

I. DESCRIPTION AND MISSION

A. DESCRIPTION

1. Type of Units

The locked inpatient psychiatry units are located on the first and third floors of the hospital building. The first floor is a general unit for inpatients with psychiatric disorders. The third floor houses geriatric psychiatric patients with psychiatric disorders and medical conditions.

2. Physical Design/Size of Units

The first floor unit is an 18-bed unit consisting of 9 rooms with 2 beds. An additional 2 rooms are available for patient seclusion or time out or may be utilized as private rooms on a time-limited basis. Unoccupied rooms remain locked. All windows facing the hospital exterior include locked safety screens. A nursing station and additional space for patient, staff and student use are available.

The third floor unit has a bed capacity of 14, half of which are in private rooms. An additional private room is available for patient seclusion, as needed. Unoccupied rooms remain locked. All windows facing the hospital interior are coated with LLUMAR safety film; the exterior window in the seclusion room has a locked safety screen.

a. Patient Rooms (1022-1030)

(1) Patients are assigned double accommodations depending on the census, gender and psychiatric tolerances. Patients are not allowed in any patient room other than their assigned room. Patients found in another patient's room will be reminded to remain in their own room or common areas. At 10:00 pm, patients will be directed to patient Lounge, if they are awake and not in their own assigned rooms. Patients may answer telephone calls and remain in Patient Lounge until 11:00 pm.

(2) Each patient room is equipped with hospital beds. Each room is provided with a desk, a desk chair and 2 bureaus. Each room has a bathroom with a toilet and shower. The shower stall is provided with breakaway shower curtain rod and plastic hooks for the shower curtains. Safety bars are installed for patient assistance. All fixtures in the bathroom are adhered to the wall by using tamper proof screws. Room 1026 has a special bathroom door lock to assist in providing closer supervision when clinically indicated. Each room is provided with a small bulletin board. The windows and doors are provided with curtains for privacy and during the day the curtains are to remain open.

b. Patient Rooms (3029-3039, 3041)

(1) Patients are assigned single or double accommodations depending on the census, their gender, and their psychiatric/medical-geriatric tolerances.

(2) Each patient room is equipped with hospital beds. There is a bedside and over bed table. Suction and oxygen are available on the walls. Each room has a bathroom with a toilet and shower; the shower stall has a breakaway shower curtain rod and plastic hooks

for the shower curtains and safety rails. All fixtures in the bathroom are adhered to the wall by using tamper proof screws. Each room has a small white-board and calendar. The windows and doors are outfitted with curtains and blinds, which are to remain open. Reading, overhead and night-lights are located in each room.

**c. Seclusion/Private Rooms (1035-1036 and 3040)**

Seclusion/private rooms are available on both units for patients requiring additional safety interventions. These rooms are free from harmful devices, such as electrical devices, and contain minimal furniture. A bathroom with a toilet and shower is provided. Each shower stall contains a breakaway shower curtain rod, and safety rails. The bathroom door has the option to be locked. The room windows are covered with security screening. Plexiglas windows are located in the room doors for staff to supervise patients under locked seclusion.

On the first floor, a curved security mirror assists the staff to visualize all areas of the room. A light switch with dimmer capabilities is located outside the room for the overhead light. An alarm system is located outside the seclusion room doors.

On the third floor, beds to be used for restraining patients may also be placed in the room. A sink is provided with the option to lock. A curved security mirror is located on the ceiling to assist the staff to supervise the patient.

**d. Community / Group Rooms (1031) (1037)**

This room is utilized for groups and activities. The locked cabinets store OT supplies, maintained by the OT staff. The patient TV is located in a locked entertainment center cabinet. A sink is available. 1037 can be utilized for treatment team meetings, patient conferences and family meetings

**e. Day Rooms (1033) and (3029)**

Day Rooms provide an area for patients to eat their meals, engage in allowed diversions / activities, and socialize. On the first floor, dining tables and chairs are provided to accommodate 18 patients.

**f. Conference Room (1034) / Multipurpose Room (3028)**

Rooms are available on both floors for staff/patient meetings, family meetings, patient conferences and legal proceedings. On the first floor, the room is known as the conference room. Room 3028 contains locked cabinets with OT supplies. OT staff members are responsible for the keys and maintain the supplies. A sink and a patient bathroom in the room are available for use.

**g. Medication Room (1038) / Medication Area (3<sup>rd</sup> Central Module)**

A secure area and Pyxis machines are provided for storage of patient medications, including narcotics and contingency medications, as well as food adjuncts used as a vehicle for administering medications. Nurses are responsible to monitor temperature and document daily on temperature log used for medication administration.

On Psych 1, a medication cart is located in the Medication room and patients are required to present there to request for and take their medication. Patients on Psych 3 may present to the Medication Area for

medications, according to ability, but they are not allowed to be inside the Medication Area. Code cart is located in the medication room. Oxygen tanks are located in the medication room.

**h. Treatment Room (1018 B) / 3022**

This locked room is used for procedures for reasons of asepsis and/or patient comfort such as physical exams. On the 3<sup>rd</sup> floor, this room contains emergency equipment.

**i. Clean Equipment/Storage Room (H-1019)**

This locked room provides storage for medical equipment. Daily cleaning is the responsibility of the Housekeeping Department. All cleaned equipment is covered in plastic bags to ensure cleanliness.

