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Chapter 1: Patient Assessment
Section 1: Patient Admissions

Policy

The Nurse Executive or designee participates in the hospital admissions system to coordinate patient requirements for nursing care with available nursing resources.

Procedure

1. Patients with exceptional medical problems requiring nursing care beyond the reasonable capability of Utah State Hospital are not eligible for admission (see USHOPP - Admissions Section 1 subsection 3.2).

   1.1 The Director of Medical Services and the Hospital Clinical Director in collaboration with Nursing Administration determine when this situation exists by conducting an individualized review of each referred case. The review includes

      1.1.1 Current psychiatric condition of the patient.

      1.1.2 Current medical and nursing needs of the patient.

      1.1.3 Determination of the best treatment facility for the patient using guidelines, policies, information, and personnel from Utah State Hospital, the Utah State Division of Substance Abuse and Mental Health, and other appropriate involved agencies.

2. Admissions to the Children's and Adolescent Units are done through collaborative conferences between the Unit Clinical Director, Service Administrative Director, the Unit Supervising RN and other treatment staff.

3. When a specific unit's nursing staff is unable to assess and meet the patient's nursing care needs due to inadequate nursing resources, Nursing Administration conveys this information to the Hospital Clinical Director and Superintendent who then discuss with the Hospital Admissions Officer the need to limit admissions to the specific unit.

1/91; 9/93, 1/94; 4/98; 8/01; 1/05; 2/07 admis.pol
Chapter 1: Patient Assessment

Section 2: Nursing Process

Policy

The nursing process is utilized to aid in determining the patient needs and plan of care for all patients at Utah State Hospital. Registered Nurses at Utah State Hospital prescribe, delegate and coordinate nursing care for patients based upon individual need.

Procedure

1. Patient needs are identified and the plan of care is determined through the nursing process.
   1.1 Assessment of patient needs
   1.2 Diagnosis/problem identification through analysis and synthesis of data
   1.3 Development of plan of care including priorities, goals, strategies and nursing orders
   1.4 Implementation of plan of care
   1.5 Evaluation of patient outcome

2. A Registered Nurse prescribes, delegates and coordinates nursing care for each patient based upon:
   2.1 Assessment data and other relevant information
   2.2 Identified needs
   2.3 Standards of care
   2.4 Appropriate nursing interventions
   2.5 Establishing policies and procedures
   2.6 The nurse's professional judgment
   2.7 The patient's response to specific nursing interventions

3. The nursing process is part of a dynamic cycle: evaluation of patient care is followed up by a re-assessment of patient needs to determine whether or not the plan of care requires modification.
   3.1 This process is completed whenever the patient’s condition changes significantly.
   3.2 The process is a part of the re-assessment of the patient’s individualized treatment plan every 30 days.
4. Nursing care is a part of the individual comprehensive treatment plan which is developed by the multidisciplinary team.
Chapter 1: Patient Assessment
Section 3: Nursing Assessment

Policy

A nursing assessment is completed on all patients admitted to the Utah State Hospital. The nursing process, (assessment, planning, intervention, evaluation), is used to help determine the patient's needs and plan of care.

Procedure

1. All patients admitted to the hospital have a nursing assessment completed within the shift on which they are admitted, (no later than eight hours after admission).

   1.1 The Nursing Assessment includes:

      1.1.1 Health Assessment and History
         1.1.1.1 Falls Risk Assessment
      1.1.2 Medical History
      1.1.3 Allergies/Adverse Drug Reactions
      1.1.4 Special Care Needs
      1.1.5 Environmental Safety
      1.1.6 Nutrition/Dietary Screen
      1.1.7 Infectious Disease Screen
      1.1.8 OT/Voc Rehab Screen
      1.1.9 Dental Screen
      1.1.10 Educational Needs/Learning Preferences
      1.1.11 Educational Barriers/Strategies to Address Needs/Barriers
      1.1.12 Spiritual Needs
      1.1.13 Admission Note
      1.1.14 Unit Orientation
      1.1.15 Other Issues
1.2 Upon admission, the RN interviews the patient and significant others (when available) and fills out the nursing portion of the Integrated Assessment form as completely as possible.

1.2.1 If the patient or significant others are unable to give information, the reason is stated on the form.

1.2.2 The RN may gather information on the patient from the source of referral and/or from collaborating discipline members.

1.2.3 The RN may assign the LPN to collect the data for the nursing assessment form (i.e. vital signs, weight, height, medications being used).

1.2.4 The RN may assign the psych tech to collect data for the nursing assessment form (vital signs and weight and height).

1.2.4.1 The RN must confirm the data and information collected by other nursing staff members.

10/87, 11/90, 1/91, 9/93; 4/98; 10/00; 1/05; 2/07 nursassess.pol
Chapter 1: Patient Assessment
Section 4: Monthly Patient Vital Signs and Weights

Policy

Monthly vital signs and weights are completed and documented on every patient.

Procedure

1. A monthly assessment of vital signs and weight is completed on every patient, unless otherwise there is a reason to complete the vitals signs and/or weights more frequently.

   1.1 Vital signs include blood pressure, pulse, respirations, and temperature.

2. The vital signs and weight are recorded in E-chart.

3. A monthly assessment of the patient’s vital signs and weight is included in the corresponding nursing monthly assessment note.

4. The RN assesses the patients’ vital signs and refers significant problems to the MD/NP for follow-up, evaluation, and treatment if needed.

1/88; 9/93; 4/98; 10/00; 1/05; 2/07 ptasses.pol
### Chapter 1: Patient Assessment

#### Section 5: Patient Care Assignments

**Policy**

The unit staff RN assigns nursing personnel to care for specific patients or groups of patients based on the employees' education, training, experience and licensure and the patients' acuity, problems/needs and level of intervention required.

**Procedure**

1. Information regarding individual patients or groups of patients is obtained through the patient acuity system, reports of other staff members, family members or friends, and all other pertinent data sources.

2. The assignment of nursing personnel is the responsibility of the Staff Registered Nurse and is consistent with the capabilities of the staff and patient.

   2.1 The Psychiatric Technician functions under the license and supervision of the staff Registered Nurse. He/she is accountable to the staff Registered Nurse for job assignments. (See Personnel Management Section, Job Description-Psychiatric Technician).

   2.2 The Licensed Practical Nurse functions under the supervision of the staff Registered Nurse and abides by the Licensed Practical Nurse's scope of practice statement from the Utah State Board of Nursing, (See Personal Management Section; Job Description - Licensed Practical Nurse and the Nurse Practice Act of the State of Utah).

   2.3 The Registered Nurse functions under the supervision of the Unit Nursing Director and the guidelines and scope of practice statement from the Utah State Board of Nursing. (See Personnel Management Section, Job Description - Registered Nurse, and the Nurse Practice Act of the State of Utah).

3. Patient care assignments are made daily on each shift and are based upon the patient's status and the staff member's competence, including:

   3.1 the complexity of the patient's condition and required nursing care

   3.2 the dynamics of the patient's status

   3.3 the complexity of the assessment required by the patient

   3.4 the degree of supervision required by each member of the nursing staff

   3.5 the availability of supervision

   3.6 the relevant infection control and safety issues.

4. When a staff member is given a specific patient care assignment, the staff member is responsible for the following during the assigned shift:
4.1 observing and reporting any change in the patient's condition psychiatrically and medically.

4.2 assisting the patient work toward his/her treatment goals.

4.3 documenting patient status including behaviors and staff interventions.

1/88, 11/90; 9/93; 1/94; 4/98; 8/01; 1/05; 2/07 ptassign.pol
Chapter 1: Patient Assessment
Section 6: Role of Nursing in Patient and Family Education

Policy

The staff nurse is responsible for teaching significant aspects of care in collaboration with the patient, family, and treatment team. The level of teaching is based upon the understanding of the patient and/or family members.

Procedure

1. The patient completes a permission to contact family form on admission.
2. The staff nurse collaborates with the patient, family members, and treatment team to assess the need for information.
3. The staff nurse teaches the patient about the importance of medications, compliance in administration, and adverse side effects as indicated by the individual patient's need.
4. The staff nurse and other nursing personnel teach components of activities of daily living to the patient.
5. The staff nurse and other nursing personnel teach other significant components of life skills to the patient.
6. The Clinical Nurse Specialists teach patients about their illness and methods of dealing with their illness when the treatment team refers the patient for this learning experience.
7. When a new treatment or structure is instituted for an individual patient, the treatment team decides on the approach to the patient concerning the changes.
   7.1 When agreed upon and delegated by the treatment team, the nurse explains the change in treatment and assesses the patient's level of understanding.
8. The patient's understanding of their treatment plan or structure is evaluated on an ongoing basis during the patient's stay at the hospital.
   8.1 The need for reinforcement of patient or family teaching is based upon the level of understanding.
9. The nurse includes the patient and/or family teaching on the patient's treatment plan and documents in the group notes as well as the weekly progress notes that teaching has been done.
10. The staff nurse assesses need for learning in all areas of self-care preparatory for discharge.
   10.1 The needs for self-care are included in discharge planning.
11. When a patient's family is involved in the patient's treatment and discharge planning, the nurse assesses the family's level of understanding of the patient's required care.

