PARTIAL HOSPITAL AND INTENSIVE OUTPATIENT PROGRAMS STRUCTURE STANDARDS

I. DESCRIPTION AND MISSION

A. DESCRIPTION

1. **Type of Unit**

   a. The Partial Hospital Program and Intensive Outpatient Programs (PHP/IOP) are open three to five days per week for patients with psychiatric and/or dual diagnoses. Patients with dual diagnosis have a psychiatric diagnosis and a substance abuse diagnosis.

2. **Size**

   a. The Partial Hospital Program can accommodate up to 18 patients. The General and Dual Diagnosis Intensive Outpatient Programs can accommodate 10 patients in each program.

3. **Scope of Services**

   a. The Partial Hospital and Intensive Outpatient Programs provide interdisciplinary psychiatric day treatment services to a population of adult psychiatric/dually diagnosed patients who are in need of comprehensive treatment to foster and support increased independent functioning. The services provided include group, individual and family therapy, psychoeducation and vocational guidance and support. The care is provided on the fifth floor of main hospital building.

      1) As availability of qualified staff and physical space allows, an array of services are available to meet the patient's individual needs.

      2) An individual's physical limitations are considered when scheduling a patient's participation and attendance. Individual needs of patients are reflected in the treatment plan.

   b. The hours for the PHP program are Monday through Friday, from 9:00 AM to 2:00 PM. Clinicians in the program include APRN/nurse therapists, psychologists, psychiatric social workers, occupational therapists, recreational therapists and an attending psychiatrist.

   c. The hours for the psychiatric Intensive Outpatient Program (IOP) are 9:00AM – 12:00Noon on Monday, Tuesday & Thursday, while the hours for the Dual IOP are 1:30 – 4:30PM on Monday, Wednesday & Thursday.

B. MISSION

1. The mission of the Partial and Intensive Outpatient Programs is to provide for the psychiatric care of outpatients in the areas of patient care, education and research in accordance with the mission of the John Dempsey Hospital and to manage the resources (professional, ancillary, financial) to meet these needs.

2. The philosophy of the Program is reviewed and revised (as necessary) every three years by the Program Manager, Manager of Psychiatric Services and Adult Psychiatry Clinical Chief.

II. PHILOSOPHY AND GOALS

A. PHILOSOPHY

1. The philosophy of the Programs has been developed and is in concert with that of JDH and its sponsoring bodies – the University of Connecticut Health Center and the University of Connecticut.

2. The philosophy is reviewed every three years by the Program Manager, Manager of the Psychiatric Services in collaboration with the Adult Psychiatry Clinical Chief.

3. The philosophy is available on the unit and is incorporated into the orientation for new employees.

4. The philosophy at the PHP & IOP incorporates a multidimensional approach to patient care within a therapeutic community model. Treatment interventions focus on biological, psychological, interpersonal/family relationships, vocational/educational and leisure dimensions of psychiatric care. Treatment is provided within the framework of group, individual, family education and medication management with an emphasis on psycho-education, family system perspectives and interdisciplinary approaches.

B. GOALS

1. Goals are designed to establish the major activities believed to be important for the on-going operations, continued development and success of the Programs.

2. The Psychiatry Service Line goals are developed and approved by the Program Manager, Manager of the Psychiatric Services and the Adult Psychiatry Clinical Chief.

3. Specific program goals include, but are not limited to, assisting psychiatric patients in making a transition back to daily living after psychiatric hospitalization, psychoeducation regarding the prevention of relapse, and re-hospitalization and the provision of structure, support and education as the patient participates in the therapeutic community. Refer to program description.

