

## **WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL**

<b>SECTION II:</b>	<b>ORGANIZATIONAL FOCUSED FUNCTIONS</b>
<b>CHAPTER 8</b>	<b>MANAGEMENT OF HUMAN RESOURCES</b>
<b>Governing Body Approval:</b>	April 29, 2018
<b>REVISED:</b>	

**VALUE -** The delivery of quality treatment and care to our patients depends on the competence and quality performance of our staff. The Whiting Forensic Hospital (WFH) fosters an environment designed to enhance the competence of staff in the performance of their diverse professional and support roles.

**GOAL -** To provide and maintain the appropriate number of competent staff to meet the needs of the patients and the mission of the hospital in a work environment that is committed to Staff Development, cultural diversity, continuous learning and safe and effective job performance.

### **POLICY -**

#### **I. Introduction:**

The functions of Human Resource Management are the responsibility of all hospital leaders.

The processes required to carry out these functions include:

- a. planning;

- b. staff development;
- c. performance management; and
- d. staff rights.

Human Resource Management Services seeks to enhance the quality of life of patients and support the work of the hospital in carrying out their respective mission and responsibilities.

Human Resource Management functions are:

1. *Affirmative Action Unit* - ensures a diverse work force, free of illegal discrimination, that complies with state and federal EEO laws, regulations and guidelines through the development of the affirmative action plan and its implementation and compliance monitoring.
2. *Staff Development* -- continuously strives to improve individual and organizational performance through Staff Development and education by assessing, maintaining and evaluating the educational and competency needs of all employees in relation to desired patient treatment outcomes through the provision of orientation, consultation, professional development, educational activities and professional library services.
3. *Human Resource Operations* - provides the appropriate number of competent staff to meet the needs of specific programs and to ensure compliance with state personnel regulations, collective bargaining agreements and WFH and the Department of Mental Health and Addiction Services (DMHAS) policies, procedures and work rules. Specific services include: recruitment, selection and placement of qualified staff, benefits administration, payroll, job classification and compensation services, performance management, supervisory training, workers compensation management and retirement counseling.
4. *Labor Relations* - provides work force planning, employee relations, conflict resolution, and the administration and interpretation of labor and management contracts.
5. *Library Services* – provides resources, both hard copy and electronically, to support all educational and training initiatives to meet the needs of human resources, Staff Development and continuing medical education.

## **Human Resource Planning**

As an agency of the State of Connecticut, DMHAS is part of a system of services to the citizens of the state. As a facility of DMHAS, WFH is part of a larger network of care and treatment of individuals with mental illness in Connecticut. The hospital's Human Resource needs are considered as part of this broad network in Human Resource allocation and planning by DMHAS and WFH leaders to meet the needs of all consumers of mental health and addiction services.

Within the hospital's Operations Group Team and Governing Body, the Hospital Leadership plans and allocates staffing required to support the hospital's mission.

Leaders:

1. consider the mission of the hospital, type of care and treatment needed by the patients and the technology used in patient care when projecting staffing needs;
2. ensure there are adequate numbers of staff, possessing the necessary qualifications, professional licensure and competencies to do the work of the hospital, and that their functional job descriptions are defined;
3. ensure the assessment, maintenance and continuous development of staff competencies;
4. act in accordance with federal and state laws and the regulations, policies and procedures of DMHAS and other state agencies, as applicable; and
5. ensure that employees are provided with feedback on their performance and opportunities to register suggestions and concerns about WFH through representation on a variety of committees including Labor/Management and Quality of Work Life, employee satisfaction surveys and learning needs assessments.

### **III. Staff Development**

#### **A. Staff Development**

Hospital leaders define the competencies necessary for each hospital position. Before hire and during the orientation process, staff are screened to ensure they have the basic competencies and/or credentials necessary for their position. To continuously improve the hospital's delivery of patient care and treatment, staff build on their initial competencies with planned orientation and in-service experiences. Specific training requirements are defined for each hospital classification, program and unit. Managers and supervisors are held responsible for ensuring their employees receive the necessary education and training, including

mandatory training and program specific education and performance is assessed at least annually. The Hospital Education Coordinators is responsible for this function.

