

 <p><b>Connecticut Valley Hospital Nursing Policy and Procedure</b></p>	<p><b>SECTION: A CHAPTER: 1</b></p> <p><b>POLICY AND PROCEDURE : HOSPITAL PLAN FOR PROVIDING NURSING CARE</b></p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: November 2, 2017 Scope: Connecticut Valley Hospital</p>

## **I. Purpose**

Connecticut Valley Hospital's Plan for Providing Nursing Care is designed to communicate a shared vision for the delivery and provision of quality, compassionate, culturally competent, cost effective, nursing care to individuals and their families receiving care, treatment and services at the facility. This plan defines the Scope of Nursing Practice, where nursing care is provided and the Nursing Staffing Plan. Patient Care Units maintain compliance with the Centers for Medicare/Medicaid Services Conditions of Participation as well as the Joint Commission of Accreditation of Healthcare Organizations' Hospital, Behavioral Healthcare and Opiate Treatment Program Standards as appropriate.

## **II. Authority**

The Director of Patient Care Services (Nurse Executive) has the requisite authority and responsibility for the development and implementation of the Hospital's Plan for Providing Nursing Care in consultation with the Nursing Executive Committee, the Executive Committee of the Medical Staff and the Governing Body.

The Plan for Providing Nursing Care and the staffing plans are reviewed and/or revised at least annually as part of the established budget process.

## **III. Definition of Nursing**

The Discipline of Nursing supports the mission of the Hospital in providing nursing care. Nursing accepts the responsibility in collaboration with other members of the interdisciplinary team to provide quality care, treatment and services which are individualized, cost effective and appropriate for all patients and families.

Nursing's primary focus at Connecticut Valley Hospital (CVH) is caring for patients who are admitted to our inpatient services with long-term psychiatric disabilities, substance abuse service needs and with forensic treatment requirements that cannot be met in a community setting. Patients and families can

expect to be involved in care, treatment and recovery services at the hospital.

Nursing encompasses the identification and treatment of human responses to actual or potential health problems/risks that are derived from theoretical concepts, principles and processes based on the biological, cultural, social, and behavioral sciences.

Psychiatric mental health nursing concerns itself with targeting and ameliorating through planful interventions the painful, frightening, harmful and dysfunctional phenomena persons with psychiatric and addictive disabilities experience.

The practice of Nursing by a Registered Nurse means assuming responsibility and accountability for the five step nursing process.

The five step nursing process includes:

1. *A Multidimensional Assessment* of the patient's health status;
2. *Nursing diagnoses*, which are prioritized based upon the patient's need and treatment priorities;
3. *Nursing Plan of Care*, which delineates the objectives and the nursing interventions to meet the objectives;
4. *Interventions*, or care delivered to the patient by staff who are competent to deliver the care; and
5. *Evaluation*, which is ongoing to determine the patient's response to the nursing interventions in meeting the treatment objectives. This evaluation includes a formal reassessment of the patient's health status, whenever there is a significant change in the patient's condition/diagnosis and annually.

The delivery of patient care by Licensed Practical Nurses and competently trained Mental Health Assistants, Forensic Treatment Specialists, and Substance Abuse Counselors means assumption of responsibilities and performance of care according to Hospital Policy under the direction of a Registered Nurse.

The practice of nursing at the Hospital is further defined by the Nursing Philosophy, the Organizational Structure, Policies and Procedures, Nursing Standards of Care and Nursing Standards of Practice, the Patient's Bill of Rights and the Nurse Practice Act.

#### **IV. Mission**

The mission of the Discipline of Nursing is to provide:

- a. excellence in patient care through an organized, coordinated, continuous and comprehensive system of care for adult patients with mental health, addiction and forensic services needs;
- b. excellence in nursing practice through integration of the nursing process, collaboration with other members of the interdisciplinary treatment team, continuous performance monitoring and evaluation to improve care, and ongoing promotion of professional development

activities; and

- c. excellence in leadership through promotion of an empowering professional environment, patient centered supervision, competence in management decisions; fairness in practices; evidence based policies and procedures, and acknowledgement of suggestions and/or criticisms as challenges for improvement.