11.1 The family is taught methods of caring for the patient and the level of understanding is evaluated.

11.2 This is completed on a progressive basis throughout the patient's stay at the hospital.
Chapter 1: Patient Assessment
Section 7: Rehabilitative Nursing Care

Policy

The philosophy of nursing services and the Utah State Hospital includes returning the patient to his/her optimal health. This encompasses prevention of complications of physical disability, restoration to optimal function, and adaption to an altered life-style. Nursing services focuses on the rehabilitation of the patient through the nursing process.

Procedure

1. When a patient is admitted, the nurse completes a nursing assessment that identifies problems, and initiates a nursing care plan with interim objectives that focus on the identified problems.

   1.1 Areas of immediate need are identified through the nursing assessment screening process and the necessary contact with other disciplines is made to provide optimal coordination of care for the patient i.e. dietary, infection control, religious advisors, protective services, and education personnel.

   1.1.1 The contact with the needed services is made via e-mail.

2. Physical disabilities are identified on admission through the nursing assessment, and by the Medical Doctor's/Nurse Practitioner's admission history and physical examination.

3. Consultations with physical therapy, occupational therapy, and other rehabilitative resources are made through physician's orders.

4. The Registered Nurse assists physical therapy, occupational therapy, recreational therapy, and other rehabilitative services through programming on the patient care unit in areas such as self-care skills, interpersonal relationships, sleep patterns, mild to moderate physical exercise, range of motion, use of prosthetic devices, and other rehabilitative treatments.

5. When a treatment procedure on the patient care unit is placed under the jurisdiction of the Registered Nurse, the appropriate service trains the Registered Nurse in the correct procedures for that treatment; i.e., range of motion—physical therapy; use of splints—physical therapy.

6. Nursing rehabilitative services at the Utah State Hospital are limited. When comprehensive rehabilitative nursing services are required for a specific patient, the physicians refer the patient to a comprehensive rehabilitative service.

7. Patients who have a physical disability that requires rehabilitation, receive instruction in the areas of adaptive living skills, coping mechanisms, and health maintenance.

8. Discharge planning focuses on specific needs. Alternative living arrangements may be made based on the treatment teams recommendations.

9. The rehabilitative treatment of the patient remains a multidisciplinary team approach.
Chapter 1: Patient Assessment  
Section 8: Patient Falls

Policy

If an adult patient falls, the RN assesses the patient for injuries.

Procedure

1. If a patient is witnessed falling to the floor or is found on the floor and does not get up independently, the RN assesses the patient for injuries.

   1.1 All staff who witness a patient fall or find a patient on the floor are instructed not to get the patient up until the RN can make an injury assessment.

2. The Physical Assessment module of Nursing Education includes signs and symptoms of pelvic/hip injuries and methods for assessment of such injuries.

3. When a patient falls or is found on the floor, the RN completes the assessment and then notifies the MD/NP of the results of the assessment.

4. The staff member who witnesses the fall or finds the patient on the floor and the RN who completes the injury assessment document the incident and findings in e-chart.

6/01; 1/05; 2/07 pt.falls
Chapter 2: Patient Management
Section 1: Caffeine Consumption

Policy

Caffeine consumption by patients may interfere with their psychiatric treatment, particularly as it reduces the effectiveness of medications. (See USH:OPP Patient Management Chapter Section 19)

Procedure

1. Caffeinated coffee is not available to patients in hospital food services areas.

2. Individual patients' caffeine consumption from other sources may be limited.

Taken from USH:OPP 6/98; 8/01; 07/02; 2/05; 2/07 caffeine.pol
Chapter 2: Patient Management
Section 2: Central Line Management and Protocol (CVAD)

Purpose

To outline the nursing management of a patient with a CVAD.

General Information

A Central Venous Access Device (CVAD) provides a system for the intravenous administration of medications, and fluids; it increases patient comfort by avoiding multiple venipunctures associated with peripheral venous access; and it provides a means for obtaining blood samples.

When a patient requires IV therapy through a Central Venous Access Device, the patient is taken to the IV Clinic at Utah Valley Regional Medical Center for placement of the device.

Cvad General Guidelines

Management of the CVAD is performed by a qualified RN.

1. The RN adheres to Standard Precautions and sterile technique during all dressing, tubing, filter, cap, and site changes.

2. The RN is alert to possible complication(s) or dislodgement of the catheter. Notify MD/NP immediately if the patient develops s/s infection (pain, fever, chills, increased WBCs, glucose intolerance); air embolus (hypotension, tachycardia, cyanosis, loss of consciousness); pneumothorax (diminished or absent breath sounds); infiltration (swelling at site, pain); phlebitis (redness, edema, pain, drainage.)

3. A 10cc or larger syringe is used for accessing a CVAD line for administration of IV push medications, blood draws, and heparin flushes.

4. If unable to flush a line, DO NOT force solution. Consult with physician regarding line.

5. Before accessing or disconnecting any hub/port connections, clean the hub and IV tubing (while the connection is closed) with providone/iodine swab, wait thirty seconds, then cleanse with one alcohol swab.

6. When CVAD line is discontinued, inspect the catheter for intactness. If a culture of the catheter tip is ordered, use sterile scissors/forceps to remove tip of catheter. Place tip in sterile collection container and send to lab for culture sensitivity test.

7. Measure the length of the external portion of the catheter and record it on appropriate document. Do not rely solely on this measurement as a guarantee of cannula position, but use it as a comparison if the line has been pulled or dislodgement is suspected.
8. If patient is restless or pulling on tubes, obtain order for use of safety device to prevent discontinuation of line. Implement appropriate protocols to manage patient if safety devices are warranted/applied.

**Procedure:** PICC Line

1. **Hep-locked:**
   
   1.1 **Heparin Flush:** Flush Q day with 3cc of (100u/ml) Heparin using positive pressure technique.
   
   1.2 **Blood Draw:** Flush line with 5cc saline. Before removing syringe from access port, draw back 3-4cc blood and discard syringe. Draw appropriate amount of blood for sample. Flush line with 10cc saline using start/stop action to gently agitate and create turbulence against lumen walls. Finish with Heparin flush of 3cc of (100u/ml) Heparin using positive pressure technique. (Note: If blood draw is for blood cultures, do not flush line with saline prior to blood draw.)
   
   1.3 **Dressing Change:** Q week and prn. Stabilize catheter while removing old dressing. Clean site with 3 alcohol wipes followed by 3 betadine wipes, cleansing in a “clean to dirty” fashion beginning at catheter site to approximately 3 inches beyond the site. Allow site to dry between each application. Do not remove Betadine. (If patient is allergic to Betadine, clean site with Hibiclens, wipe off with 2x2, and follow with Alcohol. Allow to dry between each step of cleaning.) Place a sterile 2x2 under and over the hub site to promote an occlusive dressing and to act as a moisture wick. Complete occlusive dressing by covering 2x2 with a transparent dressing. If patient is sensitive to transparent dressing, cover site with gauze and waterproof tape (making sure tape completely covers the gauze.)
   
   1.4 Assess and document site each time catheter is flushed.
   
   1.5 Flush with 5cc saline prior to and after administration of medications.

2. **Continuous Infusion:**

   2.1 Obtain IV infusion pump.
   
   2.2 Confirm prescribed flow/rate/type of solution for infusion.
   
   2.3 Refer to pump guidelines for correct setting/use of pump.
   
   2.4 Inspect tubing and connections Q 4 hours and prn to ensure it is secure and free of kinks or tension. Observe for any break or disconnection which could lead to bleeding or air embolism.
   
   2.5 Leur-lock or tape each connection to ensure closed system.
   
   2.6 Assess and document site Q 4 hours and prn.
   
   2.7 Flush with 5cc saline prior to and after administration of medications if medication(s) incompatible with IV solution.
**Procedure: Port-A-Cath**

1. Patients with newly inserted port-a-caths are monitored closely for signs of infection, but nurses at USH do not access port-a-caths.