**j. Linen cabinet on psych 1 and the Clean Utility Room (H-3045)**

**These areas are used for storage of clean linen, which is** supplied by the Linen Department on a daily basis. The washer, dryer, (located on psych 1 only) and detergent are for patient use. Patients will be supervised by staff while in the laundry room. Staff will clean the dryer lint holder regularly.

On the 3<sup>rd</sup> floor, clean medical equipment is stored in this location.

**k. Dirty Utility Rooms (H-1045) / (H-3044)**

These locked rooms contain soiled equipment, dirty instrumentation and equipment for Central Sterile Supply pick-up (grey bin), and a laboratory specimen refrigerator. Housekeeping is responsible for cleaning the room.

**l. Center Circle (1<sup>st</sup> floor) / Central Module (3<sup>rd</sup> floor)**

Central Module on the 3<sup>rd</sup> floor/Center circle (1<sup>st</sup> floor) is a designated staff only area. Staff may access computers, phones, medication station and Pharmacy area in addition to patient dietary supplies with the option to lock all access gates to this dedicated staff area. The patient charts, forms, manuals, ambu bags, and phone message center are located here with desk areas for staff to document. The patient refrigerator is managed as described above.

**m. Nurses' Station (H-1044)**

Patient charts and all forms, manuals, ambu bags, telephones, computers, bulletin board, staff mail boxes, and phone message center are all located at the nurses' station. Space is provided for clinical staff to chart. Patients are not allowed into the nurses' station.

**n. Shower Room (H-3019)**

This room is locked when not in use. Daily cleaning is the responsibility of the Housekeeping Department.

**o. Supply Cabinets**

There are several locked supply cabinets on the outside of the center circle area. Supplies from the Warehouse, Housekeeping, and Pharmacy are kept. Nursing staff members are provided with keys.

**p. Restraints Cabinet**

The cabinet opposite the seclusion rooms stores the restraints and alternatives necessary for patient safety. An inventory list is posted and inventory is checked every shift.

**q. Patient Safety Cabinet**

A locked cabinet is available for storage of patient sharps / toxic belongings. Items are signed out with staff assistance at specified times and when clinically appropriate. Each staff member has a key.

**r. Staff Lounges (H-1018B) / (H-3038)**

Staff lockers, restrooms, chairs, lamp, coat racks, refrigerator, staff mailboxes, a clock and bathroom are provided for staff to utilize for breaks, exchange reports, or have a staff meeting.

**s. Offices**

Office space in close proximity to the units is available for nursing and medical staff, social workers, and occupational therapists.

**C. Scope of Nursing/Patient Care Services**

**1. Clinical**

Nursing care is provided to a diversified population of psychiatric patients. Standards of care are developed and are maintained as outlined in the Nursing Practice Manual. Practice concerns may also be addressed through the Nursing Administrative Council.

Occupational Therapists, Social Workers, Mental Health Clinicians, Case Managers, Substance Abuse Counselor, Mental Health Workers/Certified Nurses Assistants also provide care to a diversified population of psychiatric patients. Practice concerns are addressed through the Inpatient steering Committee, discipline-specific staff meetings or clinical process meetings and/or interdisciplinary staff meetings.

**2. Professional**

There is a comprehensive focus on the professional needs of the multidisciplinary staff by including them in unit and hospital inservices, unit standards including practice and guidance for advancement through the Clinical Advancement System. Professional concerns may be addressed through each discipline-specific process and for nursing through unit representation to the Nursing Administrative Council or Clinical Forum.

**3. Administration**

The structure and organization of the Psychiatric Inpatient Units are written in these standards for the purpose of planning, organizing, implementing, controlling and evaluating the conduct of the psychiatric Inpatient Units. Administrative responsibilities for the unit are addressed through the Clinical Operations Committee. The Inpatient Psychiatry Nurse Manager is responsible for administrative concerns.

**D. MISSION**

The mission of the Psychiatric Inpatient Units is to provide psychiatric care to patients admitted to the First and Third Floor Units of John Dempsey Hospital. The mission is consistent with that of the Department of Nursing, Department of Psychiatry and that of John Dempsey Hospital. Refer to Department of Nursing Structure Standards.

**II. PHILOSOPHY AND GOALS**

**A. PHILOSOPHY**

The philosophy of the Psychiatric Inpatient Units coincides with that of the Department of Nursing, the Department of Psychiatry and that of John Dempsey Hospital. Refer to the Department of Nursing Structure Standards.

**B. GOALS**

1. Unit/Program goals are developed and approved by the Inpatient Steering Committee
2. Many individuals are involved in the implementation of the goals during the year; therefore, participation by all levels of staff is important.

**III. ADMINISTRATIVE POLICIES**

**A. ORGANIZATION**

**1. Relationships**

**a. Administrative**

The Psychiatric Inpatient Units are organized as units of the Psychiatric/Behavioral Medicine Division within the Department of Nursing. Refer to Department of Nursing Structure Standards, Organizational chart.

**b. Interdepartmental**

The Psychiatric Inpatient Units are an integral part of the Psychiatric/ Behavioral Medicine Division under the direction of the Nurse Manager who reports to the Associate Vice President/ Director of Nursing.

**c. Intra-unit**

The overall nursing direction of the units is the responsibility of the Nurse Manager in collaboration with the Assistant Nurse Manager. The medical direction is the responsibility of the Medical Director. Collaboration with the interdisciplinary staff takes place through the Inpatient Steering Committee meeting. The organization of the Units is consistent with the scope; variety and complexity of patient care services provided. The Psychiatric Inpatient Unit organizational chart is in Appendix 1. Performance descriptions exist for each position on the organization chart and can be found in the Human Resources Department.

