



PLAN FOR DELIVERY OF CARE

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HOSPITAL PLAN FOR PATIENT CARE

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PROVISION OF CARE

I. PURPOSE

Washington Adventist Hospital is a 281-bed nonprofit, community hospital owned by Adventist HealthCare (AHC), and affiliated with the Seventh-Day Adventist Church, providing tertiary cardiac care, as well as, primary and secondary health care to the residents of Montgomery County, Prince George's County and other nearby Maryland and Washington, D.C. communities. As a faith based organization following the example of Jesus Christ in ministering to the sick and suffering, the hospital exists to meet the needs of its patients and to take responsibility for improving the health status of the population it serves.

II. MISSION, VISION, and VALUES

Mission Statement:

We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.

Vision Statement:

Adventist HealthCare will be a high performance integrator of wellness, disease management and health care services, delivering superior health outcomes, extraordinary patient experience and exceptional value to those we serve.

Values:

- *Respect*
- *Integrity*
- *Service*
- *Excellence*
- *Stewardship*

III. ORGANIZATIONAL STRUCTURE

The organizational structure of the hospital supports the mission of Washington Adventist Hospital (WAH) and that of Adventist HealthCare (AHC). It was developed to provide the framework for the provision of the highest quality of patient care and to assist in the demonstration of the highest level of professional conduct of its members. The departments and services participate in the development and implementation of organizational goals. An organization chart for WAH is shown in Appendix A.

A. BOARD OF DIRECTORS:

The Washington Adventist Hospital Governing Board has the ultimate responsibility for the organization and delivery of patient care services at WAH. The Board has the responsibility to ensure that all regulatory and licensing requirements imposed by the various agencies that oversee the care and provision of services at WAH are met as per those requirements.

B. ADMINISTRATION:

The President of Washington Adventist Hospital reports to the President/Chief Executive Officer of Adventist HealthCare. The WAH President participates in all aspects of strategic regional planning and decision-making. The WAH President leads the strategic planning activities of the hospital. She provides direction to the staff of Washington Adventist Hospital and others within the System that assures fulfillment of the mission of the Hospital and that of Adventist HealthCare. The Vice President's participate in the

strategic and operational planning of WAH and lead out in the implementation of those plans. The Vice President/Chief Nursing Officer (CNO), Vice President/Operations (VPO), Vice President/Chief Medical Officer (CMO), and the AVP/Clinical Effectiveness report directly to the President.

The Vice President/Chief Nursing Officer (CNO) is responsible and accountable for the provision of nursing care within the hospital. The CNO is also charged with the responsibility to assure that one level of patient care is provided throughout the hospital and that support services are fully integrated with the patient services departments of the hospital.

The Vice President/Chief Financial Officer (CFO) reports directly to the CEO of AHC and supports the CEO, the President and the entire management team in the execution of all strategic and operational functions of the Hospital. Operational areas that report directly to the CFO include; Materials Management, Patient Access, and Information Services. The CFO is also responsible for budgeting, financial planning, reimbursement and all financial service areas.

C. ADMINISTRATIVE COUNCILS/COMMITTEES:

The following council/committees provide the framework for the planning, monitoring and improvement of the care and services provided by the organization:

1. Executive's Council:
 - Establishes strategic direction of the organization
 - Ensures fulfillment of the organizational mission
 - Development and maintenance of managerial accountability for care and services provided
 - Maintains effective communication internally and externally to the organization
2. Leadership Council:
 - Provides direction to WAH leadership
 - Promotes understanding of organizational mission and direction
 - Provides for effective communication among members of the Leadership Team
3. Quality Council:
 - Provides leadership for performance improvement activities
 - Establishes priorities for PI initiatives
 - Provides a mechanism for the design, monitoring and implementation of PI initiatives that improve the quality of the care and services provided by the organization.
4. Medical Executive Committee:
 - Provides leadership to the Medical Staff
 - Provides direction for the medical plan of care and associated policies
 - Provides for oversight of Credentialing and Peer review activities

IV. RESPONSIBILITIES OF WASHINGTON ADVENTIST HOSPITAL LEADERSHIP

The leadership staff of Washington Adventist Hospital includes all members of the executive staff, executive directors, directors, and managers throughout the organization. The Leadership is held accountable for:

- Providing a framework for planning health care services provided by the organization based on the Adventist HealthCare and the hospital's mission and for developing and implementing an effective planning process that allows for defining timely and clear goals. The planning process includes a collaborative assessment of our customer and community needs, defining short and long range strategic plans, developing operational plans, establishing annual operating budgets and monitoring compliance, establishing annual capital budgets, monitoring and establishing resource allocation and

policies, and ongoing evaluation of the plans implementation and success.

- Ensuring collaboration with community leaders and organizations to design services to be provided by the organization that are appropriate to the scope and level of care required by the patients we serve.
- Communicating the organization's mission, values, goals, objectives and strategic plans across the organization.
- Developing a performance improvement program that is designed to prioritize areas for improvement and re-prioritize in response to changing and unexpected events.
- Ensuring uniform delivery of patient care services provided throughout the organization.
- Establishing standards of care that all patients can expect and which can be monitored through peer review and the hospital's performance improvement plan. The performance improvement plan is approved by the Quality Council and is designed to be able to prioritize areas for improvement and to re-prioritize in response to untoward and unexpected events.
- Ensuring the protection of patient rights in the delivery of care throughout the hospital.
- Providing appropriate job enrichment, employee development opportunities, continuing educational opportunities which serve to promote retention of staff, and to foster competency and excellence in care delivery and support services.
- Ensuring appropriate leadership and management of all services and/or departments.
- Providing appropriate human resources to meet the patient care and service needs to the hospital.
- Developing systems to promote the integration of services which support the patients' continuum of care needs as identified by the aim.
- Appointing appropriate committees, task forces, teams and other forums to ensure interdepartmental collaboration on issues of mutual concern and requiring multi-disciplinary input.

V. PROVISION OF PATIENT CARE

A. DEFINITION OF PATIENT CARE SERVICES

Patient services at Washington Adventist Hospital occur through organized and systematic processes designed to ensure the delivery of safe, effective, timely care and treatment. Providing patient services and the delivery of patient care, requires specialized knowledge, judgment, and skill derived from principles of biological, physical, behavioral, psycho-social, and medical sciences. As such, patient services will be planned, designed, measured, assessed, and improved by professional health care providers who recognize the unique physical, emotional, and spiritual (body, mind and spirit) needs of each person. Patient care encompasses the recognition of disease and health, patient teaching, patient advocacy, spirituality, and research. Under the auspices of Washington Adventist Hospital, the medical staff, registered nurses, and allied health care professionals function collaboratively as a multi-disciplinary health delivery team to achieve positive patient outcomes.

B. PLANNING FOR SERVICES

As a premier provider of health care, Washington Adventist Hospital believes it can best maintain this level of service through a vision and philosophy of excellence in patient care delivery and services. The leadership operational the mission and vision (See Appendix A) through effective communication systems, staff education, teambuilding, work redesign and an empowered work force.

In collaboration with the community, Washington Adventist Hospital will provide innovative and patient-focused care and/or service through:

1. serving as an entity of Adventist HealthCare which develops a foundation for planning,

implementation and evaluation of services to provide a seamless care delivery system;

2. participating in strategic planning with Adventist HealthCare and hospital leadership to determine the services to be provided (including, but not limited to "essential" services as well as establishing centers of excellence);
3. establishing annual goals, objectives and outcomes consistent with assessed needs, strategic plans and the hospital's mission;
4. providing services that are appropriate to the type, scope, and level required by the patients to be served;
5. performing ongoing evaluation of services provided through formalized processes; i.e., performance assessment and improvement activities, budgeting and monitoring staffing plans;
6. Integrating services through a variety of mechanisms, i.e. product lines, cross functional teams, continuous quality improvement teams, standing committees, team meetings, employee meetings and articles in *MediScene and Prism* as appropriate.

C. STANDARDS OF CLINICAL NURSING PRACTICE

1. Individualized, goal-directed nursing care is provided to patients through the use of the nursing process. The nursing process (assessment, planning, intervention and evaluation) is documented for each hospitalized patient from admission to discharge. Each patient's nursing needs are assessed by the registered nurse at the time of admission and/or within the period established by unit policy, as well as regularly throughout the hospitalization.
2. Assessment data is available to all personnel involved in the care of the patient. All members of the multi-disciplinary patient care team collaborate with the medical and nursing staff to achieve optimal outcomes for patients and their families or significant others.
3. A registered nurse plans each patient's nursing care, and, when feasible, care goals are mutually set with the patient and family. Goals are based upon the nursing assessment for patient needs and are realistic, measurable, and consistent and in conjunction with therapy prescribed by the responsible medical practitioner as well as other clinical disciplines.
4. Modalities of patient care delivery are selected, depending on the staff mix and patient need. Primary care and total care nursing are used, according to the patient need, staff availability, and qualifications.
5. Assigning responsibility to nursing staff members for providing nursing care to patients is based on consideration of the following seven elements:
 - a. The complexity of the patient's condition and required nursing care.
 - b. The dynamics of the patient's status, including the frequency with which the need for specific nursing care activities changes.
 - c. The complexity of the assessment required by the patient, including the knowledge and skills required of a nursing staff member in order to effectively complete the required assignments.

- d. The type of technology employed in providing nursing care, with consideration given to the knowledge and skill required to effectively use the technology.
- e. The degree of supervision required by each nursing staff member based on his/her assessed level of competence and current competence in relation to the nursing care needs of the patient (s).
- f. The availability of supervision appropriate to the assessed and current competence of the nursing staff member (s) being assigned responsibility for providing nursing care to the patient (s).
- g. Relevant infection control and safety issues.

VI. INTEGRATION OF PERFORMANCE IMPROVEMENT WITHIN PATIENT CARE AND SUPPORT SERVICES

The Performance Improvement Plan serves as the foundation for establishing a collaborative multi-disciplinary team approach which takes into account the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient care outcomes. Open lines of communication exist between all departments providing patient services and support services within the hospital, and as appropriate, with community agencies to ensure efficient, effective and competent patient care. All departments are responsible for following the hospital Performance Improvement Plan and ensuring integration of patient care processes.

To facilitate effective inter-departmental relationships, problem-solving is encouraged throughout the organization. Staff is encouraged to address issues and concerns, as well as, seek mutually acceptable solutions. Supervisors and managers have the authority to collaborate to solve problems and seek solutions within their spans of control. Positive interdepartmental communications are expected.

When problems/issues are identified that involve three or more areas providing patient care, services, or support, performance improvement teams may be established for the purpose of identifying mutually acceptable solutions. Other options for seeking solutions to interdepartmental issues include establishing informal performance improvement teams, interdepartmental task forces/committees, and/or addressing issues through the standing committees, i.e., Executive Council.

VII. INTEGRATION AND COLLABORATION OF PATIENT CARE SERVICES

The provision of patient care at WAH is provided by highly skilled and specialized care providers in fulfillment of the hospital's mission. We promote a holistic and collaborative approach to clinical practice. The role of the professional staff to provide care to our patients are supported in a variety of roles with the goal of providing quality, innovative and researched based care. Services are provided in an environment that is patient focused, responsive and designed to meet the community and patient populations.

A. Patient Care Units/Departments/Services are those patient care areas where direct patient care is provided. The full scope of patient care is provided by those professionals who are also charged with the additional functions of patient assessment and planning patient care based on findings from the

assessment.

Behavioral Health:

Behavioral Health, Unit 2100
Intensive Treatment Area
Behavioral Health (Outpatient)
Additional Outpatient Behavioral Health Services

Cardiac Care:

Cardiac Telemetry, Unit 5100
Cardio Vascular Stepdown, Unit 2500
Cardio/Vascular Intensive Care (CVICU), Unit 1500
Transcare Unit
Cardiac Rehabilitation Center
Cardiology
Cardiology Research (Center for Cardiac & Vascular Research, CCVR)

Critical Care Services:

Medical/Surgical Neuro Intensive Care Unit (ICU), Unit 4300
Intermediate Care Unit (IMCU), Unit 4100
Open Heart ICU (CVICU), Unit 1500
Cardiovascular Surgical, Unit 2500

Medical/Surgical:

Medical Surgical, Unit 2200
Oncology Medical Surgical, Unit 3200
Renal Dialysis Medical Surgical, Unit 4200
Joint Replacement Center, Unit 5300

Maternal Child:

Labor and Delivery, Unit 3000
Mother Baby/Women's Health, (MCH) Unit 3100
Newborn Nursery, Unit 3300
Special Care Nursery, Unit 3300
Women's Center

Surgical Services:

Endoscopy
Operating Room
Post Anesthesia Care Unit (PACU)
Short Stay/Pre-Admission Testing Units
Central & Sterile Processing

Emergency Services:

Emergency Department
Chest Pain Center

Special Care Services:

Dialysis Services/Aphaeresis Services
Wound/Ostomy/Continence Services
Outpatient Wound Care/Hyperbaric Services

Rehabilitation: PT/OT/Speech/Language/Pathology
Pulmonary Medicine

B. Ancillary Patient Care Departments/Services are those areas that have direct contact with inpatients and outpatients for care, testing, and other related services.

Diagnostic Services:

EKG Laboratory
Cardiac Catheterization Lab
Laboratory Services
Neurodiagnostics Laboratory
Nuclear Medicine
Pathology Services
Radiation Oncology
Radiology Department

Support Services:

Administrative Supervisors
Case Management
Nurse Practitioner Services
Mission and Pastoral Care Services
Food and Nutrition Services
Infection Control
Occupational Health
Pharmacy
Physician Assistants

Support Departments:

Administration
Cancer Registry
Clinical Engineering
Communications
Concierge Desk
Environnemental Services
Financial Services
Gift Shop
Health Information Management
Hospital Safety Officer
Human Resources
Information Services
Linen Service Department
Mail Room
Material Management
Medical Staff Services
Patient Access
Patient Transporters
Plant Operation Services/Facilities Management
Quality Improvement
Infection Prevention
Clinical Education
Security

VIII. PATIENT RIGHTS AND RESPONSIBILITIES

Ensuring patient rights is the responsibility of all hospital employees and all members of the Medical Staff. Individuals shall be accorded impartial access to treatment or accommodations that are available and medically indicated, regardless of race, creed, sex, sexual orientation, gender identity, national origin, religion, or sources of payment for care.

The hospital respects the rights of patients, recognizes that each patient is an individual with unique health care needs, and, because of the importance of respecting each patients' personal dignity, provides considerate, respectful care focused on the patient's individual needs. The hospital affirms the patient's rights to make decisions regarding his/her care, including the decision to discontinue treatment, to the extent permitted by law. The hospital assists the patient in the exercise of rights and informs the patient of any responsibilities incumbent on him or her in the exercise of those rights. Further rights and responsibilities are defined in Hospital Policy: Patient Rights and Responsibilities.

In providing care, the hospital also has a right to expect reasonable and responsible behavior from patients and families it serves, keeping in mind the nature and seriousness of illness.

IX. SCOPE OF SERVICE

A. Scope of Service

Through WAH's leadership, each department or service has developed and approved a scope of service governing the delivery or support of patient care services. Each scope of service is consistent with the hospital's strategic plan and includes:

- Volume, type and age of patients served
- Methods used to assess and meet patient care needs.
- Scope and complexity of patient care needs
- Hours of operation
- The appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contacts
- The availability of required staff based on the level and scope of care required
- The requirements for staff competency based on the scope of service.
- The extent to which the level of care or service provided meets patients' needs
- Recognized standards or practice guidelines, as applicable

Each department and service providing patient care delineates a basic staffing plan based on the level and scope of care that needs to be provided as well as the frequency of the care to be provided to ensure appropriate and safe patient care. This includes the skill level of staff and benchmarked staffing standards using a "community" standard to determine the staffing requirements.

B. Professional Patient Care Roles and Function

Patient Care Provider	Assessment	Planning	Access To Service	Nutritional Care	Operative Invasive Procedures	Patient Rights	Patient Education	Intervention, Treatment, Medication
Chaplain	X		X			X	X	
Pharmacist	X	X		X		X	X	X
Physician	X	X	X	X	X	X	X	X
Physical Therapist	X	X	X			X	X	X
Psychologist	X	X	X		X	X	X	X
Registered Dietitian	X	X		X		X	X	
Registered Nurse	X	X	X	X	X	X	X	X
Respiratory Therapist	X	X				X	X	X
Case Management Specialist, Social Worker	X	X	X			X	X	
Speech Pathologist, Occupational Therapist, Physical Therapist, Physiatrist	X	X	X			X	X	X

C. Definition of Age Classification

Neonate	Birth to 1 month
Infant	1 month – 12 months
Pediatric	
Toddler	1 year – 3 years
Pre-School	4 years – 5 years
School Age	6 years – 12 years
Adolescent/Teenager	13 years - 17 years
Adult	18 years - 64 years
Geriatric	65+ years

D. Consultations and Referrals for Patient Services

A full range of medical and professional services are available to meet the needs of our patients. Consults for physician assessments and services are ordered by the patient's attending physician or by the patient's emergency room physician, and may be recommended in collaboration with the multi-disciplinary team. Professional consultative services are also ordered by the attending physician, but may be ordered in specific circumstances by other health care professionals when appropriate. If questions arise regarding the appropriateness of obtaining consultations, these issues can be referred to either the medical department director and/or the Ethics Committee. The appropriateness of consultations is monitored through various organizational performance improvement activities. Departments such as the Intensive Care Unit and the Emergency Department have specific policies regarding consultative medical services.

X. STAFFING PLAN

All inpatient units operate 24-hours each day seven days each week. Nursing care is provided according to staffing plans which are based established staffing levels, actual and projected patient census and patient care needs. Fluctuations in census activity and/or acuity necessitating adjustments to the plans are made through the use of float and/or supplemental staff. Additional needs may be managed with the use of agency personnel. Private duty (sitters only) technicians are also utilized for special patient needs. Unit support secretaries and monitor technicians are provided as needed and are not included in the direct nursing hours.

Adjustments are made in the staffing plans when indicated because of added or eliminated patient care programs or patient populations.

The skill mix for nursing staff is designed to allow a sufficient number of registered nurses to assess the level of nursing care required, delegate and supervise nursing activities, coordinate nursing care, maintain a plan for the delivery of care and communicate with other disciplines. All registered nurses are required to have current licensure in the State of Maryland.

XI. SCOPE OF CARE

The scope of care and staffing for each inpatient unit follows:

CARDIO VASCULAR INTENSIVE CARE UNIT (CVICU) Unit 1500

Scope of Care

This 16-bed unit is utilized for the immediate postoperative care of adult and geriatric cardiac surgery patients. The patient population may include other medical and surgical patients who are hemodynamically unstable and requiring critical care modalities. Interventions specific to this area

include intra-aortic balloon pump, and other ventricular assist devices. Appropriateness of admission is guided by established admission, discharge, and transfer criteria that are collectively developed by nursing and medical staff leadership and outlined in the Admission/Discharge Policy for CVICU. Acuity and other variables are assessed every shift and are used to determine staffing and assignments. A staffing matrix, which incorporates census and acuity, is utilized to assist the charge nurse in determining and scheduling staffing needs as well as to ensure appropriate staffing. Staffing is generally 1:1 or 1:2. A staffing matrix and 1:1 guideline criteria are used to determine staffing needs.

Patient care is provided in collaboration with intensivist, physician members of the medical and surgical staffs, critical care nurses, clinical nurse specialists, respiratory care practitioners, and other members of the health care team. The nurses are registered professional nurses who have had specific education, training and experience in the care of this type of patient. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 4 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. The intensivist participates in the planning of care as well as conducting daily rounds to further ensure that patient care needs are addressed.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Director. The Director reports to the Executive Director Inpatient Nursing. Medical leadership is provided by a Medical Director who serves as the Director of Critical Care.

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations (e.g., AACN, Society for Critical Care Medicine, AHA), medical and allied health literature, research, and best practice benchmarking.

MEDICAL/SURGICAL NEURO INTENSIVE CARE UNIT (ICU) Unit 4300

Scope of Care

This ten-bed unit is utilized primarily for the care of hemodynamically unstable medical and surgical neurological adult patients requiring critical care observation and intervention. This unit also cares for patients who have succumbed to a neurological insults requiring neurological treatment or surgical procedure. The patient population consists of adult and geriatric patients, and is divided among surgical, neurosurgical and medical patients with a wide range of conditions affecting major and multi-organ systems. Appropriateness of admission is guided by established admission, discharge, and transfer criteria that are collectively developed by nursing and medical staff leadership and outlined in the Admission/Discharge Policy for ICU. Acuity and other variables are assessed every shift and are used to determine staffing and assignments. A staffing matrix, which incorporates census and acuity, is utilized to assist the charge nurse in determining and scheduling staffing needs as well as to ensure appropriate staffing. Staffing is generally 1:1 or 1:2. A staffing matrix and 1:1 guideline criteria are used to determine shift needs.

Patient care is provided in collaboration with intensivist, physician members of the medical and surgical staffs, critical care nurses, clinical specialists, respiratory care practitioners, and other

members of the health care team. The nurses are registered professional nurses who have had specific education and experience in the care of this type of patient. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 4 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. The intensivist participates in the planning of care as well as conducting daily rounds to further ensure that patient care needs are addressed.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Director. The Director reports to the Executive Director Inpatient Nursing. Medical leadership is provided by a Medical Director who serves as the Director of Critical Care.