2. Port-a-caths are flushed and managed by Utah Valley Regional Medical Center or by the facility designated by the surgeon.

**Procedure: Heparin Locks (IV Adaptors)**

1. Flush each unused port Q 8 hours with 3cc saline using positive pressure technique.

2. Hep-caps are changed Q 48 and prn.
   
   2.1 Cleanse connection site with betadine and alcohol.
   
   2.2 Fill new hep-cap with appropriate solution.
   
   2.3 Clamp catheter with attached plastic clamp.
   
   2.4 Remove previous cap and discard.
   
   2.5 Apply new cap.
   
   2.6 Remove clamp and flush according to protocol.

**Procedure: Discontinuing Cvad**

1. Obtain sterile gloves and suture removal kit (if applicable.)

2. Secure CVAD line while removing dressing.

3. Clip any sutures securing CVAD in place.

4. Remove catheter by firmly, gently, and steadily pulling on the catheter. Inspect tip for breakage.

5. Immediately place gauze dressing on site, apply pressure to prevent any bleeding. An elastic-type tape covering may be indicated to assist with maintaining light pressure at site.

**Documentation:**

1. RN documents all teaching and procedures, with findings and patient response.

**Trouble-Shooting:**

1. If lumen flushes easily but unable to aspirate:
   
   1.1 Reposition patient - such as elevate head of bed, turn patient to right or left side, lay patient flat, or raise the patient’s arm on the same side as the CVAD above the head.
   
   1.2 Attempt to aspirate, slowly.
   
   1.3 Notify MD of possible fibrin sheath development.
1.4 Continue to use port as indicated.

1.5 Monitor closely for continued patency.

10/3/97; 8/01; 2/05; 2/07
Chapter 2: Patient Management
Section 3: Care of Enteral Feeding Bags

Protocol

1. The Boost or commercially prepared feeding must be used within 24 hours after opening, must be stored in the refrigerator between feedings, and must be warmed to room temperature prior to feeding.

2. The feeding cannot hang in the feeding bag for greater than 4 hours.

3. The feeding bag and tubing is rinsed with tap water after each feeding.

4. The feeding bag and tubing is changed every 24 hours when a feeding pump is employed.

4.1 The tubing stretches with cleaning and will deliver an inaccurate flow after 24 hours of use.

5. The feeding bag and tubing is changed every 3 days when gravity is used as the method of delivery.

5.1 Feeding systems are checked daily for damage, leaking, foreign material, etc.

6. New feeding solution is not added to the system until the old feeding solution is completely infused and the system flushed with water.

6.1 “Topping off” may support the growth of microorganisms.

11/98; 8/01; 2/05; 2/07 fdgsystems.pro
Chapter 2: Patient Management

Section 4: Gift Exchanges between Patients and Employees

Policy

Utah State Hospital prohibits financial transactions between patients and employees and exchanging or giving of gifts. (See USH: OPP Patient Management Chapter Section 21)

Taken from USH: OPP 5/98; 8/01; 2/05; 2/07  gifts.pol
Chapter 2: Patient Management
Section 5: Diabetic Guidelines Protocol

Policy

The following protocol for diabetic guidelines is formulated for use by medical, nursing, social work, and recreational therapy staff. It provides information and recommendations for treatment of diabetic patients at the Utah State Hospital.

Procedure

1. Each unit has a copy of the diabetic guidelines kept in a place where it is accessible to medical, nursing, social work, and recreational therapy staff.

2. The diabetic guidelines are used as a reference material for treatment of diabetic patients and several of the conditions they may experience.

3. A physician's order is required to administer insulin and obtain specific lab work required, however, the guidelines for treating hypoglycemia and "sick day" recommendations may be initiated by nursing, social work and recreational therapy staff.

4. The diabetic guidelines are updated yearly or as needed.

5. All nursing staff are in-serviced on the diabetic guidelines, including new information.

6/03; 9/05; 2/07 diabguidprot
Chapter 2:  Patient Management
Section 6:  Use of Glucometer

Policy

Blood glucose levels on patients are monitored on the unit by the unit RN/LPN through safe use of the Accu-Chek Inform System Glucometer.

Procedure

1. Each unit has an Accu-Chek Inform System glucometer.
   1.1 The glucometer is kept in the medication room on the unit.

2. All staff RN’s/LPN’s receive training in use of the Accu-Chek Inform System glucometer after being hired by the hospital and on at least an annual basis.
   2.1 The training is based upon booklets and manuals that are supplied by the manufacturer of the Accu-Chek Inform System glucometer.

3. There is coordination within the nursing service for blood glucose monitoring of diabetic patients.
   3.1 The coordination of glucose monitoring includes daily control monitoring and patient monitoring.

4. Any defect or malfunction of the glucometer is reported directly to the Accu-Chek Customer Care Center 24 hours daily via the 800 number provided by that company (1-800-440-3638).
   4.1 When there is a problem that Roche Customer Care Center can not take care of over the phone, the nonfunctional glucometer is brought to Nursing Administration for further evaluation.
      4.1.1 The nursing unit is given a back-up glucometer to use until the non-functional glucometer is fixed or replaced.
      4.1.2 The system administrator fixes the glucometer or orders a replacement from Roche Diagnostics Corporation.
   4.2 The information on the non-functional glucometer is down-loaded in Nursing Administration and it is packaged in the container provided and sent to the Warehouse for shipment
   4.3 When the new glucometer arrives at the Warehouse, the new instrument is Labeled per hospital equipment protocol and delivered to Nursing Administration.
   4.4 The initial setup and linearity testing of the new Accu-Chek Inform System glucometer and any changes needed thereafter are the responsibility of the system administrator in Nursing Administration.
5. Patients who require glucose monitoring are taught to check their own blood when they are able to demonstrate understanding of the process.

5.1 A hand held Accu-Chek Advantage glucometer is available for patients (who require glucose monitoring) to use when on home visits or on camp trips.

5.1.1 The hand held glucometer is checked out of Central Supply for the specific patient or camp trip and is returned after the event.

4/98; 3/99; 08/01; 11/04; 2/07 glucom.pol
Chapter 2: Patient Management
Section 7: Directions on Use of the Accu-Chek Inform Glucometer

Equipment

- Accu-Chek Inform System glucometer
- Accu-Chek Inform System Glucose Test Strips
- Accu-Chek Inform System Low & High Control Solutions
- Single-use, disposable lancets
- Alcohol swab
- Cotton ball, tissue or gauze for wiping finger after sample applied
- Accu-Chek Inform System Operator’s Manual
- Disposable gloves

Instructions

1. Wash and dry your hands and the patient's hands before obtaining the sample.

Procedure

1. Gather the equipment listed above prior to testing the patient and put on gloves.
2. Press power ON button.
3. Scan your operator ID. Press the forward arrow button.
4. Select Patient Test.
5. Scan the patient ID. Press the forward arrow button.
6. Scan the test strip vial barcode.
   6.1 If the strip lot on the meter screen does not match the code key, the Replace Code Key screen is displayed. See "entering Test Strip Codes" on page 7 of Accu-Chek Inform System Operator's Manual.
7. Remove a test strip from the vial. Immediately replace the cap on the vial.
8. When the flashing strip icon appears on the meter display, gently insert test strip with the yellow target area or test strip window facing up. (Insert the end with the silver bars.) Note: Insert test strip BEFORE dosing.
9. When the flashing drop icon appears on the meter display, obtain a blood sample. (Follow the manufacturer's instructions for using the lancet device.)
   In using the Accu-Chek Comfort Curve Test Strip:
   9.1 Touch and hold drop of blood to the curved edge of the yellow target area.
9.2 The blood is drawn into the test strip automatically. Important: If you see any yellow color in the target area or test strip window after you have applied the initial drop of blood, a second drop of blood may be applied to the strip within 15 seconds of the first drop. If more than 15 seconds have passed, the test result may be erroneous, and you should discard the test strip and repeat the test.

10. An hourglass will appear on the display while waiting for the result.

11. Enter up to three preprogrammed comments and one custom comment, if necessary. Then press the forward arrow button to record the test and return to the Main Menu screen in order to run the next test.

12. Remove the test strip from the meter and discard it according to infection control policy.

13. Press the power OFF button to turn the Accu-Chek Inform System off. Place meter back into the docking mechanism.

14. Remove gloves and dispose of them according to infection control policy. Wash hands thoroughly with soap and water.

15. Document the blood glucose result in E-chart.

4/98; 3/99; 05/03; 12/04; 2/07 glucom.pol
Chapter 2:  Patient Management
Section 8:  Performing the Control Tests on Accu-Chek Inform Glucometer

1. The following equipment is needed for quality control testing.
   1.1  Accu-Chek Inform System
   1.2  Accu-Chek Confort Curve Test Strips with Accu-Chek Comfort Curve Glucose Control Solutions.