**2. Communication Mechanisms**

**a. Administrative**

Verbal and written communication to and from the Psychiatric Inpatient Units, Department of Psychiatry, Hospital and Health Center Administration is delivered, received and transmitted through the Nurse Manager, Assistant Nurse Manager, Vice-Chair, Clinical Affairs, and the Department of Psychiatry.

**b. Interdepartmental**

**(1) Nursing**

Communication channels to and from the Psychiatric Inpatient Units and the Department of Nursing is based on the Departmental Organizational Chart (Department of Nursing Structure Standards.)

**(2) Occupational Therapy**

Communication channels to and from the Psychiatric Inpatient Units and the Department of Nursing are based on the Departmental Organizational Chart (Department of Nursing). The flow of information to and from the Occupational/Recreational Therapy staff is through the OT Psychiatric Supervisor and Psychiatric Nurse Manager.

**(3) Social Work**

Communication channels to and from the Psychiatric Inpatient Units and the Department of Nursing Work are based on the Departmental Organizational Chart. The flow of information to and from the Social Work staff is through the Psychiatric Nurse Manager.

**(4) Medical Staff**

Communication channels to and from the Psychiatric Inpatient Units and the Department of Psychiatry is based on the Departmental Organizational Chart (Department of Psychiatry, Appendix 2). The flow of information to and from the Medical staff is through the Medical Director, Vice Chair, Clinical Affairs, and Attending Physicians.

**c. Intra-unit**

Communication channels in the Psychiatric Inpatient Unit are based on the Unit Organizational Chart (Appendix 1).

**d. Mechanisms**

A variety of communication mechanisms are available, such as shift and transfer report (ISBAR) telephone/paging system throughout the hospital, bulletin boards/mailboxes, email, unit staff meetings, meeting minutes and memos, Inpatient Psychiatry Committees, and the availability of interpreters.

The telephone overhead paging system is turned off on the 1<sup>st</sup> floor in an attempt to reduce verbal stimuli except to notify staff on the unit in the event of a Code situation.

**3. Unit/Extent of Command**

- a. Overall management of the unit is the responsibility of the Nurse Manager with supervision, direction, and support from the Associate Vice President / Director of Nursing. Collaboration with Physicians, Occupational Therapy, Social Work, Case Management and other department heads takes place through formal and informal meetings.
- b. The Nurse Manager is a registered nurse with appropriate clinical and management skills. He/she is responsible for the effective organization and management of the Psychiatric Inpatient Units. He/she has 24-hour accountability for the effective functioning of the nursing staff including their development and evaluation, the efficient functioning of the unit subsystems, and the quality of patient care provided in the setting. The Associate Hospital Vice President/Director of Nursing appoints an Interim Nurse Manager when necessary.
- c. The Nurse Manager assigns an Assistant Nurse Manager or charge nurse each shift for the purpose of decision-making and facilitating unit communication, coordination and delivery of patient care.
- d. The Administrative Manager (Evenings/Nights) is a resource person to the Assistant Nurse Manager or charge nurse (in the absence of the Nurse Manager) providing direction and support in the decision-making process during weekends, holidays and alternate shifts.
- e. The authority, final responsibility for, and control of all actions directed toward the medical goals of the Psychiatric Inpatient Units are vested in the Vice Chair, Clinical Affairs. He/She is also responsible for the Psychiatric Inpatient Units' medical staff.

**4. Evaluation of Organizational Structure**

The organizational structure reflecting the philosophy of the Psychiatric Inpatient Units is reviewed every year by the Psychiatric Inpatient Planning Committee. The organizational structure is approved by the Nursing Administrative Council in collaboration with the Department of Psychiatry.

**B. GOVERNANCE**

**1. Functions of the Psychiatric Inpatient Units**

**a. Institutional and Interdepartmental**

The various disciplines have a discipline-specific selection process to determine how representation occurs in the institution and interdepartmentally.

Qualified nurses are selected to represent the Psychiatric Inpatient Unit on Division, Department, Hospital and Health Center committees based on the recommendation of the Nursing Manager. Refer to Department of Nursing Structure Standards for nursing's role and responsibilities in Hospital and Health Center Committees.

**b. Intradepartmental**

The functions listed in the Dept. of Nursing Structure Standards are performed by the appropriate members of the psychiatric nursing leadership.

## **2. Nursing Direction**

### **a. Type of Governance**

The Psychiatric Inpatient Units are decentralized and organized under the Division of Psychiatric/ Behavioral Medicine and conform to the Philosophy of the Department of Nursing and the Department of Psychiatry (see Department of Nursing Structure Standards).

### **b. Unit Control**

- (1) The authority, responsibility and accountability for assisting the Nurse Manager in directing operations of the Psychiatric Inpatient Unit to fulfill unit function is vested in the Inpatient Psychiatric Planning Committee and the Associate Vice President/ Director/Director of Nursing.

#### **(2) Psychiatric Inpatient Committees**

##### **(a) Inpatient Steering Committee**

CHAIRPERSON: Nurse Manager

MEMBERSHIP: An interdisciplinary committee designated by position or appointed by the appropriate medical department.

