedures which are done Monday-Friday, 9:00am – 5:30pm.

All procedures will be assessed and evaluated for appropriateness at the initiation of therapy and every 72 hours thereafter. Whenever possible therapy needs and expected outcomes will be discussed with both the patient’s and their families. All procedures will be assessed for effectiveness/patient response.

**POPULATION SERVED**

The population on which respiratory procedures are performed include children, adolescent, adult and geriatric patients.

**SERVICES PROVIDED**

The department provides a wide range of services to meet the needs of the patient and the ordering physicians. The services include:

1. Standard therapeutic modalities,
  - a. Hand held Nebulizer therapy
  - b. High Density Aerosol therapy
  - c. Intermittent Positive Pressure Breathing
  - d. Incentive Spirometry
  - e. Meter Dose Inhaler
  - f. Chest Physical Therapy
2. Medical gas therapy
3. Continuous ventilator support and weaning,
4. Non-invasive Ventilatory assistance (BIPAP, CPAP)
5. Post extubation exercises and cough instructions,
6. Pre-operative instructions,

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  2 of 2	<b>Originating Department:</b> Respiratory Services	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 07/2014  <b>Revised:</b> 12/2011
<b>SUBJECT:</b> Respiratory Services, Scope of Service				

7. Diagnostic procedures,
  - a. Arterial blood gas analysis
  - b. Pulmonary function studies
  - c. Metabolic monitoring
  - d. Stress testing
8. Continuous or intermittent non-invasive monitoring of oxygen saturation
9. Non-invasive monitoring of end tidal CO<sub>2</sub>.
10. Insertion (without cutting tissue) and maintenance of artificial airways.

In addition the RCP is allowed to transcribe and implement the written and verbal order of a physician and to act upon pre-approved protocols pertaining to the practice of respiratory care.

## **STAFFING**

### **Accountabilities, Responsibilities, and Scope of Practice**

Respiratory care services are provided by Department Director, Clinical Coordinator, Lead Therapist, Respiratory Care Practitioners (RCP), consisting of Registered Respiratory Therapist (RRT), and Certified Respiratory Therapy Technicians (CRT).

### **Competency Validation and Maintenance Plan**

Competencies are validated and maintained at the time an associate is hired and annually thereafter, with particular attention to procedures that present higher risk and greater difficulty.

### **Staffing Plan/Matrix**

Core Staffing: a minimum of 1 RCP in the Critical Care area and 1 supervisor or Lead Therapist 24 hours per day, seven days per week.

Augmentation to Core Staffing: Staffing is added or flexed based upon total census and patient acuity (determined by procedures needed), and is reevaluated and re-adjusted several times during each shift to meet patient care needs and maximize productivity (based on work load units).

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 3	<b>Originating Department:</b>  Risk Management	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions</b> 07/2014 <b>Revised:</b> 12/2011
<b>SUBJECT:</b>  Risk Management, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

## DEPARTMENT DESCRIPTION

Program Philosophy: The Hospital Administration supports and has delegated the risk management process to the risk manager. The program provides for the coordination of collecting internal data on potential hospital risks and reports the analysis and investigation findings of the hospital's actual and potential risks to the Administration and the respective departments and committees. The reporting mechanism is such that communication is reviewed by all key members of the organization in a timely manner. The process establishes and monitors methods to avoid, eliminate or reduce risk in patient care. Education of hospital staff at all levels to the risk process is an integral part of the risk management process.

Confidentiality: It is agreed that all discussions, records, information, patient records, and other documentation of the risk management activities shall remain confidential and privileged to the fullest extent permitted by law either through attorney-client privilege or medical staff protection.

Evidence Code Section 1157 provides broad protection for the confidentiality of medical staff proceedings. This section provides, in relevant part: "Neither the proceedings nor the records of organized committees of medical staffs in hospitals having the responsibility of evaluation and improvement of care in hospitals...shall be subject to discovery. Except as hereinafter provided, no person in attendance at a meeting of any such committee shall be required to testify as to what transpired thereat..."

## HOURS OF SERVICE

The Risk Manager provides services to St. Vincent Medical center on campus for 5 days per week and is on call 24 hours a day, 7 days per week by pager. The Risk Manager reports to the CEO.

## POPULATION SERVED

Patients, visitors, hospital associates and medical staff.

## SERVICES PROVIDED

The Risk Management plan is developed to document an organized, coordinated and clear manner of identified risk factors to the hospital, and to promote and support development of practices aimed at reducing risk in patient care and safety, and visitor and employee safety.