2. Press power ON button.

3. Scan your operator ID, then press the forward arrow button.

4. Select Control Test.

5. Select the desired control level: Level 1 or Level 2.

6. Scan the control solution barcode.

7. Scan the test strip vial.
   7.1  If the strip lot on the meter screen does not match the code key, the Replace Code Key screen is displayed. See "entering Test Strip Codes" on page 7 of the operator's manual.

8. Remove a test strip from the vial and replace the vial cap immediately.

9. When the flashing strip icon appears on the meter display, gently insert test strip with the yellow target area or test window facing up. (Insert the end with the silver bars.)

   Note:  Insert test strip BEFORE dosing.

10. In using the Accu-Chek Comfort Curve Test Strip:
    10.1  Touch and hold drop of glucose control solution to the curved edge of the yellow target area.
    10.2  The glucose control solution is drawn into the test strip automatically.

11. An hourglass will be displayed on the Accu-Chek Inform Meter while waiting for the result.

12. Enter the appropriate comment(s), if needed. Then press the forward arrow button to record the test and to test the next level of control solution following steps 9 through 13.

13. Remove the used test strip(s) and discard them.
14. Document the result(s) on the Glucometer Control Test form on your unit.

4/98; 8/01; 12/04; 2/07 glucom.pol
Chapter 2: Patient Management
Section 9: Glucometer Testing

USE OF THE LEVEY-JENNINGS GRAPH IN QUALITY CONTROL PROTOCOL:

1. The RN/LPN is responsible to check the HIGH and LOW CONTROL of the glucometer daily when there is a diabetic patient on the unit.

   1.1 If there is not a diabetic patient on the unit, quality control tests are done once a week and recorded on the Glucometer Control Test Form on the unit.

2. When the HIGH CONTROL or LOW CONTROL read FAIL as a result of the control test, the following steps are taken to assure quality of the glucometer readings:

   2.1 The control test for the solution out of compliance is repeated.

   2.2 If the result is still a FAIL, get new control strips and test again.

   2.3 If the result is still a FAIL, the 24 hour - 7 days a week help line for Accu-Chek meters is contacted at 1-800-440-3638.

   2.4 If the RN/LPN is unable to correct the problem with the help of the Accu-Chek technician, a glucometer from another unit is used until the problem is solved.

      2.4.1 The non-functional glucometer is returned to Nursing Administration for further evaluation.

3. Monthly Levey-Jennings Graphs are monitored by Nursing Administration to ensure the controls are within the limits of above 30 for LOW CONTROL and below 362 for HIGH CONTROL.

   3.1 When values are not within the above parameters, Nursing Administration requests documentation supporting the solution to the problem.

8/99; 9/99; 8/01; 2/05; 2/07 glucontrol.pol
Chapter 2: Patient Management
Section 10: Home Visits

Policy

Home visit opportunities are provided to patients with input and approval of treatment staff. (See USH:OPP Patient Management Chapter Section 26)

Procedure

1. Home visits are requested by the patient, guardian, family, and/or significant others.

2. All requests for a home visit are reviewed by the clinical treatment staff for appropriateness.

   2.1 All home visit requests and reviews approved by the physician are documented in the patient’s medical record.

3. Home visits are granted when:

   3.1 The visit has a therapeutic intent (i.e…, integration into the community, developing relationships with family, etc.);

   3.2 The visit is incorporated into the patient’s treatment plan; and

   3.3 The treating physician writes an order for the home visit.

4. Prior to the Home Visit, the unit RN completes the Home Visit Data Sheet. The Home Visit Data Sheet is given to the person(s) providing the Home Visit and includes, but is not limited to:

   4.1 Medications (dosage and time);

      4.1.1 The RN filling out the Home Visit Data Sheet prints a current list of medications from E-chart.

      4.1.2 The RN reviews the list of medications with the patient and individual transporting the patient.

      4.1.3 The RN hand writes on the list any clarifications, such as immunizations (include date last given and date next due).

      4.1.4 The RN documents in the RN data note that a current list of all medications was reviewed with the patient and the person transporting the patient and then given to the patient.

   4.2 Activities which are not appropriate for the patient;

   4.3 Who to call in the event of an elopement, acting out behavior, accident; ect.

   4.4 Expected time of departure from and return to the hospital.
5. A Home Visit Form is completed for each home visit.

5.1 The social worker completes the patient's goals before the patient leaves.

5.2 After the patient returns, the nursing staff completes the form, reporting on the home visit and whether the patient met the goals.

6. If the patient or party responsible for the patient calls the hospital and asks for an extension on the home visit time, the RN contacts the patient's physician for approval.

6.1 If the patient's physician can not be reached, the on-call physician may be contacted.
Chapter 2: Patient Management  
Section 11: Post-Serious Incident Debriefing

Policy

Following a serious incident on the unit or off the unit involving patients and/or staff, an incident debriefing is held to openly discuss the events of the incident as well as any emotions evoked by the incident.

Procedure

1. Staff Meeting: All staff who are on shift are assembled to discuss the events of the incident.

   1.1 Every staff member present at the meeting has input in describing the incident and in brainstorming possible methods to prevent a similar incident in the future.

   1.2 Recommendations from this meeting are given to the unit SMT for review.

2. Following the death or suicide of a patient or staff member, all unit staff and appropriate others are assembled and informed of the details of the death as soon as possible after the facts of the death have been established. (See USH: OPP Patient Management Chapter Section 2)

   2.1 Non-clinical staff who have patient contacts are encouraged to attend.

   2.2 The hospital crisis team is deployed by Risk Management to assess the situation and assist in the debriefing of the unit staff and patients, and begin bereavement groups as requested.

   2.3 A meeting is held for patients to give them appropriate details about the suicide/death.

      2.3.1 As many staff members as possible attend to observe the reactions of the patients.

      2.3.2 Patients are encouraged to talk to unit staff at any time about the incident, their thoughts, and fears with particular attention being paid to suicidal ideations.

   2.4 Review of Privileges: A review of each patient's privileges is considered.

      2.4.1 Off-ward hospital privileges are to be temporarily limited in the event that the clinical team feels doubt concerning a patient's orientation toward suicide.

   2.5 Memorial Service: A memorial service for the deceased patient/staff may be held at the hospital.

      2.5.1 The service is arranged through the family and/or hospital Chaplain.
Chapter 2: Patient Management
Section 12: ARJO Maxilift Protocol

Procedure

1. Use of Maxilift:
   1.1 Equipment is operated only by trained personnel
   1.2 Can safely lift up to 350 pounds
   1.3 Types of patients benefiting from use of lift
      1.3.1 Obese - too heavy to transfer/lift by staff
      1.3.2 Stroke - unable or unsafe to transfer self or bear weight
      1.3.3 Para/Quad - as above
      1.3.4 Acute/Chronic illness or injury - as above
      1.3.5 Falls - requires lifting from the floor
      1.3.6 Behavioral - puts self on floor, creating safety hazard for self and/or others
      1.3.7 Other - any situation that places patient and/or staff in danger of injury during the lifting/transferring process
   1.4 Use only equipment designed specifically for the Maxilift

2. Select appropriate sling to accommodate lifting patient into a bathtub, onto a toilet, or for use by an amputee

3. Check attachments, straps, and seams to ensure they are in good condition before using

4. Place sling around the patient so the base of his spine is covered (mid to lower thigh) and the shoulders and base of the head are supported

5. Teach the patient what to expect during the lifting procedure

6. Operation:
   6.1 When ready to place patient in sling, widen leg base of lift by “snapping” them open, and set brakes
   6.2 If patient is lying down: log roll patient onto side, fold sling in half and tuck beneath patient’s back, log roll patient onto opposite side and unroll sling. Take care to position sling so patient is centered with appropriate support. Attach sling with the leg area first by pressing down on the lifting frame handle until the leg pieces can be attached. The
frame may need to be lowered in order to attach the leg pieces. Attach the shoulder pieces second.

6.3 If patient is sitting: place sling around patient, center sling, pull leg pieces under each thigh so that sling strap emerges on the inside of the thigh. Attach the shoulder pieces first, the leg pieces second. Again, the frame may need to be lowered. Care should be taken not to lower frame onto the patient.

6.4 Lift the patient, taking care to note patient’s position in the sling and in relation to the frame. Recline patient back slightly - this is the best position for transport and it reduces pressure on the patient’s thighs.