III. ADMINISTRATION POLICIES

A. ORGANIZATION

1. **Relationships**

a. Administration

1) The Partial and Intensive Outpatient programs exist within the Departments of Nursing and Psychiatric/Behavioral Medicine Division. Refer to Partial and Intensive Outpatient Program Organizational Chart.

b. Interdepartmental

1) The Partial and Intensive Outpatient Program is an integral part of the Departments of Nursing/Psychiatric Behavioral Medicine Division. The Program Manager reports to the Nurse Manager/Director of Nursing. The Manager of the Psychiatric Services reports to the Associate Vice President/Director of Nursing.

c. Intradepartmental

1) The overall direction of the program is the responsibility of the Nurse Manager in collaboration with the Program Manager. The clinical direction is the responsibility of the attending psychologist/psychiatrist in collaboration with multidisciplinary staff through a variety of staff meetings. The organization of the Partial and Intensive Outpatient Programs is consistent the scope, variety, and complexity of patient care services provided. The Partial and Intensive Outpatient Programs organizational chart is Appendix C. Performance descriptions exist for each position on the organizational chart. The Department of Psychiatry Organizational Chart is in Appendix D.

2. **Communication Mechanisms**

a. Administrative: Verbal and written information to and from the Partial and Intensive Outpatient Programs, Hospital and Health Center Administration is delivered, received and transmitted through the Manager of Psychiatric Services, Partial and Intensive Outpatient managers and/or Clinical Chief.

b. Interdepartmental: Communication channels to and from the Partial and Intensive Outpatient Programs and the Department of Nursing are based on the Departmental Organizational chart.

c. Intra-unit: Communication channels in the Partial and Intensive Outpatient Programs are based on the unit organizational chart (Appendix C).

d. Mechanisms: A variety of communication mechanisms are available, such as email, telephones, computers, fax machine, beeper, bulletin boards/staff and patient mailboxes, multidisciplinary staff meetings, meeting minutes and memos, program committees, and the availability of foreign language interpreters (HAM, #08-007).

3. **Unity / Extent of Command**

a. The authority, final responsibility for, and control of all actions directed toward the goals of the Partial and Intensive Outpatient Programs are vested in the Nurse Manager, in collaboration with the attending psychiatrist/psychologist and the Psychiatry Clinical Chief. The Manager of the Psychiatric Services is directly responsible for the multi disciplinary staff of Nurse Practitioners, Mental Health Clinicians, Occupational Therapists and the Administrative Program Assistant. The Psychiatric Social Workers will report to the JDH Psychiatric Social Work Supervisor and work collaboratively with the Manager of the Psychiatric Services. The Partial and Intensive Outpatient Manager manages ongoing routine unit and staff issues with collaboration from the Nurse Manager of the Psychiatric Services. The PHP/IOP Program Manager may be any senior staff with a rating of supervisor or better and is so designated by the Manager of Psychiatric Services.

4. **Evaluation of Organizational Structure**

a. The Manager of Psychiatric Services, Partial Hospital and Intensive Outpatient Manager, in collaboration with the Clinical Chief, reviews the organizational structure of the services annually. The organizational structure is approved by the Nursing Administrative Council and the Department of Psychiatry.

B. GOVERANCE

1. **Functions of the Program**

a. Institutional and interdepartmental qualified staff is selected to represent the Partial and Intensive Outpatient Services on hospital and health center standing committees based on the recommendation of the services managers in collaboration with the Clinical Chief. Refer to Department of Nursing Structure for the role and responsibilities of the stated hospital/health center committees.

b. Intradepartmental. See Department of Nursing Structure Standards.

2. **Program Direction**

a. Type of Governance

1) The Partial and Intensive Outpatient Programs are decentralized and organized under the Department of Nursing and Division of Psychiatric/Behavioral Medicine and conforms to the philosophy of the Department of Nursing.

b. Unit Control

1) The authority, responsibility, and accountability for assisting the Partial and Intensive Outpatient Program Manager in directing operations for the services to fulfill program functions is vested in the Clinical Operations meeting.

2) Program Committees / Meetings

a) Staff Meetings

- Chairman: Partial Hospital and Intensive Outpatient Manager
- Membership: All multidisciplinary staff assigned.