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations (e.g., AACN, Society for Critical Care Medicine, ACLS), medical and allied health literature, research, and best practice benchmarking.

INTERMEDIATE CARE UNIT (IMCU) Unit 4100

Scope of Care

This 21-bed unit is utilized to provide care for adult and geriatric patients requiring intermediate critical care. In the 21-bed intermediate care area, the care provided is more intense than that offered on the general medical-surgical unit, but less than that provided in a critical care area. This intensity allows for more frequent observation, monitoring, and assessment, as well as increased frequency of intervention and more labor-intensive care. The patient population includes those with acute medical-surgical conditions as well as patients requiring mechanical ventilator support and respiratory rehabilitation. Appropriateness of admission is guided by established admission, discharge, and transfer criteria that are collectively developed by nursing and medical staff leadership and outlined in the Admission/Discharge Policy for IMCU. Acuity and other variables are assessed every shift and are used to determine staffing and assignments. A staffing matrix, which incorporates census and acuity, is utilized to assist the charge nurse in determining and scheduling staffing needs as well as to ensure appropriate staffing.

Patient care is provided in collaboration with physician members of the medical and surgical staff, nursing staff, respiratory care practitioners, Critical Care Nurse, Practitioners, and other members of the health care team. A Board Certified Critical Care Intensivist serves as medical director of this unit. The staff consists of registered professional nurses who have had specific education and experience in the care of this type of patient. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. The Nurse Practitioner participates in the planning of care as well as conducting daily rounds to further ensure that patient care needs are addressed.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Director. The Nursing Director reports to the Executive Director Inpatient Nursing. Medical leadership is provided by a

Medical Director.

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations (e.g., AACN, Society for Critical Care Medicine, ACLS), medical and allied health literature, research, and best practice benchmarking.

CARDIOVASCULAR STEPDOWN UNIT: UNIT 2500

Scope of Care

This 24-bed unit is utilized primarily for the pre- and post-operative care of adult and geriatric patients with cardiac, vascular, thoracic conditions and stroke patients. The secondary patient population is cardiac interventional, pacemaker/ICD malfunction, pacemaker/ICD implantation, acute myocardial infarction, chest pain (cardiac origin), cardiac drug toxicity and complex congestive heart failure. Patients receive nursing care during the acute phase of their illness and are assisted in their recovery from diagnostic, therapeutic or surgical intervention. Patient placement and continued appropriateness is guided by established admission, discharge and transfer criteria that are collaboratively developed by nursing and medical staff leadership. Acuity and other variables are addressed each shift and are used to determine staffing and assignments. A staffing matrix is utilized in determining staffing needs and to ensure appropriate staffing. The monitor technician is responsible for the telemetry monitoring surveillance of all inpatients.

Patient care is provided in collaboration with physician members of the medical and surgical staff, nursing staff, nurse practitioners, respiratory care practitioners, and other members of the health care team. The unit is staffed primarily with registered, professional nurses who have had specific experience and education in the care of cardiac patients including the interpretation and treatment of cardiac dysrhythmias. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 24 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. The need for specific support services is assessed on admission using clinical screening criteria and through the patient's stay with referral and follow-up as appropriate. These support services further screen the patient within established time frames and are additionally available on an emergent basis. In addition, a multidisciplinary care coordination team convenes daily to review patient care needs.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Nursing Manager reports to the Nursing Director who reports to the Executive Director Inpatient Nursing.

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations, (e.g., American Association of Critical Care Nurses, AACN), medical and allied health literature, research, and best practice benchmarking.

TELEMETRY UNIT: UNIT 5100

Scope of Care

This 28-bed unit is utilized primarily for the care of adult and geriatric patients having diagnostic

and therapeutic cardiac catheterization procedures, pre/post cardiac pacemaker/ICD implantation, pacemaker/ICD malfunction, and electrophysiology interventions. The secondary patient population is acute myocardial infarction, chest pain (cardiac origin), cardiac drug toxicity, patients requiring initiation and rate adjustments of continuous intravenous infusions of specific cardiac medications and complex congestive heart failure. Patients receive nursing care during the acute phase of their illness and are assisted in their recovery from diagnostic, therapeutic or surgical intervention. Patient placement and continued appropriateness is guided by established admission, discharge and transfer criteria that are collaboratively developed by nursing and medical staff leadership. Acuity and other variables are addressed each shift and are used to determine staffing and assignments. A staffing matrix is utilized to assist in determining staffing needs and ensure appropriate staffing.

Patient care is provided in collaboration with physician members of the medical and surgical staff, nursing staff, nurse practitioners, respiratory care practitioners, and other members of the health care team. The unit is staffed primarily with registered, professional nurses who have had specific experience and education in the care of cardiac patients including the interpretation and treatment of cardiac dysrhythmias. The monitor technician is responsible for the telemetry monitoring surveillance of all inpatients.

Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 24 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. The need for specific support services is assessed on admission using clinical screening criteria and through the patient's stay with referral and follow-up as appropriate. These support services further screen the patient within established time frames and are additionally available on an emergent basis. In addition, a multidisciplinary care coordinator team convenes daily to review patient care needs.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Nursing Manager reports to the Nursing Director who reports to the Executive Director Inpatient Nursing

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations (e.g., AACN, Society for Critical Care Medicine, ACLS) medical and allied health literature, research, and best practice benchmarking.

B. Patient Care Services and Departments (Inpatient and Outpatient)

The scope of care and staffing for each patient care service and department is as follows:

LABOR AND DELIVERY: UNIT 3000

Scope of Care

The Labor and Delivery unit consists of eight (8) labor/delivery/recovery rooms, one evaluation room, and two operating rooms. Labor and Delivery provides family-centered maternity care to women of childbearing age and their families, and the newborn infant.

Services provided in this unit include outpatient procedures such as ante partum testing and evaluation, and observation. Inpatient care includes ante partum care, care of the low risk pregnancy including labor, delivery and the immediate postpartum period, bereavement care, and certain high-risk pregnancies or high-risk post-partum conditions.

Surgical services are available for patients requiring cesarean section. Patients with conditions of higher acuity that require medical, nursing, or diagnostic services beyond the scope of Washington Adventist Hospital Labor and Delivery unit, may be transferred to the ICU or to an appropriate facility that can meet their needs.

Support services including Social Services are available to the unit based on the scopes of care of their respective departments. Referrals are made based on established criteria.

Criteria for admission are determined by the OB-GYN department in collaboration with the nursing staff. The goal of the department is to provide the highest quality of care by supporting the patient/family in their total needs during their delivery experience.

Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 4 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. Care is provided by RN's and OB Scrub Technicians (OBT) that have received training to prepare them for the obstetrical patient. Support is provided by Unit Support Coordinators (USC).

Hours of Operation:

Services are provided 24 hours a day, 7 days a week. High risk perinatal consultations are available 7 days/week with Providers trained in obstetrics in house 24/7.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Nursing Manager reports to the Executive Director Inpatient Nursing Medical. Leadership is provided by a Medical Director in collaboration with the Department Chair for Obstetrics.

Recognized Standards/Practice Guidelines:

Patients are assessed on admission and assignments are based on the care guidelines of the American Academy of Pediatrics and American College of Obstetricians. The standards of nursing care for the unit are based on the Association of Women's Health Obstetric and Neonatal Nurses (AWHONN), and American College of Obstetrics and Gynecologists (ACOG)/American Academy of Pediatrics (AAP) guidelines.

MOTHER BABY/WOMEN'S HEALTH: UNIT 3100

The Mother Baby/Women's Health unit consists of twenty-two (22) inpatient beds. The department provides care for women of childbearing age and their families, including the newborn infant. Care is also provided for adult women of any age with gynecological conditions.

Services provided on the unit include ante partum care, newborn care, post-partum care, bereavement care, and post-operative care for both the obstetrical and noninfectious gynecological patients. Patients with conditions of a higher acuity requiring medical, nursing or diagnostic services beyond the scope of Washington Adventist Hospital Mother Baby/Women's Health unit may be transferred to the Medical/Surgical units, Labor and Delivery, ICU or to an appropriate

facility that can meet their needs.

Criteria for admission are determined by the OB-GYN department in collaboration with the nursing staff. The goal of the department is to provide the highest quality of care by supporting the patient/family in their total needs related to their pre and post obstetrical/gynecological procedures.

Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 4 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. Patients are assessed on admission and assignments are based on the care guidelines of the American Academy of Pediatrics (AAP) and the American College of Obstetrics and Gynecology (ACOG). The standards of nursing care for the unit are based on Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) guidelines.

Support services such as Social Work, Pastoral Care, and Lactation Consultations are available to the unit based on the scopes of care of their respective departments. Referrals are made based on established criteria.

Care is provided by RN's and Patient Care Technicians (PCT). Staff is supported by Unit Support Coordinators (USC). Professional staff has received additional training in the above special care areas to enhance their basic skill responsibilities.

Hours of care are based on the American College of Obstetrics & Gynecology (AAP) and American Academy of Pediatrics (ACOG) recommended standards. The standards of nursing care for the unit are based on Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) guidelines.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Nursing Manager reports to the Executive Director Inpatient Nursing Medical. Leadership is provided by a Medical Director in collaboration with the Department Chair for Obstetrics.

Recognized Standards/Practice Guidelines:

Patients are assessed on admission and assignments are based on the care guidelines of the American Academy of Pediatrics and American College of Obstetricians. The standards of nursing care for the unit are based on Association of Women's Health Obstetric and Neonatal Nurses (AWHONN), and American College of Obstetrics and Gynecologists (ACOG)/American Academy of Pediatrics (AAP) guidelines.

NEWBORN NURSERY: UNIT 3300

Scope of Care

The Newborn Nursery provides care to newborn infants immediately after delivery, through the transitional period, through the first days of life, and admits neonates up to 14 days old with noninfectious conditions for purposes of phototherapy only.

Services provided in this unit include observation and care of the neonate in the immediate

transition period to extra-uterine life, and care related to procedures such as pediatric examinations, lab tests, circumcisions, phototherapy, and maternal convenience. Neonates with conditions of higher acuity that require medical, nursing or diagnostic services beyond the scope of the Newborn Nursery may be transferred to the Special Care Nursery or to an appropriate facility that can meet their needs.

Support services are available to the unit based on the scopes of care of their respective departments. Referrals are made based on established criteria.

Criteria for admission are determined by the Pediatrics department in collaboration with the nursing staff. The goal of the department is to provide the highest quality of care by supporting the family as they integrate the newborn into their lives.

Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 4 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. Patients are assessed on admission and assignments are based on the care guidelines of the American Academy of Pediatrics.

Care is provided by registered nurses and Patient Care Technicians that have received training to prepare them to care for the neonatal patient. Support for staff is provided by a Unit Support Coordinator.

Hours of Operation: Services are provided 24 hours a day, 7 days a week. Pediatric medical staff coverage is available in-house 24 hours/day.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Nursing Manager reports to the Executive Director Inpatient Nursing

Recognized Standards/Practice Guidelines:

Patients are assessed on admission and assignments are based on the care guidelines of the American Academy of Pediatrics and American College of Obstetricians. The standards of nursing care for the unit is based on Association of Women's Health Obstetric and Neonatal Nurses (AWHONN), and American College of Obstetrics and Gynecologists (ACOG)/American Academy of Pediatrics (AAP) guidelines.

SPECIAL CARE NURSERY (UNIT 3300)

Scope of Care

The special care nursery provides care for the neonate with special needs such as prematurity, ventilatory, cardiovascular support, and/or other emergent needs. The special care nursery also provides care for infants requiring oxygen monitoring and therapy, intravenous antibiotics, special feeding needs, and thermoregulation. Neonates with extreme prematurity or requiring prolonged ventilatory support, surgical procedures, or needing advanced consultations beyond the scope of Washington Adventist Hospital will be candidates for immediate transfer post stabilization to an appropriate facility that can meet their needs.

Support services are available to the unit based on the scope of care of their respective departments. Referrals are made based on established criteria.

Criteria for admission are determined by the Pediatrics department in collaboration with the nursing staff. The goal of the department is to provide the highest quality of care by supporting the family as they integrate the newborn into their lives.

Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 4 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate.

Care is provided by registered nurses who have received special education in the care of the neonate with special care needs. Standards of nursing care are based on Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) and National Association of Neonatal Nurses (NANN).

Hours of Operation: Services are provided 24 hours a day, 7 days a week. Pediatricians experienced in neonatal management provide coverage in-house services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Nursing Manager reports to the Executive Director Inpatient Nursing

Recognized Standards/Practice Guidelines:

Patients are assessed on admission and assignments are based on the care guidelines of the American Academy of Pediatrics and American College of Obstetricians. The standards of nursing care for the unit are based on Association of Women's Health Obstetric and Neonatal Nurses (AWHONN), and American College of Obstetrics and Gynecologists (ACOG)/American Academy of Pediatrics (AAP) guidelines.

ORTHOPEDICS/MEDICAL SURGICAL UNIT 2200

Scope of Care

This 30-bed medical-surgical unit is utilized to provide care to adult and geriatric patients with orthopedic and neurological conditions. The patient population may also include patients with other general medical-surgical conditions. Telemetry cardiac monitoring is available for patients that require that modality. The family/significant other is included in the patient's care whenever possible.

Patient care is provided in collaboration with members of the medical and surgical staff, nursing staff, respiratory care practitioners, physical therapist, case management, and other members of the health care team. The unit is staffed primarily with registered professional nurses with the assistance of patient care technicians who have had specific experience and education in the care of medical/surgical patients. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 24 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up for services as appropriate. These support services further screen the patient within established time frames and are additionally available on an emergent basis. In addition, a multi-disciplinary team convenes daily to review patient care needs. A staffing matrix which incorporates census and acuity data is utilized to ensure appropriate staffing.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Nursing Manager reports to the Executive Director Inpatient Nursing

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations (National Orthopedic Standards), medical and allied health literature, research, and best practice benchmarking.

ONCOLOGY/MEDICAL/SURGICAL UNIT 3200

Scope of Care

This unit is a 24-bed oncology/medical/surgical unit that provides care for adult and geriatric patients. The nursing care includes, but is not limited to, skin care, patient safety, parenteral/enteral nutrition, pain control, suctioning, medication administration, chemotherapy, blood products, precautions and patient education. Telemetry cardiac monitoring is available for patients that require that modality. The family/significant other is included in the patient's care whenever possible.

Patient care is provided in collaboration with members of the medical and surgical staff, nursing staff, respiratory care practitioners, physical therapist, and other members of the health care team.

The unit is staffed with registered professional nurses with the assistance of patient care technicians, who have specific experience and education in the care of oncology patients. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 24 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay. The need for specific support services is assessed on admission and throughout the patient's stay with referrals and follow-up referrals as appropriate. In addition, a multi-disciplinary team convenes daily, Monday-Friday to review patient care needs. A staffing matrix which incorporates census and acuity data is utilized to ensure appropriate staffing.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Manager. The Manager reports to the Executive Director Inpatient Nursing

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations, medical and allied health literature, research, and best practice benchmarking.

RENAL/MEDICAL SURGICAL UNIT 4200

Scope of Care

This 24-bed medical-surgical unit is utilized to provide care to adult and geriatric patients with renal, urologic, and respiratory conditions. Telemetry cardiac monitoring is available for patients that require this modality. The family/significant other is included in the patient's care whenever possible.

Patient care is provided in collaboration with physician members of the medical and surgical staff, nursing staff, respiratory care practitioners, case management and other members of the health care team.

The unit is staffed primarily with registered professional nurses with the assistance of patient care technicians who have had specific experience and education in the care of renal/ medical/surgical patients. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 24 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referrals and follow-up referrals for services as appropriate. The need for specific support services is assessed on admission and throughout the patient's stay with referrals and follow-up as appropriate. These support services further screen the patient within established time frames and are additionally available on an emergent basis. In addition, a multi-disciplinary team convenes daily to review patient care needs. A staffing matrix which incorporates census and acuity data is utilized to ensure appropriate staffing.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nursing Director with the assistance of a Nurse Manager. The Nursing Director reports to the Executive Director Inpatient Nursing

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations, medical and allied health literature, research, and best practice benchmarking.

JOINT REPLACEMENT CENTER UNIT 5300

Scope of Care

This eight-bed unit is utilized for the care of adult and geriatric total joint replacement patients requiring orthopedic postoperative care and therapy. The patient population may include other surgical patients who are observation status and/or requiring postoperative care. Patients may not be admitted in the presence of any existing infection. Care and interventions specific to this area include total knee replacement, total hip replacement, and fracture patients undergoing open reduction internal fixation or hip hemiarthroplasty. The focus of care follows a wellness model where patients are encouraged to get dressed daily for therapy in the unit gym to attain the highest level of independence with ADL's and mobility. The interdisciplinary team consists of the Unit Director, Orthopedic Coordinator, Orthopedic Surgeons, Physician Assistants, Unit staff, Physical Therapists, Occupational Therapists and Pastoral care or Social Work as needed.

Appropriateness of admission is guided by established admission, discharge, and transfer criteria that are collectively developed by nursing and medical staff leadership and outlined in the Admission/Discharge Policy for medical surgical patients. Acuity and other variables are assessed every four hours and are used to determine staffing and assignments. A staffing matrix, which incorporates census and acuity, is utilized to assist in determining and scheduling staffing needs as well as to ensure appropriate staffing.

Patient care is provided in collaboration with members of the medical staff, nursing staff, and other members of the health care team. The nursing staff consists of registered professional nurses who have specific education and experience in the care of this type of patient. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. The need for patient/family specific support services is assessed on admission (within 4 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay with referral and follow-up referrals for services as appropriate. The Orthopedic Coordinator

participates in care planning as well as conducting daily rounds with physician assistants to ensure that patient care needs are addressed. Staffing is generally 1:3 or 1:4. A staffing matrix and guideline criteria are used to determine staffing needs.

Hours of Operation: Services are provided 24 hours a day, Monday to Friday

Leadership: The unit is under the direct supervision of the Nursing Director. The Director reports to the Executive Director Inpatient Nursing. Medical leadership is provided by a Medical Director.

Recognized Standards/Practice Guidelines

Standards of care, protocols, and pathways assist in the provision of care. These are developed collaboratively using information from specialty organizations (AAOS -American Association of Orthopedic Surgery, NAON - National Association of Orthopedic Nursing, AHA), medical and allied health literature, research, and best practice bench marking.

BEHAVIORAL HEALTH – INPATIENT UNIT 2100

Scope of Care

Unit 2100 is a 39-adult bed psychiatric service. The service provides acute psychiatric care for voluntary and involuntary patients. The criteria for admission are: the patient exhibits serious or disabling symptoms or marked impairment in functioning related to an acute psychiatric condition (DSM IV Diagnosis), , presents a risk of harm to self or others, and is deemed treatable in an acute psychiatric care setting.

The unit is staffed with a multi-disciplinary team of psychiatrists (M.D./D.O.), registered nurses (RN), licensed practical nurses (LPN), psychiatric counselors (PC), patient care technicians (PTC), licensed clinical social workers (LCSW), an RN Case Manager, and Expressive Therapists. Every patient is assessed upon admission by a Needs Assessment Clinician (LCSW) and an RN. All nursing care is directed and supervised by an RN manager or charge nurse 24 hours, 7 days per week.

An individual plan of care is developed in collaboration with the patient and family, the attending psychiatrist, internist, nursing staff, and other disciplines as necessary. Standard treatment modalities include medication administering and monitoring, 24-hour safety monitoring, group activities, individual and family therapy, disease management education, expressive therapy and spiritual support within a structured milieu. Nursing care is accomplished through the nursing process of assessment, planning, intervention and evaluation. A patient's need for additional focused assessments or ancillary services is assessed on admission (within 8 hours) using clinical screening criteria. Reassessment is performed throughout the patient's stay. A multi-disciplinary treatment team led by the attending psychiatrist convenes daily to develop and modify the plan of care, evaluate readiness for discharge and devise strategies to maintain stability after discharge.

A staffing process which incorporates volume to staff ratios and acuity data is utilized to ensure safe and effective staffing. Patient acuity and other variables are assessed every shift and an aggregate score is used to determine staffing and assignments. Patient acuity ranges from low (1) to high (4) as determined by the Evalisys patient classification system methodology. Unit 2100 average rating is in the high-medium range.

Hours of Operation: Services are provided 24 hours a day, 7 days a week.

Leadership: The unit is under the direct supervision of the Nurse Manager of Behavioral Health. The Program reports to the President of Behavioral Health. Oversight and coordination for

nursing practice is provided by the Vice President/Chief Nursing Officer of Washington Adventist Hospital.

Recognized Standards/Practice Guidelines

Clinical policies and procedures are written in accordance with The State of Maryland Mental Health Care Standards, Code of Maryland (COMAR) regulations, and The Joint Commission Standards for Inpatient Behavioral Health Services (SBHC).

