

I. DESCRIPTION AND MISSION

A. DESCRIPTION

1. Type of Institution

The John Dempsey Hospital is a State owned institution organized under the laws of the State of Connecticut and governed by the University of Connecticut. The purpose as a teaching hospital of the University of Connecticut is to serve as a general hospital providing programs in patient care, education and research.

2. Size

The hospital has 224 licensed beds.

3. Scope of Nursing Services

a. Clinical:

The nursing staff provides for the nursing care needs of acute patients in the general and specialty areas of Medical practice. Services provided vary from general care to intensive care for adults and newborns/neonates. Children receive emergency and ambulatory surgical care. The practice of nursing is enriched through the commitment to excellence in clinical practice, inquiry, search and research.

b. Professional:

There is a comprehensive focus on the professional development of nurses including continuing education, standards of practice and satisfaction related to professional practice.

c. Administration:

The structure and organization of the Department is written in these standards for the purposes of planning, organizing, implementing, controlling and evaluating the conduct of the Department. Administrative responsibility for the Department is addressed through the Nursing Administrative Council. The Chief Executive of Nursing is the Associate Vice President of Operations/Director of Nursing.

B. MISSION

The mission of the Department of Nursing is to provide for the nursing care needs of patients admitted to the John Dempsey Hospital in the areas of patient care, education and research in accordance with the mission of the John Dempsey Hospital and to manage the resources to meet these needs.

In order to render services of high quality, the philosophy and goals of the Nursing Department center around knowledge of practice and the processes used by nursing. Further, the Nurse Practice Act in the State, the ANA Standards of Practice, and other specialty practice standards of the profession frames the philosophy and goals. The general nursing standards accepted by the Department can be found in Appendix 1.

II. PHILOSOPHY AND WORK PLAN

A. PHILOSOPHY

1. The philosophy of the Department is in concert with the philosophy of the Hospital and its sponsoring bodies, the University of Connecticut Health Center and the University of Connecticut.

2. The philosophy is reviewed every three years; revisions are made when appropriate.
3. The philosophy is available on each unit and is incorporated into the orientation for new employees.
4. A copy of the philosophy is in Appendix 2.

III. ADMINISTRATIVE POLICIES

A. ORGANIZATION

1. Relationships

a. Administrative

- (1) The relationship of the Department of Nursing to other Hospital departments is outlined on the Clinical Affairs Organizational Chart. The chart displays the inter-relationships among units of the Hospital for the purpose of communication, accountability and responsibility.
- (2) The Clinical Affairs Organizational Chart can be found in Appendix 3.

b. Interdepartmental

- (1) The Nursing Department is an integral unit of the John Dempsey Hospital under the direction of the Associate Vice President of Operations/Director of Nursing who reports to the Hospital Director with responsibility for the overall operations of the hospital. In turn, the Hospital Director reports to the Vice President for Health Affairs/Dean of the School of Medicine.

c. Intradepartmental

- (1) The Department of Nursing is a structural unit which reports to the Associate Vice President of Operations/Director of Nursing. Each nursing unit has a manager who assumes 24-hour accountability for patient care services.
- (2) A copy of the organizational chart for the Department is in Appendix 4.
- (3) Performance descriptions exist for each position on the organizational chart and are available from the Human Resources Department.

2. Communication Mechanisms

a. Administrative

Verbal and written information to and from Hospital and Health Center Administration is delivered, received and transmitted through the Associate Vice President of Operations/Director of Nursing (see Appendix 3).

b. Interdepartmental

Information is delivered, received and disseminated to and from other departments according to the organizational charts in Appendix 3.

c. Intradepartmental

The flow of information within the department is depicted in the departmental organizational chart located in Appendix 4.

d. Mechanisms

A variety of communication mechanisms are available:

- (1) Shift report between nurses
- (2) ISBAR transfer
- (3) Telephones/paging/voice mail/FAX/E-mail system/TTY phones throughout the Hospital
- (4) Unit level staff meetings
- (5) Meeting minutes and memos
- (6) Bulletin boards/mailboxes on each unit
- (7) Interpreters/Linguistic Access for Persons with Limited English Proficiency (HAM 08-007); Care Delivery to Persons Who are Deaf or Hard of Hearing (HAM 08-009)
- (8) All Hands on Deck newsletters
- (9) Nursing website

3. Unity/Extent of Command

- a. The authority, final responsibility for, and control of all actions directed toward the goals of the Department are vested in the Associate Vice President of Operations/Director of Nursing.
- b. In the absence of the Associate Vice President of Operations/Director of Nursing, coverage is provided as designated by the Associate Vice President of Operations/Director of Nursing. Nursing Supervisors are qualified to act in the absence of the Associate Vice President of Operations/Director of Nursing for the nursing services on the off-shifts, weekends and holidays.
- c. The Hospital Director appoints an Interim Director of Nursing when necessary.

4. Evaluation of Organizational Structure

- a. The organizational structure reflecting the philosophy of the Department is reviewed at least every three years by the Nursing Administrative Council.
- b. The organizational structure is approved by the Hospital Director.

B. GOVERNANCE

1. Functions of the Department

a. Institutional and Interdepartmental

Qualified members of the Department are selected to represent Nursing on Hospital and Health Center standing committees based on recommendations to the Associate Vice President of Operations/Director of Nursing for approval. Nurses may volunteer or be appointed by the Associate Vice President of Operations/Director of Nursing for committee assignment.

The role of the nursing representatives on these committees is (1) to provide information to the members of the Committee about the position of nursing on various issues; (2) to vote as a full-fledged member of the committee; and (3) to provide information concerning

the functions and decisions of these committees to the appropriate individual and/or committee in the Nursing Department.

- (1) Hospital and Medical/Dental Staff Committees
 - (a) AIDS Advisory Committee
 - (b) Cancer Committee
 - (c) Clinical Support Group
 - (d) Dept. of Corrections Operations Comm.
 - (e) CPR Committee
 - (f) Department Head Meeting
 - (g) Hospital Safety/Disaster Planning
 - (h) Hospital Quality Resource Management
 - (i) Infant Care Review Committee
 - (j) Infection Control Committee
 - (k) Laser Committee
 - (l) Medical Board
 - (m) Medical Ethics Committee
 - (n) Health Information Management Committee
 - (o) Operating Room Committee
 - (p) Pharmacy, Therapeutics, and Medication Safety Committee
 - (q) Regulatory Compliance Committee
 - (r) Standards Committee
 - (s) Transfusion Committee
 - (t) Tumor Board
 - (u) UConn Cares Council
- (2) Health Center Committees
 - (a) Affirmative Action Committee
 - (b) AIDS Advisory
 - (c) Employee Health Committee
 - (d) Employee Recognition Committee
 - (e) Institutional Review Board
 - (f) Patient Education Committee
 - (g) Parking Committee
 - (h) Radiation Safety Committee
 - (i) Research & Safety Environmental Health Committee

- (j) Women's Affairs Committee
- (k) Scientific Advisory Committee
- (l) UCHC Compliance Committees—Operations, Executive

b. Intradepartmental

The following are examples of functions performed by the appropriate members of the nursing leadership group:

- (1) Insure qualifications of personnel by annual license validation and performance review.
- (2) Plan and execute a departmental budget.
- (3) Select, develop and evaluate the nursing management team.
- (4) Develop and implement policies, procedures, standards and protocols.
- (5) Implement Performance Improvement Projects.
- (6) Provide nursing services.
- (7) Hire qualified nursing personnel.
- (8) Provide staff education.
- (9) Provide adequate staffing for delivery of patient care.
- (10) Participate in JCAHO accreditation including hospital survey and summation conference.
- (11) Participate in other regulatory compliance activities.
- (12) Develop standards regarding the qualifications and employment of nursing department members.
- (13) Account for professional and administrative nursing staff activities including receiving and acting on reports and recommendations.
- (14) Maintain provisions in labor contracts and relationships with the leadership of the unions.