Strategy: The strategy of the program is to establish conditions for reducing malpractice risk exposure. It is a management tool designed and implemented by hospital staff to address real healthcare issues and establish a hospital-wide risk management function that encourages optimal patient care. It seeks to provide a series of collaborative and education interventions

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<b>SUBJECT:</b> Risk Management, Scope of Service				

bearing the consistent message of quality through proactive risk prevention and risk modification. It is not a punitive system. It is a system for focused data collection to assess exposure levels and trend behavior change while discouraging additional lengthy paperwork for healthcare providers. It is a long-range strategy to positively impact the financial bottom line and enhance healthcare delivery.

All risk management activities can be clearly tracked to provide trending data, accountability, program evaluation, and establish limits to standards. The risk management plan also establishes the level of authority and responsibility for decision making and hospital-wide communication.

The Risk Manager provides the following support

1. Loss control and loss prevention.
  - Review of Event Reports for potential compensable events
  - Communication with Department Managers and Administrative Directors.
  - Attendance at the Environment of Care Committee
2. Inservice education.
  - Monthly inservice to new employees
  - Routine educational needs identified by the Education Department
  - Routine education needs identified by trends in event reporting
3. General liability and professional liability claims management
  - Ongoing interaction with corporate counsel regarding potential and active claims
  - Provide assistance in claim management and activities and legal defense preparation.
  - Assistance to the hospital administration and staff in interpreting regulatory standards and assisting with performance compliance standards
  - General review of hospital contracts as related to Risk Management (Contract management assigned to administration)
4. Patient Safety.
  - Routine review of event reports
  - Patient falls
  - Fire/environmental hazards
  - Behavior variances
  - Injuries other than falls
  - Visitor falls/injuries.
5. Safe medical device act reporting
  - Review of equipment and devise reporting
  - Safe Medical Devise act reporting education to staff
  - Surgical treatment event reporting
6. Incident/Event occurrence reporting, investigation and follow-up activity through data review methods
  - Environment of Care Committee and Reports.
  - Risk Information Reports/Trending
  - Litigation /Claims
  - Request for Medical Records

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<b>SUBJECT:</b> Risk Management, Scope of Service				

- Referrals from Committees and Department Heads
7. Performance Improvement: When there is a gap between customer expectation and actual performance, improvement activities are initiated. The focus is placed on raising the level of performance. Activities include review of the following:
    - Medication/IV error reports
    - Ongoing participation and interaction and communication with various Medical Staff Committees
    - Ongoing communication with Clinical Support Service Managers.
    - Patient Complaints
    - Sentinel Event Root Cause Analysis
    - Healthcare Failure Modes and Effects Analysis
  8. Risk management activity maintains operational linkage and reporting to key areas in the medical center. Reporting consists of results of reviews of activities
    - Environments of Care Committee
    - Quality Care Committee of the Board
    - Patient Safety Committee

**STAFFING**

Core Staffing: 1 risk manager.

Annual Risk Management evaluation and reporting: Assessment of data against predetermined performance expectations, design specifications, or other applicable criteria is performed at least annually. An annual evaluation of the risk management activities will be completed to determine whether design specifications for new processes were met, whether changes in the processes resulted in improvement, and whether there are other opportunities to improve that had not been acted on. This evaluation will also address assessment of the risk management program structure to determine appropriateness and whether customer needs are being met.

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	<b>Revised:</b> 07/2014			
<b>SUBJECT:</b>  Short Stay Unit, Scope of Service	<b>APPROVAL:</b>  Medical Executive Committee			
<b>REFERENCES:</b>  The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

The Short Stay Unit (SSU) is a 20-bed unit, with 4 recliners located on the 1<sup>st</sup> floor of the medical center.

### **HOURS OF SERVICE**

The SSU operates from 0500-2200, Monday-Friday. The unit is closed on holidays.

### **POPULATION SERVED**

The patient population served by the SSU includes, children, adolescents, adults and geriatric patients requiring surgical procedures, diagnostic tests, and intravenous infusions. Both inpatients and outpatients can be accommodated.