ADMINISTRATIVE SUPERVISORS

Scope of Services

The Administrative Supervisors are registered nurses who are responsible for: a) intervening during crises or emergencies to promote optimal outcomes, b) acting as a resource to medical and hospital staff in service and/or care delivery, c) coordinating and directing patient flow and staffing, and d) acting as a liaison and hospital representative to internal and external customers and contacts. The Administrative Supervisors have administrative authority to make decisions, call for additional resources, and institute emergency plans in conjunction with the administrator-on-call, when regular administrative staff are normally absent. The duties and responsibilities of the Administrative Supervisors are filled by the Director of Nursing Administration or his/her designate during “normal” business hours.

Hours of Operation:

The Administrative Supervisors provide services to the hospital seven days a week during the following hours:

7:00 a.m. – 3:00 p.m.	Monday - Friday
3:00 p.m. - 11:30 p.m.	Monday - Friday
11:00 p.m. - 7:30 a.m.	Monday - Friday
7:00 a.m. – 7:30 p.m.	Saturday/Sunday/Holidays
7:00 p.m. – 7:30 a.m.	Saturday/Sunday/Holidays

Leadership: The Administrative Supervisors report to the Director of Nursing Administration, who reports to the Vice President/CNO.

APHERESIS SERVICE

Scope of Care

Aphaeresis provided to adult patients requiring aphaeresis procedures through a contract with DaVita, Inc. The contract for this service is held in the Executive Office.

Hours of Operation: Services are available 24 hours a day, 7 days a week. Normal Working Hours are Monday thru Saturday from 7:00 a.m. to 5:00 p.m. Other hours are reserved for emergency treatments.

Leadership: The service reports to the Director of Renal/Medical Surgical unit, Unit 4200, who reports to the Executive Director of Inpatient Nursing.

Recognized Standards/Practice Guidelines:

The procedures are performed by aphaeresis trained registered nurses.

BEHAVIORAL HEALTH SERVICES - OUTPATIENT

Scope of Services

The Outpatient Behavioral Health provides active treatment in the least restrictive environment to patients with acute and chronic psychiatric disorders who need therapy or case management to maintain their functioning in the community. Treatment enables them to engage in normal routines of life without endangering themselves or others.

The population served includes patients with acute and chronic psychiatric symptoms of significant severity. Populations include adolescents, adults and geriatrics. The geographical area predominantly served is lower Montgomery County and northern Prince George's County, the areas most easily accessible to Washington Adventist Hospital via public transportation. However, referrals from other counties and/or Washington D.C. are also accommodated.

The Outpatient Behavioral Health Services are under the Medical Director who is a psychiatrist and a Clinical Manager; a licensed independent master's prepared clinician. This individual reports to the Program Director of Behavioral Medicine. These professionals supervise operations of the unit and the staff, which consist of licensed psychiatric nurses, social workers, chemical dependency counselors and support staff.

Needs Assessment Services

The psychiatric Needs Assessment Service provides a comprehensive evaluation of treatment needs and level of risk of individuals exhibiting symptoms or behavior identified as acute or maladaptive. This assessment frequently leads to an inpatient psychiatric admission. There are other times when intervention can be provided in the arena of outpatient treatment. Needs Assessment Counselors (NAC) may also assist clients with difficulty accessing appropriate care with the commitment process, determination of competency, pre-authorization or transfer arrangements. The NAC team is staffed with licensed clinicians skilled in psychiatric crisis evaluation and intervention. Clients are seen in the Emergency Department or may contact the NAC from outside the hospital for an initial assessment. Following determination of appropriate level of care the staff facilitates the access of this service. Needs Assessment Counselors also provide consultation for patients on medical-surgical units when a patient demonstrates the need for one of two interventions: 1) a comprehensive risk assessment to determine the level of suicidal/homicidal risk or that of self injurious behavior. Discussion with personnel on the medical-surgical unit may lead to the conclusion that the patient may not meet criteria for an inpatient psychiatric admission, but may need a consultation by a psychiatrist so that the individual's symptoms can be managed where he/she is currently being treated.

Partial Hospitalization Program

The Partial Hospitalization Program (PHP) at the Washington Adventist Hospital is a voluntary program which provides treatment to patients during the following hours:

Hours of Operations: Monday - Friday 9:00 a.m. - 3:00 p.m.

Care includes the provision of active and comprehensive psychiatric treatment services to patients with acute and chronic psychiatric disorders who require a structured program in order to function but who are able to maintain themselves outside of the treatment day without endangering either themselves or others. The patient population consists of adults 18 years and older with psychiatric disorders. A broad range of therapeutic activities are provided by a multi-disciplinary team in a

structured and group oriented format.

The Medical Director evaluates each patient upon admission. If he/she will be the treating psychiatrist, he/she will adjust the patient's medication, evaluate his/her response to it and monitor mental status. If the patient has a psychiatrist in the community; there will be collaboration with that physician. Therapeutic services consist of goal oriented individual therapy, group psychotherapy, stress management, conflict resolution, expressive therapy, cognitive/behavioral therapy, relapse prevention and family therapy. The multi-disciplinary team also provides patient education: disease prevention and process, healthy living, coping skills, medication education substance abuse and additions education. These groups and the interdisciplinary team's clinical observation enable the staff and patient to determine goal achievement and outcomes, best practices and disposition planning.

Intensive Outpatient Programs

The Intensive Outpatient Programs (IOP) is the next lowest level of care on the continuum of outpatient behavioral health programming, a modality which consists of treatment for three and one half to four hours per day, three days per week. These programs serve patients who have stepped down from a higher level of care, e.g. inpatient or partial hospitalization. IOP is also identified as appropriate treatment for an individual in therapy in the community, who has had an intensification of symptoms and deterioration in functioning. This person needs more structure and service to maintain stability than an individual therapist seen once a week can provide. The goal of this treatment is to facilitate the individual's return to functioning at his/her optimal level.

At Washington Adventist Hospital, there are three Intensive Outpatient Programs: one for adults and after school IOP for adolescents and a program in the evening for those who have a "Dual Diagnosis". The latter term refers to patients with co-occurring conditions of emotional illness along with some form of substance abuse. Professionals in the field believe that treating one disorder without targeting the secondary condition will yield weak outcomes. Addressing both components of the illness leads to a better result overall for the patients in terms of emotional stability and maintaining sobriety. The Dual Diagnosis Program utilizes the components of group therapy, education as well as involvement in the 12-step process.

Hours of Operation:

Adult IOP: Monday through Friday 9:30 a.m. - 1:30 p.m.

Adolescent IOP: Monday, Tuesday, Thursday 4:00 p.m. - 6:00 p.m. (4:00-7:00 on Mondays to accommodate family meetings)

Dual Diagnosis IOP: Monday, Tuesday, Thursday, and Friday: 5:00 p.m.- 8:30 p.m.

Additional Outpatient Behavioral Health Services

For patients who have stepped down from a higher level of care there are several groups, which meet for seventy-five minutes per week. Individuals discharged from the inpatient unit or the Partial Hospitalization Program who can benefit from ongoing group therapy can attend a regular once per week group conducted by licensed therapists. Patients in those groups see the Medical Director once upon admission he/she will see him monthly for mental status evaluation and medication monitoring unless the patient has a community psychiatrist. Any observations and assessments by the Medical Director or staff leading the groups are communicated.

Psychopharmacological Therapy: This treatment, provided by a psychiatrist, includes evaluation of need for prescriptions, medication monitoring, and education. Medication administration (medication in injection form) is the responsibility of a registered nurse who

obtains the medication from the hospital pharmacy.

Psychiatric Evaluation: This meeting includes face-to-face visits with a psychiatrist for mental status evaluation, psychopharmacological evaluation, and recommendations for therapy or case management, depending on the patient's needs.

Individual Evaluations: The staff provides individual evaluations for certain populations: adults seeking placement in housing programs, adolescents vulnerable for high risk behavior, and individuals who may be referred by a community agency for purposes of treatment recommendations.

Group Psychotherapy: There are several groups, which meet for seventy-five minutes per week. Many individuals discharged from other levels of service on the continuum of Behavioral Health services can benefit from ongoing group psychotherapy and are able to attend weekly group conducted by licensed therapists. Patients in those groups see the Medical Director once upon admission. They will see him monthly for mental status evaluation and medication monitoring unless the patient has a community psychiatrist. Any observations and assessments made in these groups or by the Medical Director or staff leading the groups are communicated to the patient's individual psychiatrist.

CARDIAC CATHETERIZATION AND ELECTROPHYSIOLOGY LABS

Scope of Care

The Cardiac Catheterization Lab consists of 3 cardiac procedure suites, 2 cardiac/peripheral suites, and 2 electrophysiology suites.

The Cath Labs perform a variety of both diagnostic and interventional procedures on adult and geriatric patients with the most common admitting diagnosis being coronary artery disease. Appropriateness of admission to the Cardiac Cath Lab is assessed and determined by the admitting cardiologist. The Cath Lab performs diagnostic procedures consisting of right heart catheterization, left heart catheterization, and combined right and left heart catheterization. Interventional procedures are also performed and include: percutaneous transluminal coronary balloon angioplasty, excimer laser coronary angioplasty, percutaneous coronary transluminal rotational atherectomy, percutaneous balloon valvuloplasty (aortic or mitral), intra coronary stenting, percutaneous bypass support angioplasty, percutaneous insertion of intra-aortic balloon pump, Impella assist device, percutaneous Extracorporeal Membrane Oxygenation (ECMO), and intravascular ultrasound (IVUS). In addition, peripheral diagnostic and interventional procedures include, but are not limited to carotid diagnostic and interventional procedures,; lower extremity runoffs; lower extremity interventions and limb salvage; renal diagnostic and interventions, iliac diagnostic and interventions, subclavian diagnostic and interventions; AAA diagnostic and interventional procedures; PFO/ASD closures.

The electrophysiology lab also performs procedures on adult and geriatric patients with the most common admitting diagnosis being cardiac dysrhythmias. Procedures done in the electrophysiology lab include: electrophysiology studies, ablation (A-Fib; SVT; VT, WPW, atrial flutter) with mapping, 3D Carto3 and ESI mapping studies, tilt table tests, follow-up electrophysiology studies, insertion of pacemaker/defibrillator implantable devices, and laser lead extractions. The cardiac catheterization labs report to a Technical Manager and an Assistant Nurse Manager who report to the Executive Director of Cardiac and Vascular Services, who reports to the Vice President of Operations.

Upon admission to the Cardiac Cath Lab, the patient is assessed for appropriate clinical referrals. Emergent support services for this department, such as respiratory care, surgical services, and pastoral care are available twenty-four hours a day seven days a week in person or via telephone.

Hours of Operation:

Cath Lab Department hours: Monday to Friday from 6:30 a.m. to 7:30 p.m. After hours, weekend, and holiday coverage is provided by the Call Team who is notified of emergency cases by the hospital operator.

EP Lab hours: Monday to Friday from 7:00 a.m. to 5:30 p.m.

Recognized Standards/Practice Guidelines

Practice standards and guidelines have been established to meet American College of Cardiology criteria and are collaboratively developed by the health care team.

Staffing Plan

The Cath Labs are staffed with a mix of registered nurses (RN) and registered radiology technologists (RT's). For each procedure, a combination of staff members (RN/RT) is assigned to assist in the procedure. If the procedure has two technologists assigned to it, then a registered nurse will be available to that procedure as a circulating staff member. On a daily basis, there is a minimum requirement of one registered nurse and one registered radiology technologist per lab. The scheduled patient caseload will be adjusted daily to accommodate variations in the staffing of registered nurses and RT's.

Each electrophysiology lab is staffed with one registered nurse, one EP/RT technologist and a third staff member either an RN or EP/RT technologist. Complex cases (A-fib, lead extractions) require two RN's and 2 EP/RT technologists to set-up the case.

The Cath Lab On-Call team consists of four members, two registered nurses, and two radiology technologists.

The level of patient care needed is assessed upon patient acuity on admission to the department and staffing ratios are adjusted as patient condition warrants.

CARDIAC REHABILITATION

Scope of Services

The Cardiac Rehabilitation Center assists patients with cardiovascular disease in achieving and maintaining optimal health. This assistance is provided through a partnership among the rehab staff, patients and/or significant others. The Center is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR).

The patient population served includes patients who have been diagnosed with cardiovascular disease or those identified as at risk for a future cardiovascular event. The population ranges in age from young adult to geriatric. Patients may have experienced a single uncomplicated cardiac event, have moderate to severe cardiovascular disease, or cardiac conditions complicated by other chronic disease processes. Individuals with multiple cardiovascular risk factors are also included in this patient population.

High volume diagnoses include:

- Status-post Myocardial Infarction
- Status-post Coronary Artery Bypass Graft
- Stable Angina

- Status-post Angioplasty/stent

A physician referral is required for participation in programs offered by the Cardiac Rehabilitation Center. All cardiac rehab patients receive an initial assessment performed by a Registered Nurse or Exercise Physiologist that includes an evaluation of:

- Risk Factors
- Medical History/Social History
- Learning Needs
- Dietary Habits
- Exercise Capacity
- Quality of Life indices

Patients are reassessed as needed by the Center's staff and are reviewed regularly with the Medical Director.

Monitored (Phase II)

The monitored (Phase II) Cardiac Rehab exercise typically lasts 8 – 12 weeks, and is designed based on the individual patient assessments and consists of three one-hour sessions per week that include warm-up, conditioning, strengthening, cool-down and relaxation exercises. Sessions are monitored by physicians, nurses, exercise physiologists, and include continuous ECG monitoring.

On-Target

The optional On Target program is designed to provide interested participants a mechanism for follow-up and reinforcement of their risk factor modification and ongoing home exercise programs. On-Target participants attend monthly sessions of supervised exercise with non-continuous ECG check by the Center's staff.

Diet and Nutrition Counseling

Participants are provided with nutritional and dietary recommendations based on their individual health needs.

Risk Factor Reduction and Education

Lectures, classes and supporting materials provided by the Center teach participants and family members the components of leading a healthy lifestyle as well, as how to avoid high risk behaviors that may promote the development of heart disease.

Hours of Operation: The Cardiac Rehabilitation Center is open from 7:00 a.m. to 7:00 p.m. Monday, Wednesday and Thursday. Services are provided at the Cardiopulmonary Rehabilitation Clinic at 7620 Carroll Avenue, in the conference center building directly adjacent to Washington Adventist Hospital.

Recognized Standards/Practice Guidelines

Assessments and cardiac rehabilitation are provided in accordance with Maryland State licensure and the practice guidelines established by the appropriate professional associations including The Scope of Cardiac Rehabilitation Nursing Practice, American Nurses Association Council on Medical-Surgical Nursing Practice, The American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) and American College of Sports Medicine (ACSM).

Staffing

The Center is composed of licensed Registered Nurses and a licensed physician serving as the Medical Director. Non-licensed personnel may include Exercise Physiologists, professional school

students, secretary and volunteers.

- Registered Nurses have an Associate's degree or B.S. degree from an accredited school and are licensed by the Maryland State Board of Nursing.
- Exercise Physiologists have an M.S. degree from an accredited school.

There is one supervisor, one director and one medical director for clinical and administrative guidance.

Staffing is based on established program protocols and is consistent with program parameters as defined by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). One staff member may provide care for a maximum of five patients who receive continuous ECG monitoring. A second staff person to be immediately available in case of an emergency.

CARDIOLOGY DEPARTMENT

Scope of Care

The Department of Cardiology functions within the Cardiovascular Institute at Washington Adventist Hospital to provide primarily non-invasive diagnostic cardiac services to the adolescent, adult or geriatric group. Services include the following:

2-Dimensional echocardiogram
Doppler and Color flow studies
Contrast and "Bubble" echo studies
Transesophageal echocardiogram
Exercise Stress echocardiogram
Pharmacological (dobutamine) stress echocardiogram
Treadmill exercise stress test (GXT)
Nuclear (sestamibi) stress test
Pharmacological stress test,
Implantable Cardioverter/defibrillator/pacemaker (ICD) electronic analysis
The scope of service and complexity of the customer includes:
Emergent and critical care patients,
Ambulatory and non-ambulatory inpatient,
Post procedure patients, such as Angioplasty or CABG patients,
Outpatients with clinical symptoms,
Pre-op and transplant patients and elective ambulatory outpatients.
Routine testing includes:
Screening for physical fitness programs,
Pre employment physicals
Pre-cardiac rehab,
Post cardiac event such as MI or post interventional procedures,
Intraoperative and intraprocedural studies are provided by the echo lab:
Adjustment of implanted devices (pacemakers, ICD's), (AV Optimization)

Treadmill/Exercise Procedures:

Cardiac ECG monitoring is provided by the cardiology clinical staff, Physicians, Physician Assistants and/or Nurse Practitioners and Registered Nurses. Interpretations can only be done by a Physician, Physician Assistant and/or Nurse Practitioners, with the appropriate training.

Hours of Operation: Services are provided routinely Monday through Friday, 7:00 a.m. to 6:00

p.m., with extension of these hours to cover early AM surgical cases or to complete PM emergency cases. Clinical on-call staff is utilized, if indicated, to accommodate the workload.

Fluctuations: An effort is made to accommodate the patient's schedule and wishes, as well as coordinating patient diagnostic cardiac studies with other procedures. Stats and urgent tests take priority at all times. In-patient studies are, in most cases, done on the day ordered unless otherwise requested. Requested routine outpatient studies can usually be scheduled the same day as requested and complex studies within a few days. Studies with the exception of stress testing may be portable if indicated by the patient's condition.

The cardiologist on-call is to be notified by telephone of tests requested after hours, on weekend or holidays. The on-call physician will make a determination of clinical urgency of study and appropriate clinical staff will be requested to perform the study.

Exceptions to this, is the Intensive Care Physician may request this test independently, accepting full responsibility for the test.

Staffing Plan

The Cardiology Department has a physician Medical Director, who also serves as the Medical Director of the Echocardiography Laboratory, an Executive Director of Cardiac Services, Assistant Nurse Manager, and a Lead Technician of the echo laboratory. The clinical procedure areas have a physician or a physician assistant assigned to cover tests during the routine hours of the department. There is a clinical staff member on-call during the hours the department is not open, including nights, weekends and holidays. Clerical staff assists the department in scheduling, making appointments, processing admitting data and orders. They are also instrumental in obtaining lab results, charts from medical records, and transcription of nuclear studies copying, mailing of reports, filing and pulling records.

Clinical staff consists of three full-time and one part time Echo Technicians. One RN, who is responsible for Stress testing and managing the department, one full time patient care technician, who assist with monitoring the safety of patients along the nuclear medicine, stress and echo hallways. The patient care technician also assists with patient set up for testing. There are also three limited part time/per diem registered echo technologists who primarily cover the weekend and holiday hours, and one limited part time/PRN to provide last minute and vacation coverage as needed. One administrative support person is present in the department. Staffing is flexed to match patient volume while still providing a safe level of coverage. Cross training by staff is encouraged and supported.

Equipment

Equipment includes five Echo systems with TEE probes, 2 stress testing systems, 2 adenosine infusion machines, 3 lifepac monitors, one being a portable unit, 3 portable blood pressure machines, 1 portable pulse oximetry machine, and contrast agitator. There are three McKesson Echo reading stations with double screens. The exercise stress rooms are equipped to be used as examination areas or additional echo lab space.

Recognized Standards/Practice Guidelines

For reference and guidelines in formulation of policies and procedures, the Cardiology Department uses the standards and practice guidelines of the American College of Cardiology (ACC), the American Heart Association (AHA), the American Society of Echocardiography (ASE), the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL). Other references include the North American Society of Pacing and Electrophysiology

(NASPE), the American Society of Nuclear Cardiology (ASNC), third party insurance documents, Medicare/Medicaid, and HIPAA regulations

CARDIOLOGY RESEARCH (CENTER FOR CARDIAC & VASCULAR RESEARCH, CCVR)

Scope of Care

The Center for Cardiac & Vascular Research (CCVR) has been developed at Washington Adventist Hospital (WAH) in effort to develop an organizational structure for clinical research to be performed at WAH. The focus is on cardiac and vascular research opportunities at WAH to facilitate the development of a solid foundation for clinical research. All research done is in conjunction with approval of IRB. Research outcomes will be shared with other professionals in the field helping to answer important medical and technological questions. The patient population served includes adults and geriatrics.

Goals of the Center:

Excellent clinical outcomes

Timely protocol review and acceptance

Centralized research activities

Obtain physician support across groups and disciplines within healthcare

Improve local name recognition

Improve national and international name recognition

Structure:

CCVR

Director (MD)

Associate Director (MD)

Administrative Director

Clinical Research Coordinators

Scientific Advisory Board

Hours of Operation:

Monday through Friday 6:30 a.m. – 5:30 p.m. Director, Administrative Director and Research Coordinators are available via pager during off-hours, including weekends to answer research related questions.

Recognized Standards/Practice Guidelines

CCVR follows the GCP, FDA standards / regulations, IRB standards and study specific protocols.

Staffing Plan

The Center for Cardiac & Vascular Research is staffed by an Administrative Director (RN), 4 FTEs clinical research coordinators, and a secretary.

CASE MANAGEMENT

Scope of Services

Case Management is a collaborative process that facilitates the assessment, planning, and implementation of an appropriate medical plan of care that maximizes the available resources in the most optimal setting. The case management department, consisting of nurse case managers, social workers, and discharge planners, work together to coordinate care, liaison between the medical team and patient/family and ensure that high quality care is delivered in the most cost effective manner and a patient centered safe discharge plan is developed.