- Purpose: To enhance flow of information to and from the program staff.
- Meeting frequency: Generally monthly.
- Agenda/Minutes: The Chairman develops agendas with input from program staff. Minutes are kept and circulated for all staff that is unable to attend the meetings. Copies are circulated to the Program Manager and Associate Hospital Director/Director of Nursing.

b) Treatment Team Meeting

- Chairman: Attending Physician
- Membership: All multidisciplinary program staff.
- Purpose: To review treatment plans on all program patients and to share clinical information.
- Meeting frequency: Generally once weekly.
- Documentation: Multidisciplinary treatment plans are formulated and written on each patient.
- Informal updates on all patients occur on a weekly basis.

c) Staff Inservice

- Chairman: Partial and Intensive Outpatient Manager
- Membership: All multidisciplinary program staff.
- Purpose: To provide a forum for sharing of employee expertise and educational experiences.
- Meeting Frequency: Generally monthly.

3. **Day-to-Day Operations**

a. Authority, responsibility and accountability for the day-to-day program operations are vested in the Nurse Manager of Psychiatric Services. The Partial and Intensive Outpatient Program Manager reports to the Nurse Manager of the Psychiatric Services at least weekly or as needed.

4. **Support Services within the Program**

a. Preceptor: Refer to Orientation Protocol, Nursing Practice Manual.

b. Department of Nursing Support Services is available to the Partial and Intensive Outpatient Programs upon request. Refer to the Department of Nursing Structure Standards.

C. MEDICAL DIRECTION OF PATIENT CARE

1. **Clinical Chief Role**

a. The Adult Psychiatry Clinical Chief is responsible for overseeing the clinical direction and collaborating with the hospital regarding administrative functioning of adult psychiatric areas, including: the JDH Inpatient Psychiatric Units, the Partial and Intensive Outpatient Programs, and the Psychiatric Outpatient Services. The Clinical Chief consults with the Nurse Manager of Psychiatric Services, the Partial and Intensive Outpatient Program Manager and the Attending Psychologist/Psychiatrist at the Partial and Intensive Outpatient Programs in regard to operational and clinical issues and how they interface with the Department of Psychiatry at large.

2. **Attending Psychologist Role**

   a. An attending is a faculty member of the Department of Psychiatry who has been credentialed by the Medical Board of John Dempsey Hospital, and has been assigned clinical/administrative duties by the Clinical Chief of Psychiatry. The Attending at the Partial and Intensive Outpatient Programs functions as a clinical team leader and consultant to the multidisciplinary treatment team. Specifically, the attending's responsibilities include:

      1) Overseeing weekly treatment team meetings.

      2) Consulting with Partial and Intensive Outpatient manager regarding clinical issues.

      3) Collaborating with Partial and Intensive Outpatient staff on a routine basis regarding plan of care, diagnosis, prognosis, and discharge planning.

      4) Collaborating with patients and family member in regard to clinical treatment.

      5) Completing appropriate documentation.

3. **Attending Psychiatrist Role**

   a. The attending psychiatrist is responsible for ordering medications and appropriate lab work for program patients. He/She meets with the APRN/Nurse Practitioner and appropriate treatment team members on a weekly basis in a Medication Clinic to discuss patient medication issues. Individual patients meet with the attending psychiatrist to review and monitor medication status. The attending psychiatrist is available to program staff via beeper for on call coverage and for emergency situations. The attending psychiatrist is available for clinical supervision in collaboration with the attending psychologist.

4. **Intake Coordinator / Program Manager Role**

   a. Patient will be assessed by the Intake Coordinator and/or Program Manager to be capable of participating in the program:

      1) Patient must agree to attend for the recommended treatment program.

      2) Patient may be self-referred or they may be referred by their clinician, a treatment facility or their Primary Care Provider.

      3) Patient must be able to utilize transportation to and from the program.

      4) Patient is required to have insurance and be willing to take any additional responsibility for payment as necessary.

      5) Prior authorization, as necessary, from Medicaid and some HMO's may be required.

      6) Patient must have a home or alternate living situation, which provides adequate support to maintain the patient outside of the program.