6.5 The lift operator may need to offer extra support and teaching, assuring the patient that he is safe and well-supported in the sling.

6.6 Transport with legs of lift in closed (parallel) position only.

6.7 Transport by steering with steering handle and stabilize tilting frame/patient when turning a corner.

6.8 To return patient to bed or chair, reverse the procedure, making sure patient’s weight is fully supported on the bed or chair before releasing leg and shoulder attachments.

6.9 Move Maxilift away before removing the sling from beneath the patient.

7. Safety Measures:

7.1 If patient has fallen, employee should caution patient to remain lying down until evaluated by RN or MD/NP.

7.2 Operator must use good body mechanics when using lift.

7.3 Ensure all attachments are securely in place before lifting patients.

7.4 Ensure patient is sitting safely and securely, so that no part of his body may be injured.

7.5 Engage brakes at appropriate times (while lifting, transferring).

7.6 Ensure safe practices for batteries are followed.

7.7 Never use toilet sling for lifting or transportation (apart from toileting).

8. Maintenance:

8.1 After each patient use, sling is inspected and if necessary, washed according to the instructions on the sling.

8.2 Remove plastic reinforcement pieces from the sling before washing and replace after washing.

8.3 Inspect and replace equipment that shows signs of wear or damage.

8.4 When in use, clean lift with a soap or synthetic detergent and water daily, using a sponge or brush and rinsing with clean water.
8.5  When in use, recharge battery daily

8.6  When in use, at least once a week inspect lift to ensure all mechanical pieces are secure and operational (follow manufacturer’s guidelines)

8.7  When in use and/or at least twice a year, examine lifting tapes and replace if worn or damaged in any way.

4/98; 8/01; 2/05; 2/07  lift.pro
Chapter 2: Patient Management
Section 13: Return of a Patient Following Medical Separation

Policy

Upon a patient's return to Utah State Hospital after a medical separation, the RN does an assessment of the patient and contacts the attending physician who writes orders as necessary; and an Individual Comprehensive Treatment Plan team conference is scheduled. (See USH:OPP Patient Management Chapter Section 15)

Procedure

1. When a patient returns from medical separation, the patient is assessed by the unit RN.
   1.1 The documents accompanying the patient are reviewed for history and required physician's orders.
   1.2 The assessment of the patient is documented in the patient record.
   1.3 The RN notifies the attending physician (medical and psychiatric) or the on-call physician of the patient's return to the unit and includes the patient's present physical and mental status.

2. Within 24 hours of the patient's return, the attending physician writes orders as necessary concerning medications, treatments, restorative and rehabilitative services, activities, therapies, social services, diet, and any special procedures recommended for the health and safety of the patient.
   2.1 The rationale for the above, plus a description of the patient's condition, is contained in a physician's progress note.

5/98; 9/00; 2/05; 2/07 medsepret.pol
Chapter 2: Patient Management
Section 14: Off Unit Activities

Policy

The Utah State Hospital provides the least restrictive environment possible in treatment of patients. The unit clinical director, with input and involvement of unit staff, determines when patients participate in on-campus and off-campus activities. (See USH: OPP Patient Management Chapter Section 1)

Procedure

1. The unit clinical director writes an order in the patient's chart when the patient is able to participate in on-campus or off-campus activities.
   1.1 A progress note is written to correspond to the doctor's order, stating those who participated in the decision-making process.
   1.2 As the patient's status changes, the unit clinical director writes an order reflecting the patient's current level status.
   1.3 If a unit has written policies and procedures regarding a level system which includes on and off unit activity privileges, the unit clinical director may write an order corresponding to a patient's current level status.
      1.3.1 Level statuses are reviewed on a regular (weekly) basis.

2. The multi-disciplinary treatment team reviews the list of all patients eligible for off-campus activities, prior to the activity, to approve each patient's participation.
   2.1 In absence of the unit clinical director, the treatment team may limit a patient's activities, but may not make them more liberal.
   2.2 In cases of differing opinions, the unit clinical director's decision is final

3. The unit RN may limit a patient's off-unit activity if it is therapeutically contra-indicated i.e patient is medically ill, has been restricted to the unit, or other pertinent rationale for preventing the patient from leaving the unit.

4. When a patient is going off grounds, the patient must be accompanied by at least one staff member of the same sex.

5. News media concerns about patient off-campus activities should be directed to the Director of Public Relations.

5/98; 8/01; 2/05; 2/07 offunit.pol
Chapter 2: Patient Management
Section 15: Notification of On-Call Personnel

Policy

Utah State Hospital has 24-hour, seven-day-a-week coverage by a licensed physician to assure adequate medical and psychiatric care for the patients. (See USH: OPP Patient Management Chapter Section 3)

Procedure

1. In the event that a patient’s attending physician is not available, the on-call physician is called for medical or psychiatric problems or emergency situations, seclusion, and area restriction.
   1.1 The switchboard operator has the name of the on-call physician as provided by the secretary to the medical staff.

2. The unit RN calls the switchboard operator stating his/her name and the unit and requests the psychiatric or medical on-call physician be contacted.

3. The operator records this information on the switchboard call record and pages the physician.
   3.1 On call personnel are called at home first and then paged.
   3.2 If there is no response from the person paged within ten minutes, the operator records this and pages and/or calls them again using every reasonable means such as home phone, pager, and cellular phone.
   3.3 If the person on call has not answered in twenty minutes, the operator notifies the RN on the unit and he/she notifies the Shift Supervising Registered Nurse (SSRN).
      3.3.1 The SSRN exercises professional judgment in directing the operator to page the attending physician, the medical OD, or the Hospital Clinical Director.
   3.4 In an emergency situation, the switchboard operator is directed by the SSRN to contact available personnel for immediate response.

4. The on-call physician then calls the operator who forwards the call to the RN on the unit or the SSRN if he/she has requested the call be made.

5. The registered nurse provides the following information to the on-call physician:
   5.1 identity of the patient;
   5.2 chief complaint or reason for contact;
   5.3 current psychiatric and medical diagnoses;
5.4 current psychiatric and/or medical problem;

5.5 medications and allergies;

5.6 brief history associated with current problem;

5.7 nursing assessment of the patient (including vital signs)

6. If the person on call has not answered in a reasonable amount of time, given the situation, the RN has the obligation to check with the switchboard and then collaborate with the SSRN or UND to exercise professional judgment in having the operator page the attending physician, the medical consultants, or the Hospital Clinical Director.

7. USH Administration on-call is notified as deemed necessary in emergency situations, such as AWOLs, disasters, employee conflicts, staffing emergencies, physical facilities problems, security issues, etc.

7.1 The administrator on-call does not need to be notified of medical and psychiatric concerns handled by the O.D., unless they result in an emergency as described above.

7.2 The hospital Shift Supervising Registered Nurse uses his/her discretion when calling the administrator on-call for other issues.

5/98; 9/00; 10/01; 2/05; 2/07 oncall.pol
Chapter 2: Patient Management
Section 16: Pass Structure

Policy

Patients have privileges, as appropriate, to leave their unit. Passes are used to identify patients with on-grounds and off-hospital grounds privileges who are not being escorted by staff. (See USH:OPP Patient Management Chapter Section 4: Pass Structure)

Procedure

1. Each patient treatment unit identifies, as part of their unit program, criteria by which patients are assessed and are granted the privilege of using an on-grounds or off-grounds pass.  
   1.1 Each unit orients the pass holders regarding the rights and limitations associated with their passes.

2. Each pass represents a different level of privilege(s) allowed to the patient while using their pass.  
   2.1 White Pass: Patient is cleared to escort themselves to and from therapeutic activities such as industrial assignment, excel house, school, OT, PT, etc.
      2.1.1 The unit staff are responsible to notify the staff of the area to which the patient is going at the time the patient leaves the unit.
      2.1.2 The staff member receiving the patient notifies the unit staff when the patient has reached his/her destination. If the patient has not reached their destination in a time frame considered adequate to escort themselves, the unit is also notified that the patient did not arrive.
      2.1.3 This process occurs in reverse when the patient leaves the area to return to the unit.
   2.2 Red Pass: A patient may have on-grounds privileges for up to an hour. They must be with another Red, Blue, or Green pass holder.
   2.3 Orange Pass: A patient may be off-unit, but must remain in the immediate vicinity of the building, i.e. ramp, lawn, etc...
   2.4 Blue Pass: A patient may be on-grounds for up to an hour by themselves.
   2.5 Green Pass: A patient may be on-grounds or off-grounds for up to twelve hours by themselves for therapeutic reasons identified in the patient’s treatment plan.