1-Chair, Inpatient Nurse Manager  
1-Assistant Nurse Manager from each unit  
1-Social Work Representative from each unit  
1-OT Representative from each unit  
1-Medical Director from each unit  
1-Case Manager  
Total of 10 members  
Attending Physicians Ad Hoc  
Substance abuse counselor Ad Hoc

- PURPOSE: - To provide approval/advice on standards concerning admission and discharge, area of responsibility, nursing and medical procedures, annual budget for capital items, efficient utilization of personnel and space.
- To review and evaluate the quality, safety and propriety of patient care within the units.
  - To recommend corrective action when necessary.
  - To review and approve recommended standards for operation of the units.

MEETING

FREQUENCY: Monthly.

AGENDA/MINUTES: The agenda is developed by the chairperson with input from committee members. Meetings minutes are typed and circulated to the Director of Nursing and kept in a manual on the unit for all staff to access.

##### **(b) Inpatient Psychiatry Nursing Staff Meeting**

CHAIRPERSON: Assistant Nurse Manager or designee

MEMBERSHIP: Psych. Inpatient Nursing Staff

PURPOSE: To review staffing, patient care, patient flow issues, patient safety, and infection control issues

MEETING

FREQUENCY: 1 time per month

AGENDA/MINUTES: Agendas are developed by the Chair with input from the staff. Minutes are filed on the unit for staff to read and initial. Copies are circulated to the Associate Vice President/Director of Nursing.

(c) Inpatient Psychiatry Staff Meeting

CHAIRPERSONS: Director, Adult Services/Nurse Manager

MEMBERSHIP: Interdisciplinary Staff on unit

PURPOSE: To enhance the flow of information to and from the whole staff.

MEETING

FREQUENCY: Usually once per week. This meeting at times will be combined with nursing staff meeting

AGENDA/MINUTES: Developed by the co-Chairs with input from the staff.

c. 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 unit hierarchy.
- (2) Unit Hierarchy
  - (a) **Mental Health Workers/Certified Nurses Assistants** are responsible for providing care to a specific patient assignment. They are responsible to a designated staff nurse and accountable to the charge nurse.
  - (b) **Staff Nurses** are responsible for providing nursing care to a specific patient assignment for an 8-hour shift. Primary nursing is practiced when possible. Each staff nurse is accountable to the charge nurse.
  - (c) **Assistant Nurse Managers/Charge Nurses.** Assistant Nurse Managers for the day and evening shifts are responsible for decision-making and facilitating unit communication, coordination and delivery of patient care. The Charge Nurses perform this duty when the Assistant Nurse Managers are not on duty.
  - (d) **Nurse Manager is** responsible for the effective organization and management of the Psychiatric Inpatient Units. He/she has 24-hour accountability for the effective functioning of the staff including their development and evaluation, the efficient functioning of the unit subsystem, the quality of patient care provided in the setting, and budget.

d. Support Services within the Psychiatric Inpatient Unit

(1) **Preceptor** - Refer to Orientation Protocol, NPM.

(2) Non-Nursing Support

(a) **Office Assistants** are available on days and evenings, Monday through Friday, to carry out all aspects of their performance description. They are responsible to the Nurse Manager.

(b) **Administrative Program Assistant II** is available on days, Monday through Friday, to carry out all aspects of performance description. He/she is responsible to the Nurse Manager.

(c) **Respiratory Therapy** - Because no wall outlet oxygen is available on Psych 1, a consult to Respiratory Therapy is initiated whenever a patient requires supplemental oxygen. Respiratory Therapy will provide portable oxygen tanks to the unit. Nursing staff must document rate of oxygen flow and duration of use, per orders.

e. Support Services within the Department of Nursing

(1) **Administrative Managers** provide direction and support in the decision-making process during weekends, holidays and off-shifts. Refer to Department of Nursing Structure Standards.

(2) **Case Management** - Responsible for discharge planning and patient flow. Accountable to Department of Case Management.

### 3. Medical Direction of Patient Care

a. **Chief of Clinical Operations** The chief of clinical operations is responsible for overseeing the Clinical Direction in collaborating with the Hospital regarding the administrative functioning of the Adult Psychiatry areas including:

The JDH Psychiatric Inpatient Units (First and Third Floors)  
The Partial Hospital Programs  
Intensive Outpatient Services  
ECT Services  
Crisis Service  
Consultation/Liaison Service

The Chief of Clinical Operations has the responsibility of overseeing the integration of the various services into a continuum of care. The Clinical care will be coordinated across boundaries of the various services in such a manner that it is of the highest quality and the most efficient.

The Chief of Clinical Operations, in collaboration with the Nurse Manager, determines the clinical philosophy/assumptions and their operational implementation, consistent with the overall clinical mission of the hospital and the Department of Psychiatry.

b. **Attending Physician Role** - An Attending is a faculty member of the Department of Psychiatry who has been credentialed and privileged by the Medical Board of the John Dempsey Hospital.

**C. RESOURCE DEVELOPMENT/ALLOCATION/UTILIZATION**

**1. Financial**

Refer to the Department of Nursing Structure Standards.

**2. Facilities**

**a. Patient Care Areas**

The Psychiatric Inpatient Units provide twenty-four hour per day care.

**3. Admissions**

**a. Admission Criteria**

- (1) Patients are considered candidates for admission to the General Psychiatric Inpatient Unit, First Floor, if they are 18 years age or older, and are experiencing acute and/or potentially life threatening behavioral symptoms of their psychiatric illness. They may be a direct or from emergency department.
- (2) Patients are considered candidates for admission to the 3<sup>rd</sup> floor Psychiatric Medicine Unit if they are suffering from a combination of medical and psychiatric problems that require complex management strategies for both sets of conditions.