### **SERVICES PROVIDED**

#### **Conditions/Diagnosis of Patients Cared For in Department**

Types of patients receiving care in the SSU include, but are not limited to those:

1. Undergoing outpatient operative or diagnostic procedures
2. Who have received sedation or anesthesia for GI diagnostic tests, interventional radiology procedures, or heart catheterizations
3. Requiring administration of blood products, chemotherapy and other IV infusions

#### **Treatments, Interventions, and Activities Provided**

Treatments, interventions, and activities provided in the SSU include, but are not limited to:

4. Physical assessment and preparation of patients prior to surgical or diagnostic procedures
5. Post sedation/anesthesia recovery of patients following outpatient surgical or diagnostic procedures
6. Administration of IV infusions with appropriate patient monitoring
7. Basic nursing care and assessment

### **ADMISSION CRITERIA**

Adult and pediatric patients are admitted to the SSU requiring:

1. Preoperative or pre-procedure assessment and preparation
2. Assessment and monitoring following sedation or anesthesia prior to same day discharge
3. Administration of IV infusions, including but not limited to blood products, chemotherapy, medications or fluids.

### **DISCHARGE CRITERIA**

Patients are discharged from the SSU according to criteria described in the standardized procedure *Discharging Patients by Criteria, Standardized Procedure*.

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<b>SUBJECT:</b> Short Stay Unit, Scope of Service				

**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

**Director:** Responsible for the overall 24 hour organization, management and leadership of the Critical Care Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Manager** – Responsible for day-to-day operations of the SSU. Assures adequate staff is available and quality care is provided to all patients. Reports to the Perioperative Services Director.

**Charge Nurse** – Responsible for the day to day operations and flow of the SSU. Maintains staffing schedules and assists with patient care as needed.

**Registered Nurse (RN)** – A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Patient Care Tech (PCT)/Patient Care Attendant (PCA)** – Provides direct patient care to assigned patients under the direct supervision of the RN/LVN, obtains ECG tracings as required.

**Patient Support Tech (PST)** – Provides direct patient care to assigned patients under the direct supervision of the RN/LVN. Performs phlebotomy, ECG tracings.

**Unit Secretary (US) - :** Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include:

1. RN - Pediatric Advanced Life Support (PALS), Advanced Cardiac Life Support (ACLS), and Chemotherapy Certification if administering chemotherapeutic agents  
PST/PCT – Certified Nursing Assistant certificate and EKG dysrhythmia certification
2. PCA - EKG dysrhythmia certification

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

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<b>SUBJECT:</b> Short Stay Unit, Scope of Service				

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, Patient Support Technicians, and unit secretaries.
3. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
4. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
5. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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<b>SUBJECT:</b> Speech Therapy Department, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

Provide assessment, treatment, and rehabilitation of individuals exhibiting impairment or limitations of their receptive, expressive, or oral motor function.. Goals: To provide recognized professional quality care to individuals with communication disorders. To evaluate, diagnose, and treat individuals with communication disorders. To educate family, community, paramedical, and medical providers regarding communication disorders and their treatment. To consult to medical and paramedical personnel regarding management of communication disorders. To contribute to scientific information concerning improved clinical procedure in the management of communication disorder.

**POPULATION SERVED**

Service is provided to both outpatients and inpatients. The primary populations served are adult and geriatric patients, occasionally adolescents.

Emphasis is placed on restoration or achievement of optimal movement and function. Assessments made during evaluation include, but are not limited to, auditory comprehension, language expression, speech intelligibility, visual comprehension, reading comprehension, graphic form, arithmetic, non-verbal communication, swallowing/dysphagia, voice, hearing, prosody, latency of response, confusion, attention span, selective attention, memory, thought organization, judgment. There are no diagnostic modalities utilized

**SERVICES PROVIDED**

Clinical diagnoses treated include dysphagia or aphasia relating to neurologic disorder such as cerebrovascular accidents, anoxic encephalopathies, head trauma, TIAs, CNS disorders (ALS, MS, cerebral palsy), spinal cord injuries, Parkinson’s disease, myotonic dystrophy, and oculopharyngeal dystrophy. In addition, deficits related to cancer, respiratory, and systemic disease processes may be treated.

The department provides appropriate inservicing to any department that makes a request or at any time Performance Improvement identifies a problem.

**HOURS OF SERVICE**

Speech Therapy services are provided Monday through Friday, 8:00 am to 4:30 pm by a contract service. In the event of an emergency, the Rehab services can be contacted through the House Supervisor. The department is closed on holidays designated by SVMC.