## **V. Philosophy**

We believe in the dignity, worth, hopes and dreams of every individual and that positive change is always possible.

We believe that each person has physical, psychological, spiritual, cultural, and ethnic needs and those needs must be considered and respected in the care giving process.

We believe that good health is living at the highest level of wellness which the nurse and patient can mutually determine through the nursing process.

We believe that nursing is a professional discipline, the members of which are recruited from highly qualified, competent persons whose practice will impact directly on patient outcomes.

We further believe that each discipline member should be provided with opportunities to develop greater expertise and advanced levels of practice through orientation, supervision, and performance improvement, believing that this results in both professional and personal satisfaction and ultimately, excellence in patient care.

## **VI. Discipline of Nursing Objectives**

The attainment of the following objectives, by the nursing staff, will ensure excellence in nursing practice and patient care in accordance with our mission and philosophy. They are:

- a) To ensure both strategic planning and operational management related to nursing service delivery, the goal of which is optimal patient care outcomes.
- b) To operationalize the goals of the Department of Mental Health and Addiction Services and Connecticut Valley Hospital in creating culturally competent, recovery oriented mental health, addiction and forensic services.
- c) To protect the rights of patients and provide for advocacy services as appropriate for patients and their families.
- d) To communicate with patients and their families about ethnic, cultural, spiritual, health beliefs and values when planning care.

- e) To utilize the nursing process in assessing, formulating, implementing and evaluating nursing care given.
- f) To engage patients in assessment, care and treatment, health teaching and discharge processes.
- g) To provide holistic and timely nursing assessments on all newly admitted patients, annual reassessments and, as changes in patient's condition warrant, and to communicate findings via written documentation.
- h) To identify patient strengths and nursing diagnoses as a result of the assessment processes.
- i) To plan and implement care and document such in a Nursing's Plan of Care on the Master Treatment Plan and Treatment Plan Reviews.
- j) To evaluate the patients' response to the plan of care and all comfort and treatment interventions.
- k) To continue to utilize the least restrictive interventions in assisting individuals managing behavioral dyscontrol and promoting healthy coping styles.
- l) To collaborate and communicate effectively with other health care providers for the achievement of excellence in patient care.
- m) To participate as a discipline member in Performance Improvement activities on patient care units, in the division and hospital.
- n) To facilitate the educational experience of nursing students through affiliations with Schools of Nursing.
- o) To foster an environment that encourages creativity, inquiry and personal growth.
- p) To facilitate continued professional growth by providing meaningful educational programs through Staff Development and by encouraging staff attendance at relevant conferences and seminars.
- q) To develop retention strategies which acknowledge and support staff contributions to patients and the hospital and promote job satisfaction.
- r) To plan and promote, with the Department of Mental Health and Addiction Services, innovative nursing recruitment initiatives.
- s) To advance the practice of clinical nursing and implement useful new research findings in policies, procedures, and practices.

## **VII. Scope of Practice**

The scope of psychiatric-mental health nursing practice is differentiated according to the nurses' level of practice, the role of the nurse and the Registered Nurse's CVH program/unit assignment.

Individual nurses are responsible for identifying their own practice parameters defined by the Nurse Practice Act of the Connecticut General Statutes, Nursing Code of Ethics and Professional Practice Standards defined by the American Nurse's Association, and according to their own professional competency to perform particular activities and functions.

The Nurse's competence is determined by an assessment of the nurse's education, licensure, knowledge, experience, and abilities, through professional or technical supervision and competency based performance evaluations.

Registered Nurses at CVH are qualified for psychiatric/mental health nursing practice at two levels- Basic and Advanced. These levels are differentiated by educational preparation, professional experience, type of practice, and type and focus of certification and licensure.

The basic level nurse is a registered nurse who is educationally prepared and licensed to practice in Connecticut. Areas of Basic Level Competencies include Admission, Assessment & Reassessment, Milieu Therapy, Self-Care Activities, Psychobiological Interventions, Health Teaching, Crisis Intervention, Counseling, Assignments and Supervision.