Employees participate in continuing education activities within and outside of the hospital to continually improve their ability to provide patient care, treatment, and/or support services. To advance the continued learning of staff, procedures exist to support staff in pursuing educational activities, including paid and unpaid educational leaves of absence, reimbursement for review classes and examination fees for professional licensure and certification, paid practicums, flexible schedules to accommodate school schedules, and tuition reimbursement. Staff participation in educational programs is recorded in the Staff Development Education Data Bank.

Hospital employees are notified of in-service offerings in a variety of ways, including:

1. The quarterly DMHAS Education & Training course catalog;
2. the Human Resource Bulletin distributed, by Library staff, bi-weekly with paychecks;
3. postings, electronic distribution and faxing of educational programs ;
4. and
5. comprehensive educational calendar maintained on the hospital shared drive.

The Education Coordinator meets regularly with hospital leadership. Additionally, the Education Coordinator meets at least quarterly in individual meetings with Unit Directors to assess learning needs at the level closest to patients. Information gleaned from those meetings is used to prioritize hospital needs for education and training programs and services.

Staff Development also responds to data from a variety of other sources, such as performance appraisals, new program needs, program evaluations, quality improvement patterns and trends, critical incidents, identified problems, the Education Committee, patient satisfaction surveys and learning needs assessments. This information is used to identify and respond to staff educational needs by developing responsive in-service training activities in collaboration with the hospital's Leadership.

## B. Orientation

Orientation provides a foundation by which new staff members are introduced to organizational philosophy and structure, role expectations, physical facility and the relationship between the hospital and external entities. It is an essential process that begins with the employment interview and continues through a formal hospital-wide and specific program/unit and discipline orientation.

### 1. Hospital-wide Orientation

All new employees shall attend a hospital-wide orientation program before assuming their job responsibilities, to introduce them to the WFH system of patient care and treatment. This orientation acclimates new employees to the organizational culture, fulfills mandatory training requirements and provides for initial competency assessments for benchmarking and measuring individual performance. This program includes:

- a. personnel information, including HR policies and procedures, health insurance, and initial paperwork; completion of initial employment data;
- b. organizational mission, values and structure;
- c. general safety and security, which includes:
  - hazardous materials (MSDS);
  - safe medical devices act (SMDA);
  - infection control;
  - fire safety; and
  - medical emergency response;
- d. patients' rights;

- e. confidentiality;
- f. pain management;
- g. federal and state laws and DMHAS policies and procedures;
- h. affirmative action;
- i. risk management; and
- j. performance improvement.

## 2. Department Orientation

Immediately following the hospital-wide orientation, the Departments assume responsibility for orientation to their specific services and job functions (including patient population and age group, where appropriate). A checklist is used to ensure that all common components are completed.

a. Department orientations include the following:

- (1) introduction to co-workers and patients;
- (2) department and program/unit mission, structure, policies and procedures and current priorities;
- (3) location of services related to the department/program/unit;
- (4) tour of facility and assigned work area;
- (5) specific information about working conditions;
- (6) explanation of job description and how it relates to others in the organization;
- (7) discussion of performance standards and evaluations;
- (8) department specific safety and security procedures;
- (9) relevant DMHAS State Statutes; and
- (10) Management of the Environment of Care (MEC).

## 3. RN/MHA Orientation for New Employees

All new Registered Nurses (RN), Licensed Practical Nurses (LPN's) and Mental Health Assistants/Forensic Treatment Specialists (MHA/FTS) attend a six (6) week orientation program. This consists of one hundred and sixty (160) hours of combined psychiatric nursing theory and practice and eighty (80) hours of unit-based practice. In addition to forty (40) hours of psychiatric theory (DSM IV, all the major psychiatric illnesses and treatment models), participants learn group

process skills, inter-disciplinary team functions and a number of core Nursing operational policies and procedures relating to direct care practices. Note: Other staff may be assigned on an as needed basis determined by the respective Program Manager to attend certain components of this orientation.

Each nursing staff member attends the Staff Development four-week orientation program which includes scheduled classroom teaching and concurrent time in the clinical setting to which he/she will be assigned. The integration of classroom teaching and clinical time during orientation is designed to offer the adult learner the opportunity to apply and practice classroom teaching and skills training in the clinical setting. Clinical supervision is provided by clinical staff under the direction of the Education Coordinator.

Classroom teaching within the four-week orientation is provided by Staff Development staff and by clinical staff, including registered professional nurses, psychologists, rehabilitation staff, and other professional clinical disciplines. The content of the classroom teaching represents the knowledge base required of all nursing staff employees, regardless of assignment, in order to appropriately and competently function.