**STAFFING**

Patient care services are provided by a Speech Language Pathologist(s). Staffing is augmented based upon anticipated patient volume.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b> Administrative Manual	<b>Page:</b> 1 of 2	<b>Originating Department:</b> Spine Institute	<b>Originating Date:</b> 12/2011	<b>Reviewed/No Revisions:</b>
	<b>Revised:</b> 07/2014			
<b>SUBJECT:</b> Spine Institute, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

Located at 2200 West 3rd Street, The Spine Institute at St. Vincent Medical Center (SVMC) is a state of the art facility offering specialized and comprehensive services for the treatment of disease and disorders affecting the spine as well as treatment of general orthopedic conditions. Aside from the traditional spine and orthopedic related specialties (e.g. Orthopedists and Neurosurgeons) the Institute will integrate various specialists to ensure the most comprehensive treatment available including Internists, Anesthesiologists, Pain Management Specialists, Neurologists, Physical and Occupational Therapy and Psychological Services.

### **HOURS OF SERVICE**

The department provides routine services for outpatient office visits Monday through Friday, 8:00 AM to 5:00 PM on an appointment basis. Emergency services are provided for the outpatient through the on-call physician after 5:00 PM and on weekends and holidays by telephone through the clinic answering service.

### **POPULATION SERVED**

Evaluations are performed on an outpatient basis with adolescent, adult and geriatric patients.

Note: Evaluations are not performed on young adults (13-17) without the presence and authorization of parent or guardian.

### **SERVICES PROVIDED**

The evaluation and treatment of patients with spine and general orthopedic conditions will include but not be limited to the following:

- Back and Neck Conditions
  - Degenerative disc disease
  - Adolescent and Adult Scoliosis
  - Tumor
  - Fractures
  - Infections of the spine
- General Problems
  - Fractures
  - Joint pain
  - Sprains and strains

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				Revised:  07/2014
<b>SUBJECT:</b> Spine Institute, Scope of Service				

## **STAFFING**

Accountabilities, Responsibilities, and Scope of Practice

Physician

- Evaluates patient and oversees the clinic and surgical processes/care.

Supervisor/Manager

- Manages the daily operations of the outpatient clinic. Oversees clinic staffing.

Orthopedic Clinic Services Assistant

- Assists surgeon in the clinic by escorting patients to the exam room, taking the initial interview for the visit, assisting the surgeon with standard procedures done in the clinic such as preparing supplies for a joint injection and coordinating the order for x-rays.
- Answers phones, schedules appointments, verifies insurance and prepares chart.

## **Competency Validation and Maintenance Plan**

Physician

- Competency evaluated through routine Medical Staff Office procedures.

Supervisor/Manager

- Competency formally evaluated annually by Administrator of Outpatient Clinic Services.

Orthopedic Clinic Services Assistant

- Competency formally evaluated annually by supervisor/manager for fall risk screening assessment and use of the AED.

## **Staffing Plan/Matrix**

The department is staffed with qualified personnel Monday through Friday, 8:00AM to 5:00 PM and with a Supervisor/Manager in addition to the staff.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Spiritual Care Services	<b>Originating Date:</b>  06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b>  Spiritual Care Services, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

Spiritual Care is a hospital service offered to all patients and their families. Its goal is to provide an opportunity to integrate a patient’s beliefs, values, and religious practices in the process of healing and wellness. As an ecumenical service, it honors and respects all faith traditions and assists in meeting the patients’ spiritual needs by facilitating rituals and faith practices which are beneficial to the promotion of healing and wellness. A Chaplain may be a Priest, an ordained minister, a Sister or Brother who is a member of a Religious order, an ordained minister of a denomination or non-ordained. They may be trained through the Clinical Pastoral Education process, certified by a National Pastoral Care Organization, and endorsed for ministry by their appropriate faith group representative.

### HOURS OF SERVICE

Spiritual Care staff is available 24 hours per day, seven days a week, including holidays for emergencies and crisis intervention. Chaplains or Priest Chaplains are available in-house during regular duty hours (8:00am-5:00pm) or a Chaplain/Priest Chaplain on-call by beeper after hours.

### POPULATION SERVED

Patients, families, and SVMC associates.

### SERVICES PROVIDED

1. Sacramental ministry and worship.
2. Ecumenical prayer and services.
3. Spiritual counseling and support.
4. Ethics clarification/support.
5. Crisis intervention.
6. Grief Counseling.
7. Educational in-services/workshops.
8. Education/facilitating completion of Advance Healthcare Directives.
9. Dealing with End-of-Life Issues/care of the dying.
10. Task Force/Committee facilitation and participation.
11. Participation in patient family conferences.