2. Nursing Direction

a. Type of Governance

The Department of Nursing is organized into two components:

- (1) Nursing Administrative Council
- (2) Clinical Nurse Specialist Forum

b. Departmental Control

- (1) The authority, responsibility, and accountability for assisting the Associate Vice President of Operations/Director of Nursing in directing operations of the Department of Nursing to fulfill departmental functions is vested in the Nursing Administrative Council. Decision-making occurs in both councils in their designated sphere of responsibility.
 - (a) Nursing Administrative Council (NAC)

- CHAIR: AVP/DON or designee
- MEMBERSHIP: All nursing leaders (Directors/Managers) in addition to the Chair.
- PURPOSE: OPERATIONS
1. Establish strategic direction for nursing organization via strategic planning, goal setting, etc.
 2. Develop/revise standards of governance.
 3. Establish/approve goals, objectives and action plans for the nursing administrative functions.
 4. Approve financial planning, control processes.
 - Budget Preparation
 - Variance Monitoring
 - Management Information Systems
 5. Coordinate the interdepartmental and intradepartmental operations of nursing.
 - Census Management
 - Project, Program Implementation
 - Labor Productivity (HPPD)
 - Disaster Planning
 6. Provides oversight/facilitation of the department/unit activities related to JDH Performance Improvement Plan.
 7. Provide direction to selected nursing committees and activities.
 8. Develop and approve nursing administrative standards, such as guidelines, procedures, and protocols
 - Staffing
 - Scheduling
 - Personnel
 9. Interpret personnel policies, including union contract management.
 10. Provide direction to selected nursing committees and activities.
 11. Assure that performance descriptions are reviewed on a regular basis and are reflective of current practice.
 12. Guide development/revision of Clinical Advancement System.
 13. Establish staff development plan.

MEETING
FREQUENCY: Weekly, as needed.

AGENDA/
MINUTES: The agenda is developed by the chair with input from Council members. Meeting minutes are kept, typed, and circulated to Council members.

(b) Clinical Nurse Specialist Forum

- CHAIR: Elected annually by the Membership.
- MEMBERSHIP: Registered Nurses who primarily function within the CNS/Education Specialist performance description(s).
- PURPOSE: 1. Identify clinically oriented developmental needs of staff.

2. Identify practice problems requiring nursing or hospital intervention.
3. To formulate strategies and programs to assist in the development of other members of the clinical ladder.
4. Establish staff development plan.
5. To review, implement, evaluate and modify all written nursing practice standards for the Department of Nursing.
6. To provide consultation in the development of standards and ensure that unit standards and generic standards are reviewed when necessary.
7. To maintain the original copy of the Nursing Practice Manual.
8. To ensure communication regarding standards between nursing and other departments.

MEETING
FREQUENCY: Usually each month and as needed.

AGENDA/
MINUTES: The agenda is developed by the Chair. Meeting minutes are typed and circulated by the Chair, and a copy sent to AVP/DON.

(c) Nursing Unit Meetings

CHAIR: Manager or designee

MEMBERSHIP: All Unit Staff

PURPOSE:

1. Communicate information.
2. Identify staff problems, concerns.
3. Communicate and receive staff feedback information concerning changes in policy, procedure, standards for the Hospital, department.
4. Facilitate unit-based problem-solving.
5. Participate in Patient Satisfaction and Performance Improvement Projects.

MEETING
FREQUENCY: Usually monthly.

AGENDA/
MINUTES: The agenda is developed by the chair with input from the membership. Meeting minutes are kept, handwritten, and circulated or posted on the unit for review by all unit staff members. A mechanism for insuring that the meeting minutes are read by each staff member must be developed for each unit. A copy of the minutes is sent to AVP/DON.

(d) Nurse Practitioner Forum

CHAIR: Elected annually by the membership.

MEMBERSHIP: Nurses who function within the Nurse Practitioner (APRN) Performance Description.

PURPOSE:

1. To support the development of the Nurse Practitioner role.
2. To provide a forum for discussion of issues related to APRN involvement with

the Hospital and Department of Nursing.

MEETING
FREQUENCY: Usually quarterly and as needed.

AGENDA/
MINUTES: The agenda is developed by the chair with input from the membership. Meeting minutes are handwritten and circulated to members, and the Associate Vice President of Operations/Director of Nursing.

(e) Clinical Advancement Appeal Board

Refer to the Clinical Advancement System Manual

(f) Nursing Research Committee (*2009 Note: Inactive at this time)

CHAIR: Appointed by the membership

PURPOSE: 1. To provide a forum for the discussion of issues related to the utilization implementation of research findings or performance of nursing research at John Dempsey Hospital.
2. To review nursing research proposals that are submitted to the IRB.
3. To provide an opportunity for nursing staff to increase knowledge about the research process and to increase skills in research critique.
4. To serve as a resource for JDH staff or nursing students who are interested in doing research at JDH.

MEETING
FREQUENCY: Usually monthly

AGENDA/
MINUTES: Agendas are developed by the chair with input from the committee members. Minutes are written at each meeting and are circulated to committee members and the AVP/DON.

d. Day to Day Operations

(1) Authority, responsibility and accountability for the day to day, shift to shift provision of nursing services is vested in the Department hierarchy.

(2) Department Hierarchy

(a) Nursing Managers

[1] The manager is responsible for the management of the patient care unit/s. Each Nursing Manager assumes 24-hour accountability for the management of patient care programs in their respective areas including resource allocation, planning and development, information management, and educational endeavors. They have authority to make decisions in these areas or seek guidance as needed.

[2] In the absence of the Nursing Manager, the Assistant Nursing Manager or shift charge nurse is responsible for the nursing unit processes and program. On

evenings, nights and weekends, this person is responsible to the Nursing Supervisor on duty for staffing/census/patient care decisions.