**b. Relationship between Nurse Manager or designee/Admission Screener and Resident staff.**

- (1) **Direct Admissions** - The outside referral source/self referral patient calls the Admission Screener for admission. If the patient meets the admission criteria, the Admission Screener phones the Assistant Nurse Manager/Charge Nurse or Nurse Manager to determine if there is adequate staffing, seclusion room availability as well as other clinical unit needs that must be considered before a decision can be made for admission.
- (2) **Emergency Admissions** - The Crisis Service Clinicians and the Resident on-call admits patients that meet admission criteria and unit/staffing criteria coordinating with Admission Services; after hours are coordinated with Psy 1 Assistant Nurse Manager or RN designee.
- (3) **In-house Admissions** - Psychiatric Consultation-Liaison (CL) physicians consult to non-psychiatric inpatient care units. Recommendation for admission to the psychiatric inpatient unit is made by the CL Staff and coordinated with Nurse Manager; Assistant Nurse Manager.

**d. Attending Responsibilities**

Patients are assigned to either Team 1 or 2 on the General Psychiatry Unit. It is the Attending's responsibility to assess and evaluate the patient within 24 hours and to supervise appropriate patient care provided by the resident physician staff and medical students. The patient will be seen at least daily by the Team Attending or a designee.

e. **Admitting Resident Responsibilities**

The responsibilities of the residents include, but are not limited to the following:

- (1) Inform the patient about admission to the Psychiatric Inpatient Unit.
- (2) Evaluate the patient and write orders for admission.

f. **Admitting Nurse's Responsibilities**

Admissions are to be done per protocol for Admission: Care of the Patient Admitted to Psychiatry and NPM standards.

4. **In-House Transfer**

- a. A consult is called to the psychiatric service and the patient's status will be determined as to appropriateness for admission to Psychiatry.
- b. The physician must write admission orders and identify the Service accepting the admission. All previous orders are canceled at this time.
- c. Standards for Documentation at time of in-house admission are defined in the Nursing Practice Manual, "Transfer Process, In-House". Nursing report / hand off is telephoned to the receiving unit prior to patient transfer.
- d. When appropriate, the family/significant other is notified of the admission by the unit staff.

5. **Discharges**

- a. Duration of stay on the Psychiatric unit is determined by the patient's individual treatment plan. Planning for discharge is the collaborative effort of the interdisciplinary treatment team.
- b. Planned discharge options include: home, community health care facility, psychiatric outpatient facility, substance abuse program, partial hospital program, Intensive Outpatient Services or acute/chronic care hospital.
- c. Refer to Department of Nursing Structure Standards for listing of standards related to the discharge of patients.

6. **Human Resource Development**

a. **Orientation**

- (1) Health Center/Hospital  
Refer to the NPM, Structure Standards.
- (2) Department of Nursing
  - (a) General Nursing Orientation

Refer to the Department of Nursing structure Standards

**(b) Psychiatric Nursing Unit Orientation**

- [1] All new Psychiatric Inpatient staff members participate in an orientation program with assigned preceptors. The specific content of this program is outlined in the Inpatient Psychiatry Unit Orientation Book.
- [2] An orientation Competency Checklist is reviewed with all new nursing personnel at the beginning of orientation. The checklist is reviewed periodically by the preceptors, orientee, Assistant Nurse Manager and Nurse Manager during the working test period until the tool is completed.
- [3] During the clinical orientation, the preceptor and orientee jointly work toward the successful completion of a Performance Review and Evaluation Form at the appropriate level.

**(c) NURSE PRO and Agency Orientation**

- [1] NURSE PRO and agency personnel are required to complete modified orientation activities as identified by the Educational Services Department and the Inpatient Psychiatry Unit Nurse Manager.

**b. Staff Development**

- (1) Clinical and professional educational programs are scheduled based on input from the staff, needs of the patient populations, and to introduce or maintain competencies, and is the responsibility of nursing leadership. All educational programs are documented and the records maintained by the Nurse Manager according to Department of Nursing Standards.
- (2) An educational activity record for each staff member is maintained as part of the annual evaluation process. See Administrative Procedure: "Educational Activity Record".
- (3) All Department of Nursing programs, including Mandatory Inservices, are coordinated through the Educational Services Department.

**c. Continuing Education**

Refer to Department of Nursing Structure Standards. Support for nurses to attend educational programs is provided through the UHP contract.

**d. Support Services Outside of the Department of Nursing**

Refer to Department Structure Standards.

**e. Consultants**

- (1) Medical

In the provision of patient care, nursing consults with physicians on formal (e.g. rounds and conferences) and informal bases. Refer to Department of Nursing Structure Standards.

(2) Nursing

Additional nursing resources can be found in the Clinical Nurse Specialist who are Master's prepared in a clinical specialty.

(3) Management

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

**7. Materials Management**

**a. Equipment**

Refer to Department of Nursing Structure Standards. Equipment manuals are located on each unit.

**b. Supplies**

Refer to Department of Nursing Structure Standards.

**c. Linen**

Refer to Department of Nursing Structure Standards.

**d. Product Safety Evaluation**

Refer to Department of Nursing Structure Standards.

**8. Evaluation of Resources**

Refer to Department of Nursing Structure Standards.