The department provides the following services:

- Identifies patients at risk for high cost, extended lengths of stay, destabilization and repeat hospitalizations
- Conducts concurrent reviews of professional services on all age groups using criteria and procedures adopted by the Utilization Review Committee
- Assesses appropriateness of bed status (Outpatient, Observation and Admission) and continued hospital stays by using Interqual Criteria. Patients not meeting criteria are referred to the clinical review company contracted by AHC who contacts the attending physician to determine appropriateness of level of care
- Assesses the patient care needs through collaboration with the physician and other members of the health care team—patient placement is guided by established admission, discharge and transfer criteria
- An clinical initial review is completed by the case manager within 24 hours of admission for the insurance company or Medicare, or the next business day if the admission occurs on a weekend or holiday. The clinical reviews are establishing medical necessity based on medical guidelines the hospital uses. After the initial clinical review, concurrent and discharge reviews are completed.
- Facilitates care coordination rounds
- Actively participates in the Utilization Review Committee and provides data and reports for analysis
- Provides assistance and oversight for documentation compliance to ensure the quality, completeness, and accuracy of medical record documentation
- Maintains up-to-date knowledge of the Medicare and Medicaid guidelines and their objectives as appropriate
- Maintains up-to-date knowledge of the utilization review process, its objectives, legislation, and regulations
- Maintains understanding of issuing denial notifications to patients, peer to peer discussions between the hospital and the insurance medical directors and the appeal process of denials from insurance companies
- Facilitates plans for ongoing care beyond hospitalization based on thorough assessment of patient needs
- Networks and creates partnerships with community agencies to ensure continuity of care for patients once they are discharged
- The post-acute referrals may include: follow up calls for medication reconciliation, personal care management, outpatient case management to support the patient securing entitlements and resources, doctors' appointments, adult day care and other resources as needed for patients.
- Provides counseling to patients/families regarding adjustment to symptoms and illness, substance abuse, end of life, and other difficult issues
- Provides assessment of patients with suspected abuse/neglect/violence issues including; filing suspected reports of abuse and neglect with the appropriate Adult and Child County agencies. Providing access to the police when the situation warrants this or when the patient is requesting to file a report.
- Intervenes when social/economic issues affect health or disposition
- Provides assistance for homeless patients and others facing psycho social barriers
- Ensures that when patients are discharging from the hospital they are leaving in a dignified manner with appropriate clothing and foot covering and not in hospital scrubs

Case Management Staffing Plan

1 Director

1 Supervisor

- 1 Secretary
- 6.5 Social Workers
- 11.1 Case Managers
- 3 Utilization Review Analysts
- 2 Discharge Planners

Liaisons from Adventist Home Health and Acute Rehab, Dialysis, and Hospice and other companies partnering under a contract with Case Management.

Staff members are assigned by unit. Each unit has a case management team consisting of CM and SW. Staff may be assigned to multiple units based on hospital and staffing needs. Discharge planners are used as extenders to the CM and SW and have additional responsibilities in the post-acute process. The Utilization Review Analysts are assigned to duties which include managing: denials, sending out clinicals to the insurance companies and post-acute personal care management depending on the individual's assignment.

A Nurse Case Manager is assigned to the Emergency Room 12 hours a day Monday through Friday and coverage as well on Saturday and Sunday.

On Call: There is a Case Management Manager on call 24/7 by pager and the Director and Supervisor are available at all times by cell phone.

Hours of Operation

Monday-Friday	8:30a.m. - 5:00 p.m.
Weekends	8:30a.m. -5:00 p.m. (2 social workers are in the hospital)
Holidays	Limited social work and case managers are working on the holidays in the hospital.

Leadership: The Case Management Department reports to the Vice President/CFO.

DIALYSIS SERVICE

Scope of Care

Dialysis service is provided on a contract basis by DaVita, Inc. for adult inpatients only. The contract for this service is held in the Executive Office of Washington Adventist Hospital.

Hours of operation:

The service is available 24 hours day, 7 days a week, as required for patient care. Normal Working Hours are Monday thru Saturday from 7:00 a.m. to 5:00 p.m. Other hours are reserved for emergency treatments.

Staffing Plan

The service is provided by a qualified dialysis registered professional nurse during normal business hours. A dialysis nurse is available by phone consultation regarding off hours issues. The primary nurse caring for the patient and the dialysis nurse will maintain responsibility for the patient's overall care during dialysis.

Leadership:

The service reports to the Director of Renal/Medical Surgical, Unit 4200, who reports to the Executive Director Inpatient Nursing

EEG/NEURODIAGNOSTICS LABORATORY

Scope of Care

Inpatient and outpatient studies include routine and activated EEG's, sleep EEG's, naso-pharyngeal leads, electro-oculogram, polysomnography, multiple sleep latency, and continuous positive airway pressure ventilation.

Types and Ages of Patients Served

The Neurodiagnostics Laboratory provides diagnostic electroencephalographs and sleep disorder services for adult and geriatric patients.

Methods Used to Assess and Meet Patient Care Needs

All patients are assessed individually utilizing objective physical assessment skills. Treatments and diagnostic testing are conducted following physician orders and carried out by EEG technician. Reassessments are made post treatment with documentation of results and evaluation noted on the patient's medical record.

Scope and Complexity of Patient Care Needs

The patients treated by this department range from acute (STAT Orders) to stable (Routine Orders). The patients are assessed and treated within 2 hours for STAT orders and 16 hours for Routine Orders.

Hours of Operation

Monday through Friday 7:00 p.m. - 7:00 a.m. for Polysomnography
Monday, Wednesday, Friday 1:00 p.m. - 8:30 p.m.
Tuesday, Thursday 11:00 a.m. – 5:30 p.m. for EEG testing.
Emergency service is available on request of a neurologist.

Staffing Plan

1 EEG Technician

1 Polysomnography Technician

EEG/Neurodiagnostics Laboratory reports to a Director who reports to the Vice President/CNO.

ELECTROCARDIOGRAPHY (EKG) LABORATORY

Scope of Care

Services include EKGs, EKG rhythm strips, and signal-averaged EKG's. Outpatient EKGs are done in the hospital Pre-Admission Testing area and Post Anesthesia. STAT requests are performed by Respiratory Care practitioners after 12:00 p.m. on Saturdays and holidays and after 8:00 p.m. Sunday through Friday.

Types and Ages of Patients Served

The EKG laboratory provides EKG testing for the neonatal through geriatric patients.

Methods Used to Assess and Meet Patient Care Needs

All patients are assessed individually utilizing objective physical assessment skills and tools, laboratory findings, and other testing mechanisms utilized by EKG Lab. Treatments and diagnostic testing are conducted following physician orders and carried out by EKG technician. Reassessments are made post treatment with documentation of results and evaluation noted on the patient's medical record.

Scope and Complexity of Patient Care Needs

The patients treated by this department range from acute (STAT Orders) to stable (Routine Orders). The patient are assessed and treated within 15 minutes for STAT orders and 4 hours for Routine orders.

Hours of Operation:

Sunday through Friday	7:00 a.m. - 8:00 p.m.
Saturday	7:00 a.m. - 2:00 p.m.
Holidays	7:00 a.m. - 2:00 p.m.

In The Sleep Center Testing, the hours are: Monday through Friday, 6:00 a.m. to 5:00 p.m. Coverage by Respiratory Care after hours and PRN

Leadership: EKG reports to a Director who reports to the Vice President/CNO.

EMERGENCY DEPARTMENT

Scope of Care

The Emergency Department (ED) is an emergency treatment facility that is fully staffed with licensed physicians and registered nurses at all times. The Emergency Department interacts collaboratively with various hospital departments to ensure appropriate and timely diagnostic procedures, as well as the availability of needed services. Emergent support services for the ED (such as respiratory care, laboratory, pastoral care, social work, and radiology) are available 24 hours a day, 7 days a week. Patient disposition from the department is based on a mutually determined plan of care. Referrals are provided as needed for patients discharged from the ED.

The department provides evaluation and treatment to patients of all ages, cultures and varying levels of illness, ranging from minor to critical. Initial care and stabilization of infants and children is available, with transfer to a pediatric center or trauma center as needed. Although not designated as a trauma center, trauma patients and those with neurosurgical crises are stabilized and transferred to the appropriate facility as needed. The ED operates a cycle III chest pain center with PCI, for the surrounding counties. As a participant in the statewide emergency medical systems network, the ED communicates any changes in its ability to accept admissions as part of a coordinated effort with area hospitals to ensure satisfaction of community need.

Emergency Department patients are initially assessed by the triage nurse who determines treatment urgency, (i.e., resuscitation-critical, emergent, stable, urgent, and non-urgent) and placement within the ED. The assigned nurse performs a complete assessment and patient needs are identified. The emergency physician evaluates the patient and diagnostic testing and treatments are ordered based on the patient's needs. Emergency patients are evaluated for response to treatment and are admitted to the hospital or discharged with after-care instructions as appropriate. Staff schedules are staggered to reflect the department's patient care needs and services offered. All ED staff must demonstrate competency in the performance of specialized emergency skills on an annual basis.

Hours of Operation: Operates 24 hours a day, seven days a week.

Leadership: The department is under the direct supervision of the Nursing Director. The Nursing Director reports to the Executive Director of Nursing who reports to the Vice President/CNO. Medical leadership is provided by a Medical Director who serves as the Chairman of the

Emergency Department.

Recognized Standards/Practice Guidelines:

The ED is staffed with board certified or board eligible physicians experienced in Emergency Medicine. Registered nurses hold BLS, ACLS and PALS certifications. The ED Technicians are all certified nursing assistants (CNA). Practice standards and guidelines have been established to meet American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA) criteria and are collaboratively developed by the healthcare team.

ENDOSCOPY

Scope of Care

The Endoscopy Unit is a diagnostic and therapeutic unit for both inpatients and outpatients, designed to provide optimal nursing, equipment and supplies necessary for safe and effective gastrointestinal endoscopy. The endoscopy suite serves a wide range of patients, which consist of acute and chronic individuals. The age range is from the young adult to the geriatric. There are several methods used to assess and meet the patient's care. These methods are both palliative and curative measures in nature.

Curative measures consist of banding or cauterizing a bleeder (GI bleeding). Palliative measures may be used for the chronic patient, i.e., ERCP's, PEG insertion. Diagnostic, upper endoscopy, flexible sigmoidoscopy, colonoscopy, and endoscopic retrograde cholangiopancreatography procedures are performed daily. Other procedures include sphincterotomy, endoscopic extraction of gallstones, nasobiliary stent placement, placement and removal of endoscopic stents.

Endoscopy consists of one dedicated room, with one mobile unit and supply cart which allows a second site to be utilized. The unit has established and maintains a team approach with a dedicated staff to provide optimal management of resources and efficient service to patients and physicians. Unscheduled cases, emergencies, and add-on cases, are addressed as per department policy. The department works in a collaborative fashion with all support departments to provide patients with care appropriate to their needs.

Patient acuity in endoscopy ranges from acute to chronic (terminal) as determined by the patient's diagnosis, history, physicals, and ASA score. The patient's need for special services and referral screening are met by initial screening done by the nurse, doctor, or anesthesiologist within 24 hours of the procedure for inpatients or within two (2) hours for outpatients. The patient's progress continues along the continuum of care, which includes the post anesthesia care unit in the main or short stay PACU.

The patient is assessed on admission for appropriate clinical screening referrals within 24 hours of arrival in the department.

Levels of patient care and staffing needs are identified and assignments will reflect the degree of experience provided by the individual, the patient's needs, the technology required, and the complexity of the case. This may also include criteria for patient's admission and discharge to and from a specific unit.

Hours of Operation: The hours of operation are Monday to Friday, begin at 7:45 a.m. to 3:30 p.m. Emergent support services for endoscopy (such as respiratory care, nutritional services, social work services) are available 24 hours a day, 7 days a week, in person or via telephone.

Staff is scheduled to be in-house from 7:00 a.m. to 3:30 p.m., (after 3:30 p.m., endoscopy cases

are covered by OR staff in the OR), Monday through Friday. Saturday and Sunday, one surgery team on call twenty-four hours with a forty-five minute call response time.

Recognized Standards/Practice Guidelines

The nursing care and standards in this area are rendered based on the Society of Gastroenterology Nurses Association, and on a prescribed plan for the provision of nursing care utilizing the nursing process. The healthcare team develops these standards and guidelines collaboratively.

Leadership: Operational management is the direct responsibility of the unit assistant nurse manager, who reports to the Executive Director of Surgical Services. Endoscopy reports to the Executive Director who reports to the Vice President/CNO. The chairperson of the Department of Gastroenterology is responsible for the medical direction of the Endoscopy Unit. The chairperson of Anesthesia is responsible for the medical direction of anesthesia services provided to the unit.

FOOD AND NUTRITION SERVICES

Scope of Services

Food and Nutrition Services is responsible for all aspects of food services at Washington Adventist Hospital including the procurement, production and delivery of food for hospital patients, visitors and employees. Clinical nutrition care is provided by Sodexo dietitians (R.D) registered by the Commission of Dietetic Registration, the credentialing agency for the Academy of Nutrition and Dietetics. Food and Nutrition Services is a contracted service with Sodexo Management Services, and reports to the Executive Director, Community Relations and Support Services.

Hours of Operation: 5:00 a.m. - 8:00 p.m. with specific hours of service listed below:

	Breakfast	Lunch	Dinner
Monday through Friday hours:			
Cafeteria	6:30 - 10:30	11:00 - 2:00	4:30 - 7:00
Holidays and weekend hours:			
Cafeteria	7:00-10:00	11:30 – 2:00	3:30 – 6:30
Patient Service	6:45 - 10:00	11:30 - 2:00	4:30 - 7:00

- Vending is available 24 hours a day near the Cafeteria, Emergency Department, and Unit 1500.
- Catering is available from 6:30 a.m. - 7:00 p.m.
- Common Grounds Coffee Cart is available Monday – Friday from 7:30 a.m. to 6:00 p.m. Located off the main lobby.

Patient care food service needs on the off shift(s) are addressed via the nursing coordinator.

Recognized Standards/Practice Guidelines

Management of all department functions and systems, the nutritional and therapeutic needs of the patients, production and delivery of catered events, and the vending and coffee cart program are in accordance with health department guidelines and the Joint Commission standards.

Staffing Plan

- 1 Director Nutrition Services
- 1 Production Manager
- 1 Retail Manager

- 1 Clinical Nutritional Manager/Patient Service Manager
- 0.5 Secretary
- 1.5 Supervisors
 - 1 Catering
 - 3 Cashiers (M-F) and 2 weekends and holidays.
 - 4 Cooks (M-F) and 3 weekends and holidays
 - 1 Stock Clerk (M-F)
 - 3 Cold Food Workers (M-F) and 2 weekends and holidays
- 14 Food Service Workers
 - 4 Dietitians
 - 1 Outpatient dietitian
 - 9 Dietetic Assistants

INFECTION PREVENTION

Scope of Services

The scope of the Infection Prevention Program at Washington Adventist Hospital includes monitoring and evaluating activities that address patients of all ages and acuity served by the medical staff, nursing staff, ancillary and support services. The Infection Prevention Program is hospital-wide and includes inpatients, outpatients, employees, visitors, physicians, contract workers, students, volunteers, and the community, for the purpose of prevention and control of infection occurrences and spread of nosocomial infections. The Infection Prevention Program participates in the CDC's, National Healthcare Safety Network (NHSN) program as well as the Maryland Hospital Association Quality Indicator Project. All departments and services are part of the Infection Prevention Program. The surveillance and documentation of Healthcare-Associated Infections (HAI's) is used as an assessment of the quality of patient care within the facility. The Chairman of the Infection Prevention Committee will have the authority to institute any surveillance, prevention, and control measures or studies when there is reason to believe that any patient or personnel may be in danger. The Chairman of the Medical Executive Committee and Administration will be notified immediately of issues or concerns by the Infection Prevention Committee Chairman or the Infection Prevention - Manager.

The Infection Prevention Program includes: surveillance, analysis, and reporting of infection data; in-service education of all staff, outbreak investigation; review and revision of all policies and procedures related to infection control; product evaluation; monitoring for environmental and practice compliance; facilitation of the Infection Prevention Committee; on-going planning to address new concerns such as bioterrorism, and interfacing with the local and state health departments as well as the Centers for Disease Control and Prevention to ensure continuity of care, and appropriate follow-up and control of infection.

Hours of Operation: Normal working hours are 8:00 a.m. to 4:30 p.m., Monday through Friday, but may vary to meet patient and staff needs. The hospital operator and Administrative Supervisor are able to reach an Infection Preventionist, when needed after hours, weekends and holidays.

Leadership: The Infection Prevention Program is administered by the Infection Prevention Manager, who reports to the AVP, Clinical Effectiveness. Medical oversight of the program is provided by the Chairman of the Infection Prevention Committee. The Infection Prevention Manager and the Chairman of the Infection Prevention Committee have the ultimate responsibility and authority for the Infection Prevention Program.

Recognized Standards/Practice Guidelines The Infection Prevention - Program complies with

OSHA, EPA, the Joint Commission, HICPAC, and CDC guidelines and regulations.

Staffing Plan-1.6 FTEs

2 Infection Prevention – Professionals

INFUSION THERAPY

Scope of Services:

The Out-Patient Infusion Therapy Center was established (late 2008) to serve the oncology and other populations in need of infusion services in the outpatient setting. This center provides outpatient chemotherapy and biotherapy, blood product transfusions, hydration, antibiotic therapy and growth factor administration for the oncology population. The center is also providing infusion services for non-oncology patients needing this service, including, but not limited to treatment for Crohn's disease, renal disease and Multiple Sclerosis.

The Center is staffed by an OCN (Oncology Certified Nurse), who is also chemotherapy certified.

Hours of Operation: 8:00 a.m. to 4:30 p.m.

Leadership: The Infusion Center reports to the Nurse Manager, Unit 3200.

Recognized Standards: Chemotherapy and biotherapy administration are based upon the specialty standards of the Oncology Nursing Society. Care is delivered per the hospital oncology standards, and guided by the ACCC (Association of Community Cancer Centers) and the ACoS-CoC (American College of Surgeons, Commission on Cancer)

LABORATORY SERVICES

Scope of Care

Clinical Laboratory services are provided via contracted source (Quest Diagnostic Nichols Institute Chantilly). The Laboratory's function and purpose is to perform laboratory testing as prescribed by a licensed medical physician and with oversight by a medical director licensed in medical pathology. Diagnostic testing is performed on inpatients and outpatients of all ages, from neonatal (0-3 days of age) to geriatric (>65 years old) patients. Testing that is not performed in the hospital laboratory is referred to Quest Diagnostics Nichols Institute Chantilly. The contract is kept in the Executive Office of Washington Adventist Hospital.

The laboratory information system is interfaced to the hospital information system. Physician orders are entered into the hospital information system with special requirements identified. Nursing staff enter orders into the hospital information system. Laboratory executes orders via phlebotomy when orders are directed to be collected by lab. Results are made available via the laboratory information system to the hospital information system. The laboratory information system is also interfaced to the Quest Diagnostics Nichols Institute Chantilly system to provide reference laboratory results electronically.

Routine clinical laboratory test(s) are completed within a 1-4-hour period, excluding microbiology results. Esoteric laboratory testing is completed according to specified test turn-around time.

Hours of Operation: The laboratory operates 24 hours a day, 7 days a week. Outpatient services are provided Monday through Friday from 7:00 a.m. to 4:00 p.m. and Saturday and Sunday from

7:00 a.m. to 3:00 p.m.

Leadership: The laboratory reports to a director who reports to the Vice President/Operations.

Recognized Standards/Practice Guidelines

Policies and procedures are based upon State, Federal and professional organization guidelines (i.e., CLIA, CAP, AABB).

Technical staff, as identified by Clinical Laboratory Improvement Act and College of American Pathology regulations, is required to complete a two or four-year program from a recognized accredited college/school of medical technology. Certification with an approved accreditation agency is preferred. Non-technical staff is required to have a high school diploma and related work experience or on-the-job training. All new employees, technical, and non-technical, participate in department specific training and competency testing.

The Laboratory is accredited every two (2) years by the College of American Pathologist (CAP).

MISSION AND PASTORAL CARE SERVICES

Scope of Services

The Mission & Pastoral Care Services Department offers spiritual support to patients, their families and hospital staff. This ministry is manifested most clearly in times of crisis. The chaplains are committed to respect the dignity and faith tradition of each individual, and to guide and direct the spiritual climate of the institution. They base their pastoral care ministry on an inclusive basis, open to persons of all faiths or no faith. The chaplains also facilitate communication between patients and their faith communities.