      7) Patient must cooperate with treatment goals, such as volunteer jobs, AA meetings, etc.

      8) Patient will collaborate with the treatment team with regard to treatment planning and the establishment of appropriate treatment goals.

      9) Patient will agree to let the PHP/IOP physicians and APRNs attend to medication management issues while the patient attends PHP/IOP. The patient will also agree to let the PHP/IOP prescribers contact their community providers to consult with them with regard to medication management issues and any other healthcare issues as it affects the patient's care and well-being while in treatment at the PHO/IOP programs.

D. RESOURCE DEVELOPMENT / ALLOCATION / UTILIZATION

1. **Financial**

   a. Refer to the Department of Nursing Structure Standards.

2. **Facilities**

   a. Patient care areas

   b. The Partial and Intensive Outpatient Programs provides ambulatory psychiatric/dually diagnosis day treatment services to a population of adult psychiatric and or dually diagnosed patients. Twenty four hour emergency coverage is available through the program crisis line and the Emergency Room/Crisis Services.

3. **Admission**

   a. **Admission Criteria** - The following criteria will be considered in deciding whether a patient can appropriately be served in the program:

      1) Patient must have serious emotional/mental disorder identifiable in the DSM IV Axis I symptoms and/or behavioral manifestations of such severity that there is significant interference with social, vocational and/or educational functioning.

      2) Patient is in need of more intensive treatment that can not be met at a lower level of service.

      3) Patient is no longer requiring 24-hour care and has experiences a significant reduction in the acuity of his/her symptoms, but is not capable of assuming full responsibilities for his/her life. The program assists to control symptoms and maintain the patient at a functional level to prevent further decompensation and repeated inpatient hospitalization.

      4) Patient must be able to participate in group activities. He/She must be able to understand, agree to and follow group structure and activities independently.

      5) Patient must be willing to follow staff directions as is appropriate to the patient's care and safety, as well as the greater safety of the patient and staff community.

      6) Patients must engage with others in an appropriate and respectful manner.

      7) Patient must be medically stable, ambulatory or use a cane, walker or wheelchair and must be able to get to activities and group rooms without staff assistance. Patient must be sufficiently organized in his/her thinking to participate in the structure of the program.

   b. **Exclusion Criteria** - The following factors indicate persons not appropriate for treatment at this level of care:

      1) The patient is actively suicidal or homicidal – with plan, means or intent, assaultive, requiring physical restraint, danger to others and property, requires 24-hour supervision.

      2) The patient is physically assaultive, self-destructive, displaying poor impulse control, such as self-mutilating behavior, hypersexual behavior, requires 24-hour supervision.

      3) The patient is psychotic or in an unstable manic state.

      4) Patient has a primary diagnosis of chemical dependency.

      5) The patient is under the age of 18.

      6) Patient is not willing to attend the program or appears incapable of benefiting from the program.

7) The patient is so physically impaired that inpatient status is required.

8) Patient has primary diagnosis of organic brain syndrome, mental retardation or severe head trauma.

9) Patient could reasonably benefit and function at a lower level of care.

4. **Partial and Intensive Outpatient Programs Intake Coordinator Responsibilities**

a. The responsibilities of the Intake Coordinator include, but are not limited to, the following: Telephone triage, intake interview, including medical/pharmacological history and assessment; patient releases and consents for treatment, discussion of patient's financial responsibilities for treatment, completing unit-specific documentation.

5. **Transfer**

a. Transfers may occur to and from the following programs/units: Inpatient Psychiatry, Partial/Intensive Outpatient Programs, and Outpatient Services per patient need.

b. Psychiatric patients who require medical/surgical care are evaluated by the patient's attending physician who either directly admits the patient to JDH or sends the patient to JDH Emergency Department for evaluation.

6. **Discharge**

a. **Discharge Criteria** – Patient and interdisciplinary treatment team mutually determine and discharge date based upon the following:

1) Patient's current status, mental status, ability to function independently.

2) Patient's outpatient clinicians are in agreement with discharge plan.