**9. Staff**

**a. Professional and non-professional**

Refer to Department of Nursing Structure Standards. Staff may be hired full-time or part-time, as determined by the Nursing Manager and based on unit needs. Positions are offered

**b. Temporary Staff**

(1) Agency Personnel - Travelers and Staffing Agency  
Refer to Department of Nursing Structure Standards.

(2) Private Duty Nurses  
Refer to Department of Nursing Structure Standards.

(3) Student Nurses (undergraduate and graduate)  
Refer to Department of Nursing Structure Standards.

(4) NURSE PRO  
Refer to Department of Nursing Structure Standards.

**D. STAFFING**

**1. Responsibility for Providing Adequate Staffing**

Refer to Department of Nursing Structure Standards.

**2. Unit Staffing**

Refer to Department of Nursing Structure Standards.

**3. Delivery of Care Methodology**

Refer to Department of Nursing Structure Standards.

**4. Patient Classification System**

Refer to Department of Nursing Structure Standards.

**5. Shift Assignments**

Refer to Department of Nursing Structure Standards.

**6. Scheduling**

Refer to Department of Nursing Structure Standards.

**E. EMPLOYMENT**

Refer to Department of Nursing Structure Standards.

**F. PERFORMANCE IMPROVEMENT**

Refer to Department of Nursing Structure Standards.

**1. Purpose and Goals:**

The purpose of the Performance Improvement Plan for the Inpatient Psychiatry Units is to assure delivery of the best care possible for patients and to support the overall JDH mission, vision and values. The focus is on improved patient outcomes, customer satisfaction and cost effectiveness of care.

**IV. NURSING PROFESSIONAL PRACTICE POLICIES**

**A. NURSING PROCESS**

**1. Assessment (Supplement to Department of Nursing Structure Standards)**

- a. Each patient is assessed by a registered nurse within the first one-half hour of admission to the unit. The Data Base is completed within eight hours of admission. This includes review of completed biopsychosocial history, physical and other pertinent assessments.
- b. Each patient is re-assessed by a registered nurse every eight hours, more frequently as condition warrants.

**2. Planning**

- a. Upon admission, develops and implements Initial Treatment Plan in collaboration with admitting resident.
- b. Collaborates with multidisciplinary team members to develop a multidisciplinary treatment plan.

**3. Interventions**

- a. Initiates appropriate Nursing Treatment Plan based on clinical information obtained from biopsychosocial history, physical and Initial Treatment Plan.
- b. Identifies specific nursing interventions and teaching strategies for directed at patient-specific goals.

**4. Evaluation**

- a. Reviews and evaluates Initial Treatment Plan, Nursing Treatment Plan, and Patient Progress Notes for the patient's response to treatment, acuity, and progress toward goal attainment.
- b. Updates Nursing Treatment Plan as necessary.

**5. Documentation/Retention of Records**

Refer to Department of Nursing Structure Standards.

**B. NURSING RESPONSIBILITIES**

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

Registered Nurses are authorized to perform JDH protocols and procedures contained in the NPM and in psychiatric unit-specific manual, along with identified procedures from the current Lippincott Manual, according to defined unit competencies. Orientation programs, ongoing educational activities and completed annual evaluations, which include competency checklists, ensure that individual nurses are competent.

**1. Psychiatric nursing staff does not perform the following:**

- a. discontinuation of central lines
- b. administration of IV push drugs
- c. change supra-pubic tubes
- d. draw blood gases
- e. maintain arterial lines
- f. administer IV vesicant medications

**2. Psychiatric nursing staff may perform the following testing:**

- a. glucose
- b. alcometer

Bedside testing skills are validated annually.

**3. The Registered Nurse on the night shift is responsible for performing a 24-hour audit on all the patients. This audit will include:**

- a. Review all physician orders written during previous 24 hours.
- b. Check documentation of transcription of all orders on the MAR, UNIT FLOWSHEET, KARDEX, DIET SHEET, AND LAB SHEET.

c. When the audit is completed on the patient chart, "24 Hour Chart Check", is written after the last written order on the Physician Order Sheet and signed by the RN completing the audit.

d. Refer to Department of Nursing Structure Standards.

**C. PROFESSIONAL BEHAVIORS**

Refer to Department of Nursing Structure Standards.

**D. CREDENTIALING**

Refer to Department of Nursing Structure Standards.

**E. RESEARCH**

Refer to Department of Nursing Structure Standards.

**F. STANDARDS**

Refer to Department of Nursing Structure Standards.

The Unit Standards are reviewed triannually by the Nurse Manager and Assistant Nurse Manager.

**V. CLINICAL POLICIES**

Refer to Department of Nursing Structure Standards and the Unit Practice Manuals.