The Mission & Pastoral Care Services' scope of care includes the following:

- Spiritual support to all patients, their families and hospital staff
- Responding to crises and referrals in a timely manner
- Special rituals and services including; communion, anointing, funerals and memorial services
- Participation in discharge planning and other interdisciplinary meetings
- Daily prayers over the hospital public address system, Monday through Friday at 8:30 a.m., and weekends at 8:55 a.m.
- Interfaith devotions in the Behavioral Health unit at 9:00 a.m. and the Stephenson Chapel at 9:30 a.m. on weekends
- Daily evening benediction over the hospital public address system at the end of visiting hours
- A week of Spiritual Emphasis in the spring and a week of Pastoral Care celebration in the fall for all in the hospital
- Support staff Prayer Ministry
- Quarterly Grief Care support groups for general losses
- Monthly Empty Arms, Aching Heart support groups for perinatal loss
- Biannual Services of Remembrance for bereaved families of deceased patients
- Employee bereavement support

Hours of Operation: Mission & Pastoral Care Services is available 24 hours a day, 7 days a week. Regular office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday. A chaplain is on-call at all other times.

Recognized Standards/Practice Guidelines

Mission & Pastoral Care Services' policies, procedures and guidelines are based on the recognized practices established by the Association of Professional Chaplains (APC), the Joint Commission on Accreditation of Healthcare Organizations (JC) and Washington Adventist Hospital.

Staffing Plan

Mission & Pastoral Care Services is comprised of 10 members: the Director, 3 Staff Chaplains, 5 PRN Chaplains and the Secretary. Mission & Pastoral Care Services reports to the Associate Vice President/Mission Integration and Spiritual Care.

NUCLEAR MEDICINE

Scope of Services

The department offers a range of services, both diagnostic and therapeutic to patients of all ages, from adolescent to geriatric. Currently, there is a GE Dual Head SPECT Millennium, and one GE Dual Head SPECT Myosight with integrated computers. The department is also equipped with counter/scale equipment and other radiation detection devices.

Patients requiring Nuclear Cardiology studies are assessed, exercised and monitored by a Cardiologist, Physician's Assistant or Nurse Practitioner and RN during the procedure. Patients not on cardiac monitoring are watched by Nuclear Medicine Technologists. Patients requiring cardiac monitoring are monitored by an RN from the transferring unit.

Staffing for the department is established using RVUs and procedures as guidelines based on historical trends and MHA, Action OI and AHRA data.

All radiologists are Board certified and credentialed through the Medical Staff Office and Medical Director of Radiology. The Radiology group consists of two on-site radiologists (including a Medical Director of Radiology), three locums and 30 remote radiologists. The Radiologists are consultants responsible for advising referring physicians which imaging procedure to order, what protocol to follow, and image interpretation. All technologists are registered by the ARRT or NMTCB and licensed by the State of Maryland. The technical staff consists of a Lead Tech, one full-time and two part-time technologists, two per diem technologists and a consultant radiation physicist group. A technologist is on call by telephone/ long-range pager, and a remote radiologist is available after regular hours, seven days a week. Each patient receives oral/written information regarding the procedure that is being done. They are also given additional information if they must return for follow-up scans..

Hours of Operation: As part of the Radiology Department, Nuclear Medicine provides services 24 hours a day to acute and chronic inpatients and Emergency Department patients. The department accepts outpatients from 7:00 a.m. until 5:00 p.m., Monday through Friday. On Saturday and Sunday, Emergency Department patients are done by the on-call technologist, as needed.

Leadership: Nuclear Medicine reports to the radiology director who reports to the Vice President of Operations.

Recognized Standards/Practice Guidelines

Nuclear Medicine follows ACR (American College of Radiology), NRC (Nuclear Regulatory Commission), Quality Improvement Program of SNM (Society of Nuclear Medicine), DOT (Department of Transportation), and OSHA standards/guidelines.

NURSE PRACTITIONER SERVICES

Scope of Service

The Nurse Practitioner (NP) works in collaborative practice with physicians and surgeons as outlined in their Attestation Form, issued and approved by the Maryland Board of Nursing. This group also includes Physician Assistants (PAs). The team works with primarily Cardiologists and Cardiovascular (CV) Surgeons. The NPs/PAs assigned to CV Surgery patients are responsible for the pre-operative evaluation and post-operative medical management of patients in the cardiac telemetry units. The NPs/PAs assigned to cardiology patients are responsible for pre-procedure evaluation and post-procedure medical management of patients in the TransCare, Telemetry, and Coronary Care units. The NPs/PAs assigned to the Cardiology Department evaluate patients undergoing Cardiac Stress Testing and/or Echos and also perform the Stress Testing itself. Patient acuity ranges from low (1) to high (4) as determined by the Evalisys patient classification system methodology; the acuity rating on the cardiac telemetry units averages in the medium range.

The NPs/PAs are credentialed by the Medical Staff through the Department of Cardiovascular/Thoracic Surgery and Department of Medicine as staff affiliates. They are clinically responsible for collaborating with physicians as outlined in their agreement.

The most common types of patients managed are adults and geriatrics who undergo coronary revascularization, valve repair/replacement, ICD implantation, aortic aneurysm repair, carotid endarterectomy and lower extremity bypass surgeries. The most common type of interventional patients managed are adult and geriatrics that undergo cardiac catheterization, coronary revascularization, electrophysiology studies, ablation, device implantation, valvuloplasty and peripheral vascular angiography and revascularization. The most common types of patients seen in the Cardiology Department are those undergoing Sestamibi Treadmill Testing, Treadmill Stress Testing, Treadmill Stress Echo, Adenosine NST, Dobutamine NST, and Lexiscan Protocol.

Patient care is provided in collaboration with physician members of the medical and surgical staffs, nursing staff, and other members of the healthcare team. The NPs/PAs utilize principals of evidence-based medicine to identify and address patient care needs. The NPs/PAs further assess need for support services at their first encounter and throughout their care coverage. These support services further screen the patient within established time frames and are additionally available on an emergent basis. Patients are evaluated for transfer and discharge as their care needs change. Departmental documents are approved by the appropriate hospital and medical staff governing bodies.

Hours of Operation:

Cardiovascular Surgery –
Daily
On call daily

3.4 FTE's
7:00 a.m. - 7:30 p.m.
until 9:00 p.m.

Diagnostic and Interventional Cardiology –
Monday - Saturday

6.0 FTE's
7:00 a.m. - 7:30 p.m.

Cardiology Department-
Monday – Friday

1.0 FTE's
8:00 a.m. – 4:30 p.m.

Other hours vary, based on individual agreement.

Leadership: Administratively, the NPs/PAs report to the Coordinator who reports to the Executive Director of Cardiovascular and Surgical Services who reports to the President.

Recognized Standards/Practice Guidelines

Standards of care, protocols, pathways, pre-printed order sets and nursing care plans assist, as appropriate, in the provision of care. These are developed collaboratively using information from specialty organizations (e.g., AACN) medical and allied health literature, research, and best practice benchmarking. The need for specific support services is assessed on admission by the nursing departments (within four – eight hours) using clinical screening criteria and throughout the patient's stay with referral and follow-up as appropriate.

OCCUPATIONAL HEALTH

Scope of Care

Occupational Health Services is responsible for occupational health and safety issues that include the following: injury tracking, filing, reporting and case management of worker's compensation. Injury/illness management and pre-placement drug screening and health questionnaire are performed by Registered Nurses in Occupational Health Services. Occupational Health Services is also responsible for the OSHA 300 Log and mandated medical surveillance programs such as Tuberculin skin testing (PPD), immunizations and blood and body fluid exposures. Customer population consists of employees of Washington Adventist Hospital, volunteers of the hospital, contracted corporations and some services for other employees in Adventist HealthCare.

Staffing Plan

- 1 Part time (.5) Registered Nurse
- 1 Full time Clerical/Assistant
- 1 Full time Manager/NP

Leadership: A manager maintains 24-hour accountability for the unit, who reports to the AHC Director of Occupational Health and reports on a dotted line to the Executive Director Human Resources who reports the President.

Recognized Standards/Practice Guidelines

Occupational Health follows OSHA and CDC regulations.

OPERATING ROOM

Scope of Services

The department provides surgical services for inpatients and outpatients. The age groups range from the pediatric to the geriatric population. These individual conditions can range from acute to chronic. The Operating Room is designed to provide optimal nursing care, equipment, and supplies to deliver a safe and efficient environment. Perfusion and Physician Assistant services are part of the Operating Room and are provided as needed. There are several methods used prior to the patient entering surgery to assess and meet the needs of the patient, including diagnostic, radiology, history and physical, lab values, and non-invasive procedure. The operative procedures

performed are palliative or curative in nature.

The Operating Room Suite includes eleven general rooms, two cardiac surgery suites, one negative pressure procedure room, and one cystoscopy room. There is a holding area where in-house patients can be brought to prior to surgery for final pre-operative preparation.

The department works in a collaborative fashion with all support departments, including Radiology, Laboratory, CathLab, Transcare, Emergency Department, Intensive Care Units, PACU, SSU, nursing units, Biomedical Engineering, and Environmental Services.

Patient acuity in this department ranges from acute chronic and morbid as determined by the patient's diagnosis, H&P, and ASA score. The patient's need for special services and referral screenings are met by initial screening assessment done by the nurse and the anesthesiologist within 24 hours of surgery for in-house patients, and within 2 hours for the outpatient population. The patient's progress continues along the continuum of care, which includes the post anesthesia care unit and/or the short stay unit. These units continue to monitor the patient's vital signs, pain level, knowledge base, and level of consciousness.

Hours of Operation: The hours of operations for general and cardiac surgery are Monday to Friday, 6:00 a.m. to 11:30 p.m. Saturday and Sunday are for urgent and emergent cases and are done by the on-call team.

Leadership: The Operating Room reports to the Director of Surgical Services who reports to the Executive Director of Surgical Services, who reports to the Vice President/CNO. The Chairman of the Department of Surgery is responsible for the medical direction of surgery. The chairman of Anesthesia is responsible for the medical direction of anesthesia services.

Recognized Standards/Practice Guidelines

Nursing care in the Operating Room is rendered on the basis of a prescribed plan for the provision of nursing care, utilizing the nursing process and the practice standards and guidelines of the Association of Operating Room Nurses, Recommended Practices. Standards and guidelines are established to meet AORN criteria and are collaboratively developed by the healthcare team.

PATHOLOGY SERVICES

Scope of Services

Pathology professional services are provided by board certified pathologists and laboratory medical director contracted through Advanced Pathology Associates, LLC. Histology services are provided by Capital Choice Pathology Laboratory, as subsidiary of Adventist HealthCare. Histology services include block and slide production, pathology laboratory staffing, and pathology office management. While most pathology services are performed on site at Washington Adventist Hospital, some cases are read offsite. All pathologists who read Washington Adventist Hospital cases are privileged members of the medical staff. Diagnostic testing is performed on inpatients and outpatients of all ages, from neonatal (0-3 days of age) to geriatric (>65 years old) patients. Testing that is not performed in the laboratory is sent to an approved reference laboratory.

Physician orders are entered into Co-Path (MISYS) information system with special requirements identified. Non-technical and technical laboratory staff carries out orders. Results are made available and placed into the patient chart on each nursing unit in addition a copy is mailed to the

physician.

Hours of Operation: Histology and Cytology services are provided 24 hours a day and 7 days a week. Routine surgical pathology reports are completed with 24 - 48 hours from accessioning. Routine cytology reports are completed in 10 days of accessioning. Autopsy services are performed in accordance to hospital policy and guidelines. Routine autopsy reports are usually completed within 30- 60 days. Frozen section consultations are performed with results in 15-20 minutes. High priority cases receive a stat fax with follow-up of receipt.

Leadership: The laboratory reports to a Director who reports to the Vice President of Operations and the Managing Partner of Advanced Pathology Associates, LLC. The Medical Director and Medical staff is Board-Certified pathologists.

Recognized Standards/Practice Guidelines

The pathology laboratory meets OSHA and CDC regulations. Technical staff meets personnel requirements defined by CLIA for the level of testing/service they provide. Non-technical staff requires a high school diploma and related work experience or on-the-job training. All new employees, technical, and non-technical, participate in department specific training as well as entry level competency testing.

The Laboratory is accredited every two (2) years by the College of American Pathologist (CAP) which is deemed by CMS to administer CLIA regulations.

Policies and procedures are based upon State, Federal and professional organization guidelines (i.e., CLIA and CAP).

PERFUSION SERVICES

Scope of Services

As part of our operating room and open heart surgical service and other cardiac intervention services, Washington Adventist Hospital also provides perfusion services.

The practice of perfusion can be defined as those functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular and cardiopulmonary circulatory systems of the patient. A perfusionist is a skilled person, qualified by academic and clinical education, who operates extra corporeal circulation equipment during any medical situation where it is necessary to support or replace the patient's cardiovascular and/or cardiopulmonary circulation function and ensure the proper management of physiological functions by monitoring the necessary variables. These services are provided upon prescription by a physician and in accordance with hospital policies, include but are not limited to, the safe performance and/or management of:

Extracorporeal circulation/cardiopulmonary support (cardiac bypass)

Cardiac bypass

Counter pulsation (IABP support)

Circulatory support/ventricular assistance

Blood conservation techniques (autotransfusion/cell savers)

Anticoagulation and hematologic monitoring/analysis

Physiological monitoring/analysis

Blood gas and blood chemistry monitoring/analysis

Induction of hypothermia/hyperthermia with reversal

Hemodilution

Hemofiltration

Administration of medications, blood components, and anesthetic agents via the extra corporeal circuit

Documentation associate with described duties

Data management and quality control/quality improvement associated with described duties

Hours of Operation: There are a minimum of two (2) perfusionists on call 24 hours a day, throughout the year.

Leadership: The perfusionists report to the chief perfusionist who report to the Director of surgical services.

Recognized Standards/Practice Guidelines

Patient care is delivered in accordance to the standards of the American Board of Cardiovascular Perfusion.

Staffing Plan

The perfusionist covers all clinical situations as required by the hospital, which include the open-heart rooms, general surgery rooms and the catheterization laboratories.

PHARMACY

Scope of Services (Inpatient)

The Department of Pharmacy provides services to the inpatient population and medications for the ambulatory clinic patients. The population served encompasses neonatal through the geriatric, with an emphasis on adult patients with compromised cardiac and renal function, and those requiring chemotherapy. Services include procurement, storage, dispensing of medications, pharmaceutical care for hospital patients, education of health care professionals, and special handling of research drugs.

Clinical services include, but are not limited to, formal drug evaluations, fact sheets for new drugs, drug usage protocols, drug information, lectures to professional staff, chart review, interaction with medical staff through Pharmacy and Therapeutics (P&T) Committee, and survey readiness. Both P&T Committee and Medical Executive Committee approve all policies concerning medication use.

A daily unit dose cart exchange system, IV admixture service and the Pyxis System accomplish dispensing functions. New orders are imaged into the Pyxis Connect System, entered into the SMS Pharmacy Computer System, filled and returned to the Patient Care Areas by the pneumatic tube system or delivered on delivery rounds. Computerized medication profiling allows monitoring of drug utilization appropriateness, checking of drug interactions and drug allergies, and creation of an electronic Medication administration record (MAR) via a system called MAK.

It is the aim of the Pharmacy to provide the best quality of pharmacy service to our patients. Tools such as medication therapy monitors, drug usage evaluations, drug/drug interaction reporting, and adverse drug reaction reporting are used to accomplish this. Pharmacy attaches bar codes to medications being dispensed thereby addressing Patient Safety initiatives. A pharmacist is assigned to the emergency department and assists the healthcare team in care of ED patients. The pharmacy participates in disaster preparedness plans and an emergency drug cache is available to support patient care at Washington Adventist Hospital.

Departmental documents defining goals, scope of services, and certain policies and procedures, are approved by the hospital's administration. Performance Improvement initiatives are coordinated in an inter-disciplinary manner.

Washington Adventist Hospital Pharmacy is dedicated to cost containment. However, cost containment while extremely important, is secondary to the efficacy, effectiveness, and safety of drug therapy. Tools of cost containment include buying, inventory turns of 12-14 per year, drug usage evaluations, protocols and guidelines for drug usage, cost containment/drug usage education for medical staff, pharmacist time to ensure the following of protocols, and chart reviews with intervention by clinical pharmacists.

Hours of Operation: Inpatient operates 24 hours a day, seven days a week.

Leadership: The Pharmacy reports to the Director who reports to the Vice President/CNO and to the Chairman of the P&T Committee.

Staffing Plan (Inpatient)

The Pharmacy is staffed with the following -1 FTE Director, 2 Clinical Pharmacists, 15 FTE Staff Pharmacists, 1 FTE Supervisor Staff Pharmacist, 1 FTE Systems Administrator, 1 FTE Supervisor Technician, 13 FTEs Technicians, 1FTEs Support Staff (i.e., buyer). The Pharmacy Director reports to the Vice President/CNO. The pharmacists' shifts are covered using varying staffing schedules.

Recognized Standards/Practice Guidelines

Practice standards and guidelines have been established to meet the practice standards of the American Society of Health-Systems Pharmacists (ASHP) criteria and are collaboratively developed by the healthcare team.

PHYSICIAN ASSISTANTS SERVICE

Scope of Care

The physician assistant service operates as part of OR/Surgical Services and gives care to patients from neonate to geriatric and provides surgical assistance to surgeons in the operating room as well as OB C-Sections. All members of the group are board certified and credentialed. Certification is maintained by 100 hours per 2-year continuing medical education requirement and a re-certifying exam every six (6) years.

The physician assistant provides pre-operative evaluation care; functions as first assistant to the surgeon and/or OB/GYN physicians, and follow-up patients post operatively. Seamless coverage is provided by call time coverage on nights, weekends, and holidays. The clinical skills of the physician assistants are used to provide pre and post-operative care to patients under the care of the supervising physician. This involves gathering and analyzing clinical data, assisting with actual procedure, writing orders for care, as well as collaborating with ancillary departments/physician offices for optimum patient outcomes.

All aspects of the patient, spiritual, mental, and physical are considered in the development of a plan of care. Activity of care ranges from outpatient local procedures to critical, emergent care. The physician assistants report to surgical services Director who reports to the Executive Director, who reports to the Vice President/CNO.

Hours of Operation: Physician Assistant services are provided 7 days/week

Recognized Standards/Practice Guidelines

The standards of care are set by the American Association of Physician Assistants.

POST ANESTHESIA CARE UNIT

Scope of Services

This ten bed unit includes two isolation rooms. The population served consists of patients ranging in age from infant to geriatric. Appropriateness of admission to PACU is assessed and determined by the surgeon and anesthesiologist. Patient admission occurs according to established admission, discharge and transfer criteria based upon American Society of Anesthesia Guidelines and collaboratively developed with medicine and nursing input. PACU patients who have received an anesthetic agent, muscle relaxant, regional block under the supervision of an anesthesiologist, are admitted, include with emergent general anesthesia c-section patients (with the exclusion of open heart and labor and delivery). These services are offered to in-patients and out-patients for elective and emergency procedures. The average case load is approximately 450 patients per month. Patient acuity in the department ranges from 3 to 1, as determined by the acuity scoring system by American Society of Post Anesthesia Care Nurses (ASPA) standard. The patient's need for special services is met by the initial screening assessment done by the RN on admission.

This area is a short-term patient care area. The referrals and support services are available and provided as identified. Emergent services for this department, such as respiratory care, pastoral care, and code teams are available 24 hours a day, 7 days a week, in person or via telephone. In certain surgical cases such as open heart, the patient bypasses the PACU and is taken directly to the ICU for recovery.

PACU has 7 RN and 1 PCT. A maximum of 2:1 patients/nurse ratio shall be maintained with patients who are awake, stable and uncomplicated. There shall be one primary nurse assigned to each patient. At the time of admission to the PACU, 1:1 ratio will be maintained with pediatric and ICU cases, as appropriate.

Hours of Operations:

Scheduled hours of operation are 8:00 a.m. to 11:00 p.m., with night hours, weekends and holidays covered by on-call staff.

Leadership: PACU Nurse Director reports to the Executive Director of Surgical Services who reports to the Vice President/CNO.

Recognized Standards/Practice Guidelines

Practice standards and guidelines have been established to meet ASPAN criteria and are collaboratively developed by the healthcare team.

PULMONARY MEDICINE DEPARTMENT

Scope of Services

The Pulmonary Medicine Department is comprised of a Pulmonary Function Lab, STAT Lab (blood gas lab), and Respiratory Care Services. Services are provided to patients with disorders of the cardiopulmonary system.

The department offers respiratory care services to inpatients and outpatients of all ages. Diagnostic activities include, but are not limited to, performing tests and studies of the

cardiopulmonary system (i.e. arterial blood gas analysis, EKG, pulmonary function tests, and pulse oximetry), obtaining and analyzing physiologic specimens, and interpreting physiologic data.

Therapy includes, but is not limited to, application and monitoring of medical gases (excluding anesthetic gases), mechanical ventilatory support, artificial airway care, bronchopulmonary hygiene (i.e. chest physical therapy), hemodynamic monitoring, and the introduction of pharmacological agents related to respiratory care procedures.

Other services related to respiratory care include cardiopulmonary resuscitation, quality improvement monitoring and evaluation, quality control, transporting critically ill patients from the hospital, maintaining and repairing equipment, documentation of care, equipment purchasing, and continuing education

Types and Ages of Patients Served

The Pulmonary Function Lab performs diagnostic tests on children through geriatric. Stat Lab and Respiratory Care Department perform diagnostic testing, therapeutics and monitoring for all age groups neonatal through geriatric.