(b) Executive Level - Associate Vice President of Operations/Director of Nursing

- [1] The Director of Nursing must be a nurse who is licensed to practice in Connecticut and qualified through appropriate credentialing, education, and experience to manage the responsibilities and authority necessary to assure optimal levels of nursing care and nursing services throughout the Hospital. In addition to licensure, the Director of Nursing holds a minimum of a Master's degree and has demonstrated leadership in nursing administration and practice.
- [2] The ultimate responsibility and authority for operations and the direction of the Department of Nursing is vested in the Associate Vice President of Operations/Director of Nursing who must ensure that the following responsibilities are carried out to provide nursing services:
 - [a] Represent professional nursing and the Department at the Hospital Administration and Governing Body levels.
 - [b] Plan, implement and evaluate professional nursing and patient care programs based on appropriate input from the Councils and Committees.
 - [c] Maintain responsibility for planning, monitoring and executing an annual budget.
 - [d] Participate in institutional planning and, when requested, provide periodic reports on the status of nursing.
 - [e] Select qualified members of the Department to participate at the Hospital level in:
 - Infection Control Committee
 - Pharmacy, Therapeutics and Medication Safety Committee
 - Health Information Management Committee
 - Safety Committee
 - Other committees involving patient care/nursing issues
 - [f] Select, develop, and evaluate a nursing management team of professional nurses for the purposes of making operational the philosophy of the Nursing Department and carrying out the leadership, management, and supervisory processes related to but not limited to the following:
 - Carryout identified clinical responsibilities.
 - Approve criteria for employment, deployment and assignment of staff.

- Interview/select/hire nursing personnel and review of performance descriptions/performance standards at time of hire.
- Review/approve protocols, procedures and guidelines for the Nursing Department as well as standards development/approval at least every three years.
- Implement the monitoring and evaluation process of the Performance Improvement plan.
- Establish Hospital/Nursing Department standards for nursing practice.
- Monitors Patient Satisfaction indicators and implements appropriate strategies as needed.
- Participate in State and JCAHO survey/accreditation process.
- Participate in corporate compliance activities.
- Participate in writing performance descriptions and performance standards and in review of annual license validation.
- Receive and act on reports/recommendations for patient care.
- Establish/serve on committees needed to conduct nursing service functions (defining purpose and keeping minutes).
- Encourage participation in educational activities and attendance at required meetings.
- Develop, implement, and monitor the annual budget.
- Conduct unit-level staff meetings for information sharing and problem identification/solving as needed.
- Provide written evaluations of staff at the end of the probationary period and annually.
- Participate in evaluating, selecting and integrating health care technology and information management systems that support patient care needs and the efficient utilization of nursing resources.
- Collaborate with the governing body and other management and clinical leaders to develop mechanisms for promoting the educational and advancement goals of Hospital staff members.
- Define a mechanism for addressing ethical issues in patient care.

[g] Provide formal liaison required between the Medical Staff and the Department of Nursing.

e. Services Within the Department of Nursing

- (1) Weekend and off-shift Department coverage

- (a) The Nursing Supervisor provides direction and supervision for nursing personnel in the areas of resource allocation, patient care and placement, policy, procedure, and contract maintenance under the leadership of the Nursing Staffing/Payroll Manager.
- (b) The Hospital Administrator on-call must be notified for decision-making about consents, closure of units/Hospital, Hospital disasters/emergencies, etc.
- (c) The Nursing Supervisor is qualified to act in the absence of the Associate Vice President of Operations/Director of Nursing for the nursing services on the off-shifts, weekends, and holidays.

(2) Administration Support Services

Administrative Assistants are available to Nursing Managers and are responsible to the Nursing Administrative Manager.

f. Unit-based Support Services

(1) The following roles are available to support the nursing units:

- Clinical Nurse Specialists
- Nurse Practitioners
- Mental Health Workers
- Surgical Technologists
- Medical Assistants
- Certified Nurse Aides
- Health Unit Clerk/Office Assistant
- Administrative Assistants
- CSS Instrument Technicians
- CSS aides

3. Medical Direction of Patient Care

a. Attending physician role and responsibilities related to the Nursing Department can be reviewed in the medical staff by-laws.

b. Chief of Staff and Chief of Service Role

- (1) The chief of Staff and Service Chiefs are available to the Associate Vice President of Operations/Director of Nursing and other members of the Nursing Department, when necessary, concerning patient care or management issues.
- (2) There is a Medical Director for each unit in the hospital who participates in standards review/approval, problem identification/resolution, quality assurance, and assistance with conflict resolution in relation to specific service physicians.

c. Physician Consultant Responsibilities That Interface With The Nursing Department

- (1) Documentation of progress and procedures will be timely.
- (2) Consulting staff will collaborate with nursing staff/patients/families/ significant others.
- (3) Consulting staff will collaborate with Attending staff to prevent conflicting directions for the nursing staff.

d. Teaching Staff Responsibilities to Nursing Department

- (1) Any medical staff member may be requested to participate in teaching programs for the nursing staff, when appropriate, on both a formal (i.e., planned educational programs) and informal basis (i.e., patient rounds, incidental activities).
- (2) Announcements of future programs will be the responsibility of Staff and Patient Education or the Nursing Manager/designee of the unit for which the program is being conducted.
- (3) Announcements will include the availability of programs to different levels of practitioners on the staff.

C. RESOURCE DEVELOPMENT/ALLOCATION/UTILIZATION

1. Financial

- a. Budgets are submitted to the Associate Vice President of Operations/Director of Nursing who collaborates with the Hospital Director and Finance Dept. through formal hospital operations meetings.

b. Operating Budget

- (1) Development and Approval

The budget is prepared annually using the following parameters: acuity trends, census forecasting, workload indicators and anticipated program/service changes and findings from quality improvement activities. Nursing Managers prepare budgets for approval by the Associate Vice President of Operations/Director of Nursing. Budgets are approved by the Associate Vice President of Operations/Director of Nursing and Hospital Director and forwarded to the budget review committee process under the direction of the Finance Dept. The fiscal year is July 1 to June 30.

c. Capital Expenditures

Capital requests are generated annually as part of the budget process. These requests are reviewed by the Associate Vice President of Operations/Director of Nursing and Hospital Director and forwarded to a separate Capital Budget committee. A process exists for obtaining capital requests that are not a part of the annual budget.

d. Salaries

Salaries for classified and union members are set in relation to predetermined scales in conjunction with respective collective bargaining agreements. Managerial exempt employees' salaries are influenced by Health Center guidelines and market conditions.

2. Facilities

a. Patient Care Areas

- (1) Each patient care division/unit writes Structure Standards specifying unit specific guidelines. They are developed collaboratively with nursing, medical and administrative input.