**REVISED:** 3/06, 8/08, 7/09

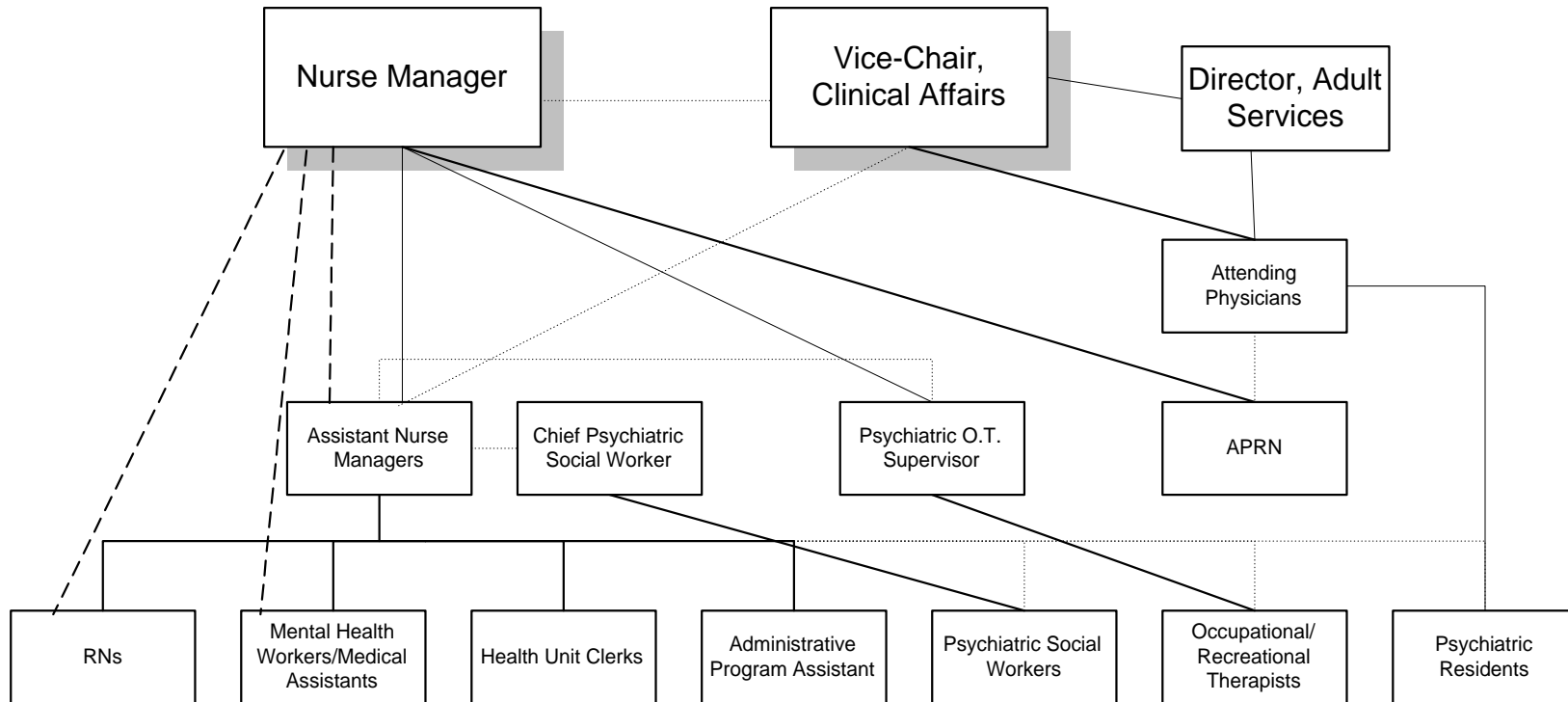
**APPENDIX 1**

**ORGANIZATIONAL CHARTS**



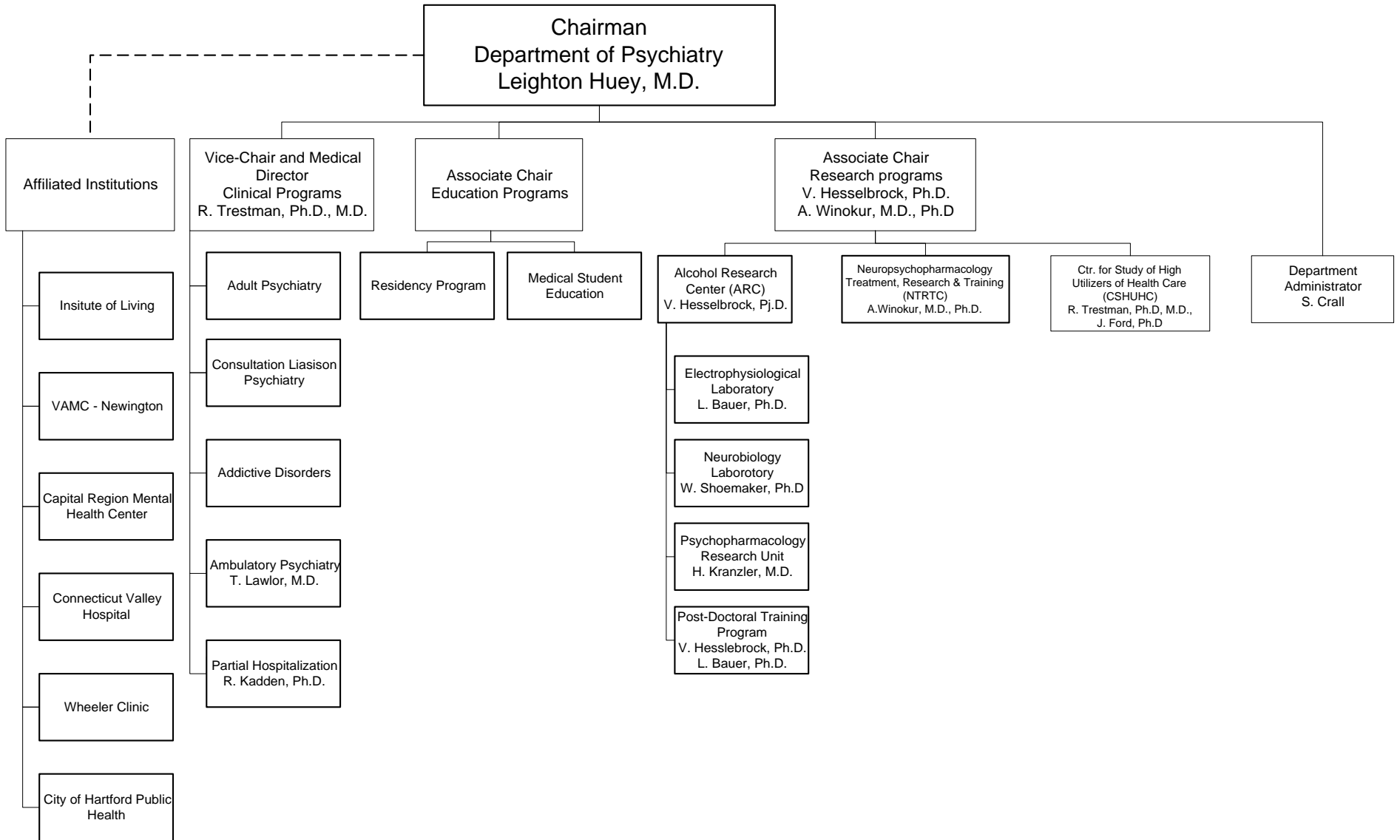
# Appendix 1

## Psychiatric Units Organizational Chart



- **Direct Report**
- - - - - **Clinical Supervisor**
- ..... **Collaboration**

# Department of Psychiatry Organizational Chart



**APPENDIX 2**

**SCOPE OF SERVICES**

<b>Department:</b>	Psychiatry
<b>Administrator:</b>	Vice Chair - Psychiatry
<b>Goals:</b>	<ol style="list-style-type: none"> <li>1. Improvement in mental well-being and general health of patients and families</li> <li>2. Assessment of patient and family needs</li> <li>3. Patient education, counseling and appropriate referrals</li> </ol>
<b>Objectives:</b>	<ol style="list-style-type: none"> <li>1. To provide comprehensive care for patient with acute symptoms of psychiatric and/or dual diagnosis and the acute effects of medical illness or the aging process with emotional illness.</li> <li>2. To provide comprehensive psychosocial and functional assessments to the adult psychiatric, dual diagnosis, and medical/geriatric psychiatric population.</li> <li>3. To provide group, individual and family therapy to patients with psychiatric, and dual diagnoses.</li> <li>4. To provide patient education regarding the management of psychiatric and dual diagnosis disorders.</li> </ol>
<b>Practice Standards:</b>	<ol style="list-style-type: none"> <li>1. American Association for Partial Hospitalization Standards and Guidelines</li> <li>2. John Dempsey Hospital (JDH) Medical Staff Rules and Regulations</li> <li>3. State of Connecticut Nurse Practice Act; John Dempsey Hospital Nursing Practice Manual</li> <li>4. Unit Specific Program Manuals</li> <li>5. CADAC Standards</li> <li>6. ASAM Criteria for patient placement</li> <li>7. JCAHO, federal and state standards</li> </ol>