Methods Used to Assess and Meet Patient Care Needs

All patients are assessed individually utilizing objective physical assessment skills and tools through auscultation, laboratory findings, and other testing mechanisms utilized by Pulmonary Services (Pulmonary Function Lab, Stat Lab, and Respiratory Care). Treatments and diagnostic testing are conducted following physician orders and carried out by Respiratory Care Practitioners. Reassessments based on the Respiratory Care Patient Focused Protocol process are made pre and post treatment with documentation of results and evaluation noted on the patient's medical record via the Respiratory Information System.

Scope and Complexity of Patients' Care Needs

The Respiratory Care Department assesses all patients with orders or screening referrals for Respiratory Care Services based on the Patient focused protocol process. The acuity level of each patient is assessed and documented. The acuity levels range from Level I (severe Impairment) to Level IV (Intermittent / No Impairment). The patients are assessed and treated within 15 minutes for STAT orders and 4 hours for routine orders. Patients are assessed based on screening referrals within 8 hours of receiving the referral via hospital information system.

Hours of Operation: Operates 24 hours a day/7 days a week.

Leadership:

Reports to the Manager of Pulmonary Services who reports to the Vice President/CNO.

Recognized Standards/Practice Guidelines

The Respiratory Care Department utilizes the Maryland Hospital Associations RVU definitions and standard time units for acceptable treatment modalities and the American Association for Respiratory Care (AARC) Clinical Practice Guidelines for established clinical practice.

Staffing Pattern

All individuals who provide diagnostic or therapeutic respiratory care have appropriate qualifications and training. Practitioners and staff include one medical director (board-certified pulmonary specialist), one manager (i.e. registered respiratory therapist trained in management and budgeting), 33 registered respiratory therapists (including three serving as shift supervisors),

8certified respiratory therapy technicians, one QI Coordinator, one educational coordinator, one critical care coordinator, one pulmonary function lab technician and secretarial personnel. Respiratory care practitioners and technicians are part of the staff in all intensive care units and general care units.

Teamwork among the above practitioners, under the supervision and guidance of the medical director, is critical. A respiratory care practitioner is available 24 hours a day and the medical director is available to the Respiratory Care staff. Subject to hospital policy, credentialed respiratory care practitioners (CRTT, RRT) may accept physicians' telephone orders for drugs and treatments directly related to the provision of respiratory care services. The Respiratory Care staff is available to provide EKG services to all floors of the hospital after 8 p.m. Non-physician respiratory care personnel may perform procedures associated with potential hazards, including arterial puncture for obtaining blood samples, when authorized in writing by the physician medical director. The medical director and respiratory care practitioners are consultants responsible for advising referring physicians on which therapies and diagnostic procedures to order.

Staffing Plan

- 1 Medical Director
- 1 Director
- 1 Secretary
- 3 Lead Respiratory Therapists
- 3 Specialists
- 41 Practitioners
- 3 Assistant

RADIATION ONCOLOGY

Scope of Services

The Washington Adventist Hospital is committed to provide residents of Metropolitan Washington, D.C., Maryland, and Virginia with quality primary, secondary and tertiary care. The faith-based hospital strives to provide quality comprehensive patient care through each clinical service and department.

The Department of Radiation Oncology offers therapeutic radiation oncology services to inpatients and outpatients, primarily to adult and geriatric cancer patients. About 90% of the patients seen in the department are outpatients. The most common diagnoses are lung, breast, and prostate cancers. Radiation Oncology is wholly therapeutic and not diagnostic by nature. Typically treatments take from 15 – 45 minutes a day and are scheduled in intervals of 5 days a week, Monday-Friday. The numbers of treatments in a typical regime average approximately 25-30 treatments over a course, dependent on the goal of treatment and the overall condition of the patient.

The goal of radiation can range from cure to palliation, and is achieved by destroying the tumor or arresting tumor growth. Treatment begins with calculating the precise and optimal dose to be delivered, with the goal of targeting the tumor, and sparing healthy tissue. In this way, maximum benefit is achieved, while radiation side effects are limited. Through the use of computerized imaging and conformal therapy, including IMRT, custom-made treatment parameters are designed. CT Simulations delineate the targeted volume and critical adjacent organs at risk. Highly educated and skilled staff, including a dosimetrist and physicist creates the optimal treatment plan utilizing the criteria and dose constraints prescribed and approved by the Radiation Oncologist.

External beam radiation therapy is delivered utilizing a linear accelerator treatment unit with 8 energy beams. Additional therapy (for specific tumor sites and stages) is achieved with Brachytherapy techniques which utilize delivery of intense dose directly to the tumor site, via radioactive materials (intracavitary or interstitial). High dose radiation (HDR) is delivered using a special technology, including BPI (partial breast irradiation). This technology is also used for gynecologic cancers. Prostate seeds implant (radioactive seeds placed directly into the prostate gland) is performed under ultrasound guidance in the Operating Room. Depending on the stages of disease, patient may need supplemental EBRT (External Beam Radiation Therapy) before seed implant to kill cancer cells outside of the prostate gland.

Methods used to assess and meet patient's needs include regular, weekly radiation oncology evaluation and assessment, and are evaluated daily by the radiation therapists and periodically by the radiation oncology nurse. Additional monitoring, utilizing patient parameters, such as weight and performance status are further evaluated and followed-up by laboratory and diagnostic imaging studies. Counseling patients on the aspects of living with cancer, dietary recommendations, and updates in treatment regimens are addressed with the patient and family on an ongoing basis.

Initial consultation of patient by the Radiation Oncologist take place during initial visit. Scope and complexity of patient care needs are determined at the initial consultation, and regularly throughout the course of therapy, appropriateness of radiation therapy as a treatment modality and specific treatment plan are established by the Radiation Oncologist. Treatment occurs within 3 – 4 days of consultation in most cases. Additional support is made available to patient and family through various interdisciplinary services such as clergy, social work, lab services, nutritional services etc.

The department receives new patient consultations by referring physicians. Emergency services are provided on a 24-hour /7 days a week basis, initiated by verbal consultation between Radiation Oncologist and referring physician. In the event that an emergent treatment is needed, the radiation oncology staff will coordinate and provide the service.

Weekly, monthly and annual QA, calibration of all equipment (linac and CT sim) weekly chart checks and treatment calculations assure that the technology is at its best to support optimal care, and is within the purview of the radiation oncology physicist. Other accountabilities of the department include hospital wide radiation safety.

All individuals who prescribe and provide therapeutic radiation have the appropriate clinical education and training include: Board Certified Radiation Oncologist, licensed and certified radiation therapists, dosimetrists, certified medical physicists, licensed nurse, and support staff. The department is staffed according to the recommendations of the American College of Radiation Oncology (ACRO). This provides guidelines for appropriate level of care and staffing needs.

Hours of operations: 7:30 a.m. – 4:30 p.m., with 24 hour a day availability for emergency use.

Leadership:

Radiation Oncology is led by a medical director and a lead therapist. The department reports to the Radiology Director, who reports to Vice President of Operations.

Recognized Standards/Practice Guidelines

The ACR, ACRO, ABS, ACS, NCCN and many clinical trial protocols establish recognized

standards and practice guidelines for Radiation Oncology. Services provided by this department are designed to meet the specific criteria of each above-mentioned organization and are monitored monthly by our department's internal Quality Improvement Committee.

RADIOLOGY DEPARTMENT

Scope of Services

The Radiology Department offers its services to acute and chronic inpatients, outpatient and Emergency Department patients. The departmental goal is to complete and interpret all inpatient studies on the day requested by the ordering physician. The department offers a range of services both diagnostic and therapeutic, utilizing invasive and non-invasive techniques using ionizing and non-ionizing radiation, with and without the use of contrast media to patients of all ages, neonatal to geriatric.

The majority of the procedures performed daily are diagnostic X-ray procedures including CT, Special Procedures, Mammography, Nuclear Medicine, Ultrasound, MRI procedures and PET/CT. The imaging department services include quality improvement monitoring and evaluation, quality control, image interpretation, digital dictation, automatic transcription, electronic record filing/management, patient charging, equipment purchasing, continuing education and the School of Radiologic Technology.

The Medical Director of Radiology and all radiologists are Board certified and credentialed through the Medical Staff Office. Technologists do not perform Interventional studies or diagnostic fluoroscopy without a radiologist present. Currently, there are three portable X-ray units and two C-arm units to allow radiographic procedures in medical/surgical and intensive care units accommodating all levels of patient condition and acuity.

The radiologists are consultants responsible for advising referring physicians on which imaging procedures to order, in which sequence they should be scheduled, as well as interpretation of radiology images. The Radiology Department reports to a Director who reports to the Vice President of Operations. The technologists, nurse and radiologists review each study that is ordered to assure that it is the appropriate study based on each patient's clinical history as needed.

Each patient receives written and oral information regarding the pre and post procedure care as indicated per protocol or as directed by the Radiologist. This information is documented in the chart for inpatients. All patients are observed and cared for throughout the procedure as dictated by their medical condition or requested by their physician (inpatients). In the event that physiological monitoring is requested or indicated, for inpatients, it is required that the patients nurse, accompanies and monitors the patient during the duration of the imaging procedure. Patients are required to sign a consent form when having any invasive and/or contrast procedures.

Hours of Operation: Radiology operates 24 hours a day, seven days per week. The department accepts outpatients from 7:00 a.m. to 7:00 p.m., Monday through Friday; on Saturday and Sunday limited hours are offered and vary by department. Outpatient studies are scheduled to meet the needs of the patient and/or the requesting physicians. All reports are faxed to the referring physicians within 24 hours of exam completion.

Leadership: Reports to the Director who reports to the Vice President of Operations.

Recognized Standards/Practice Guidelines

Procedures for all tests are developed using ACR, MQSA, RDMS, State of Maryland and National

Standards to assure exam quality and patient safety. All staff is monitored to assure they receive safe levels of radiation and appropriate shielding is provided for staff and patients. Radiation levels are reviewed monthly.

Staffing Plan

Staffing levels for each shift are established based on RVUs/procedures based on historical trends, AHRA, MHA and Action OI data. During times of extremely high patient volumes, additional staffing is provided using reserve and on-call Technologists/support staff.

- 2 On-Site Radiologists (including Medical Director)
- 3 Locum Radiologists
- 30 Remote Radiologists
- 1 Director
- 8 Lead Technologists
- 27 Full-time Technologists
- 10 Part-time Technologists
- 1 Full-time Registered Nurse
- 2 Full-time Customer Service Representatives
- 1 Per Diem Customer Service Representative
- 1 Full-time Radiology Systems Administrator
- 1 Consultant radiation physicist group
- 1 Contracted PET-CT services by Alliance Imaging

During the night shift, at least one qualified technologist works in the X-ray and CT Departments. There are also technologists and radiologists on call by telephone and long-range pagers in X-ray, Ultrasound, Nuclear Medicine, Special Procedures and MRI.

REHABILITATION MEDICINE

Scope of Services

The Rehabilitation Medicine Department provides interdisciplinary services to patients in Physical Therapy, Occupational therapy and Speech-Language Pathology/Audiology. Therapeutic services are provided to rehabilitate patients to their highest level of function. These services are physician-referral based and include patient evaluation, treatment and education.

The patient population includes a wide variety of orthopedic, neurological, physically and cognitively impaired individuals, including adolescent, adult, and geriatric age groups. Service to the neonatal age group is assigned on a case-by-case basis to staff members trained in treating the neonatal population.

The Audiology service provides newborn hearing screens pursuant to orders from a licensed independent practitioner.

All Rehabilitation Medicine patients receive an initial evaluation performed by the therapist that includes measurable, functional goals with time frames, treatment plan, and patient/caregiver education. Written re-evaluations are conducted at two-week intervals for inpatients; when reasonable and medically necessary for outpatients. Inpatient evaluations are completed within one day by physical therapy and within two days by occupational therapy and speech-language pathology. Initial evaluations for pediatric referrals are conducted within two days. Rehabilitation Medicine staff attends Interdisciplinary Care Rounds on the patient care units as needed and referrals are made to other members of the health care team as appropriate. Discharge criteria

have been developed to serve as guidelines for the Rehabilitation Medicine staff regarding discontinuation of therapy. Audiology newborn hearing screens are performed prior to the date of discharge with outpatient follow-up appointments scheduled as needed.

For complex, heavy or dependent patients, co-treatments are scheduled at the discretion of the primary therapist(s). Co-treatments allow therapists from two disciplines to work with patients simultaneously while focusing on their discipline-specific treatment objectives (Ref: Joint Guidelines for Therapy Co-Treatments Under Medicare – AOTA, APTA, AHSA; April 2012). Therapists will also work directly with nursing staff in the care of patients and/or arrange for a Rehabilitation Aide to assist consistent with the needs of the patient.

Recognized Standards/Practice Guidelines

Assessments and therapy are provided in accordance with Maryland state licensure and the practice guidelines established by the appropriate professional associations including The Guide to Physical Therapist Practice, American Physical Therapy Association, 2003, The Guide to Occupational Therapy Practice, The American Occupational Therapy Association, Inc., 2007, and the Scope of Practice in Speech-Language Pathology (2007), and the Scope of Practice in Audiology (2004), American Speech-Language Hearing Association.

Hours of Operation and Design:

The Rehabilitation Department is open from 7:30 a.m. to 4:00 p.m. hours on weekdays for inpatients; 8:00 a.m. to 4:00 p.m. hours on weekends. Physical Therapy and Occupational Therapy services are available Monday–Sunday; Speech-Language Pathology from Sunday through Friday.

Outpatient Rehabilitation is available Monday – Friday from 7:00 a.m. to 4:00 p.m. Efforts are made to accommodate outpatient scheduling requests based on their need to coordinate therapy with work obligations, transportation, etc. Audiology hours of service are consistent with the volume of referrals for newborn hearing screens.

Rehabilitation services are decentralized in a patient-focused model with patients seen in the Rehab satellites on Nursing Units 2200, 5300 and 4100, at the bedside and in the outpatient clinic on the first floor of the Hospital. Whirlpool/wound care patients are treated in the Hydrotherapy Room adjacent to Unit 2200.

Staffing Plan

The department is composed of licensed physical therapists, occupational therapists, certified occupational therapy assistants, physical therapist assistants, an audiologist and speech-language pathologists. Non-licensed personnel include professional school students, Rehab Aides/Office Assistants, Hearing Techs and volunteers. There is one director and one medical director for clinical and administrative guidance. Rehabilitation Medicine staff report to the director who reports to the Vice President of Operations.

Skill Level of Personnel

Physical Therapists have a BS, MS or DPT from an accredited school and are licensed by the Maryland State Board of Physical Therapy Examiners; Physical Therapist Assistants have an Associate Degree from an accredited school and are licensed by the Maryland State Board of Physical Therapy Examiners; Rehab Aides have a high school diploma.

Occupational Therapists have a BS, MS or OTD from an accredited school and are licensed by the Maryland State Board of Occupational Therapy Practice; certified occupational therapy assistants have an Associate Degree from an accredited school and are licensed by the Maryland State Board

of Occupational Therapy Practice.

Speech-Language Pathologists and Audiologist have a MS or MA from an accredited school and Maryland State licensure by the Maryland State Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists and certification by the American Speech-Language and Hearing Association. They must have successfully completed a Clinical Fellowship year and have a current Clinical Competence Certification by the American Speech-Language and Hearing Association in Speech-Language Pathology.

SHORT STAY/PRE-ADMISSION UNITS

Scope of Services

The Short Stay Unit (SSU) has 10 pre-operative assessment cubicles, 6 post-operative cubicles for recovery of surgical patients and 2 isolation rooms for contact isolation cases. The pre-admission testing component contacts all scheduled surgery patients and sees many patients, especially the high-risk patients. These patients are seen for pre-operative testing and instruction.

The population served by this department ranges from infant to geriatric. It includes all levels of wellness from elective procedures on healthy patients to complex procedures on patients with multi-system health problems. The unit also adapts the care to try to accommodate any special cultured, spiritual, physical, or emotional needs of the patient.

Care delivered by the SSU is a collaborative effort by the nursing staff, physician assistant, admitting physician and the anesthesiologist. The nursing care is a primary care system with an RN staff. In addition to patients having procedures on the unit, pre-operative testing, and pre-procedure testing for other departments such as endoscopy, x-ray, are also processed through this department. EKG's is also available within the department if the patient needs these tests for their procedure.

The scope of care ranges from simple elective surgical procedures to preparation of patients for open-heart surgery. A limited number of medical procedures are also processed by the department, i.e., remove permacath, insertion of Quinton cath, lumbar puncture, myelogram, and phlebotomy. The SSU nurses provide pre-operative teaching to patient and family/significant others, assessment of discharge needs and referrals, and discharge teaching to all patients using the unit. Input from all members of the surgical team makes this a collaborative effort for optimum patient care.

Patients/families/significant others are given information at their level of comprehension and in a variety of forms, i.e., written, verbal, demonstration, and pictures. This individualizes the care to each patient's needs.

Patient acuity in the population served by this department ranges from minor local anesthesia cases that require no post-op recovery time in the unit to patients with multi-system health problems having major invasive procedures. The ASPAN scoring system for Phase II recovery is applied to categorize patient needs. The SSU RN initiates the patient assessment as the patient is screened in the pre-admission testing/pre-operative admission process. The assessment is continued by the physician assistant and the anesthesiologist as the patient is prepared for their procedure. Referrals to ancillary departments such as social work, cardiology, physical therapy, etc. are made in collaboration with the surgical team. All efforts are made to complete the referrals prior to the start of the procedure. It is the goal of the unit to provide the highest quality,

safe care, tools and knowledge necessary for the post-operative patient to care for them at home.

The length of stay in the post-operative area of the unit is adjusted as needed to the patient's acuity and ability to meet the discharge criteria. Emergent support services for the unit, such as respiratory care, social work, physical therapy, etc., are available during normal hours of operation.

The staffing parameters for the unit are based on the ASPAN standards for Phase II recovery areas. A ratio of 3 patients to 1 RN is acceptable for patients over eight (8) years of age, alert, awake, stable, and uncomplicated. This ratio is adjusted to changes in acuity as the patient continues to be assessed throughout the post-operative period. Patients unable to meet the discharge criteria as listed on the post-op nursing record in a reasonable amount of time, may be admitted to the hospital for further evaluation.

This admission process is done through the collaborative effort of the surgeon, anesthesiologist and the RN.

Hours of Operation: The SSU is open Monday through Friday. The RN staff is expected to take call as needed in the PACU Phase I during the week, 11:00 p.m. to 7:00 a.m., and on weekends and holidays.

Leadership: The SSU medical director is Chair of the Department of Anesthesia. The Short Stay Unit reports to the unit director via the Executive Director of Surgical Services who reports to the Vice President/CNO.

Recognized Standards/Practice Guidelines

The standards for care are based on the standards and guidelines established by American Society of Post Anesthesia Care Nurses (ASPAN) for Phase II recovery areas.

TRANSCARE UNIT

Scope of Services

Transcare is a 24 bed out-patient unit used primarily for the pre-operative and postoperative procedural care of the adolescent, adult, and geriatric having cardiac catheterization, interventions, and cardiovascular procedures. Appropriateness of admission to Transcare is assessed and determined by the admitting physician. Patient placement occurs according to established admission, discharge, and transfer criteria collaboratively developed with medicine and nursing input, refer to Admission/Discharge/Transfer Criteria. It is staffed with registered nurses with skills, education and experience in the care of the critically ill cardiac patient as well as cardiovascular procedures. Patient acuity in this department ranges from stable to critically ill as determined by patient Acuity System. The patient care is provided in collaboration with physicians, nurses and other members of the healthcare team. Patients may be discharged or triaged to other units for the appropriate care. The need for special services and referral screenings is met by initial screening done by the RN or physician upon admission as provided within Patient Care Policy. Emergent support services are available during operating hours. Levels of patient care and staffing needs are identified by prior experience, case load, and associated acuity and are adjusted accordingly.

Hours of Operation:

The Unit is open Monday through Friday from 0600 to 2300. Flexible extension of hours is accommodated according to organizational needs.

Leadership: Transcare reports to a Nurse Manager who reports to the Executive Director of Cardiac Services.

Recognized Standards/Practice Guidelines

Practice standards and guidelines have been established to meet AACN and Physicians Board of Quality Assurance standards and are collaboratively developed by the healthcare team.

WOUND OSTOMY CONTINENCE SERVICES (WOC)

Scope of Services

Enterostomal and wound care services are provided to inpatients by a wound ostomy nurse in response to screening/consults as needed or by physician order. Services include assessment, planning, intervention, and evaluation as well as patient, family and staff education. The service is staffed with 1.5 FTE's.

Hours of Operation:

Partial day and evening shift services are provided Monday through Friday and, by arrangement, on the weekends.

Leadership: Wound Care Services reports to the AVP/Clinical Effectiveness.

Recognized Standards/Practice Guidelines

U.S. Department of Health & Human Services through AHCPR (Agency for Healthcare Policy and Research) Reference Guide, NUPAP guidelines and WOCN Clinical Practice Guidelines.

OUTPATIENT WOUNDCARE/HYPERBARIC SERVICES

Scope of Services

The Center for Advanced Wound Care & Hyperbaric Medicine is a diagnostic and therapeutic center for acute, chronic problem wounds and soft tissue radiation necrosis. Additionally, certain other patients such as those suffering from crush-injuries may be admitted when the Emergency Room physician and Wound Care Center physician discuss and coordinate the case and both agree that the patient would benefit from our technologies, and based on the availability of the equipment.