- (2) Admission

Specific structure standards and/or general policies include:

- (a) Which patients are admitted,

- (b) How patients are accepted (direct admissions/transfers/emergencies).
 - (c) Admitting physician responsibilities include:
 - admission medical orders,
 - reasonable time frames for being seen by a physician,
 - required physician documentation
 - (d) Nursing responsibilities are:
 - orientation of patients to the unit,
 - review of patient's rights and responsibilities
 - review of Advance Directives
 - completion of admission Data Base(s) admission note, plan of care and Patient/Family teaching record by a registered nurse within 24 hours of admission.
- (3) Transfer
- (a) Mechanisms for in-house transfer are defined in the NPM.
- (4) Discharge
- Discharge planning including necessary collaboration, discharging physician's responsibilities, discharging nurse's responsibilities and documentation are outlined in the NPM.
- (5) Department Geography
- (a) Designated units allow for continuous monitoring of patients.
 - (b) All patient rooms are designed to be in compliance with State Health Codes.
 - (c) Single bed rooms are available for the purpose of isolation.
 - (d) Patient care areas are designed by the specific medical services.
 - (e) Special design rooms have been created for the units based on medical and nursing needs.
 - (f) Conference rooms are available throughout the hospital and Health Center for staff use.
 - (g) Administrative Support and the Staffing and Nursing Payroll Office are located on the 2nd floor of the hospital.
 - (h) Official employee records are maintained in the Human Resources Department. Official payroll files are located in the UCHC Payroll Department.
- (6) Utilization Crises-- Patient Care
- [1] Under-utilization of beds - monitoring tools are available, staff are encouraged to utilize available earned time to keep workload in line.
 - [2] Over-utilization of beds - Where possible, internal float pools are used and staff are floated from unit to unit. Staff are also asked to work extra time, overtime, and NURSE PROs are available.
 - [3] The Hospital Administrator on-call on evenings, nights and weekends must be notified by the Nursing

Supervisor on-duty before a patient can be turned away, except for MFICU and NICU. On days, during the week, the Nurse Manager or Staffing/Payroll Nursing Supervisor is notified who informs the Associate Vice President of Operations/Director of Nursing, and the Hospital Director.

3. Human Resource Development

a. Staff Development

(1) Administration of Staff and Patient Education

(a) Organization

The delivery of educational services has both a centralized and decentralized component. Permanent, special payroll and agency staff in the Nursing Department attend orientation and training as needed. This includes department-wide mandatory in-services, priority education programs, regulatory education and general educational in-services. Online education and validation on various topics is provided through the HealthStream system. Most clinically focused education is decentralized at the unit level. Staff and Patient Education provides on-going educational consultation services.

(b) Purpose

The purpose of Staff and Patient Education is to assure that staff are competent to perform their responsibilities and have relevant opportunities for personal/professional development. In addition the regulatory requirements are met through consultation with Staff and Patient Education.

(c) Responsibility

The Director of Staff and Patient Education reports to the Associate Vice President of Operations/Director of Nursing.

(d) Scope

Staff and Patient Education activities are generally categorized as follows: orientation, in-service, and continuing education.

Staff and Patient Education provides ongoing educational consultation services to unit based Nursing Managers, Clinical Nurse Specialists and Advanced Practitioners thus ensuring that all employees on all shifts are able to access and complete appropriate educational activities.

(e) Evaluation

Evaluation of the extent to which educational programs meet needs is conducted on an individual program basis.

(2) In-House Programming - General Requirements/Mandatory In-Services

Required educational programs are offered in-house on a periodic basis to meet requirements to ensure compliance with The Joint Commission and DPH regulations.

b. Continuing Education

(1) Offerings

Staff and Patient Education and Human Resources sponsor selected continuing education offerings.

(a) JDH Department of Nursing is an approved provider of educational contact hours through the Connecticut Nurses' Association.

(2) Staff members who attend outside seminars provide feedback about the seminar to their peer group during a routine staff meeting or special meeting.

(3) Needs Assessment Mechanism

Continuing education offerings are designed based upon areas of interest and/or perceived need identified by staff through needs assessments, quality/safety/infection control issues, Nursing Managers, Clinical Nurse Specialists, Advanced Practitioners and Nursing Directors input, changing technology and equipment and special needs of various patient populations. A formal educational needs assessment is conducted every three years.

(4) Leadership Development

A defined leadership development program is in place, consisting of:

(a) Orientation to role.

(b) Ongoing development, based on needs assessments.

(c) Formal classes.

(d) Coaching and counseling activities.

(e) On-going evaluation.

(5) Mandatory Continuing Education programs are offered or authorized as needed based on the State and Federal regulations and The Joint Commission requirements.

(6) Evaluation

A standard evaluation form, which incorporates feedback about both the instructor and the program, is routinely utilized to assess offerings.

(7) Documentation/Retention of Records/Confidentiality

The "Report of Educational Offering" form is used to document general and unit-based educational sessions. Original copies of the reports are maintained in the unit files. Educational program reports are kept for a minimum of three years per State of Connecticut and JDH guidelines. Access to educational records is restricted to ensure appropriate confidentiality. Individual staff is responsible for maintaining a yearly Education Activities Record, which is reviewed and filed as part of the annual evaluation process.

(8) Credentialing

Selected offerings are awarded Connecticut Nurses' Association approved contact hours. Participants in other CE offerings receive University of Connecticut Health Center, John Dempsey Hospital contact hour certificates.

Notices of externally sponsored CE programs are routinely disseminated to staff through posting on the nursing website.

(9) References

Reference materials supporting on-going educational needs are available on each nursing unit, the Lyman Maynard Stowe Library and through professional organizations.

c. Support Services Outside of the Department of Nursing

(1) Food & Nutrition Services

(a) Available Services

[1] Food service for employees, staff, and visitors is provided in the food court on the main floor of the Hospital Building. Food Court service is provided seven days a week. In case of emergencies, the Food Court will remain open as directed by the Administrative Officer. Vending Services are available 24 hours/day adjacent to the food court on the main floor of the Hospital.

[2] Clinical Registered Dietitians provide nutritional assessment (nutrition history, calorie counts of patient intake, TPN, and enteral feeding monitoring), nutrition counseling (diet modification or normal nutrition), and nutrition education (for patients, families and hospital staff). Health care team members make appropriate documentation in the patient's medical record. Registered Dietitians (RD's) are available 8:00 AM - 4:30 PM seven (7) days/week.

(b) Collaboration in Patient Care

[1] Meal trays for patients are served by Food and Nutrition employees. Nursing staff provide needed assistance to patients.

(2) Pharmacy

(a) Available Services

Services provided include decentralized clinical pharmacy service, a drug information service, unit-dose drug distribution (except NICU), intravenous additive and parenteral nutrition preparation, chemotherapy dose preparation, investigational drug service, and a collaborative relationship with University of Connecticut School of Pharmacy. The Pharmacy provides 24 hour service. A Pharmacist is available for inpatient coverage around the clock.

(b) Collaboration in Patient Care

Pharmacists are responsible for maintaining patient drug histories, patient profiles, and checking and monitoring medication usage.

(3) Case Management and Social Work

(a) Available Services

Case Managers are available to all inpatient units of the Hospital and the Emergency Room. Hours of operation are Monday through Friday from 8- 5pm. Case Managers provide assistance with discharge planning needs, utilization review, utilization management and act as a resource to nursing, physician and families.

Social workers are available to all units of the Hospital. Services provided include consultation, assistance with discharge planning to a nursing facility, rehab center, hospice, or any place other than home, psycho-social evaluation and counseling of patients with personal, family, emotional, or other problems as well as assessment and making referrals in cases of domestic violence and suspected elderly or child abuse, neglect, or abandonment. Hours of operation are 8:30 AM to 5:00 PM, Monday through Friday. At all other times, social workers are available through the Health Center operators for emergencies. Appropriate numbers, including the Child Abuse Hot Line and Elderly Protective Services, are available in the E.D.

