HOSPITAL MISSION AND VALUES:

- ________________ Hospital is a not-for-profit/for-profit facility, owned and operated by ________________ (name of corporation, etc.) which provides selected healthcare services.

- Our Mission is to: (List the mission statement here)

PHILOSOPHY OF PATIENT CARE SERVICES:

- As a premier provider of community based, family oriented healthcare, ________________ Hospital believes it can best maintain this level of service through a customer focus, where we continually strive to understand and exceed the expectations of our customers. This focus shall be enabled through effective communication systems, staff education, team building, process improvement, work redesign and an empowered work force.

- In collaboration with the community, ________________ Hospital shall provide customer-focused care and service through:
  - A mission statement which serves as a foundation for planning
  - Long-range strategic planning with hospital leadership
  - Establishment of core values which guide employee behavior
    - ________________ Hospital shall support staff relations that foster growth, encourage innovation and support teamwork. The organization shall recognize the relationship between positive staff relations and its ability to achieve organizational objectives and shall pursue the means to strengthen and enhance this association.
  - Provision of services that are appropriate to the scope and level required by the patient population to be served
  - Ongoing evaluation of services provided through performance improvement activities
  - Integration of services through a variety of mechanisms, i.e., continuous quality improvement (CQI) teams, informational meetings, staff meetings, leadership council and employee education
PURPOSE:

- Effective pain assessment and management can remove the adverse psychological and physiological effects of unrelieved pain. Optimal management of the patient experiencing pain enhances healing and promotes both physical and psychological wellness. It is beneficial for the patient and his or her family and/or support structure, as appropriate, to be involved in all aspects of his or her care, including pain management.

- During the assessment process, information shall be gathered on the existence of pain and its effect on many aspects of the patient. Since pain is rarely a static process, the assessment process shall be ongoing, not simply a one-time event. The information obtained in the assessment shall allow for the formulation of a plan of care with goals related to pain management.

POLICY:

______________ Hospital shall respect and support the patient’s right to optimal pain assessment and management. Pain shall be assessed in all patients in the organization. The organization shall also address the appropriateness and effectiveness of pain management.

PROCEDURE:

- It shall be the responsibility of all clinical staff to screen all patients expeditiously for the presence or absence of pain, and avoid delays related to testing, diagnostics or consultations.

- If the screening assessment reveals pain is present in the patient, it shall be the responsibility of clinical staff to conduct an indepth clinical assessment of the pain, and periodic reassessments of the patient for determination of pain and relief from pain, including the intensity and quality (i.e., character, frequency, location and duration of pain), and responses to treatment.

  - At time of admission to the facility, the patient shall be questioned regarding pain during the initial nursing assessment (pain screening).

  - All other clinical department staff shall also question the patient regarding pain during the initial patient assessment performed by that department’s care provider.

- Questions related to pain shall include, but are not limited to:
  - Nature of pain
  - Mechanism of pain
DEFINITIONS:

- **Fall** - An unplanned descent to the floor (or extension of the floor; i.e., trash can or other equipment), with or without injury to the patient.

- **Assisted Fall** - A fall in which any staff member (whether nursing service employee or not) was with the patient and attempted to minimize the impact of the fall by easing the patient’s descent to the floor or, in some manner, attempting to break the patient’s fall. “Assisting” the patient back to bed or chair after a fall is not an assisted fall.

- **Repeated Fall** - More than one fall by the same patient after admission to a unit.

- **Fall Rate** - Number of falls (with or without injury) by unit type during calendar month times 1,000, divided by number of patient days by unit type during the calendar month.

POLICY:

- The use of restraints for the prevention of falls shall not be considered a routine part of the falls prevention program.

- Every patient care area shall be evaluated for the potential for patient falls. Evaluations shall be completed by the department managers and ________________. The following components shall be evaluated for each patient care area:
  - Patient population served
  - Services provided
  - Physical environment

- Findings from the evaluation shall be incorporated into the fall reduction program to reduce the number of patient falls.

- **Fall Assessment:**
  - All patients shall be assessed upon admission and continuing throughout the stay using the hospital's Fall Assessment Form.
    - The following are tools with published reliability and validity (adults):
      - Morse Fall Scale (1987)
      - Schmid Fall Risk Assessment Tool
• Age or developmentally appropriate protective safety interventions (such as stroller safety belts, swing safety belts, highchair lap belts, raised crib rails and crib covers) that a safety-conscious child care provider outside a healthcare setting would utilize to protect an infant, toddler or preschool-aged child would not be considered restraint or seclusion for the purposes of this regulation

• A physical escort would include a “light” grasp to escort the patient to a desired location
  - If the patient can easily remove or escape the grasp, this would not be considered physical restraint. However, if the patient cannot easily remove or escape the grasp, this would be considered physical restraint and all the requirements would apply.

**POLICY:**

• The use of restraint or seclusion shall be based on a comprehensive patient assessment that includes a physical assessment to identify medical conditions that may be causing behavior changes in the patient.

• The use of restraint or seclusion shall be documented in the patient’s plan of care. This plan of care shall be reviewed and revised every ________________.

• ________________ Hospital shall ensure the use of restraint or seclusion is clinically justified and guided by criteria present in current evidence-based national practice guidelines, practice parameters, pathways of care or other standardized care procedures developed by the appropriate professional organizations.

• The use of restraint or seclusion may only be used to ensure the immediate physical safety of the patient, staff or others, and must be discontinued at the earliest possible time.

• Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others.

• All patients have the right to be free from physical or mental abuse and corporal punishment.

• All patients have the right to be free from restraint or seclusion, of any form, imposed by staff as a means of coercion, discipline, convenience or retaliation.
PURPOSE:

To ensure a plan is in place to meet the patient’s continuing healthcare needs post-hospitalization.

DEFINITION:

- **Discharge Planning** - A process that involves determining the appropriate post-hospital discharge destination for a patient; identifying what the patient requires for a smooth and safe transition from the hospital to his/her discharge destination; and beginning the process of meeting the patient’s identified post-discharge needs. The discharge planning process may include, but is not limited to, identification, evaluation and planning for needs in the following areas:
  - Activities of Daily Living (ADL)
  - Emotional
  - Financial
  - Housekeeping
  - Medications
  - Nutritional
  - Physical
  - Safety
  - Social
  - Transportation

POLICY:

- ________________ Hospital shall provide Discharge Planning for all patients according to federal and state regulatory requirements. See the hospital’s Scope of Service policy.

- ________________ Hospital’s discharge planning process shall apply all patients and shall consist of four (4) stages:
  - **Screening** all inpatients to determine which are at risk of adverse health consequences post-discharge if they lack discharge planning
  - **Evaluation** of the post-discharge needs of inpatients identified in the first stage, or of inpatients who request an evaluation, or whose physician requests one
  - **Development** of a discharge plan if indicated by the evaluation or at the request of the patient’s physician
  - **Initiation** of the implementation of the discharge plan prior to the discharge of an inpatient