This department does not treat patients suffering from diving/decompression injuries, unless the treating physician has discussed with the emergency department physician and agreed on a feasible plan of care.

Patients may be referred by a physician, health care worker, or self-referred. A physician will complete a history and physical, order diagnostic tests, if indicated, and determine a plan of care following established clinical practice guidelines. Treatment will focus on the causation of the wound, co-existing conditions that impact wound healing, and topical wound management. Services offered include: Wound consultation/evaluation, diagnostic and ongoing assessments, and treatment, vascular consultations, specialty wound dressings, minor surgical debridement's, bio-engineered dermal substitutes, compression therapy, negative pressure wound therapy (NPWT), wound cultures and biopsies, treatment of wound, skin, and bone infections, including antibiotic therapy, patient and family education, pressure off-loading devices and footwear, and hyperbaric oxygen therapy (HBOT).

Recognized Standards/Practice Guidelines

Assessments and therapy are provided in accordance with Healogics clinical practice guidelines, which are the leading standard in positive wound care outcomes.

Hours of Operation and Design:

The Outpatient Wound Care and Hyperbaric Services department is open during day shift, Monday through Friday, except on major holidays. Wound care services are provided on an outpatient basis only. Hyperbaric services are generally provided to outpatients, but may be provided to inpatients when an immediate start to treatment is medically necessary, or when a patient is temporarily admitted to the hospital before completing their full course of treatment. In both of these cases, the hyperbaric supervising physician and the inpatient physician will discuss whether the patient is medically stable enough to undergo hyperbaric oxygen therapy.

ADMINISTRATION

Scope of Service

This department provides executive level management of the Hospital. The executive leadership team consists of the President, Vice President/Chief Nursing Officer, Vice President of Operations, Vice President/Chief Financial Officer, Associate Vice President/Clinical Effectiveness, Vice President/Chief Medical Officer and Executive Director of Community Relations and Support Services. Executive Assistants provide executive level support. First and middle-level management staff is decentralized components.

Staffing Plan

Coverage is provided 24 hours a day, seven days a week. During regular working hours (Monday through Friday, 8:00 a.m. to 5:00 p.m.), members of the executive leadership team may be contacted for administrative matters. After hours, weekends and holidays, a member of the on-call team will serve as administrator-on-call (AOC) for administrative matters. The AOC is contacted directly or through the administrative supervisor. Members of the executive leadership team are available for consultation by pager or cell phone.

CANCER REGISTRY

Scope of Services:

The Cancer Registry provides state mandated data to the Maryland Cancer Registry (MCR) for all reportable cancer cases from Washington Adventist Hospital. The information collected is transmitted error free to a master electronic data base system maintained by MCR, under the direction of the Department of Health and Mental Hygiene. The MCR collects, manages, and analyzes data about cancer cases and cancer deaths in the state of Maryland. Washington Adventist Hospital also voluntarily transmits cancer cases to the National Cancer Data Base (NCDB) as a part of their accreditation with the American College of Surgeons Commission on Cancer. The Cancer Registry is responsible for capturing a complete summary of the patient's disease from diagnosis through their lifetime. This summary or "abstract" provides an ongoing account of the cancer patient's history, diagnosis, treatment, and current cancer status. As a part of managing and reporting cancer data, the registry provides benchmarking services, monitors quality of care and clinical practice guidelines, assesses patterns of care and referrals, and monitors quality outcomes. The registry also provides consultative services on many issues including registry management and the Commission on Cancer program standards.

The Cancer Registry leads the American College of Surgeons Commission on Cancer

accreditation process for the Cancer Program. This effort has resulted in a three-year with commendation accreditation as a Community Hospital Cancer Program for 2009 and 2012. More than 1,500 CoC-accredited cancer programs in the U.S. treat nearly 70 percent of recently diagnosed U.S. cancer patients annually.

Recognized Standards/Practice Guidelines

The Cancer Registry collects data in complete compliance with; the North American Association of Central Cancer Registries (NAACCR) data standards, the National Program of Cancer Registries (NPCR), the Maryland Cancer Registry (MCR), and the Commission on Cancer Facility Oncology Data Standards (FORDS).

Hours of Operation

The department is open from 6:30 a.m. to 5:00 p.m., Monday through Thursday.

Leadership: The Cancer Registrar reports to the executive director of cancer care services who reports to the Vice President of Operations.

Staffing Plan

1.0 Certified Tumor Registrar

CLINICAL ENGINEERING

Scope of Services

The Clinical Engineering department is responsible for routine equipment evaluation including repair, safety and performance testing and preventive maintenance of the portable patient care equipment. The department also supplies information for the purchase of new equipment and service contracts. It maintains service and maintenance records as well as an inventory of clinical equipment. Staff is on site between 6:30 AM and 5:00 PM on Weekdays and available through the hospital page operator at all other times. Clinical Engineering is an in-house department that reports to the Vice President of Operations via Director.

The Clinical Engineering department carries out these responsibilities in accordance with the following hospital policies:

WAH.1526 Purchase of Supplies and Equipment
WAH.1529 Vendors/Medical Service Representatives Interaction
WAH.1710 Significant Event Reporting and Analyzing
WAH.3202 Disposition/Loaning & Transferring of Medical Equipment
WAH.3208 Medical Equipment Management Plan
WAH.3209 Recall of Products/Equipment
WAH.3210 Medical Device Incident, Reporting of Adverse
WAH.3418 Electrical Safety

Recognized Standards/Practice Guidelines

The medical equipment maintenance program follows all applicable standards, including but not limited to NFPA99, Joint Commission Environment of Care (EC), College of American Pathologists (CAP), Center for Medicare & Medicaid Services (CMS), and Safe Medical Device Act (SMDA) of 1990.

Staffing Plan

1 Manager
1 Lead Technician

2 Technicians

.5 Imaging Equipment Technician (shared with Shady Grove Adventist Hospital)

Technical Specialists for anesthesia, sterilizer, cardio-pulmonary, laser and imaging systems via service contracts and third party vendor support.

CLINICAL INFORMATICS

Scope of Services

The Clinical Informatics Dept. applies expert knowledge of clinical and other related information systems to the management and communication of data, information and knowledge in practice and administration.

Leadership: This department reports to the AVP/Clinical Effectiveness.

Staffing Plan - 4 FTEs

1 Director

3 Clinical Informatics Specialist

COMMUNICATIONS/PUBLIC RELATIONS/MARKETING

Scope of Services

A member of the Communications/Public Relations & Marketing team may be contacted for media or other issues 24 hours a day, seven days per week, through the administrative offices or the administrative supervisor or directly by calling the after-hours pager at (301) 224-5714. All media inquiries should be directed to (301) 315-3044 during business hours and to the after-hours pager (301) 224-5714, at all other times. Official external communication is made in collaboration with the president of the hospital. The official spokesperson for the organization is designated through the Adventist HealthCare Support Center department of Public Relations/Marketing.

1 Associate Vice President, Public Relations/Marketing

1 Senior Director, Public Relations/Marketing

1 Director, Public Relations/Marketing (onsite at Washington Adventist)

1 Manager, Public Relations/Marketing (onsite at Washington Adventist)

1 Coordinator, Public Relations/Marketing

1 Internal Designer

CONCIERGE DESK

Scope of Services

Information to patients, relatives and visitors is provided through the Concierge Desk. While giving information, every effort is made to protect patient confidentiality; policies and procedures in place reflect this. Physicians and their office staff are assisted in locating their patients. Death certificates are held for pick-up at the Concierge Desk. The Concierge staff also helps with miscellaneous Guest Services assignments.

The Concierge Desk is open seven days a week: 8:00 a.m. to 8:00 p.m., Monday through Friday, and 8:00 a.m. to 5:30 p.m., Saturday and Sunday. After hours, the telephones are transferred to Telecommunications, where operators are on duty 24 hours a day, seven days per week. Security

staff also provides supplemental coverage as needed. The Concierge Desk reports to the Administrative Services Department.

Staffing Plan

4 Receptionists

ENVIRONMENTAL SERVICES

Scope of Services

The Environmental Services Department is responsible for providing a clean and healthy environment for its customers and employees, in accordance with the highest standards for the hospital, and applicable Joint Commission standards.

Environmental Services provides services to all departments within the hospital in the form of daily cleaning, project work, and scheduled routine maintenance of completed projects per service agreement. The department also coordinates pest control, window cleaning, cubicle curtain cleaning, trash removal, and daily meeting setups. Environmental Services works with Bed Control to facilitate the terminal cleaning of discharges/transfers via the Bed Tracking System. A schedule of cleaning activities is available to management.

The department consists of three shifts and provides 24-hour coverage, seven days per week. Environmental Services is a contracted management service (HHS) and reports to a contracted Director who reports to the Executive Director of Community Relations and Support Services. The contract is located in the Executive Office of Washington Adventist Hospital.

Recognized Standards/Practice Guidelines

The Joint Commission (JC) standards are followed.

Staffing Plan

1	Department Director
1	Assistant Director
1	Day Manager
1	Evening Manager
5	Lead Personnel
55	Cleaning Personnel

FINANCIAL SERVICES

Scope of Services

Financial Services is responsible for the fiscal preparation of the annual hospital operating and capital budgets and works in close cooperation with senior management and all hospital departments to determine actual needs. The Vice President/Chief Financial Officer is a liaison between Adventist HealthCare Support Center activities and the hospital. Services are provided to Directors via the Support Center in collaboration with the Washington Adventist Hospital (WAH) Vice President/Chief Financial Officer, for the development of their budget, using SRC. Budgets are developed by Directors in collaboration with the Vice Presidents and President. The final budgets are approved by the WAH Board of Directors and the Adventist HealthCare Board of Directors, respectively.

Financial Services prepares and maintains all of the financial books and records for the hospital. Financial Services disburses all funds for supplies and services. The department ensures that all

merchandise is received and services rendered through a variety of communications with all hospital department managers. Financial Services reports the departmental financial results, revenue and expenses, as well as corresponding statistical information, monthly to hospital administration and applicable departments. Financial Services also prepares a variety of reports including the Medicare Cost Report and HSCRC Annual Filing which require data from numerous departments within the hospital. Financial Services works with departments to determine and set up any Charge Description Master (CDM) additions, changes, or deletions. Appropriate analysis is performed to ensure continued compliance with HSCRC rate orders.

The Organizational Integrity Department of Adventist HealthCare performs a variety of internal audit functions to ensure appropriate internal control is maintained and hospital policies and procedures are followed. The Operational Excellence group creates monitoring tools to support the analysis of departmental productivity and to determine efficient procedures and cost efficient methods and processes.

Financial Services is available to Washington Adventist Hospital, Monday through Thursday, 7:30 a.m. to 5:30 p.m., and Friday, 7:30 a.m. to 5:00 p.m. Financial Services reports to the president.

Staffing Plan

1 Vice President/Chief Financial Officer
1 Director of Finance
1 Executive Assistant

GIFT SHOP

Scope of Services

The hospital Gift Shop provides gifts, sundries and snack foods for purchase as a service to hospital patients, their visitors and hospital employees, which include adolescents, adults and geriatrics. The Gift Shop also provides delivery of these goods to the patients when requested via phone by either patients themselves or their loved ones calling in from the outside. The hospital Gift Shop provides training to its staff in all aspects of sales, inventory processing, merchandising and customer service. The hospital Gift Shop maintains merchandise mix in accordance to the State of Maryland tax-exempt rules for hospital gift shops.

Hours of Operation

The Gift Shop is open from 11:00 a.m. to 7:00 p.m., Monday through Thursday, from 11:00 a.m. to 4:00 p.m. Friday, and 11:00 p.m. to 6:00 p.m. Sunday.

Leadership

The Gift Shop reports to a manager who reports to the Director of Food Services who reports to the Executive Director of Community Relations and Support Services.

Staffing Plan

Management oversight provided by Sodexo Services.

1 Full Time Cashier
1 Part Time Cashier

Volunteer Staff of at least one volunteer per shift to cover 3 daily shifts (numbers fluctuate with availability of volunteers)

HEALTH INFORMATION MANAGEMENT

Scope of Services

The Health Information Management Department (HIM) is a support service of Washington Adventist Hospital whose primary purpose is to contribute to the quality of patient care through the development and maintenance of a comprehensive, centralized medical record system. This system also provides health care data and service to support and promote the related goals and activities of the health care facility, education, training, research, community health, and overall facility management and decision-making.

The HIM Department provides functional support to all components of the health care facility and the various departments with respect to health information services. These include patient/client identification and numbering system, creation and monitoring of medical record documentation, ensuring appropriate management of requests for release of information as received by patients, physicians and subpoena, performance improvement, dictation/transcription system, statistical abstracts and indexes, special studies for medical staff committee reviews, financial reimbursement support data, storage and retrieval system, including chart tracking system, data security, privacy and confidentiality processes and assistance in research studies. The HIM Department reports to a director who reports to the Vice President/Chief Financial Officer.

Hours of Operation

The physician dictation system is available on a continuous basis, 24/7/365. All other services shall be offered during normal business hours of the facility on an extended workday plan. The extended workday for the department is 8:00 a.m. to 10:00 p.m., Monday through Thursday; 8:00 a.m. to 8:00 p.m., Friday; 8:00 am to 3:30 p.m., Saturday, Sunday and holidays. The administrative supervisor shall have access to the department during non-business hours to handle emergency requests, except that an HIM staff person will be available from 7:00 a.m. – 8:00 a.m., Monday through Friday to handle emergency requests.

Recognized Standards/Practice Guidelines

HIM follows the practice standards set forth by AHIMA.

Staffing Plan

- 1 Director
- 1 HIM Team Lead (day and evening)
- 1 Transcription Coordinator
- 1 Birth Registrar
- 1 Coordinator of Delinquent Records
- 6 HIM Analysts
- 4 HIM Clerks
- 3 HIM Techs

HOSPITAL SAFETY OFFICER

Scope of Services

The safety officer/director implements the hospital's safety management program through the written policies and procedures which are included in the hospital Safety Manual and by interacting with the hospital's Safety Committee and various subcommittees (Radiation Safety Committee and Disaster Committee). The safety officer/director assists in the development and delivery of hospital safety training programs intended to foster an environment of care for patients of all ages, visitor and staff that focus on reducing or eliminating hazards. Additionally, the safety officer/director serves as a liaison between the hospital and local/State emergency response agencies, including disaster preparedness and public safety training.

Acting upon the authority of the Hospital's President, the safety officer/director, and/or his/her designee, conducts inspections and/or investigations and institutes appropriate studies, surveys necessary to lend assistance in the development of effective prevention and control measures. The safety officer/director, upon becoming aware shall take any and all appropriate action necessary to resolve situations that pose an immediate threat to life, health, and/or property. The authority of the safety officer/director is addressed by hospital policy WAH.3022.

The safety officer/director is available Monday through Friday, 8:00 a.m. to 5:00 p.m., and on-call as safety issues occur that need appropriate action.

The safety officer/director enforces compliance with all recognized fire and life safety codes and NFPA standards and represents administration during scheduled inspection rounds of the hospital.

The safety officer/director communicates and advises administration through the chain of command of conditions needing attention. The Safety Department reports to the Vice President/Operations.

Recognized Standards/Practice Guidelines

Hospital safety policies and procedures are based upon OSHA, JC and the National Fire Protection Association Life Safety Code standards

Staffing Plan

1 Director

HUMAN RESOURCES

Scope of Services

The Human Resources Department (HR) at Washington Adventist Hospital is open Monday through Friday from 7:00 a.m. to 4:00 p.m. during Daylight Saving Time (Spring – Fall).

The HR Executive Director is primarily responsible for overall administration and technical operations of the department, including facilitating communication and consultation on all HR related issues. The HR Executive Director is responsible for the development and implementation of HR policies and procedures and is a liaison between Adventist HealthCare regional HR activities and the Hospital.

HR works with departmental leaders to ensure that adequate numbers of competent staff and licensed independent practitioners are available. HR posts and advertises approved position vacancies, conducts initial employment screenings, makes job offers, coordinates the scheduling of pre-employment health screens, the scheduling of hospital/nursing orientation, and promotes fair and equal treatment of applicants and employees.

As employee status changes occur, hospital leadership members complete the appropriate change via the AHC Gateway Manager's Self-Service site and the AHC HRIS staff is responsible to process the changes.

HR maintains electronic personnel files and records of each employee, which includes annual performance appraisals. Employee performance is assessed on an ongoing basis through the Performance Dialog Process (PDP), supporting continuing education and development as appropriate and as determined by the department leadership and the employee. Employee

performance improvement plans are developed by the department leader and the employee, based on identified performance improvement needs. HR advises leadership regarding PDP due dates and provides learning opportunities relative to completion of the evaluation.

The Human Resources Executive Director participates in the WAH/AHC Education Council. The Education Council is the governing body to establish priorities and strategies for the selection, development, and delivery of training and education to Adventist Healthcare employees.

The Human Resources Executive Director also functions as the Senior HR Business Partner (HRBP) for the Southern Campus of AHC which includes Washington Adventist Hospital, Adventist Home Care Services and Capital Choice Pathology Lab. The Senior HRBP ensures the consistent and effective quality of HR service delivery by working closely with the HR Shared Service team. The Senior HRBP will examine and leverage AHC-wide policies, practices, and tools to achieve efficiency and effectiveness through consistency.

The Employee Relations Manager consults with departmental leaders on HR issues and is responsible for coordinating the grievance process. Consults are to be sought prior to giving a final warning, suspension, or termination of any employee. HR fosters a climate that welcomes the concerns of employees and their suggestions going on developing a better work environment. The Executive Director or designee is available at all times for critical employee issues and may be contacted through the administrator on-call during off-hours.

Recognized Standards/Practice Guidelines

HR policies, procedures and guidelines have been established to meet all Federal and State laws, regulations and criteria.

Staffing Plan

- 1 HR Assistant
- 2 Employment Recruiters (report to HR Shared Services at the Support Center)
- 1 Employee Relations Manager
- 1 HR Generalist
- 1 Human Resources Executive Director

Human Resources reports to WAH's President and on a dotted line to AHC's Sr. Vice President/Chief Human Resources Officer.

INFORMATION SERVICES

Scope of Services

Information Services is responsible for providing efficient computing and telecommunication resources and services 24 hours, seven-days per week, including holidays, to the entire Adventist HealthCare organization.

Information Services Service (contracted with Anthelio) provides the following support areas:

- A centralized service desk for AHC
- A central data center
- Technical and networking support provided to AHC
- Telecommunication technical services

Information Services has the following areas that provide system enhancement, process redesign, assessment and implementation of new systems:

- Clinical Systems Applications Team
- Customer Support Managers
- Financial Systems Applications Team
- Database Systems Applications Team
- Engineers and Field Service Technicians
- Project Manager
- Customer Site Manager
- Medical Record ED Coding

Information Technology and Telecommunication Services are provided by Anthelio Healthcare Solutions Inc., One Lincoln Centre, 5400 LBJ Freeway, Suite 200, and Dallas, TX 75240. Information Services reports to the chief financial officer for WAH and the chief information officer for Adventist HealthCare.

LINEN SERVICE DEPARTMENT

Scope of Services

The Linen Service Department is under the direction of the Director of Environmental Services and works in collaboration with the nursing units and ancillary units to ensure that all linen requirements of the hospital are met in a timely fashion. These include, but are not limited to, purchasing, processing, identifying, collecting soiled linen and delivery of linen to departments as specified. The processing of the linen is a contracted service.

Recognized Standards/Practice Guidelines

The Joint Commission standards are followed.

Staffing Plan

If there is a need to secure linen after hours of operation, linen can be obtained by calling the on-duty Environmental Services Supervisor at Extension 5156 or pager 333. Linen Services is part of a contracted service that reports to the Director of Environmental Services who reports to the Executive Director of Community Relations and Support Services.

MAIL ROOM

Scope of Services

The Mail Room receives and distributes all hospital mail. The services provided are exclusively utilized by hospital staff and physicians.

Mail is picked up/delivered multiple times throughout the day and mail being sent out is picked up by the Post Office. The Mail Room reports to the Manager of Administrative Services who reports to the Executive Director of Community Relations and Support Services.

Staffing Plan

The Mail Room is staffed with one clerk and is open from 7:00 a.m. – 12:00 pm., Monday through Friday.

MATERIALS MANAGEMENT

Scope of Services

The Materials Management Department provides service, which includes purchase decision support, ordering, receiving, handling, storage, and distribution of all stock related supplies

coming into the hospital as a service to all departments and units of Washington Adventist Hospital (WAH). With the exception of inventories, receiving and distribution, the purchasing function is done at the Adventist HealthCare (AHC) Support Center. The hospital-based Materials Management staff orders inventoried stock items only. Materials Management reports to the Vice President/Chief Financial Officer via a director and in conjunction with the AHC (Adventist HealthCare) corporate director of Materials Management.

The distribution of medical supplies is made to all nursing units and ancillary departments. These medical supplies are used for the care of patients of all age. The department is staffed to provide supplies as needed for providing excellent patient care. If there is a need to obtain supplies after hours, the Nursing Coordinator has access to the storeroom where stock supplies are kept.