Nursing Leadership monitors the competence of the basic level Registered Nurse through professional supervision and competency based performance evaluations.

Advanced practice registered nurses manifest a high level of expertise in the assessment, diagnosis, and treatment of the complex responses of individuals, families, or communities to actual or potential health problems, prevention of illness and injury, maintenance of wellness, and provision of comfort. The advanced practice registered nurse has a master's or doctoral degree concentrating in a specific area of advanced nursing practice, had supervised practice during graduate education, and has ongoing clinical experiences. Advanced practice registered nurses continue to perform many of the same interventions using basic nursing practice. The difference in this practice relates to a greater depth and breadth of knowledge, a greater degree of synthesis of data, and complexity of skills and interventions.

The advanced practice nurse is credentialed to practice all basic level skills by virtue of his/her nursing education and Connecticut RN License. In addition, the advanced practice registered nurse may provide Individual Psychotherapy, Group Psychotherapy, Family Psychotherapy, Prescriptive Authority and Treatments, and Supervision/Administration

## **VIII. Patient Care Delivery**

Through a decentralized organization, patient care is planned, delivered and evaluated at the unit level under the clinical supervision of the Attending Psychiatrist using an interdisciplinary team approach. Core members of the treatment team include members of Psychiatry, Psychology, Social Work, Nursing,

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Rehabilitation Therapies and Medicine. Ancillary team members include Pharmacists, Dietitians, Physical and Speech Therapists.

Nursing care is planned by a Registered Nurse. Certain aspects of nursing care are delegated to other qualified nursing staff members to implement. Nursing assignments are made by the Registered Nurse based on the patient's needs and staff expertise and demonstrated competencies.

The Registered Nurse supervises and coordinates care provided by other nursing staff members to assure that care is consistent with the Connecticut Valley Hospital Standards of Nursing Care and Practice, the medical regimen and the Nursing Plan of Care. A Registered Nurse is in charge of each nursing unit at all times.

The Registered Nurse assigns each patient a primary nursing contact (PNC) who may be a RN, LPN, or Mental Health Assistant (MHA) or a Forensic Treatment Specialist (FTS). The PNC is responsible for ensuring that each patient assigned receives the care as prescribed. Primary Nursing Contacts are assigned to each patient on all three shifts.

The Registered Nurse assesses each patient's educational needs and objectives are established as part of the plan of care. Referrals are made as necessary in conjunction with the interdisciplinary team. Patient/family responses to teaching are documented in the medical record.

Registered Nurses participate in discharge planning based on needs identified during the admission assessment or the reassessment process. She/he participates with the interdisciplinary team in assisting the patient and family in explaining all discharge options and continuing care needs.

## **IX. CVH Inpatient Divisions/Units**

The following table delineates where nursing care is provided throughout the hospital's 28 Inpatient Units by Division, Program, and Bed Capacity.

<b><u>Division/Unit</u></b>	<b><u>Programs</u></b>	<b><u>Bed Capacity</u></b>
<b>General Psychiatry Division</b>		
<b>Battell Hall</b>	<b>Neurobehavioral Units</b>	
B2S	PREP Co-ed	22
B2N	Cognitive Rehabilitation	22
B3S	Transitional Rehabilitation	22
B3N	Partners for Recovery	22
B4S	PREP Co-ed	22
B4N	Transitional Rehabilitation	22
<b>Merritt Hall</b>		
M4D	Young Adults	17

**Woodward Hall**

W2S	Traumatic/Acquired Brain Injury	15
W1N	Geriatrics/Medical	15
W1S	Geriatrics/Medical	15
W2N	Geriatrics/Medical	15
Cottage	Transitional Program	10
<b>Total: 209</b>		

**Division/Unit****Programs****Bed Capacity****Addiction Services Division****Merritt Hall**

M4B	Detox	20
M2AB	Male Rehab	30
M2DE	Male Rehab	30
M3AB	Female Rehab	30
BHH	Acute/Detox	21
BHH	BH Rehab	21
<b>Total: 152</b>		