(b) Collaboration in Patient Care

Case Management in collaboration with nursing and physicians plans for patient discharges. They will refer patients for nursing home, short term rehab or other out of the home placement to Social Workers. All patients who are returning to their home are assessed, evaluated for needs and services that are discussed with patients and families. Notation is made in the medical record for use by the health care team.

Social workers are notified when consultation is needed for discharge placement. Social workers document activities in the patient's medical record for use by the health care team.

(4) Laboratory Medicine and Blood Bank

(a) Available Services

Clinical laboratory and blood bank services are provided seven days a week/24 hours a day, with the exception of Microbiology (8:00 AM - 11:00 PM (Monday - Friday, Saturday and Sunday; On-Call 11:00 PM - 8:00 AM (daily)). The lab is under the direction of faculty in the School of Medicine. Daily operations are the responsibility of the Administrative Director who reports to an Associate Vice President of Operations. Professional faculty staff is available all hours of the day for consultation on patient care or laboratory problems. A manual for specimen collection is available online to each nursing unit.

(b) Collaboration in Patient Care

Laboratory staff provides blood specimen collection for in-patient general units once daily in the morning.

At other times, the nursing staff or medical staff, in accordance with the Specimen Collection Manual, collects blood specimens.

Appropriately trained hospital staff and volunteers transport specimens and blood products. Laboratory reports are available in LCR. Critical values and STAT orders are automatically communicated via phone by

the laboratory department. Refer to HAM 8-077: "Critical Results Reporting".

(c) Lab Testing occurs on the units. Refer to the HAM.

(5) Respiratory Therapy

(a) Available Services

Services include aerosol therapy, chest physical therapy, non-anesthetic medical gas administration, mechanical ventilation, and blood gas analysis. Services are provided 24 hours/day, seven days a week.

(b) Collaboration in Patient Care

Effects of treatments and procedures are documented in the patient's medical record by the respiratory therapist. Nursing staff members document oxygen therapy administration on the Flow Sheet.

(6) Radiology

(a) Available Services

The Radiology Department offers a full range of patient services consisting of:

[1] General radiography procedures, neuroradiological, cardio-vascular, fluoroscopy, biopsies, mammography, ultrasound, vascular lab, computerized tomography (CT), magnetic resonance imaging (MRI), vascular, operating room radiographic examinations, and portable examinations. Diagnostic Radiology Division is open from 8:00 AM to 4:30 PM weekdays for routine examinations/procedures. Provisions are made for emergency examinations/procedures from 4:30 PM to 8:00 AM. Refer to NPM.

[2] Radiation Oncology is equipped with a Linear Accelerator, tomo therapy system, brachytherapy, and patient simulator units and performs treatment planning and dosimetry planning for all patients. Radiation Oncology Division is open from 8:00 AM to 4:30 PM weekdays. On-call coverage is provided for emergency cases on weekends 8am to noon.

(b) Collaboration in Patient Care

The Radiography Dept. provides transportation for patients during regular working hours. Patients are transported on off hours by designated staff.

Interventional Radiology nurses provide patient monitoring during normal working hours. After hours, coverage is provided by on-call Radiology and/or Action Nurse for interventional procedures.

(7) Nuclear Medicine

(a) Available Services

Services provided by the Department include diagnostic and therapeutic nuclear medicine services. The Department of Nuclear Medicine (CG 213) is open weekdays from 8:00 AM to 5:00 PM. Emergency or off-hour service is arranged through the physician on-call.

(b) Collaboration in Patient Care

The radiology department provides transportation for patients during regular working hours for Nuclear Medicine. On off-shifts, weekends and holidays, the Transportation Department provides coverage.

(8) Hemodialysis

(a) Availability of Services

Acute hemodialysis is available for hospitalized patients through an established contract program. Coverage for the program is provided on an as-needed basis 24 hours/day, seven days a week.

(b) Collaboration in Patient Care

Hemodialysis nurses work with the unit nurses in devising plans of care while patients are being dialyzed.

While dialysis is in progress, a hemodialysis nurse must be present at all times.

(9) Rehabilitation Services

(a) Available Services

[1] Physical Therapy and Occupational Therapy services are provided upon referral. Evaluations are performed by therapists to develop a plan and provide and monitor the appropriate patient care program after approval by the referring physician.

[2] Speech Pathology services are provided upon referral. Speech pathologists are available for surgical and non-surgical patients.

Inpatient services are offered Monday through Friday from 8:00 AM to 4:30 PM and Saturday and Sunday from 8:00 AM to 4:30 PM. Limited Physical Therapy services are available on major holidays.

Outpatient Services are available Monday - Thursday, 7:30 AM - 6:00 PM, Friday 7:30 AM - 4:30 PM in the Medical Arts and Research Building.

(b) Collaboration in Patient Care

Transportation for patients is provided to Rehabilitation Services by designated staff.

Rehabilitation services personnel document after each treatment session the plans and activities in the patient's medical record for use by the health care team.

There is frequent communication between nursing staff and Rehabilitation staff so that patient needs are met.

(10) Neurophysiology

The department provides a variety of high quality neuro-diagnostic procedures to both in and out patients. Electroencephalograms (EEG), Ambulatory EEG, Electromyograms

(EMG), Nerve Conduction Studies (NCV), Quantitative Sensory Testing (QST), and Evoked Potential examinations (EP), including Visual Evoked Potential (VEP), Brainstem Auditory Evoked Potentials (BAEP) and Somatosensory Evoked Potential (SEP), are performed in the Neurophysiology Department on both in and out patients between 8:00 AM and 4:30 PM, Monday through Friday.

Continuous EEG/Video Monitoring (EMU) is performed as an in-patient service and requires evening and weekend coverage.

(*2009 Note: EMU is not currently available)

(11) Environmental Services

The scope of services is noted in the HAM, #02-007, JDH Safety Policy.

(a) Environmental Health and Safety

[1] Available Services

Environmental Health and Safety performs a number of services including assistance in determining if chemical wastes are hazardous, disposal of chemical wastes (such as Mercury), chemical exposure monitoring upon request, semi-annual surveys of work areas, maintenance of OSHA log of accidents and illnesses and case review, the National Safety data sheet file, management of the OSHA Hazard Communication Training program, provision of chemotherapy spill kits, definition of protection and practices with various agents, and to act as an institutional resource. As part of the OSHA-Hospital Communication Program, nursing staff are oriented to the environmental programs in the Hospital and participate in an annual up-date through In-Service.

The Environmental Health and Safety Office is open weekdays from 8:00 AM to 4:30 PM. In emergency situations, needed services can be obtained by calling Public Safety or through the telephone operator (Dial 7777).

[2] Collaboration in Patient Care

Environmental Health and Safety is outlined in the policy, Radioactive Material Exposure Emergencies (HAM 11-009).

(b) Radiation Safety

[1] Available Services

The Radiation Safety Department provides support to all Hospital users of radioactive materials and equipment producing ionizing radiation. Such support includes ordering, receiving and delivering radio isotopes to users, collecting and disposing of radioactive waste, monitoring all radiation areas, conducting exposure monitoring for employers, acting as consultants, monitoring radiation safety training, and acting as the contact for the Nuclear Regulatory Commission.