### STAFFING

As Healthcare Professionals, each member of the team is trained, certified, or ordained for their particular role in providing Spiritual Care. Chaplains provide these services free of charge and are part of the Healthcare Professional Team. Additional temporary staffing is utilized to cover for vacation or illness if necessary.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b>  1 of 1	<b>Originating Department:</b> Telecommunications/PBX	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 07/2014  <b>Revised:</b> 12/2011
<b>SUBJECT:</b>  Telecommunications/PBX, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Telecommunications Department is responsible for the operation and maintenance of the Medical Center’s voice communication systems.

**HOURS OF SERVICE**

Telephone Operators are on duty seven days a week, 24 hours a day. Technical associates are on duty Monday through Friday during normal business hours and are available after hours, as required.

**POPULATION SERVED**

Patients, visitors, and SVMC associates and medical staff.

**SERVICES PROVIDED**

Telephone Operators are responsible for answering calls in a timely and professional manner and routing them to the appropriate destinations. Operators are also responsible for activating the Medical Center’s overhead paging system during emergency situations and for monitoring the status of emergency systems. Technical associates in the Telecommunications Department are responsible for servicing telephones, voicemail boxes, cell phones and pagers.

**STAFFING**

The switchboard is typically staffed with two Telephone Operators during normal business hours. After hours, the switchboard is staffed with one Operator.

Core Minimum staffing: A minimum of one Telephone Operator must be on duty at all times.

Augmentation to Core staffing: In the event there are insufficient permanent associates to handle call traffic, the department supervisor will be notified to augment staffing as required.

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	<b>Revised:</b>  07/2014			
<b>SUBJECT:</b>  Telemetry, Scope of Service	<b>APPROVAL:</b>  Medical Executive Committee			
<b>REFERENCES:</b>  The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

The Telemetry Unit at St. Vincent Medical Center (SVMC) is organized to meet the mission of the Daughters of Charity in providing excellence in the care of the whole person (body, mind, and soul) and to provide services to acutely/chronically ill patients regardless of their social, economic, ethnic, or religious background.

The Telemetry Unit is a combined medical, surgical, and cardiac care unit composed of 2 wings, each containing 2 separate nurses' stations with 16 beds each. Each station has two (2) rooms equipped to meet the requirements for a negative airflow room.

All rooms are single patient rooms and are large enough to accommodate the equipment and personnel necessary to care for the patient and meet emergency needs. Each room is equipped with a nurse call system which relays the patient's call to the nurses' station, and emergency call system, telephone, and life support systems (oxygen, compressed air, suction and electrical outlets). Cardiac monitoring is available in every room, interfaced to, and visible, at the central monitoring station. Drapes are installed in each room which can be pulled around the bed to provide privacy during procedures and treatments.

Additionally, each wing contains a storage room, equipment room, supply room, pantry, soiled utility room, and clean utility room. A satellite pharmacy is also located on the unit.

### **HOURS OF SERVICE**

The Telemetry unit is available and staffed 24 hours per day, seven days per week, and 365 days per year.

### **POPULATION SERVED**

The Telemetry Unit provides care to hemodynamically stable adolescent, adult, and geriatric patients requiring continuous cardiac monitoring. The Telemetry unit does not provide care to infants or children.

### **SERVICES PROVIDED**

#### **Conditions/Diagnosis of Patients Cared For in Department**

Common diagnoses and complaints for patients admitted to the Telemetry unit include, but are not limited to:

1. Symptomatic and/or chronic or potential for life-threatening arrhythmias.
2. Stable, post AMI
3. Post operative cardiothoracic surgery.

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				<b>Revised:</b> 07/2014
<b>SUBJECT:</b> Telemetry, Scope of Service				

4. Drug toxicities limited to potential arrhythmogenic compounds such as digitalis and tricyclics.
5. Suspected pacemaker malfunction.
6. Observation post pacemaker or defibrillator placement or post ablation.
7. Syncope when an arrhythmia or other cardiac disorder is a suspected etiology.
8. Suspected defibrillator discharge.
9. Unstable angina of low or intermediate grade (new onset angina without EKG or enzymatic changes, crescendo angina in patient with history of coronary disease).
10. Study drug protocols requiring cardiac monitoring as a part of the protocol.

### **Treatments, Interventions, and Activities Provided**

The treatment, interventions, and activities provided by the Telemetry Unit include using the nursing process providing direct patient care with cardiac monitoring, medications administration including non-titrating cardiac vasoactive infusions, pain management, nutrition, patient/family education, discharge planning, and safety risk management.