**Forensic Division****Dutcher Hall**

D1S	Community Re-Entry	22
D1N	Treatment/Assessment	21
D2S	Competency Restoration	22
D2N	Treatment/Assessment	23
D3S	Community Re-Entry	24
D3N	Community Re-Entry	24
<b>Total: 136</b>		

**Distinct Part/Non Certified Beds****Whiting**

1	Competency Restoration	18
2	Competency Evaluation	18
3	Competency Evaluation	21
4	Extended Treatment (PSRB)	22
6	Social Learning	12
<b>Total: 91</b>		

**X. CVH Nursing Staffing Plans**

Connecticut Valley Hospital's plan for staffing is designed to support improvements and innovations in nursing practice and is based on the needs of the patients we serve.

The discipline of nursing assumes the responsibility to provide sufficient qualified nursing staff members to meet the needs of the patients throughout the Hospital. The criteria for employment, development and assignments of staff members are approved by the Nursing Executive Committee under the direction of the Director of Patient Care Services (Nurse Executive).

A formal review of staffing patterns is made annually and projected staffing needs are formulated.

The projected staffing needs result from consideration of the following factors to ensure cost effective quality care:

1. patient care needs, including acuity, age, developmental functioning and co-occurring diagnoses. Specific acuity considerations relate to those individuals who are on special observation status, due to risk of suicide and self injury, aggression to others, sexually inappropriate behavior, medical precautions, elopement risk and arson precautions. Additional elements include monitoring individuals in seclusion/restraint, medical and nursing treatments, healthcare appointments both within and outside the hospital, new admissions, transfers and discharges, and the overall tone of each milieu.
2. census on each unit;
3. staffing strength and variances;
4. program needs
5. appropriateness in the mix of staff [RNs, LPNs, MHA/FTSs] Substance Abuse Counselors
6. physical design of the environment

Staffing patterns for CVH are delineated below:

Please note that although our minimum staffing post is one RN on every unit, our preference is to have two licensed professionals on every unit on day and evening shifts in the General Psychiatry Division, Addiction Services Division and the Dutcher Service of the Forensic Division. On weekends and holidays the minimum post for licensed professionals on all units, all shifts is one RN. There is also a RN Supervisor assigned in every Division per shift.

The required numbers of staff by position classification listed below can be temporarily adjusted based on acuity, clinical and programmatic needs. Staffing patterns are determined utilizing patient to staff ratios. Patient to staff ratios on average are one staff to every four patients on both day and evening shifts and one staff to six patients on the night shift. In determining patient staff ratios, all patients on special observation status that have been provided with an additional staff will be deducted from the overall census since one to one care is already being provided to these patients. The patient to staff ratio is then applied. In all circumstances, the minimum number of one required RN must be met, per CMS standards.

Dining Room Staffing patterns for CVH are delineated below:

#### Addiction Services Division

Merritt Hall: One staff to every ten patients

Blue Hills: One staff to every eleven patients



General Psychiatry Division

One staff to every six patients

Dutcher Forensic Services

One staff to every eight patients on Level 4

One staff to every six patients on Level 3 A and 3 B

One staff to every four patients on Level 2

**Connecticut Valley Hospital  
Nursing Staffing Plans  
Addiction Services Division**

<b>2 AB &amp; 2 DE</b>	<b>3 AB</b>	<b>4B</b>	<b>SCREENING</b>	<b>Blue Hills Acute Unit</b>	<b>Blue Hills Rehab Unit</b>
<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>
2 RN (1 RN & 1 LPN)	2 RN (1 RN & 1 LPN)	3 RN (2 RN & 1 LPN)	2 RNs or 1 RN & 1 LPN & 1RN on nights/weekends	2 RN	1 RN
3 MHA	3 MHA	4 MHA		3 MHA	2 MHA
2 SAC	2 SAC				
Total: 7	Total: 7	Total: 7	Total: 2 or 1	Total: 5	Total: 3