The Radiation Safety Officer is available weekdays from 8:00 AM to 5:00 PM. After hours, coverage is provided by an on-call system through

Telecommunications. In case of an emergency, dial 7777.

[2] Collaboration in Patient Care

The management of radiation emergencies is outlined in the policy Radioactive Material Exposure Emergencies (#11-009, HAM).

(c) Epidemiology

[1] Available Services

[a] Hospital-acquired, Community-acquired and work place related surveillance

[b] Outbreak/exposure investigation

[c] Training and Educational Offerings (both mandatory and on request)

[d] Consultation regarding any infection control concerns

[e] Hospital, Outpatient and Emergency Preparedness Policy Development

[f] Standard hours 8-5pm, however, hours may be flexible depending on need.

[g] Can be contacted at home in emergency through the page operator or by cell phone number in the directory

[2] Collaboration in Patient Care

Consultation is provided to any staff member and community on request or when any Department or individual identify issues. The Department of Epidemiology has the authority to immediately implement measures to control or prevent infection in hospitalized patients, outpatient department and health care providers.

(d) Housekeeping

[1] Available Services

The Housekeeping program includes use, care and cleaning of equipment; selection and use of supplies; completion of cleaning schedules; evaluation of cleaning effectiveness; and waste disposal procedures. Housekeeping is available 24 hours per day.

[2] Collaboration in Patient Care

Housekeeping respects the needs and privacy of the patient and visitors, and takes direction from the charge nurse for patient interaction.

(e) Public Safety

[1] Available Services

The Police, Facilities Management and Fire Departments are available 24 hours a day. Dialing 7777 accesses the telephone emergency line.

[a] Police Department

The Department is recognized by local, state, and federal law enforcement agencies plus the judicial system as a fully qualified Police Department.

[b] Fire Department

A fully qualified and equipped Fire Department is located on campus.

[2] Collaboration in Patient Care

Representatives from the Departments describe their services and proper procedures for emergencies during orientation for new Nursing Department employees and on an annual basis.

(12) Health Information Management

(a) HIM

The HIM Department is responsible for the provision and maintenance of all hospital records (current and old), copying records when necessary, dictation and completion of records, patient record forms standardization and providing information for research and studies through the clinical medical information system. The hospital unit record houses inpatient and outpatient reports from services rendered in hospital setting. Policies related to Medical Records can be found in Section 12 of the HAM.

(b) Collaboration in Patient Care

Records are provided for use during patient's stay in the Hospital. Clerical staff is responsible for maintaining records during hospitalization.

(13) Volunteers

(a) Available Services

The Department of Volunteer Services assumes responsibility for managing and assigning volunteer workers. The Volunteer Services Dept. is staffed from 7:00 AM - 8:00 PM from Monday to Friday, and from 8:00 AM - 8:00 PM Saturday, Sunday and holidays. When the office is closed, a staff member is on duty in the main lobby during the above hours.

(b) Collaboration in Patient Support

Once the need for a volunteer(s) is determined by nursing unit staff, and agreed to by the Volunteer Services Department, a volunteer is provided as soon as possible. Unit staff are responsible for assisting the volunteer in the completion of the individual learning plan and supervising activities of volunteers.

(14) Pastoral Care

(a) Available Services

Chaplains are available to assist individuals of all faiths and provide pastoral and spiritual care to staff, patients, patients' families and patients' friends to help them cope

with many of the stresses that accompany illness and hospitalization.

Hospital chaplains are available from 8:00 AM to 5:00 PM weekdays. After hour services are available via beeper. Contact is made through the Health Center Operator.

(b) Collaboration in Patient Care

Chaplains do not require a physician's order to see a patient. Requests for services may be made by telephone. Patients and/or family members may make direct requests.

d. Consultants

(1) Medical

In the provision of patient care, nursing consults with physicians on formal (e.g. rounds and conferences) and informal basis.

(2) Nursing

Additional nursing resources may be assigned at the unit level to assist with various patient problems.

(3) Management

Consultation about management can be obtained from appropriate Administrative officers and members of the NAC. Networks have been established with peer groups outside of the Hospital.

4. Materials Management

a. Equipment

(1) Authorization and responsibility for unit purchases rests with the department/unit manager. A signature authorization list provides names for such authorization. Standard medical equipment purchases are listed in the Hospital Administration Approved Medical Equipment Directory. Requests for equipment exceptions are made in conjunction with all of some of the following: Purchasing, Clinical Engineering, and Materials Management.

(2) Responsibility for troubleshooting equipment and authority for arranging replacement rests with the Manager in coordination with the Clinical Engineering Department.

(3) Use of experimental equipment and drugs is based on special patient care needs, compliant with FDA guidelines and the investigational review board.

(4) Emergency equipment determined according to unit specific needs is located in each patient care area and subject to routine checks.

(5) The Department of Facilities Management maintains and improves the facilities at the University of Connecticut Health Center. Facilities Management maintains and enhances through quality improvement the physical facilities at the Health Center including the operation and scheduled maintenance rounds on all hospital units; 24 hour emergency coverage for life-support/utility systems. The Engineering division provides technical assistance and monitor old and new systems with respect to HVAC/R, electrical and mechanical engineering design and energy efficient operation. The Clinical Engineering

Department provides the following services to John Dempsey Hospital: service, repair, scheduled maintenance of general patient care instrumentation, education about services and radiological equipment including arrangement of outside service contracts.

b. Supplies

- (1) Authorization and responsibility for routine unit supplies are coordinated and monitored through the budget process.
- (2) Par levels are determined/adjusted based on specific patient/unit needs and coordinated with Department of Materials Management.
- (3) Supply inventory is based on unit standard and may be maintained through routine deliveries from Materials Management.

c. Linen

Linen Services

The Linen Service Department provides clean linen to user departments on a scheduled basis and as needed. Services are provided from 7:00 AM to 3:30 PM weekdays and 4:30pm to 12:30am Thurs. through Sunday. Services include:

- Pickup of soiled linen from user departments, excluding White Coats, where the vendor provides pick up and delivery.
- Coordination of linen processing with designated vendors.
- Distribution of clean linen, using exchange cart and/or bulk order system.
- Coordination of linen repairs/replacement.
- Linen inventory control.
- Billing for White Coat rental/cleaning services as contracted through the Finance Corp. for Rental of Uniform Coat Services.

d. Product Safety Evaluation

Clinical Engineering, Value Analysis and the Clinical Support Group determine the standard for hospital products and reviews requests for additional and/or exceptions to standard. To assure that supplies and equipment are safe for patient use, the hospital "shares with the Food and Drug Administration (FDA) and manufacturers the responsibility of assuring that supplies and equipment are safe for patient use" in accordance with the Medical Device amendments of 1976, and subsequent Safe Medical Devices Act of 1990. Any equipment (including accessories and associated disposable) that is involved in a patient injury, must be taken out of service, Clinical Engineering notified, and a Patient Safety Net report is completed. It is the policy of the hospital to report to the FDA or the manufacturer any medical device incident that is believed to have caused or contributed to a patient death, serious illness, or serious injury.