3) Patient has appropriate follow-up care, to include outpatient medication management appointment and as necessary and available, outpatient group or individual psychotherapy referral and medical back-up.

4) Resolution of patient's presenting problems and/or identified target symptoms/problems and completion of patient's goals.

5) Patient is not considered to be gravely disabled or an imminent danger to self or others.

6) Patient/family request to terminate treatment.

b. **Discharge Clinician's Responsibilities** – The discharging clinician's responsibilities include, but are not limited to the following:

1) Assessing patient's readiness for discharge.

2) Assessing patient/family's understanding of discharge plans.

3) Making recommendations for appropriate follow-up care as needed.

4) Completion of discharge summary, clinical resume and other program specific documentation. See discharge protocol.

c. **Special Circumstances**

1) Administrative Discharge (Refer to PHP/IOP Administrative Protocol).

2) AMA Discharges (Refer to HAM 07-006 "Discharge Against Medical Advice").

d. Department Geography

1) The Partial and Intensive Outpatient Programs are located on the fifth floor of the main hospital building. Medical Records are kept in a locked file.

2) Completed medical records are transported to the JDH Medical Records Department.

3) Files: Patient files are locked in the cabinet n the chart room to ensure patient confidentiality and staff access to the information. All other program files are kept locked in appropriate office spaces.

7. **Human Resources Development**

a. Orientation - (See Partial/Intensive Outpatient Programs orientation plan). The Department of Organization and Staff Development (OSD) provides General Nursing orientation to all hospital employees in accordance with the Department of Nursing Structure Standards, and OSD provides orientation to other discipline employees who also utilize their discipline specific orientation guidelines.

E. STAFF

1. **Professional** – There are several categories of professional staff at the Partial and Intensive Outpatient Programs. They include both Hospital and Department of Psychiatry personnel. They are listed below:

a. **Registered Nurses**

1) The Division Director is a Master's level R.N. who is licensed in the State of Connecticut, certified as an Adult Psychiatric Nurse and licensed Alcohol and Drug Counselor.

2) The Nurse Practitioners are Master's level R.N.s, licensed in the State of Connecticut and are Advanced Practitioner Registered Nurses.

b. **Treatment Coordinator**

1) A treatment coordinator maybe an APRN, Mental Health Clinician, Social Worker or a member of the Occupational Therapy discipline. Their role is to provide case management and coordination of the various aspects of the treatment plan for the patient in the programs.

2) Each patient will be assigned a treatment coordinator. The coordinator will orchestrate the various treatment goals that are specified in the treatment planning meeting.

a) Treatment Plan

- The patient is assigned a Treatment Coordinator on day of admission. The Treatment Coordinator introduces staff and assigns a buddy to patient.
- The Treatment Coordinator will meet on a weekly basis with either individual or family treatment. Treatment goals will be reviewed and the plan will be mutually agreed upon by the treatment coordinator and patient.
- The patient will then be encouraged to take these plans to the groups for further discussion and decision making.
- The Treatment Coordinator, with the other team members, will provide an update each week to the other team members regarding the patient's progress on treatment goals.

b) Treatment Coordinator Task List

- Documentation

- Data Base
- Admission Note: including – descriptive data, reason for admission, diagnosis, mental status day of admission, plan for treatment (kind of groups, days per week, projected length of stay)
- Treatment Plan
- PHQ-9
- GAF Form
- Treatment Plan
- Interdisciplinary Treatment Summary
- Weekly Note: including number of sessions attended that week, affect/mood/symptoms, si/hi, group attendance, psychosocial stressors, assessment, and goals of treatment written in DAP format.
- Call out and No Call No Show notes and safety assessment as necessary.
- Notification letter to PCP/Psychiatric prescriber and Psychotherapist that patient in involved in treatment.