Hours of Operation:

Service hours for distribution during Weekdays are 7:00 a.m. to 11:30 p.m. and Weekends 7:00 a.m. to 7:30 p.m. Procurement hours are Monday through Thursday from 8:00 a.m. to 5:00 p.m. and Friday from 8:00 a.m. to 4:00 p.m. at the AHC Support Center.

Staffing Plan

- 1 Director
- 1 Supervisor
- 8 Receivers and Techs

Procurement staff is centralized at the support center for the two (2) acute care facilities of Adventist HealthCare (Shady Grove Adventist Hospital and Washington Adventist Hospital). The Materials Management administrative staff, located at the Support Center, includes the corporate director, purchasing manager, department secretary, and IT analyst.

MEDICAL STAFF SERVICES

Scope of Services

The Medical Staff Services Department serves the needs of the medical staff with respect to appointment, clinical privileges, peer review and issues of physician governance. It is the responsibility of the medical staff office to assist the physician leadership in the application and enforcement of the Medical Staff Bylaws and Hospital Policies.

The department provides the medical staff with resources and assistance required to help members meet the mission and goals of the hospital in a manner that is compliant with applicable regulations. In addition to medical staff initial appointment and reappointment, the department maintains Emergency Department and other on-call schedules, coordinates clinical departmental meetings and oversees the activities required for accreditation of the CME program.

Questions pertaining to clinical privileges change in staff category status, departmental and committee business, on-call eligibility and other medical staff concerns should be directed to the medical staff department. The department reports to the Chief Medical Officer via the director. The administrative supervisor shall have access to the department during non-business hours.

Hours of Operation

Monday – Thursday	8:30 a.m. – 5:00 p.m.
Friday	8:30 a.m. – 3:30 p.m.

Staffing Plan

- 1 Director
- 1 Credentialing Supervisor
- 2 Medical Staff Coordinators

NURSING RESOURCES

Scope of Services

The Nursing Resources department performs the following functions:

- Administrative Supervisor services (described previously)
- Staffing coordination and support for the inpatient care units
- Secretarial support to the departments of nursing
- Nursing agency contracts and staff management & reports
- Acuity Reports / ANSOS reports
- Crises Nurses

Staffing Coordination & Support

Staffing secretaries are responsible for assisting individual nursing department staffing and allocation of human resources, including supplemental staffing (float pool and agency). They report to the director of nursing resources.

Secretarial Support

The secretary is responsible for providing professional administrative assistance to the director of nursing resources, nursing directors, education specialists and certain committees. This position reports to the director of nursing resources.

Nursing Informatics Support

The nursing informatics specialist applies expert knowledge of nursing and other related information systems to the management and communication of data, information and knowledge in practice and administration. This position reports to the Vice President/CNO.

Nursing Education Support

Education specialists provide education, orientation, skill and competency training to nursing personnel within the departments of nursing. They also serve as liaison to schools of nursing and other external training programs. They report to the Vice President/CNO.

All positions report to the Vice President/CNO who reports to the President.

PATIENT ACCESS

Scope of Services

The Patient Access Department provides quality care in patient registration and all of its support processes to patients, providers, and payers throughout a person's healthcare experience. We serve the hospital and its external customers in various ways. We represent the first impression, becoming the face for the entire facility, but we also serve as the key component in putting every healthcare visit in motion. All patients are registered into the hospital computer system to establish their healthcare visit.

Each patient must stop at a registration area so the collection of patient demographics is completed to meet regulatory guidelines and billing criteria. The registration process is performed in three areas of the hospital and at an office location. Lower Level One via the Emergency Registration area, the Patient Access area, where non-emergent patients entering the hospital on the main level

are registered and the Women's Center located in the Conference Center, 2nd floor. Upon arrival patients and customers are offered information educating them to hospital services, HIPAA, advance directives, costs of services and collection of patient responsibilities. Patient Valuables (of a small size) are stored in a safe in Patient Access. Along with security and nursing there are guidelines for their safe keeping and retrieval.

Financial Counselors are available in the department and verify patient eligibility and financial obligations with their insurance companies. They are able to meet with patients to discuss their monetary responsibility prior to services being rendered. Financial Counselors check eligibility and verify patient's insurance prior to their arrival for services. 48 hours prior to services being rendered, Financial Counselors will contact patients to inform them of their financial obligations and assist them with meeting those obligations in various forms such as a payment plan.

Bed Control is tasked with the responsibility to move inpatients through the facility timely and efficiently. Bed Control assigns beds as requested, in coordination with nursing units and hospital policy. Housekeeping priorities are coordinated via bed control and the bed board system. All unit transfers, ED admissions, Transcare admissions, OR are coordinated within bed control. All bed assignments occur in the Pre Admit Tracking System. Bed Control provides education to all current and incoming nursing staff to ensure effective and accurate use of the system.

Centralized Scheduling is responsible to schedule outpatient radiology and oncology services. This is closely coordinated between various departments, physicians, and patients. Patients are informed of the required "preps" and registered prior to their visit. Insurance benefits are verified and any financial requirements are communicated to the patient prior to their date of service.

All patients should be pre-registered prior to their arrival for services. Having each patient pre-registered for scheduled services prevents long wait times and delays in care being rendered. The pre-registration process also allows Patient Access to review the patient's financial responsibility with the patient. Patient Access is also responsible to making certain the payment of services is secured prior to services being rendered or discharge from an inpatient stay or the Emergency Department. The Important Message is given to every Medicare recipient at admission and up to 48 hours prior to discharge.

Patient Access works with Utilization Management and Health Information Management in maintaining the appropriate patient "status". Daily "census" checks are done so that statistics for reporting and budgeting can be performed.

Patient Access works with two contract workers with the Department of Social Services who are available to take and process medical assistance applications.

Patient Access's goal is to provide the above services with pleasant efficiency. Accuracy and timeliness are vital to all customers; thus to Patient Access. Performance improvement initiatives include monitoring Customer satisfaction; to optimize the value of Jackson Survey data, reduce patient wait times for registration, increase point of service collections and reduce write offs due to lack of authorizations. Our input to the billing function is monitored formally through write offs of services not authorized and random quality assurance checks of registrations and feedback from the Patient Business Office as well as all our customers throughout the community and facility.

Patient Access has representation on various committees that include Utilization Management Committee, Leadership, Patient Business Office meetings, Denial Review Committee, and Length

of Stay Meeting. Requests for representation to numerous committees are requested i.e. Unit planning meetings (ED, OB, lab, radiology and surgery).

Patient Access is open 24 hours/day seven days a week for registration and bed control needs. Centralized Scheduling is offered Monday-Friday from 8:00am until 4:30pm. Patient Access follows hospital guidelines as denoted in Hospital policies and procedures. Its role in various disaster plans is outlined in the department's Safety Manual.

Staffing for Patient Access is monitored and planned as per historical patient usage. Monitoring patient flow, required communication with third party payers, demands of hospital departments and necessary follow up with customers is also monitored to make certain customer needs are met.

PLANNED MINIMUM STAFFING PATTERNS

	S	M	T	W	TH	F	S
Days	5	27	27	27	27	27	5
Evenings	5	6	6	6	6	6	5
Nights	5	5	5	5	5	5	5

PLANT OPERATION SERVICES/FACILITIES MANAGEMENT

Scope of Services

Plant Operations is responsible for facility maintenance, repair, inspection, testing and preventative maintenance of all the hospital's buildings, grounds, off-site warehouse, and systems equipment.

The maintenance shops are responsible for the hospital's operation and preventative maintenance programs for plumbing, air conditioning, heating, medical gas, fire safety, and electrical systems; and locks, general finishes, carpentry, and painting. The electrical shop safety checks all non-clinical electrical equipment entering the hospital.

Grounds maintenance is responsible for the beautification program of all hospital grounds and hospital-owned properties. Grounds maintenance service is provided by contractual service agreement.

The Power Plant supplies the hospital with electrical power, water, steam, heat, and air-conditioning. The staff performs some service calls in the hospital on holidays, weekends, and off duty hours.

Hours of operation for all divisions (except Power Plant) are 6:30 a.m. to 4:30 p.m., Monday through Friday. The Power Plant is manned and operational 24 hours a day, seven days a week. A maintenance person is on call for mechanical and electrical emergencies after hours.

Construction and renovation projects are managed and provided by contracted services.

Recognized Standards/Practice Guidelines

Policies and procedures are maintained in accordance with all federal, state, local, and accrediting authorities (OSHA, NAPA, The Joint Commission, AIA Guidelines, etc.).

Staffing Plan

- 1 Director
- 1 Secretary

4 Maintenance Supervisors 21 Tradesmen (includes Full-time and Part-time employees)

Plant Operations is managed by the Director of Facilities who reports the Vice President of Operations.

QUALITY IMPROVEMENT

Scope of Services

The Quality Improvement Department provides oversight, monitoring, and support for hospital-wide quality, performance improvement and patient safety initiatives including those related to regulatory requirements. Performance Improvement initiatives are based upon identification of high volume, high risk, problem prone opportunities, trends and direct referrals for improvement opportunities, as well as recommendations and reports from the following:

AHC/Washington Adventist Hospital Strategic Plan
Presidents Council
Quality Council
Medical Executive Committee
Significant Events/Root Cause Analysis
Failure Mode and Effects Analysis
The Joint Commission
Centers for Medicare and Medicaid Services (CMS - formerly HCFA).
Maryland Office of Healthcare Quality

The Quality Improvement Department assists leaders and departments in operational process improvement initiatives utilizing performance improvement methods and tools including FOCUS (find, organize, clarify, understand, select) - PDCA (plan, do, check and act), Root Cause and Failure Mode and Effects Analysis. The department directly and indirectly supports data collection monitoring, distribution, and analysis. Quality and risk data are integrated to assist with the coordination of patient safety initiatives. In collaboration with Medical Staff leadership, the department coordinates the hospital peer review process via the Professional Practice Evaluation Committee (PPEC).

Hours of operation: 8:00 a.m. to 4:30 p.m., Monday through Friday. Hours may vary with committee/meeting schedules and as necessary to provide support for performance improvement activities. The Quality Improvement Department reports to the AVP, Clinical Effectiveness.

Staffing Plan-6 FTEs AVP, Clinical Effectiveness

4 Quality Improvement Coordinators
1 Secretary

RISK MANAGEMENT

Scope of Services

The Office of Legal Affairs and Risk Management is responsible for the loss prevention and liability control program which includes the identification, analysis, treatment, and evaluation of risk. Through proactive and reactive risk reduction strategies, the comprehensive integrated program promotes safe and professional care in a safe environment for patients, visitors, employees and customers of Washington Adventist Hospital.

Risk Management also acts as a resource for medical/legal issues for the hospital. Risk financing,

claims management, and educational programs for reducing liability for the hospital and medical staff are provided. In addition, the department is available to consult on a variety of issues on a daily basis. Management of the administrative policies helps to ensure compliance with standards of care and local, state, and federal regulations. The Risk Management Plan meets the requirements of the Code of the State of Maryland.

Hours of Operation: RM provides services 24 hours per day, 7 days per week

Leadership: Risk Management reports to the AVP, Clinical Effectiveness.

Staffing Plan-2 FTEs

1 Risk Manager

1 Quality Coordinator (Peer Review)

SECURITY DEPARTMENT

Scope of Services

The Security Officers serve patients of all ages, visitors and staff members by providing security, fire and safety needs of each individual and the facility. The officers provide value to the hospital through the protection of patients, visitors, staff, physicians, and all other persons who conduct business with the hospital. The physical assets of the hospital to include the property fall under the protection of the security department. The primary objective is to minimize incidents that result in financial and physical loss.

The security officers provide (24 hours a day, 7 days a week) care for the safety of patients, visitors, and staff, as requested in handling a variety of tasks, such as in the handling of disruptive persons and responding to fire emergencies. Security provides to staff and visitors, parking management as well as escorts, as requested. The security staff operates the escort service and provides surveillance of the hospital campus and off campus areas.

The security officers are on the frontlines of public relations for the hospital. The security staff is directly responsible for maintaining order on the property to ensure the safety of employees, patients, visitors of the patients, and all property.

The security department interacts with the Takoma Park Police Department on a daily basis in matters of responding to emergencies that require the assistance of the police department. Our relationship is strong and built upon a mutual respect for each department's role in service our staff, patients and visitors.

The security department employs the use of Closed Circuit Television (CCTV) equipment, 24 hours/day, 7 days/week, in order to maintain a constant archival source of video data relative to the activity in the hospital building and certain exterior areas of the campus. The CCTV system also provides additional eyes to the security department throughout the campus. Along with the CCTV system, the security department uses a physical security access control system. This system maintains secure perimeter and interior doors that restrict access to authorized cardholders who conduct appropriate business on the hospital grounds. Additionally, security officers are deployed on regular patrol tours of the campus providing a visual and physical deterrent to potentially harmful activity that could occur on the campus.

Leadership: The Security Department reports to the Director who reports to the Vice President/Operations

Recognized Standards/Practice Guidelines

Hospital security policies and procedures are based upon JC and the International Association of Hospital Security and Safety training guidelines.

Staffing Plan

1 Director

2 Supervisors

15 Security Officers (includes Full time and Limited Part Time Officers)

STERILE PROCESSING

Scope of Services

The Sterile Processing Department (SPD) is a support services unit for all patient care departments, designated to provide patient care equipment and sterile procedure trays and surgical instruments necessary for safe and effective procedures. SPD consists of three dedicated rooms; decontamination, instrument room, and linen room. The unit has established and maintains a team approach with a dedicated staff and manager, which provides optimal management of resources and more efficient services to patient care areas.

The department works in a collaborative fashion with all departments to provide patient care needs. There is an ongoing direct working relationship with the Biomedical Department to ensure that all equipment is inspected and maintained in safe working condition by use of a preventive maintenance plan.

Hours of Operation: The hours of operation are 6:00 a.m. to 11:30 p.m.

Leadership: Operational management is the direct responsibility of the manager, under the direction of the Director of surgical services.

Recognized Standards/Practice Guidelines

Sterile Processing follows the standards and recommendations of AAMI (Association for the Advancement of Medical Instrumentation) as well as OSHA.

Staffing Plan

2 Lead Technicians

7.6 Instrument Technicians

1 Equipment Technicians

TELECOMMUNICATIONS

Scope of Service

The Telecommunications department is responsible for providing telecommunications services to the organization. The department has Telephone Operators who are responsible for answering and directing calls to the correct areas and providing information to physicians, hospital staff and the community. The Telephone Operators are also responsible for announcing codes and notifying the appropriate code teams. They monitor many of the alarm systems for the hospital such as fire alarm, medical gas alarms, blood bank alarm, morgue temperature alarm, generator alarm, UPS alarm, code blue alarms, etc. The Telephone Operators are also responsible for contacting on-call personnel such as the Cath Lab, Open Heart and General Surgery teams during after hours, weekends and holidays. The Operators provide patient information when the Information Desk is

closed. They dispatch transporters during evenings and weekends. This department also handles internal communications such as the in-house and long-range pagers and provides updated directories.

Leadership: The Telecommunications Department reports to the Director of Security.

Staffing Plan

1 Lead Operator

7 Telephone Operators

TRANSPORTERS

Scope of Services

The Transporters provide for the transportation of adult patients, specimens, patient reports, equipment and other items as requested. Staffing of the area is adjusted to meet the transport needs of patients and items throughout the day and evening hours.

Nursing staff assess the monitoring required by each patient and then request a transporter through the Transport Tracking system. Monitored patients are transported with an RN accompanying the patient to provide patient monitoring. Respiratory Therapy will also assist in the transport of patients requiring a respirator or breathing assistance.

Hours of Operation: 7:00 a.m. – 12:00 a.m., Monday through Friday, and from 7:00 a.m. until 10:30 p.m., Saturday and Sunday. After these hours, patients are transported by RNs, Technologists or Patient Tech Aides.

Leadership: Transporters report to the Administrative Services Manager who reports to the Manager of Administrative Services who reports to the Executive Director, Community Relations and Support Services.

Staffing Plan

Transport times are tracked and staffing is adjusted to assure that patients are transported in a timely manner.

1 Manager

15.7 Transporter FTEs – approximately 13 Transporters on weekdays, 9 Transporters on weekend shifts.

VOLUNTEER SERVICES DEPARTMENT

Scope of Services

This department provides volunteer staffing to the hospital. This includes recruitment and appropriate placement within the hospital. All hospital legal requirements for volunteer security clearance, hospital safety, and general orientation are fulfilled. Appropriate position descriptions and competencies are maintained for all volunteers. The Volunteer Department maintains all records of volunteer personnel. The department provides ongoing affirmation and reward for service through recognizing hours of service, by newsworthy articles, award pins, volunteer banquet, volunteer holiday reception, and other personal tasks.

Hours of Operation: The Volunteer Services Department is open from 8:00 a.m. to 5:00 p.m., Monday through Thursday, and from 8:30 a.m. to 4:00 p.m. on Friday.

Leadership: Volunteer Services reports to the Manager of Administrative Services who reports to the Executive Director, Community Relations and Support Services.

Staffing Plan

1 Full Time Manager of Administrative Services

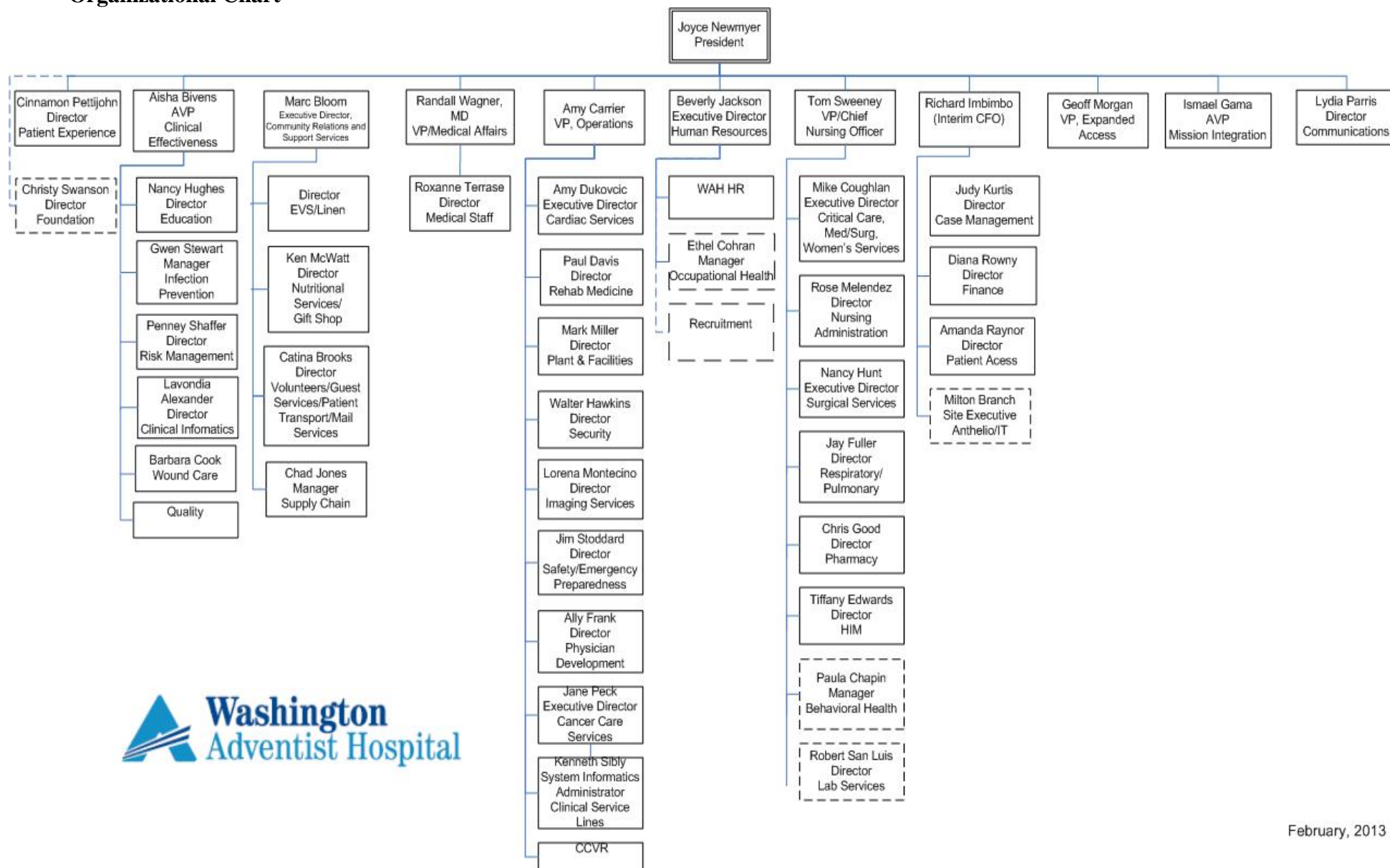
1 Full Time Volunteer Coordinator

XII. ANNUAL REVIEW

The Hospital Plan for Delivery of Care is reviewed and updated on an annual basis. The plan is submitted to the Board of Directors for approval on an annual basis.

APPENDIX A

Organizational Chart



February, 2013