5. Evaluation of Resources

- a. Departmental review is conducted by the Nursing Administrative Council.

- b. Unit review of resources is the responsibility of the Nursing Manager.
- c. Official staffing/scheduling records are maintained in ANSOS (Staffing/Payroll Office) and KRONOS (Payroll Department) systems.

6. Staff

All staff members of the Nursing Department are competent to fulfill their assigned responsibilities as defined in NPM, Administrative Protocol: "Patient Care: Assignment of Responsibilities".

a. Professional

- (1) The professional staff is comprised of employees who are licensed as a RN, LPN, APRN or PA to practice in the State of Connecticut.
- (2) The mechanism for requesting/making changes in professional staffing is determined at the unit level through the budget process. Changes may also be made during the budget year through the appropriate administrative chain.

b. Non-professional

- (1) Levels and Descriptions
 - (a) Nurses Aides, Medical Assistants and/or Mental Health Workers are available to assist the professional nurse in carrying out the plans for nursing care with individual or groups of patients.
 - (b) Surgical Technologists are utilized in the Operating Rooms and MFICU to assist with intra-operative patient care and in the care and maintenance of Operating Room equipment and supplies.
 - (c) Other non-professional staff are noted under "unit-based support staff".

c. Staffing Plan

The staffing patterns for professional and non-professional staff are developed at the unit level by the Manager and are based on census and acuity. This is reviewed annually and includes the following:

- (1) Preferred/minimum shift for established HPPD for a 24 hour period and each shift.
- (2) Ratio of professional to non-professional staff.
- (3) Weekend/holiday considerations.
- (4) Specific unit scheduling practices (Refer to Appendix 5).

d. Status

- (1) Staff can be hired full or part time as determined by the Department Manager and based on unit budget needs.
- (2) Assignment
 - (a) Per diem staff (i.e., NURSE PROs) may be hired based on need determined by the unit Manager, with collaboration and approval of Human Resources. NURSE PROs staff are assigned based on their level of current competence in selected

areas. Competency validation on selected units is the responsibility of the unit-based staff; coordination and filing of documentation is not the responsibility of the managers.

(b) Evaluation

Staff are evaluated yearly according to department guidelines, under the direction of the Department Manager.

(c) Scheduling

NURSE PROs staff are scheduled by the Department Managers or unit charge nurses.

- (3) Change of status is handled through Human Resources once the employee's written request to the appropriate Manager is approved.

e. Temporary Staff

(1) Agency Personnel

(a) Traveling (contract) agency staff may be requested by the Nursing Manager/Designee to cover any determined vacancy (e.g. LOA, Workman's Comp) with approval process.

(b) Orientation of professional staff is provided by Staff and Patient Education, the agency and the nursing unit.

(c) Traveling (contract) agency registered nurses may be in charge if agreed upon and after authorization/orientation by the Manager.

(d) Traveler staff report to and sign in on their assigned unit.

f. Private Duty Nurses

- (1) Scope of practice and use of private duty nurses are outlined in NPM, Administrative Procedure for: "Patient Care: Private Duty Nurses".

g. Student Nurses (undergraduate and graduate)

(1) A written agreement between the Department and the affiliating agency is negotiated by the Director of Staff and Patient Education/Hospital Director.

(2) Student nurses are co-assigned with professional staff to patients and may perform duties mutually agreed upon by hospital professional staff and affiliating school instructor.

(3) The role of instructor is to be responsible for student learning needs and evaluation of student performance.

(4) Professional staff members are ultimately responsible for the delivery of patient care and participation in student evaluation.

(5) The number of student placements is determined based on the number of students that can be accommodated.

D. Staffing

1. Responsibility for Providing Adequate Staffing

- a. Centralized and decentralized functions are defined in the Nursing Practice Model.
- b. Collaboration between the Nursing Manager and Nursing Supervisor is the mechanism by which decision making occurs; in unusual situations, the final decision is made by the Nursing Supervisor on off-shifts, weekends and holidays.

2. Administrative Staffing

- a. During weekdays, the Department Managers and Associate Vice President of Operations /Director of Nursing are available.
- b. In the event of planned or unexpected absence, coverage is appropriately provided.
- c. During evenings, nights, weekends, Holidays, administrative responsibilities for the hospital are vested in the Nursing Supervisor. A Hospital Administrative Officer who is on-call provides back-up support.

3. Master Staffing

- a. A system for determining staffing to meet patient care requirements exists. The computerized component assisting in this determination is ANSOS.
- b. The major components of determining staffing include:
 - (1) HPPD depending on unit acuity/census.
 - (2) Categories of nursing personnel.
 - (3) Department geography and availability of support systems are considered.
- c. Uses of master staffing:
 - (1) Serves as a guide in assigning and scheduling nursing staff.
 - (2) Provides information for preparing the nursing budget.
 - (3) Serves as a triage tool in the event of a disaster.

4. Unit Staffing

- a. Overall needs of nursing units from a shift-to-shift standpoint are the basis for staffing.
- b. Staff are allocated to units based on staff expertise, patient care requirements, and support services availability.
- c. Each Department Manager determines and projects its staffing needs using approximate staff guidelines (HPPD).
- d. Operationally, staffing is reviewed on a shift-by-shift and on-going basis as needed by the Department Manager/designee in consultation/ collaboration with the Nursing Supervisor, utilizing the following parameters:
 - (a) Experience and qualifications of staff on duty.
 - (b) Staffing levels and support staff available.
 - (c) Special patient needs on the unit.

- (d) Reorganization of functions and responsibilities that are possible.
- (e) Changes in activity level.
- (f) Availability of alternate strategies.

5. Delivery of Care Methodology

- a. Modified Primary Nursing is the delivery system used for patient care. Operations may vary from unit to unit and/or shift to shift depending on patient's needs and availability of staff resources.

6. Shift Assignments

- a. Staffing will be sufficient at all times to ensure that:
 - (1) A registered nurse plans, supervises and evaluates the care of all patients.
 - (2) All patients assigned to a non-registered nurse (e.g. mental health worker or student nurse) are also co-assigned to a registered nurse staff member. The charge nurse notes this on the daily assignment sheet.
- b. Each shift the Manager/designee, who has the necessary clinical and managerial competencies, documents the nurse/patient assignment for all patients and staff on a given unit.
- c. Qualified personnel are assigned to patients based on the identified nursing needs of the patient, the prescribed medical regimen and the performance skills of the staff member.
- d. An RN is responsible for making patient assignments and delegating appropriate aspects of nursing care to ancillary nursing personnel when available.
- e. Infection control measures are strictly adhered to in patient assignment according to Hospital and unit guidelines and universal precautions. Each unit in collaboration determines general infection control policies with the Infection Prevention Specialist.

7. Scheduling

- a. Responsibility
 - (1) Unit
 - (a) Scheduling is a decentralized process. The Manager or designee prepares a four-week schedule that is submitted to the Nursing/Staffing and Payroll Office. The computerized ANSOS product is utilized to facilitate the scheduling process.
 - (b) Final decision-making rests with the Manager.
 - (2) Administrative
 - (a) Coverage is provided through Nursing Administration.
 - (b) A hospital on-call schedule for Administrative Officers is available through the operator.
- b. General Scheduling Practice
 - (1) Routine

General scheduling practices to be adhered to at unit level are outlined in the NPM.