<b>Scope of Services:</b>	<ol style="list-style-type: none"> <li>1. Psychiatric Services: Adult patients requiring inpatient, partial hospital, intensive outpatient, outpatient treatment, crisis and or electrotherapy</li> <li>2. Substance Abuse Services: Adult patients requiring outpatient treatment</li> </ol>
<b>Service Availability:</b>	<ol style="list-style-type: none"> <li>1. Routine services are available 8:00 a.m. - 5:00 p.m., Monday - Friday</li> <li>2. Emergency/Crisis services are available through the Emergency Department Crisis Service as needed (24 hours/day)</li> </ol>
<b>Patient Population/Customers:</b>	<ol style="list-style-type: none"> <li>1. Adult patients with psychiatric, substance abuse or dual diagnoses, acute effects of medical illness or aging process along with medical illness.</li> </ol>
<b>Providers/Staffing:</b>	<p>Multidisciplinary Staff, including:</p> <ul style="list-style-type: none"> <li>State of CT licensed, JDH credentialed Psychiatrists</li> <li>State of CT licensed, JDH credentialed Psychologists</li> <li>State of CT licensed, JDH credentialed APRN Nurse Therapists</li> <li>State of CT licensed, JDH credentialed Social Workers (CISW)</li> <li>State of CT licensed/certified Alcohol and Drug Counselors</li> <li>State of CT licensed Professional Counselor</li> <li>State of CT licensed Registered Nurses</li> <li>State of CT licensed Occupational Therapists</li> <li>Certified Recreational Therapists</li> <li>Mental Health Workers/Certified Nursing Assistants</li> </ul> <p>Staffing in all programs is compliant with the Connecticut Public Health Code</p>
<b>Clinical Care/Current Priority Activities:</b>	<p><b>Assessment:</b> Multidisciplinary assessments available across the service line including MD, Psychology, RN, OT, Social Work</p> <p><b>Treatment/Intervention:</b> Group, individual, family therapy, medication management, psychological testing, crisis intervention</p> <p><b>Levels of Care:</b> Emergency and crisis services, substance abuse detoxification, inpatient psychiatry (voluntary and involuntary), partial hospitalization, intensive outpatient and outpatient</p>