3. Patients are required to wear their passes while off the unit and on hospital grounds, unless escorted by staff.
4. Each patient treatment unit utilizes sign out slips that designate which patient(s) from the unit is using their pass, the description of their clothing, the time they left the unit, their destination, if indicated, and the time they are due back to the unit.

4.1 An exception to this is the Life Habilitation Unit which utilizes a specialized door card system based on criteria in their unit program.

4.2 The LHU uses a log system for the patients to sign in and sign out when leaving the unit.

5. Each patient unit has a structure in place which designates a staff member to check the pass slips not less than every 30 minutes to monitor the patients using their passes. Units have the option to check these more frequently per their unit structure.

5/98; 8/01; 2/05; 2/07 passes.pol
Chapter 2:   Patient Management
Section 17: Disposition of Patients’ Personal Property

Policy

Patient’s personal property may be disposed of after a reasonable effort is made to contact the owner. Employees do not retain, use, or sell personal property of patients either as gifts from patients or as abandoned property. (See USH: OPP Patient Management Chapter Section 5)

Procedure

1. Clothing left by a patient may be disposed of after an effort to contact the patient is made.
   1.1 Thirty days after notification, if unclaimed, the clothing may be given to other patients or disposed of by the unit.
   1.2 Efforts of notification are documented in the patient’s medical record.

2. Rings, earrings, watches, radios, TVs, wheelchairs, special equipment, etc.: Items such as these that are left by patients may be disposed of after every effort to contact the patient or the patient’s family has been made. Efforts to contact the patient or family are documented in the patient’s medical record.
   2.1 If the patient is not located within 90 days, an itemized list is prepared and submitted to the Business Office.
      2.1.1 The Business Office will dispose of the items in accordance with state policy.
      2.1.2 Patient funds/accounts are transferred to the State Treasurer’s Unclaimed Property Fund in accordance with state policy if the patient and/or patient’s family cannot be contacted.

5/98; 8/01; 2/05; 2/07 persprop.pol
Chapter 2: Patient Management
Section 18: Post-Operative Patient Care Protocol

Procedure

1. When a patient has any operative or invasive procedure off grounds, the MD/NP or the Medical Physician On Call are responsible to give orders for the patient’s post-procedure care.

   1.1 When the patient arrives back on the unit following an invasive or operative procedure, the RN assesses the patient and then contacts the MD/NP or Medical Physician On Call to advise them of the patient’s return to the unit and the patient’s present condition.

      1.1.1 The MD/NP is responsible to contact the off grounds physician or facility to receive after-care instructions.

      1.1.1.1 The MD/NP gives the unit RN the necessary orders for post-procedure care for the patient.

2. The RN and other unit staff (as directed by the RN) are responsible to follow through with the MD/NP or Medical Physician On Call orders for post-procedure care of the patient.

   2.1 The unit RN notifies the MD/NP or Medical Physician On Call if the patient exhibits any unexpected symptomatology i.e. fever, redness at the operative site, bleeding, or other untoward s/s.

3/98; 8/01; 2/05; 2/07 postop.pro
Chapter 2: Patient Management
Section 19: Oxygen Administration

Policy

Oxygen administration at Utah State Hospital is handled in a safe manner.

Procedure

1. All units have a supply of oxygen available for emergency use (e tank).
   1.1 The Rampton I building has built-in oxygen equipment in the medical rooms as well as access to portable oxygen.
   1.2 The Rampton II building has oxygen in the Geriatric patient rooms and the medical rooms of the other units.
   1.3 The remainder of the hospital units have portable oxygen.
   1.4 When not in use, the oxygen tanks are checked weekly by the nursing staff for presence of oxygen and usability.

2. All units have an ambu bag and oxygen tubing available for emergency use.

3. Tank replacements for oxygen therapy are obtained by calling the warehouse, ext. 44712 during regular business hours; at other times Security obtains and delivers necessary oxygen to the unit.
   3.1 A small E cylinder operated continuously at low flows (2-3 l/min) should last up to 3-4 hours.
   3.2 A large H cylinder operated continuously at low flows should last approximately 36 hours; at high flows (10 l/min) a large H cylinder should last approximately 11 hours.
   3.3 Arrange for replacement of cylinders when the pressure gauge reads approximately 500 pounds of pressure remaining.

4. All staff RN’s receive training in oxygen administration upon being hired at USH and at least annually thereafter.
   4.1 When a staff RN is unsure of the setup for oxygen delivery it is his/her responsibility to contact the supervisor for more training.

5. When oxygen is in use, a sign is placed in a visible place near the entrance to the room stating that oxygen is in use.

6. All electrical equipment is kept at least 3 feet from the oxygen administration equipment.

7. Any defect in the oxygen administration system, such as a leak or a malfunctioning flowmeter, is immediately reported to the Director of Facilities Management.
7.1 In the Rampton building there is an oxygen alarm just outside each nurses’ station on each unit which beeps when the oxygen gets below a certain pressure. There is also a digital readout which says low oxygen.

7.2 Do not use the equipment if any defect is suspected.

7.2.1 If using the built in oxygen equipment in the Rampton building and there is an alarm or digital readout of low oxygen, notify Facilities (via telephone or radio) of the problem.

7.2.2 If using a tank, label the tank with the identified problem.

7.2.3 Obtain replacements from the warehouse.

8. All oxygen tanks are secured during storage to prevent the cylinders from falling.

8.1 Extra tanks are not stored in patient care areas.

9. Oxygen concentrators are available on the Legacy unit as an alternative source of oxygen for long term patient use.

9.1 The oxygen concentrator cannot be used for greater than 5 liters/min of delivered oxygen.

9.2 The air inlet filter is checked daily and cleaned whenever dirty.

10. Oxygen tubing, cannulas, or masks are changed as needed to maintain a clean environment for oxygen delivery.

10.1 Oxygen tubing is used for one patient and then disposed.
Chapter 2: Patient Management
Section 20: Oxygen Saturation Monitor Protocol

Procedure

1. RN receives order from physician for saturation monitoring or RN determines need for monitoring based on nursing assessment.

2. RN places saturation monitor on patient's finger or toe.

3. Saturation level is obtained.

4. If saturation level is below 90% or patient condition warrants, the RN:
   4.1 Assesses patient's history, looking for cause of low saturation level
   4.2 Repositions patient
   4.3 Assesses accuracy of monitor
   4.4 Makes appropriate corrections as able and consults with MD.

5. If patient is receiving supplemental oxygen, documentation of the patient's oxygen saturation level includes documentation of the evaluation of the patient on oxygen and off oxygen.
   5.1 If the patient is evaluated off oxygen the patient should be off oxygen for approximately 5 - 10 minutes (room air).

6. Reportable conditions:
   6.1 Abnormal saturation levels for age and condition that fail to respond to nursing interventions
   6.2 Acute changes in pulmonary status
   6.3 Need for continued monitoring
   6.4 Need for suctioning
   6.5 Need for advanced respiratory support.

7. Saturation levels are documented in appropriate places, which may include nursing progress notes, vital sign data sheet, pre-procedure checklists.

4/98; 9/00; 2/05; 2/07 oxygensatmon.pol
Chapter 2: Patient Management
Section 21: Oxygen Concentrator Protocol

Procedure

1. New Concentrators: depressurize by opening the flow meter until the alarm sounds.

2. RN obtains physician's order for oxygen therapy after assessing patient respiratory status.

3. RN turns on the unit - the green light indicates the power is on. An audible alarm will sound for 15 - 60 seconds.

4. RN lines up the front and back grids on the flow meter to accurately assess flow rate.

5. Air Inlet Filter is checked daily and cleaned whenever dirty.

6. An oxygen tank must be utilized if patient has oxygen need greater than 5 liters/minute.

7. Trouble-shooting:
   7.1 If alarm fails to sound when unit turned on:
       7.1.1 Turn unit OFF
       7.1.2 Turn the flowmeter ON
       7.1.3 Watch for the ball in the flowmeter to fall to zero, then turn unit ON again
       7.1.4 The alarm should sound; if not, turn the unit OFF and call supplier for assistance.

   7.2 If alarm fails to stop sounding after 60 seconds:
       7.2.1 Turn unit OFF
       7.2.2 Check power cord for proper placement
       7.2.3 If cord in place, check to ensure there is power to outlet
       7.2.4 Check filters for clogging or excessive dirt - clean and/or replace as necessary
       7.2.5 Check for obstruction of air flow into unit
       7.2.6 Allow 10 minutes for compressor to cool before turning the unit back ON
       7.2.7 Check to determine if flow rate greater than 5 liters - correct by turning flow rate down to ordered level.
8. Special Considerations:

8.1 Should a patient develop an acute medical condition requiring immediate oxygen therapy, a portable "E" oxygen tank must be employed.