• Case Management
  - Insurance – utilize flow sheet to cue ongoing phone contacts for review/authorization.
  - Transportation to and from program
  - Family meeting as indicated
  - Weekly meeting
  - Discharge plans, i.e., referral to outpatient, re-introduction to old therapists and doctors, outside case management services.

c. **APRN (2)**

d. **Psychologist (1)**

1) A doctorally prepared psychologist functions as Attending in the program. He is licensed in the State of Connecticut.

e. **M.D. (2)**

1) Connecticut licensed M.D.s, members of Department of Psychiatry, function as medication consultants and attendings in the Adult Psychiatric areas.

f. **Social Work Supervisor - LCSW (1)**

1) This supervisor functions as the Program Manager for the PHP and both IOP programs.

g. **Social Worker – LCSW (3)**

1) There are two full-time social workers and one .50 FTE half-time social worker in the program. Both clinicians are Master's prepared in the field of Social Work and report to the Partial Hospital Manager.

2. **Non-Professional Staff**

   a. **Clinic Office Assistant**

      1) The Clinic Office Assistant reports to the PHP Manager.

      2) The minimum levels of professional and non-professional staff at the PHP/IOP are determined by the Manager of Psychiatric Services in collaboration with the PHP/IOP Managers and are based upon program needs. Refer to credentials book for further performance description information.

3. **Program Staffing**

   a. The Partial and Intensive Outpatient Managers in collaboration with the Nurse Manager of Psychiatric Services determines staffing for hospital employees. Staffing levels for Department of Psychiatry Personnel are determined by the Clinical Director in collaboration with the Division Director of Nursing.

   b. Scheduling

      1) All interdisciplinary staff works a predetermined, consistent schedule, which is determined by the program managers, based upon program/patient needs. Professional staff covers the program and ensure safety. Hospital personnel are available to float to the programs if necessary. The staffing office will be utilized to provide secretarial coverage as needed.

   c. Employment

      1) Hospital Employees – Refer to Department of Nursing Structure Standards.

      2) Department of Psychiatry Employees – Refer to Department of Medicine.

   d. Quality Assurance (QA) Plan

      1) Refer to Nursing Structure Standards and QA Plan for PHP/IOP.

IV. PROFESSIONAL STAFF PRACTICE POLICIES

A. <u>PROFESSIONAL CLINICAL PROCESS FOR ALL DISCIPLINES</u>

1. **Assessment**

   a. Assessments involve all disciplines and include the psychosocial/medical/nursing database, appropriate psychological assessments, and the occupational therapy assessment. Intake assessments are performed at the time of admission. Refer to Partial/Intensive Outpatient policy manual.

2. **Planning**

   a. A multidisciplinary treatment-planning meeting takes place for each patient within 1 week of admission to the PHP. A treatment plan, which includes all disciplines, is presented for team input following the completion of assessments and with the patient's input. Initial treatment goals are discussed with the patient at the time of intake, and ongoing planning occurs at the weekly treatment planning meetings. Refer to PHP policy manual.

3. **Treatment Interventions**

   a. Treatment interventions are based upon standards of care, the patient's interdisciplinary treatment plan, and professional judgment. Interventions utilized include individual, group and family therapy, vocational support and medication management, with an emphasis on psychoeducational approaches. Refer to policies, procedures and program descriptions.

4. **Evaluation**

a. Treatment plans are reviewed and revised on ongoing basis in weekly treatment planning meetings. Program evaluation occurs on an ongoing basis in weekly staff meetings and in QA meetings. The program collects outcome data on all patients through the patient satisfaction survey and symptom assessment measures. Refer to Partial/Intensive Outpatient policy manual.