At the conclusion of the four-week orientation the employee continues with the Program specific orientation under the supervision of the Education Coordinator for two weeks. Examples of Programs with specific competencies include, but are not limited to, those requiring age specific or forensic competencies. During these two weeks the nursing procedures and competencies learned in the 4 week orientation are further assessed and developed and the employee spends time on the shift to which he/she has been assigned.

Competency assessment during orientation is achieved by:

- self-assessment by the orientee at the start of the four-week program
- self-assessment by the orientee at the end of the four-week program
- post tests completed by the orientee in the classroom setting
- skills demonstration and skill checklist completed either in the classroom setting or clinical setting.

Clinical supervisors, classroom instructors and Staff Development instructors assess the new staff member during orientation. Any special orientee learning needs that are identified are addressed through further training and supervision.

Classroom and clinical content of the four-week orientation is reviewed periodically for relevance and comprehensiveness. The changing needs of the hospital, new and evolving scientific knowledge, the revision or addition to the standards of accrediting agencies, and the assessment of WFH Performance Improvement aggregate data may result in changes or additions to the curriculum.

#### 4. Discipline Orientation

The Discipline Chairs or their designees are responsible for designing and approving an orientation for professional staff to the specific responsibilities and roles of the discipline, including credentialing, standards of practice and standards of care, and competencies specific to their discipline. Associate Discipline chairs are responsible for providing and documenting the approved orientation to new staff members. In cases where professional staff do not have a reporting relationship to a discipline chair (pharmacists, dieticians, infection control nurses, etc.) their supervisor within their discipline (i.e. Pharmacy Supervisor, Supervising Dietician, Infection Control Coordinator) is responsible for their discipline orientation.

Volunteers, students on practicums and unpaid internships, and patient workers shall also attend a specific orientation program prior to beginning their assignments. They are given a copy of their job description.

Records of the various orientations are submitted to Staff Development, where they are maintained in the Human Resources Data.

#### C. DMHAS Education and Training Council

DMHAS coordinates department-wide training through the DMHAS Educational

and Training Council which is chaired by the Director of DMHAS Education and Training who reports to the Director of Human Resources, Office of the Commissioner. Members include training representatives from all DMHAS facilities, a representative from the Affirmative Action Division, Division of Safety Services and the New England Health Care Union, District 1199.

#### **IV. Performance Management**

Two documents are used in hiring, assignment and reclassification of staff:

- A. State job classification descriptions defining the education, credentials (including pertinent certificates and licenses), experience and qualifications necessary for a particular title; and
- B. Competency-based functional job descriptions containing specific information about each job's function and the knowledge, skills, abilities and attitudes required of an employee to competently perform those functions.

Prior to hiring, the Human Resource Operations (HR) verifies that prospective employees have the required education, experience, and licensure and/or certification to qualify for their positions. Once an employee is hired, it is his/her responsibility to maintain required licenses or certifications.

Human Resource Operations keeps a record of licenses and certifications and dates of renewal. All licensed/certified staff have primary responsibility to maintain a current license/certification consistent with their state job specification and state and federal licensure code. The CEO must ensure that employees do not work without valid licensure and/or certification.

The hospital has ongoing processes designed to ensure that the competence of all staff members to provide patient care or services to support that care is demonstrated, assessed, maintained, and improved on an ongoing basis. The Performance Management System provides for a competency-based functional job description for each employee. Job descriptions include functions and competencies unique to each employee's position and core competencies on safety, confidentiality and hospital values.

With the job description as a standard, discussions about performance occur throughout the year between an employee and their immediate supervisor. Each staff members' performance appraisal is based on how well they perform the competencies necessary for their job, as described in the functional job description.

Ratings are analyzed to find trends in performance. Those trends form another basis for identifying educational programs and improving organizational performance.

## **V. Staff Rights**

The cultural values, ethics, and religious beliefs of staff may have impact on patient care. Staff shall not be discriminated against because of race, religion, ethnic background or nationality. Therefore, WFH provides a process for management to evaluate an employee's advance request not to participate in an aspect of a patient's care or treatment because of conflicting cultural values, ethics or religious beliefs. When granted, these accommodations are made in a manner that does not compromise or limit patient treatment.