8.2 A portable "E" oxygen tank must be employed when transporting patients off unit.

8.3 In the event of a power failure or fire drill, patients requiring continuous oxygen will be immediately placed on a portable "E" oxygen tank.

8.4 The location of electrical outlets and ability of patient to mobilize the concentrator should be taken into consideration when considering use of the concentrator.

9. RN documents patient's respiratory status, oxygen therapy, and trouble-shooting interventions in nursing progress notes.

4/98; 9/00; 2/05; 2/07
Chapter 2: Patient Management
Section 22: Oxygen Tank Protocol

Procedure

1. RN obtains order for oxygen therapy from physician or RN determines need to initiate oxygen based on nursing assessment.

2. RN obtains oxygen tank and performs a visual inspection of tank and valve.

3. Remove seal from around bottom of valve.

4. Line up pins on regulator with notches on valve and tighten in place.

5. Open main valve with knob or lever.

6. Check pressure - if less than 500psi, replace tank.

7. Open regulator valve to set oxygen flow rate.

8. When oxygen not in use, turn off main valve and flow regulator.

9. Oxygen tanks must be in a transport cart or secured to the wall.

10. Keep tanks in an upright position at all times.

4/98; 8/01; 2/05; 2/07 oxygen.pro
Chapter 2: Patient Management
Section 23: Patient & Patient Living Area Search

Policy

Utah State Hospital ensures the adequate safety of its patients and staff through the prevention of contraband entering the units or being in the possession of patients.

Definitions

1. Contraband

   1.1 Anything currently outlined by the program that a patient is restricted from or not cleared to possess according to their level in the treatment program or outlined in the physician's orders;

   1.2 Any sharp objects, weapons, or potential weapons, i.e., knives, glass, shanks, nails, razors, files, tools, personally designed weapons;

   1.3 Illicit drugs, alcohol, over-the-counter medications, medications absconded during medication time;

   1.4 Food items as outlined by individual units;

   1.5 Caustics and other potentially harmful substances (these may be checked out for cleaning purposes with staff supervision).

   1.6 Personal hygiene items not permitted according to unit policy;

   1.7 Items believed to be stolen;

   1.8 Magazines, posters, books and pictures deemed inappropriate as determined by unit policy or as specified by a doctor’s written order.

Procedure

1. All staff members are adequately trained in the process of searches (shakedowns) of person and property.

2. In the event that a search becomes necessary, the Unit Clinical Director, Administrative Director, Unit Nursing Director or SSRN is notified.

   2.1 Upon approval of the UND or designee, searches are initiated.

3. The patients are notified of the impending search and may be confined to a specific area of the unit during the search.

4. A patient representative is assigned with the search team as a liaison for the other patients.
4.1 The liaison is a representative for the patients, insuring that patient property is handled appropriately.

4.1.2 Any problem is reported to the person in charge of the search.

4.2 The Clinical Director or Administrative Director can give a waiver for the patient representative, if indicated for security reasons.

5. The staff are given assignments by the unit charge RN or a member of Security.

5.1 The assignments include groups of 2 to do the search; adequate staff to stay with and monitor the patients; someone assigned to monitor, label and correctly place all contraband confiscated; and a clean-up crew who are responsible to make sure all patient items are properly placed, garbage picked up, and beds made whenever possible.

5.2 The staff meets before the search procedure begins to insure that all are aware of their assignments; all staff members doing the actual search have been oriented to the search process; a plan is devised on how to complete the search; where and how to manage the patients; and to plan a debriefing to evaluate the process after completion.

5.3 All staff members participating in the search wear gloves.

5.4 All contraband confiscated is recorded in the patient's chart by the person assigned to the personal items.

5.4.1 If it is property of the patient, it is labeled and locked in the patient's valuables area.

5.4.2 A list is made of the things taken, so patients and staff can be informed.

5.4.3 Food items considered contraband are thrown away.

6. Patients' belongings are treated with the utmost of care and respect.

6.1 The unit doing the search is responsible for any loss or breakage of patient items or any mishap to patient belongings due to poor handling or care.

7. A search is not complete until the area and other items are restored to their original or improved state.

8. A physician's order must be obtained to do a strip search or body cavity search.

8.1 These are done in an area that insures privacy for the patient and are planned in a manner to maintain respect for his personal dignity.

8.2 Gloves are worn by the staff members doing the search and/or assisting.

8.3 Only MD/NP’s can do a body cavity search.
Chapter 2: Patient Management
Section 24: Smoking

Policy

Utah State Hospital regulates smoking and tobacco use to promote health and to be in compliance with Utah Code. (See USH: OPP Patient Management Chapter Section 9)

Procedure

1. Smoking is prohibited in any Utah State Hospital building or within 25 feet of any building entrance or operable window in accordance with Utah Code 26-38-3.

2. Smoking is prohibited in state-owned vehicles.

3. Persons under the age of nineteen are not allowed to smoke in compliance with Utah Codes 76-10-104 and 76-10-105.

4. Smoking on and off grounds is defined per unit programming structures.

5. Cigarettes/cigars and tobacco are not used to reward positive behavior; nor are they withheld as a consequence of negative behavior.

6. Due to possible blood-borne pathogens, chewing tobacco is prohibited (29 CFR part 1910.1030).

7. The medical staff may limit or discontinue smoking for a patient if:
   7.1 smoking adversely affects psychiatric treatment and/or
   7.2 the patient has a documented medical condition that would be adversely affected by smoking.

8. Smoking cessation classes, medications, and other assistance are offered to those desiring to participate.

Taken from USH: OPP 5/98; 9/00; 2/05; 2/07 smoking.pol


**Chapter 2: Patient Management**

**Section 25: Sore Throat**

**Policy**

When a patient complains of a sore throat, the RN follows this protocol as set forth by the Medical Staff at Utah State Hospital.

**Protocol**

1. A patient complains of a sore throat.

2. The RN is notified and obtains and records the patient's temperature and assessment of the patient's condition.

3. The RN/LPN administers the Quickvue One-Step Strep A Test as outlined in Nursing Policies and Procedures, chapter 10, Co-ordination of Care.

4. If the rapid strep test is positive, the RN calls the MD/FNP for further orders/treatment.

5. If the rapid strep test is negative, the RN sends a throat culture to the lab for streptococcal testing.

6. The RN writes the order on the doctor's order form in the following manner: Date and time. Do rapid strep test. If negative, send throat culture to lab. Signed: Sore throat protocol/ (name of patient's MD/FNP) / (RN's signature).

7. Document in lab section of E-chart and complete a data entry on patient.

7/05; 10/05; 2/07 sore throat pro.
Chapter 2: Patient Management
Section 26: Braun Thermoscan Thermometer Protocol

Procedure

1. Use of Braun Thermoscan Thermometer
   1.1 Measures patient temperatures ranging from 68° F to 108° F.
   1.2 Measures body temperature via the ear.
   1.3 Tympanic readout displays in 1 second.
      1.3.1 The last temperature taken before the thermometer powers down is stored in memory.
      1.3.2 To enter the memory mode, press the MEM button.
   1.4 To change the temperature scale from Fahrenheit to Celsius, turn on the thermometer, making sure it is not in memory mode, then press the memory button and keep it depressed. Press and release the activation button to switch over to the opposite temperature scale.
   1.5 Probe covers are single-use and disposable which limits cross-contamination.
   1.6 Correct user technique is required to obtain an accurate temperature.

2. Operation:
   2.1 Remove thermometer from wall mount.
   2.2 With new, clean probe cover in place, press the MEM button.
      2.2.1 Always use a new, clean probe cover for each measurement to help ensure an accurate reading.
   2.3 The LCD (liquid crystal display) is activated, showing all segments. When the ready symbol, picture of scanning device and ear, is displayed, the thermometer is ready for use.
      2.3.1 To help ensure an accurate temperature reading, use the following technique: If you are right handed, hold the thermometer in the right hand and take the temperature in the right ear and visa versa.
   2.4 Perform an ear tug to straighten the ear canal.
      2.4.1 For children aged 6 to adult, pull the ear up and back.
2.5 While tugging the ear, fit the probe snugly into the ear canal as far as possible and press the activation button.

2.6 Release the button when you hear a beep. This is the Temp Beep that confirms the end of measurement.

2.7 Remove the thermometer from the ear canal. The LCD displays the temperature measured and the probe cover symbol.

2.8 Press the ejector button and put on a new, clean probe cover.

2.8.1 Only then, the probe cover symbol disappears from the display and the thermometer is now ready for use again.

2.9 If no button is pressed or no new probe cover is attached within 30 seconds, the thermometer will turn off automatically.