(2) Schedule Adjustments

(a) Mechanism for schedule adjustments are outlined in the NPM.

(b) Use of overtime is based on patient care/staffing needs as determined/authorized in advance by the Manager/Nursing Supervisor.

(3) On-Call System

On-call systems used are unit specific.

c. Lateness, Absences

Hospital/Nursing Department policies are consistent with Department of Human Resources policies and union contracts.

(1) The Nursing Manager consults with Labor Relations in handling recurrent violations. Appropriate disciplinary action is initiated as defined by the appropriate union contract.

E. Employment

1. All employment and related issues are managed by Human Resources in collaboration with appropriate department managers.

2. Evaluation

a. The purpose of evaluating employees is to assure quality patient care through assessment and on-going development by providing feedback and formal performance evaluation.

(1) Time frames

(a) Initial: All employees are evaluated at 90 days.

(b) Probationary: All employees are formally reviewed after completion of the probationary period (i.e., generally at 6 months).

(c) Annual: After successful completion of the probationary period, all employees are reviewed annually.

(d) Separation: Upon termination, all employees are invited for an exit interview with Human Resources.

(3) The evaluation tool is a criteria-based performance description; that is based on the Synergy Model for Patient Care.

(4) Evaluations are confidential and are kept in Human Resources employees' files and Managers' files which are accessible only to appropriate personnel.

(5) Temporary staff are evaluated in accordance with the NPM.

3. Promotion

Clinical and administrative promotional opportunities are available.

a. The Clinical Advancement System is described in the Clinical Advancement Program manual that is available to all RN staff via the nursing website. Refer to the Clinical Advancement Manual for the advancement process.

b. Administrative promotional opportunities are posted.

4. Discipline

- a. Specific union contracts define disciplinary action. Steps may include counseling, verbal warning, written warnings, unsatisfactory evaluations, suspension and subsequent termination.
- b. The process for grievances is noted in the specific collective bargaining contracts.
- c. All discussions and formalized proceedings of a disciplinary nature are documented and on file in the Department of Human Resources. Formalized proceedings are copied to the Associate Vice President of Operations/Director of Nursing.
- d. Referral to substance abuse rehabilitation is available through the Employee Assistance Program.

5. Resignation

- a. Resignation notice is required as specified by role.
- b. Resignation notice must be in writing and submitted to the appropriate Manager.

F. Performance Improvement

1. Purpose and Goals

- a. Refer to the Hospital Performance Improvement Plan.

G. Corporate Compliance

All activities within the Dept. of Nursing will follow the Hospital Corporate Compliance Plan. Staff are educated that any concerns are addressed via the established procedure, up to and including the Hot Line. Refer to the Corporate Compliance Manual, available via the UCHC website.

IV. NURSING PROFESSIONAL PRACTICE

A. Standards of Care

Nursing practice is directed by the Department of Nursing Practice Manual, Lippincott Nursing Practice Manual, Unit-specific practice Manuals, the Hospital Administrative Manual, and in collaboration with other disciplines. Practice is evaluated by competencies: orientation and annual.

B. Documentation/Retention of Records

The documentation process is guided by Documentation standards located in the Department of Nursing Practice Manual and Unit-specific Practice Manuals.

C. Scope of Practice

The role of the professional nurse at JDH is consistent with the scope of practice outlined in the State of Connecticut Nurse Practice Act (1975).

Registered Nurses and LPNs are authorized to perform all JDH protocols and procedures contained in the Department and Unit-specific manuals, along with identified procedures from the Lippincott Manual (current version).

D. Professional Behaviors

1. Dress code

All Nursing Department staff are required to dress in a manner which is appropriate to their responsibilities.

2. Impaired Person

When impairment is suspected, the situation is handled according to the UCHC policy.

3. Accountability

Every Nursing Department member will be held accountable for satisfactory performance within their PREF and required competencies.

4. Malpractice Insurance

Malpractice insurance coverage is outlined in HAM, #07-009, "Malpractice".

5. Representation

Authorization by an appropriate supervisor is required when staffs are to represent the institution.

6. Tips/Gifts

Refer to UCHC Policy # 2003-34: "Gifts to Individuals".

7. Ethical Issues

Ethical dilemmas in practice may be addressed at the unit level. When necessary, issues can be forwarded to the Hospital Ethics Committee. Refer to HAM 07-021, "Ethics Committee".

E. Credentialing

Advanced Practitioners are credentialed by the medical staff. Refer to "Medical Staff By-Laws".

F. Research

1. Conducting Scientific Investigations

All proposed studies must first be reviewed by the Nursing Research Committee. The Chair of NRC will ensure review of the proposed study by the Nursing Research Committee and/or appropriate Nursing Department staff. During times when the NRC is not active, primary review will be conducted by the CNS Forum. If a study is not approved by the NRC (or in its absence the CNS Forum) the Committee Chair will apprise the investigator as to the rationale for denial. For those studies which are approved after initial review, the study is submitted to the Institutional Review Board (IRB) on appropriate forms.

The request will be handled by the IRB according to the study's classification for exempt, expedited or full board review. All research studies (clinical, administrative, etc.) must be reviewed as described. The nature of the study and potential risks will be taken into account through the three IRB review mechanisms.

2. Utilization

The Nursing Standards Committee and the Nursing Research Committee make all efforts to incorporate current research findings into standards of care and educational offerings.

3. Collaboration

Collaborative research efforts among levels/types of nurses and between nurses and other health disciplines are encouraged to investigate salient research questions. Collaboration will be recognized through co-investigator status of the involved parties.

G. Standards

Standards are developed according to the NPM: Administrative Protocol: Standards of Clinical Practice: Development, Approval, and Distribution Process.

V. CLINICAL POLICIES

A. Patient Bill of Rights/Privacy/Confidentiality

The Dept. of Nursing supports all aspects of the "Patients Bill of Rights" which is provided upon admission. This document is also posted in Spanish and English in appropriate areas as well as on the psychiatric units. Refer to HAM 08-030, "Patient Rights and Responsibilities".

B. Safety and Risk Management

The Department of Nursing complies with all Hospital Administrative Manual policies, the Hospital Safety Plan, the Utility Failure Plan and Unit-based Safety Plans.

C. Legal Issues

The Department of Nursing adheres to the laws of the State of Connecticut, Federal Guidelines and policies of the Hospital Admin. Manual (HAM) and the Nursing Practice Manual.

D. Graduate Nurse Status

New graduates on staff who fail state boards may be continued in an unlicensed capacity providing budgetary considerations allow.

E. Temporary Permit

When permanent licensure has not been granted by the date of expiration of a temporary permit, the employee may no longer work in a licensed capacity.

F. Staff Licensure

The Human Resources Department verifies staff licensure online on a monthly basis. A copy is placed in the employee's file in the Human Resources Department. Following the expiration date, the Human Resources Department will send notices to managers of staff who have not been verified. The employee may be requested to provide a hard copy of the license.