### **Utilization of Technology**

The technology utilized by the Telemetry Unit includes but is not limited to

1. Infusion pumps
2. Defibrillator
3. Point-of-Care Blood Glucose testing
4. Pyxis Medication dispenser
5. Vital Sign Monitors
6. Electronic thermometers
7. Cardiac monitors
8. Portable cardiac monitors
9. MARTTI- portable translation device
10. Crash Carts and emergency equipment
11. Temporary pacemaker
12. Mechanical Ventilator

### **ADMISSION CRITERIA**

Any patient who requires continuous cardiac monitoring or mechanical ventilation with no other need for intensive level care, including:

1. Patients transferred from CCU for continuation of monitoring
2. Symptomatic bradycardia
3. Antiarrhythmic drug therapy
4. Elective cardioversion post Cath Lab
5. Post-Pacemaker and/or ICD implant
6. Heart failure
7. Significant hyperkalemia
8. Drug toxicity, drug overdose
9. Significant Bleeding

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<b>SUBJECT:</b> Telemetry, Scope of Service				

10. Acute CVA
11. Sepsis with lactic acid level
12. Respiratory failure
13. Mechanical ventilation
14. Chest pain
15. Syncope
16. Palpitations
17. Arrhythmia EKG change
18. Post cardiac surgery +/- ventricular assist device (VAD)
19. Stable post VAD

### **DISCHARGE CRITERIA**

Prior to discharge from the Telemetry Unit, patients will meet the following criteria. When a patient meets discharge criteria for monitoring, the patients physician will be called to be transferred to a lower level of care-unless the physician has written orders to continue cardiac monitoring with indication. Discharge criteria for cardiac monitoring.

1. Patient is free of chest pain for 24 hours
2. Vital signs are stable
3. Able to perform ADLs with minimal shortness of breath
4. Patients with stable rhythm, with controlled arrhythmias for the past 48 hours
5. Patient back to their normal level of electrolytes and normal drug levels
6. Patients who are off IV cardiac drugs for 24 hours
7. Will have a normal sinus rhythm, stable rhythm, or controlled dysrhythmias for the past 24 hours.
8. Will have a normal sinus rhythm, stable rhythm, or controlled dysrhythmias for the past 24 hours.

### **STAFFING**

#### **Accountabilities, Responsibilities, and Scope of Practice**

**Director:** Responsible for the overall 24 hour organization, management and leadership of the Telemetry Unit. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Supervisor:** Responsible for the daily operation of the patient care activities, personnel management and clinical education needs of the staff.

**Charge Nurse:** Provides leadership and supervision to the staff ensuring the delivery of excellence in care throughout the assigned shift.

**Registered Nurse:** A clinically competent nurse who provides care through the nursing process and maintains standard of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

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				<b>Revised:</b>  07/2014
<b>SUBJECT:</b> Telemetry, Scope of Service				

**Monitor Technician:** Supports the care of the patient by providing continuous cardiac monitor surveillance and notifies the primary nurse of changes in the patients' rhythm. Records and posts daily rhythm strips and maintains telemetry monitoring equipment in working condition.

**Unit Secretary:** Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

**Office Coordinator:** The Office Coordinator provides clerical support for unit and maintains personnel records for staff.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include::

1. RN - Advanced Cardiac Life Support (ACLS), and successful completion of dysrhythmia recognition course.
2. LVN – Advanced Cardiac Life Support (ACLS), and successful completion of dysrhythmia recognition course, IV Therapy Certification
3. Monitor Technician - successful completion of dysrhythmia recognition course

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

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				<b>Revised:</b>  07/2014
<b>SUBJECT:</b> Telemetry, Scope of Service				

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, Licensed Vocational Nurses, Patient Support Technicians, and unit secretaries. The nurse patient ratio is maintained at not less than 1:4.
3. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
4. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
5. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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	<b>Revised:</b>			
<b>SUBJECT:</b>  Transitional Care, Scope of Service	<b>APPROVAL:</b>  Medical Executive Committee			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### **DEPARTMENT DESCRIPTION**

The Transitional Care Unit (TCU) is a 27 bed Skilled Nursing Unit located on the 4<sup>th</sup> floor. It is licensed and certified by the Department of Health Services for both Medicare and Medi-Cal. The TCU was developed to meet the needs of St. Vincent Medical Center for a skilled Nursing Facility which was able to care for patients no longer in need of acute care, but with skilled nursing needs.

### **HOURS OF SERVICE**

The TCU is available and staffed 24 hours per day, 7 days per week, and 365 days per year.

### **POPULATION SERVED**

The TCU provides care to adult and geriatric patients who no longer require acute care, yet are not stable enough to go home.