<b>2AB &amp; 2DE</b>	<b>3 AB</b>	<b>4B</b>	<b>SCREENING</b>	<b>Blue Hills Acute Unit</b>	<b>Blue Hills Rehab Unit</b>
<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>
2 RN (1 RN & 1 LPN)	2 RN (1 RN & 1 LPN)	3 RN (2 RN & 1 LPN)	2 RN or LPN & 1RN	2 RN	1 RN
3 MHA	3 MHA	4 MHA		3 MHA	2 MHA
2 SAC	2 SAC				
Total: 7	Total: 7	Total: 7	Total: 2	Total: 5	Total: 3

<b>2AB &amp; 2DE</b>	<b>3 AB</b>	<b>4B</b>	<b>SCREENING</b>	<b>Blue Hills Acute Unit</b>	<b>Blue Hills Rehab Unit</b>
<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>
1 RN	1 RN	2 RN (1 RN & 1 LPN)	LPN or RN	2 RN	1 RN or 1 LPN
3 MHA	3 MHA	2 MHA		2 MHA	1MHA
Total: 4	Total: 4	Total: 4	Total: 1	Total: 4	Total: 2

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**Connecticut Valley Hospital  
Nursing Staffing Plans  
General Psychiatry Division**

<b>B4N</b>	<b>B3N</b>	<b>B2N</b>	<b>B3S</b>	<b>B2S</b>	<b>B4S</b>
<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>
2 RN (1RN & 1 LPN)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)
5 MHA	5 MHA	5 MHA	5 MHA	5 MHA	5 MHA
Total: 7	Total: 7	Total: 7	Total: 7	Total: 7	Total: 7

<b>B4N</b>	<b>B3N</b>	<b>B2N</b>	<b>B3S</b>	<b>B2S</b>	<b>B4S</b>
<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>
2 RN (1RN & 1 LPN)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)
5 MHA	5 MHA	5 MHA	5 MHA	5 MHA	5 MHA
Total: 7	Total: 7	Total: 7	Total: 7	Total: 7	Total: 7

<b>B4N</b>	<b>B3N</b>	<b>B2N</b>	<b>B3S</b>	<b>B2S</b>	<b>B4S</b>
<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>
1 RN	1 RN	1 RN	1 RN	1 RN	1 RN
4 MHA	4 MHA	4 MHA	4 MHA	4 MHA	4 MHA
Total: 5	Total: 5	Total: 5	Total: 5	Total: 5	Total: 5

<b>M4D</b>	<b>W1N</b>	<b>W1S</b>	<b>W2N</b>	<b>Cottage</b>
<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>
2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	1 RN of 1 LPN
5 MHA	4 MHA	4 MHA	4 MHA	2 MHA
Total: 7	Total: 6	Total: 6	Total: 6	Total: 3

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<b>M4D</b>	<b>W1N</b>	<b>W1S</b>	<b>W2N</b>	<b>Cottage</b>
<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>
2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LP N)	2 RN (1RN & 1 LPN)	2 RN (1RN & 1 LPN)	1 RN of 1 LPN
5 MHA	3 MHA	3 MHA	3 MHA	2 MHA
Total: 7	Total: 5	Total: 5	Total: 5	Total: 3

<b>M4D</b>	<b>W1N</b>	<b>W1S</b>	<b>W2N</b>	<b>Cottage</b>
<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>
1 RN	1 RN	1 RN	1 RN	1 RN of 1 LPN
4 MHA	3 MHA	3 MHA	3 MHA	2 MHA
Total: 5	Total: 4	Total: 4	Total: 4	Total: 3

\*On Weekends and Holidays, Units may be staffed with only 1RN on 1<sup>st</sup> and 2<sup>nd</sup> shift depending on acuity assessments

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**Connecticut Valley Hospital  
Nursing Staffing Plans  
Whiting Forensic Division**