1) Staff Development

a) Administration of Education

- The Department o Nursing Structure Standards for Staff Development apply to programs Nursing Department employees (Nurses, Social Workers, Mental Health Clinicians and Occupational Therapists). Other disciplines, including Psychologist and MDs, are provided with staff development activities within their individual departments.
- All staff members have access to the Department of Psychiatry Grand Rounds and Departmental Inservices as appropriate. The program Managers informs staff about educational opportunities in the system and encourages attendance. All interdisciplinary staff is encouraged to participate.
- Individual staff is responsible for completing their discipline specific continuing education requirements. This is reviewed upon the employee's annual evaluation with their respective supervisor.
- Mandatory Programs: Refer to the Nursing Structure Standards.
- Documentation of Inservice programs, objectives, attendance and speakers are filed in the Inservice Manual located in the reception area. Refer to Department of Nursing Structure Standards.
- Evaluation: Participant feedback is taken into consideration for future program planning.

b) Continuing Education

- Refer to Nursing Structure Standards applicable to all hospital employees.
- Individual staff is responsible to attend continuing education workshops to meet their position requirements and the discipline-specific professional requirements, i.e., certification, licensure, etc. Staff will share educational information with colleagues to enrich the clinical/research practice within the program.
- Reference materials are available for all staff and are located in designated areas of the programs. Additional reference resources include: Health Center Library, individual clinician's libraries, etc.

c) Support Services

- Refer to Nursing Structure Standards.
- The PHP/IOP has access to any and all support services within the University of Connecticut Health Center.

d) Consultants

- The program staff may initiate consultations with clinical and other professional staff from within the Health Center and/or community to meet the clinical, educational, research and organizational needs of the programs.

5. **Materials Management**

   a. See Safety Plan.

      1) The Manager of Psychiatric Services and program managers coordinate and authorize program purchases.

      2) All program staff that determine problems with equipment, inform the Managers who will follow-up with the appropriate action.

      3) Broken or malfunctioning equipment is reported to Facilities Management.

   b. Supplies

      1) See Nursing Structure Standards.

      2) The following medical supplies are available: Ambu-bag, blood pressure cuff, stethoscope, non-sterile gloves, Band-Aids, syringes, needles, alcohol wipes, tympanic thermometers, and an Alcometer.

         a) Product Safety Evaluation - Refer to Department of Nursing Structure Standards.

6. **Evaluation of Resources**

   a. The Department of Psychiatry, Nursing and Rehabilitation Services each conduct annual reviews of employees.

   b. Review of resources is the responsibility of the Partial and Intensive Outpatient Managers in collaboration with the Adult Psychiatry Chief and the Nursing Division Director.

   c. The official employee record is kept in the Department of Human Resources.

   d. Official staffing/scheduling records are maintained in the Staffing Payroll Office and Payroll Department.

B. RESEARCH

1. Refer to Nursing Structure Standards. In addition, non-nursing professional staff will follow guidelines established by their specific disciplines.

C. STANDARDS

1. Refer to Nursing Structure Standards.

V. CLINICAL POLICIES

A. PATIENT BILL OF RIGHTS / PRIVACY / CONFIDENTIALITY

1. Refer to Nursing Structure Standards. All psychiatric patients and their medical records are protected by federal law. See Appendix E.

B. SAFETY AND RISK MANAGEMENT

1. Refer to Nursing Structure Standards.

2. Refer to the POS Safety Plan.

C. RESUSCITATION / CODE BLUE

1. Refer to Nursing Structure Standards and Hospital Administrative Manual.

2. Refer to the Partial and Intensive Outpatient Safety Plan with specific guidelines.

D. MEDICATIONS

1. Refer to Nursing Structure Standards where applicable to Partial and Intensive Outpatient Programs.

E. LEGAL ISSUES

1. Refer to Nursing Structure Standards.

F. INFECTION CONTROL

1. Refer to Nursing Structure Standards and UConn Health Center Infection Control Manual.

G. FIRE AND DISASTER PLANS

1. Refer to Nursing Structure Standards and UCHC Safety Manual.
2. Clinic specific standards are outlined in the Partial and Intensive Outpatient Programs Safety Manual.

H. VISITING

1. In general, there are no visitors at the programs. Patient families and close supports are included in patient's plan or care as appropriate/clinically indicated. Patient privacy/confidentiality is respected.

I. PATIENT AND PUBLIC RELATIONS

1. Refer to Nursing Structure Standards.
2. Refer to Clinic Protocols: subpoenas, Patient Access to Medical Records, and Medical Record Protocol.

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