### **SERVICES PROVIDED**

#### **Conditions/Diagnoses of Patients Cared For in Department**

Common diagnosis and complaints for patients admitted to the TCU include but are not limited to the following:

1. Debility
2. Wound Care
3. Physical Rehabilitation
4. Pain Management

#### **Treatments, Interventions and Activities Provided**

The treatment, interventions, and activities provided by the TCU includes direct patient care using the nursing process, medications, IV therapy, pain management, nutrition, patient/family education, discharge planning, and safety risk management.

The TCU offers a full array of post acute care services including but not limited to the following:

1. 24 Hour Registered Nurse Coverage
2. Rehabilitation Services
3. Laboratory Services
4. Radiology Services
5. Diagnostic Services
6. Dental Services
7. Podiatry Services
8. Activity Program
9. Intravenous Therapy (IV Antibiotic, Hyperalimentation)
10. Nutritional Dietary Services

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<b>SUBJECT:</b> Transitional Care, Scope of Service				

**Utilization of Technology**

The technology utilized in the TCU includes but is not limited to the following:

1. Infusion Pumps
2. Feeding Pumps
3. Wound Vac's
4. Etc.

**ADMISSION CRITERIA**

Patients will be admitted only upon the order of a physician. The Nursing Director of TCU or his/her designee will approve all admissions. Upon approval and issuance of bed, patients will be discharged from St. Vincent Medical Center and follow all guidelines of discharges to an External Care Facility. Types of patients range from adults to geriatrics.

**DISCHARGE CRITERIA**

The TCU maintains formal and detailed discharge criteria that have been approved by the SVMC Medical Staff. Further information can be found in this document.

**STAFFING**

**Accountabilities, Responsibilities, and Scope of Practice**

**Director:** Responsible for the overall 24 hour organization, management and leadership of the TCU. Demonstrates an advanced level of management expertise and has authority and accountability that promotes effective leadership as well as collaboration among departments in the delivery of patient care services.

**Charge Nurse:** The Charge Nurse is a clinically competent registered nurse who delivers care to acutely ill adolescent, adult, and geriatric patients through the nursing process. In addition to delivery of care the Charge Nurse demonstrates leadership and supervisory skills.

**Registered Nurse:** A clinically competent registered, professional nurse who delivers care to the acutely ill, adolescent, adult, and geriatric patient through the nursing process of assessment, patient, significant others, and other health team members, while maintaining standards of professional nursing. The primary role of the RN is the execution of the nursing process in prescribing care required and reassessment of the care provided.

**Licensed Vocational Nurse (LVN) -** The licensed vocational nurse, under the direction and supervision of a registered nurse, provides direct and indirect nursing care to a select number of adolescent, adult and geriatric patients during a given period of time.

**Certified Nursing Assistant (CNA) –** Provides direct patient care to assigned patients under the direct supervision of the RN/LVN.

**Unit Secretary:** Functions as the central control of communications at the nursing station, completing receptionist and clerical duties.

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	<b>Revised:</b>			
<b>SUBJECT:</b> Transitional Care, Scope of Service				

**Office Coordinator:** The Office Coordinator provides clerical support for the CCU and Acute Dialysis Departments. Maintains personnel records for staff.

**Competency Validation and Maintenance Plan**

As a condition of hire, all associates are required to maintain current basic life support (BLS) competency and possess a current LA County Fire and Safety card. All professionals must possess a current, active license to practice in the State of California. For the following positions, additionally requirements include:

**Initial Competency** – all new employees are required to attend Hospital Orientation; nursing personnel also attend Nursing Orientation. Unit-specific orientation includes an introduction to the unit, unit tour, and completion of preceptorship and skills checklist.

**Continuing Education** – Each staff member is responsible for maintaining up to date knowledge and skills according to their individual job description. Licensed staff must obtain sufficient continuing education credits in compliance with the specific licensing body.

**Ongoing Competency Validation** – All hospital staff complete annual mandated safety and compliance updates as prescribed by Human Resources Department. Clinical staff are required to complete annual competency validation that encompasses both hospital-wide and department specific skills commensurate with their job description. Selection of annual skill competencies is based on the following criteria:

1. Mandatory requirement of a regulatory agency
2. High Volume
3. High Risk
4. Low Volume
5. Problem Prone

**Staffing Plan/Matrix**

The following criteria serve to guide unit staffing:

1. Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients in the unit. A formal staffing matrix is maintained in the Staffing office.
2. The skill mix includes Registered Nurses, Licensed Vocational Nurses, Patient Support Technicians, and unit secretaries. Hours per patient day (HPPD) are maintained at not less than 6.83.
3. Schedules: A 4-week schedule is published based on the average daily census and the staffing matrix. When additional staff is needed the Manager consults with the unit director and/or Staffing Office. Staff is floated from other departments, regular staff is asked to work additional hours, or temporary staff is scheduled. When more staff are available than unit requires, they may be floated to another unit or have their shift cancelled.
4. Patient assignments are made taking consideration patient complexity/acuity; frequency of assessment and nursing activities required; competency/experience of the staff.
5. Assignments are adjusted whenever necessary based on the changing needs of the patient and unit.