**Dutcher Enhanced Security Service**

<b>D1S</b>	<b>D2S</b>	<b>D3S</b>	<b>D1N</b>	<b>D2N</b>	<b>D3N</b>
<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> shift</b>	<b>1 Shift</b>	<b>1 Shift</b>	<b>1<sup>st</sup> Shift</b>
2 RN	2 RN	2 RN	2 RN	2 RN	2 RN
4 MHA	5 MHA	4 MHA	4 MHA	4 MHA	4 MHA
Total: 6	Total: 7	Total: 6	Total: 6	Total: 6	Total: 6

<b>D1S</b>	<b>D2S</b>	<b>D3S</b>	<b>D1N</b>	<b>D2N</b>	<b>D3N</b>
<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>
2 RN	2 RN	2 RN	2 RN	2 RN	2 RN
4 MHA	5 MHA	4 MHA	4 MHA	4 MHA	4 MHA
Total: 6	Total: 7	Total: 6	Total: 6	Total: 6	Total: 6

<b>D1S</b>	<b>D2S</b>	<b>D3S</b>	<b>D1N</b>	<b>D2N</b>	<b>D3N</b>
<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>
1 RN	1 RN	1 RN	1 RN	1 RN	1 RN
3 MHA	3 MHA	3 MHA	3 MHA	3 MHA	3 MHA
Total: 4	Total: 4	Total: 4	Total: 4	Total: 4	Total: 4

**Whiting Maximum Security Service: Distinct Part/ Non Certified Beds**

<b>WU1</b>	<b>WU2</b>	<b>WU3</b>	<b>WU4</b>	<b>WU6</b>
<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1<sup>st</sup> Shift</b>	<b>1 Shift</b>	<b>1<sup>st</sup> Shift</b>
1 RN	1 RN	1 RN	1 RN	1 RN
4 LFTS/FTS	4 LFTS/FTS	4 LFTS/FTS	4 LFTS/FTS	4 LFTS/FTS
Total: 5	Total: 5	Total: 5	Total: 5	Total: 5

<b>WU1</b>	<b>WU2</b>	<b>WU3</b>	<b>WU4</b>	<b>WU6</b>
<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>	<b>2<sup>nd</sup> Shift</b>
1RN	1 RN	1RN	1 RN	1 RN
4 LFTS/FTS	4 LFTS/FTS	4 LFTS/FTS	4 LFTS/FTS	4 LFTS/FTS
Total: 5	Total: 5	Total: 5	Total: 5	Total: 5

<b>WU1</b>	<b>WU2</b>	<b>WU3</b>	<b>WU4</b>	<b>WU6</b>
<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>	<b>3<sup>rd</sup> Shift</b>
1 RN	1 RN	1 RN	1 RN	1 RN
3 LFTS/FTS	3 LFTS/FTS	3 LFTS/FTS	3 LFTS/FTS	3 LFTS/FTS
Total: 4	Total: 4	Total: 4	Total: 4	Total: 4

## **XI. Nursing Service Organization**

The Nurse Executive ensures that each patient is assessed by a Registered Nurse and receives quality nursing care and treatment based on the standards of practice and care as defined by the American Nurses Association.

### **A. The Nurse Executive**

The Nurse Executive, a Registered Nurse qualified by advanced education Healthcare and management experience in a psychiatric hospital, exercises leadership through membership at the highest level of Governance in the hospital. The Nurse Executive:

- A. ensures continuous and timely availability of nursing services to patients;
- B. ensures that nursing standards of patient care and standards of nursing practice are consistent with current nursing research findings and the American Nurses Association Professional Standards (refer to Nursing Policy and Procedure Manual);
- C. implements the findings of current research from nursing and other literature into the policies and procedures governing the provision of nursing care;
- D. ensures that nursing staff carry out all applicable patient care processes and organization wide functions as described in the Nursing Policy and Procedure Manual and the Operational Policy and Procedure Manual;
- E. as Professional Discipline Chair, supervises the Chiefs of Patient Care Services, Director of Nursing for Clinical Resource Management, Nursing Director of Quality and Safety, Directors of Nursing on 2<sup>nd</sup> and 3<sup>rd</sup> shifts and Clinical Nurse Specialists concerning matters of professional nursing practice;
- F. is assisted by the Chiefs of Patient Care Services, Clinical Manager for Staffing, Directors of Nursing 2<sup>nd</sup> & 3<sup>rd</sup> shifts Director of Ambulatory Care Services, and Director of Staff Development to act on improving nursing performance;
- G. actively participates in the hospital's Governing Body, Executive Operations, Operations Council, Quality, Risk and Safety Committee and other hospital leadership groups;
- H. collaborates with the Chief of Professional Services, Division, and Department Directors at CVH in designing and providing patient care services;
- I. has access to the Executive Committee of the Medical Staff;
- J. participates with the Hospital's Operations Team in providing for a sufficient number of appropriately qualified nursing staff;

- K. establishes standards of nursing practice;
- L. approves all nursing policies and procedures;
- M. Chairs the Nursing Executive Committee (NEC), whose membership consists of the Chiefs of Patient Care Services for each of the three (3) Divisions: Addiction Services Division, General Psychiatry, and the Forensic Division, Director of Clinical Resource Management, Director of Nursing for Quality and Safety, Directors of Nursing on 2<sup>nd</sup> and 3<sup>rd</sup> shifts, Director of Ambulatory Care Services, and the Director of Staff Development.
- N. Revises the Plan for Providing Nursing Care in collaboration with Hospital leadership, the Nursing Executive Committee (NEC) and Divisional leadership and presents it to the CVH Governing Body for approval, annually; and
- P. Ensures nursing representation on all major hospital committees.

## **B. Positions**

Positions within the Discipline of Nursing include the following:

- Director of Patient Care Services (Nurse Executive)
- Chiefs of Patient Care Services;
- Director of Nursing for Quality and Safety
- Director of Nursing for Clinical Resource Management
- Director of Nursing (2<sup>nd</sup> and 3<sup>rd</sup> shifts)
- Nurse Clinical Specialists;
- Supervising Nurse;
- Head Nurse;
- Nurse;
- Licensed Practical Nurse;
- Forensic Head Nurse;
- Forensic Nurse;
- Registered Professional Nurse (Per Diem)
- Lead Forensic Treatment Specialist;
- Forensic Treatment Specialist;
- Mental Health Associate;
- Mental Health Assistants II;
- Mental Health Assistants I

Functional job descriptions have companion competency based performance appraisals which are discussed with each employee at or before the time of hire, in supervisory meetings and during the annual evaluation.



The nursing discipline is also responsible for assuring competence of all nurses who perform direct care functions with patients, including nurses who provide contract services.

The Organizational Chart reflects the reporting relationships of these positions.

### **C. Other Nurses in the Organization**

Several additional RNs and LPNs employed in other areas are not direct reports to the nursing discipline. However, in the normal course of their work, they are expected to consult with Nursing Discipline leaders as needed. Nurses in these areas are administratively supervised by their respective Department/Division Directors, and are required to provide proof of current licensure. These areas include:

1. Staff Development;
2. Utilization Review;
3. Employee Clinic;
4. Infection Prevention;
5. RN Unit Directors/RN Program Managers;
6. Performance Improvement

### **D. Nursing Committees**

***Nursing Executive Committee*** – meets at least one time per month.

*Members include:*

Director of Patient Care Services (Nurse Executive), Chairperson;  
Chiefs of Patient Care Services in each division;  
Director of Nursing for Quality and Safety  
Director of Nursing for Clinical Resource Management  
Directors of Nursing (Evenings & Nights)  
Director of Ambulatory Care Services; and  
Director of Staff Development

*Functions include:*

1. Development of Standards of Practice and Care;
2. Educational planning;
3. Performance Improvement Initiatives
4. Policy and procedure planning and development;
5. Staffing review/revisions
6. Recruitment and retention planning
7. Budgetary/equipment needs and purchases

***Nursing Policy and Procedure Committee*** – meets as necessary to review, revise, develop nursing procedures with appropriate Standards of Practice and Care. Final drafts are presented to the Nursing Executive Committee for approval.