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<b>SUBJECT:</b>  Tumor Registry, Scope of Service	<b>APPROVAL:</b>  Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

### DEPARTMENT DESCRIPTION

The purpose of the Tumor Registry is to collect and maintain complete and accurate data on cancer patients seen in the medical center, from the initial date of diagnosis and/or treatment until death, in compliance with California State Laws and American College of Surgeons Requirements.

### HOURS OF SERVICE

Tumor Registry may be reached by calling ext. 7334. Department hours are 8:30 a.m. to 5:00 p.m.

### SERVICES PROVIDED

The major function of the Tumor Registry is as follows:

- Tumor Board
- Cancer Committee
- Abstracting
- Follow up
- Patient Care Evaluation Studies
- Survival/Statistical Analysis

All cases are reported to the Department of Health Services, California Cancer Registry via the Cancer Surveillance Program (CSP) monthly.

Tumor Board is held monthly. Cases are selected by the Tumor Board Chairman. Cases are presented for the purpose of obtaining multidisciplinary views of treatment and education of the cancer team.

Cancer Committee meets on a quarterly basis and as needed. The Cancer Committee provides leadership for SVMC Cancer Program ensures compliance with the American College of Surgeons Standards and provides appropriate data to the medical center and State Cancer Registry. The Cancer Committee monitors criteria and reviews results of cancer patient care evaluation studies.

Abstracting is done for every inpatient or outpatient case seen at SVMC, with a reportable neoplasm. Information is reported in a clear and concise manner, according to a format prescribed by the American College of Surgeons and the State of California.

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<b>SUBJECT:</b> Tumor Registry, Scope of Service				

Follow up of each analytic patient is performed yearly. This consists of checking for hospital readmission, contacting physicians, other hospitals and/or the patients, either by mail or telephone, checking social security records, Medicare eligibility and other viable methods.

**STAFFING**

Core Staffing: 1 Certified Tumor Registrar and Tumor Registry Assistant.

Augmentation to Core Staffing: A per diem employee or a contract employee would be obtained for abstracting on an as needed basis or emergent basis.

<b>ST. VINCENT MEDICAL CENTER (SVMC)</b>  Administrative Manual	<b>Page:</b> 1 of 1	<b>Originating Department:</b> Volunteer Services	<b>Originating Date:</b> 06/1997	<b>Reviewed/No Revisions:</b> 11/2005 <b>Revised:</b> 07/2014
<b>SUBJECT:</b> Volunteer Services, Scope of Service	<b>APPROVAL:</b> Quality Committee of the Board			
<b>REFERENCES:</b> The Joint Commission Accreditation Manual				

**DEPARTMENT DESCRIPTION**

The Volunteer Services Department is located on the 2<sup>nd</sup> floor dohony wing, main hospital. The Volunteer Services Department provides services to patients, their family members, visitors and hospital departments. Volunteers create a friendly atmosphere and help SVMC improve the overall patient/guest experience.

**HOURS OF SERVICE**

The Volunteer Office is open Monday - Friday from 6:30 am to 3:00 pm. Volunteers are available seven days a week, and are scheduled by the volunteer department.

**POPULATION SERVED**

Patients  
Family members and visitors  
Hospital departments

**SERVICES PROVIDED**

1. Non-clinical patient/visitor services including, but not limited to:
  - a. Friendly patient visits/rounding and greeting in patient rooms and waiting rooms
  - b. Gift shop activities, buying, stocking and merchandising in the gift shop
  - c. Newspaper/Magazine/flower delivery within the medical center campus
  - d. Providing information about the hospital, patient status and directions
2. Volunteers may also provide clerical services to hospital departments.

**STAFFING**

**Supervisor of Volunteer Services** - Assures appropriate interaction with internal department managers to survey their needs for service, to design appropriate volunteer roles, and to place volunteers with appropriate skills, interests and availability to meet the hospital or the departments specific needs.

Volunteer staffing is decreased/increased based on department's needs and availability of volunteers.