*Members include:*

Rev. 03/06, 03/07, 08/07, 10/07, 10/08, 05/09, 4/10, 5/10, 12/10, 12/11, 6/12, 8/12, 9/12, 9/13, 7/14, 7/25/14; 12/3/14, 2/24/15, 7/15, 3/16, 08/16, 12/16, 9/21/17, 11/2/2017

Nurse representation from each division.

***Professional Nursing Division Meetings*** – meets monthly in each division.

*Members can include:*

Chiefs of Patient Care Services, Chairperson:  
Director of Nursing  
Psychiatric Nurse Supervisors;  
Nurse Clinical Specialists;  
Head Nurses;  
Staff Nurses; and

*Functions include:*

1. Supervision
2. Communication of DMHAS/Hospital information;
3. Leadership/administrative issues
4. Receiving input for Standards of Practice and Care, policies and procedures; and
5. Training
6. Staffing

***E. Hospital and Medical Staff Committees:***

Nursing participates as a voting member on the following committees:

1. Governing Body;
2. Division Executive Management Team;
3. Operations Groups – Executive, Hospital-wide and Division-based;
4. Quality, Risk and Safety Committee
5. Investigation Review Committee
6. Professional Discipline Chairs Committee;
7. Operational Policy and Procedure Committee;
8. Pharmacy Nutrition and Therapeutics Committee;
9. Management Environment of Care Committee/Disaster Committee;
10. Risk Management Committees;
11. Utilization Review Committee;
12. Medical Records Committee;
13. Infection Prevention Committee;
14. Suicide Prevention
15. Compliance Committee
16. Labor Management Committee;
17. Ethics Committee;
18. MIS Committee;
19. Multicultural Committee
20. Research Committee;
21. Education Committee;
22. Quality of Work Life /Violence Prevention

Nursing staff members also participate in ad hoc committees developed for certain Performance Improvement projects or other Hospital projects.

Nursing from the Hospital is represented on the following DMHAS committees: Multicultural Advisory Council, Quality Directors, Compliance Officers and Health Information Specialist/Privacy Officers and DMHAS Directors of Nursing.

Nursing staff members also participate in project committees with the Office of the Commissioner.

## **F. Discipline Interface**

With the ultimate mutual goal of excellence in the provision of patient care, Nursing interfaces with the following support services:

Admissions, Ambulatory Care Services, Central Linen, Central Supply, Community and Provider Relations, Dental Services, Dietary, Equipment Control, Fiscal Services and Plant Operations, Food Services, Hairdresser, Health Information Management, Housekeeping, Human Resources, Laboratory Services, Multicultural, Pharmacy, Physical Therapy, Public Safety, Radiology Unit, Risk Management, Speech and Language Services, Volunteer Services.

## **G. Professional Development**

The need for initial orientation and ongoing educational needs of the staff is recognized and provided for by Staff Development, Chiefs of Patient Care Services, Clinical Nurse Specialists, Clinical Educational Instructors and Psychiatric Nurse Supervisors.

The Nurse Executive reviews the educational needs of staff and coordinates the delivery and evaluation of relevant programs.

Annual educational updates are provided to all staff (*See Annual Educational Plan*).

Resource materials such as the Nursing Reference Center, Micromedix, relevant journal articles, the Nursing Policy and Procedure Manual and Operational Policy and Procedure Manuals, as well as other clinical department manuals are available on line.

Additional references and periodicals are available to the nursing staff through the Health Sciences Library in Page Hall.

## **H. Performance Improvement**

The Discipline of Nursing assures through its ongoing performance improvement activities that patients receive quality nursing care and continuously seeks to redress variances in practice and/or policy as appropriate.

The Nursing Executive Committee formulates an Annual Performance Improvement Plan for the Discipline. The plan is consistent with CVH's mission and vision and establishes baseline performance expectations to guide measurement and assessment activities. The plan provides for the monitoring and evaluation of the quality and appropriateness of important aspects of patient care provided by nursing staff.