Note: The probe window must be kept clean, dry, and undamaged at all times to ensure accurate readings. Always store the thermometer with a new, clean probe cover in place.

3. Maintenance

3.1 Battery replacement is indicated by a flashing battery icon on the display screen.

3.2 To clean the unit exterior and display, use a soft cloth slightly moistened with alcohol.

3.3 To clean the probe window, gently wipe its surface with a cotton swab slightly moistened with alcohol and immediately wipe dry with a clean cotton swab. After cleaning, allow at least 5 minutes drying time before taking temperatures.

Note: Do not use any chemical other than alcohol to clean the probe window.

4. Trouble-shooting

4.1 For customer service, contact Welch Allyn at (800) 535-6663.

4.2 Keep the probe window clean, dry and undamaged.

4.3 Fingerprints, earwax, dust and other soiling compounds reduce transparency of the window and result in lower temperature readings.

4.4 If the thermometer is accidentally placed in the ear without a probe cover installed, the window must be cleaned immediately.

4.5 For further troubleshooting ideas, refer to the operator's manual on your unit.
Chapter 2: Patient Management
Section 27: Care of Urinary Drainage Bags Protocol

1. When a patient uses a urinary leg bag during ambulation and a urinary down drain bag when in bed, the following care is taken when changing from one bag to the other:

1.1 The urinary bag attached to the catheter is carefully removed and the other urinary bag connecting point is cleansed with alcohol and attached to the catheter.

1.2 The used urinary bag is emptied of urine and is then cleansed with a 1:10 ratio of household bleach and water.

   1.2.1 The household bleach must be maintained by the RN/LPN in a locked area and in small quantities and labeled.

   1.2.2 The bag is filled with approximately 200 cc of the household bleach and water mixture and then shaken for approximately 1 minute.

      1.2.2.1 The bleach is not mixed with water until immediately prior to use.

      1.2.2.2 The mixture is drained from the urinary bag and the connecting points are covered with the appropriate caps to maintain cleanliness.

   1.2.3 The cleansed urinary bag is stored until it is re-connected to the patient’s catheter as described in 1.1.

1.3 When a new urinary bag is first used, the date of implementation is marked on the bag with a felt marker.

   1.3.1 Urinary bags are changed at least every 30 days or when no longer viable due to leakage.
Chapter 2: Patient Management  
Section 28: Videotaping and Recording of Patients

Policy

The Utah State Hospital recognizes the therapeutic potential of videotaping patients involved in various hospital activities. In order to guarantee confidentiality, videotaping, recording, photos, etc., must be done under the guidelines of the following procedures. This policy also applies for audiotapes, still pictures, movies, or any similar form of recording. (See USH: OPP Patient Management Chapter Section 16)

Procedure

1. No person may make any photographic record of hospital buildings, grounds, units, or patients without prior approval from the Hospital Public Information Office and Clinical Director or designee.

2. Employees making videotapes for therapeutic purposes must make every effort to assure confidentiality to the patient(s) involved.
   2.1 No patient may be recorded without their knowledge and consent.
   2.2 Videotaping is defined as a treatment procedure, with appropriate consideration given to the indications and contra-indications of the procedure.
   2.3 After the recording is made, it becomes the property of the hospital and may not be viewed by any individual not currently involved in the treatment of the patient. The tape may not leave the hospital grounds.
   2.4 No copies of the tape may be made without the written authorization of the Hospital Clinical Director and Superintendent/CEO.

3. Exceptions to the viewer regulations may be given only by the Medical Records Department.
   3.1 Exceptions may include clinical/educational presentations to appropriate groups.
   3.2 Exceptions are granted only after the patient has given informed consent on the Hospital Informed Consent for Videotaping form (USH-115-0886).
      3.2.1 A clinical judgment must be made by a hospital psychiatrist verifying the patient's competence to give such an informed consent.
      3.2.2 A separate informed consent form must be used for each presentation and will apply for that event only.
   3.3 Requests for viewings by individuals not employed by the Utah State Hospital require the Hospital Clinical Director's signed approval.

Taken from USH: OPP 5/98; 8/01; 2/05; 2/07  videotap.pol
Chapter 2: Patient Management
Section 29: Visitors

Policy

Utah State Hospital encourages and supports family, friends, volunteers, and appropriate others visiting patients. (See USH:OPP Patient Management Chapter Section 23

Procedure

1. Unit weekday visiting hours:
   7:00 pm to 9:00 pm - Forensic Unit.
   3:00 pm to 8:00 pm - Children's Unit.
   6:00 pm to 9:00 pm - Adolescent Units.
   9:00 am to 9:00 pm - All other treatment units.

2. Unit weekend visiting hours:
   10:00 am to 9:00 pm - Forensic Unit.
   9:00 am to 8:00 pm - Children's Unit / Adolescent Units.
   9:00 am to 9:00 pm - All other treatment units.

3. Family, friends, clergy, legal counsel, volunteers, and appropriate others may visit patients.
   3.1 Persons desiring to visit minors must obtain approval by the parent/legal guardian and the unit clinical staff.
   3.2 Visits by ex-patients are approved on a case-by-case basis by the patient's physician or physician on call, and upon the physician's written order.
   3.3 Forensic visitors must provide picture ID.

4. Clearance. Utah State Hospital encourages visitors to phone and obtain clearance before visiting.
   4.1 Attorneys and clergy visiting patients in an official capacity may visit at times other than the above identified visiting hours.
      4.1.1 Attorneys and clergy are encouraged to contact the patient's treatment team prior to visiting.
      4.1.2 Attorneys and clergy visiting in an official capacity are not encouraged to obtain a "visitor slip."
   4.2 Visits that disrupt a patient's therapy program or meals are discouraged.
   4.3 Special visits in emergency situations are accommodated. Those requesting special visits obtain clearance by the patient's physician/on call physician.
5. Visitor Pass. Upon arrival at Utah State Hospital, visitors obtain a "visitor slip" from the switchboard, which is located at the main entrance of the Heninger Administration Building.

5.1 The switchboard informs the unit of a visitor's arrival and, upon approval, provides a "visitor slip" to the visitor.

5.2 The visitor presents the "visitor slip" and proper identification upon arrival to the unit.

6. Visitors may obtain a visitor's pass with approval from the patient's physician. Visitors with passes may go directly to the patient's unit and do not need to check in at the switchboard. The physician writes an order in the patient's chart.

7. Visits may be limited or terminated if deemed non-therapeutic by the unit clinical director or physician on call. Justification for limitation or termination is documented in the patient's medical record. Doctor's orders limiting visits must be reviewed every seven days and a new order written if limitation is to continue.

8. Patients may refuse visits.

8.1 When a patient refuses a visit, visitors will be notified.

8.2 Such an event is documented in the patient's medical record.

9. Each unit provides a designated visiting area for visitors and patients.

9.1 Visitors remain in the visiting areas and do not access patient living areas.

10. Restricted Gifts/Items. Visitors desiring to bring gifts/items are encouraged to obtain clearance from the patient's treatment team prior to bringing the gift/item on the unit.

10.1 Weapons or items determined to be "sharps" are not allowed on the hospital grounds.

10.2 Purses, coats and jackets are discouraged on the units and visitors encouraged to lock them in their private vehicles.

10.3 Food items require staff clearance prior to visit.

10.4 Money being given to patients is brought to the Switchboard. The Switchboard operator gives a receipt to the visitor indicating:

10.4.1 the amount received;
10.4.2 the date received;
10.4.3 the name of the patient who is to receive the money; and
10.4.4 the name of the visitor from whom the money was received.
10.4.5 Exceptions may be made on unit level for small amounts of money received.

10.5 Glass containers are not allowed on the treatment units.

Taken from USH: OPP 5/98; 9/00; 2/05; 2/07 visitors.pol
Chapter 2: Patient Management
Section 30: Weights Protocol

Procedure:

1. Every patient care unit has a balanced weight scale.

2. All patients are weighed at least monthly and the weights are documented in E-chart.

3. When there is concern about the patient’s weight, weights may be done more frequently as ordered by the MD/NP.
   
   3.1 The patient is weighed at approximately the same time of day and after voiding.
   
   3.2 The patient is weighed with clothes on, nothing in any pockets and without shoes on.
   
   3.3 The same balanced scale is used for every weight.

4/98; 8/01; 2/05; 2/07 weights.pro
Chapter 2: Patient Management
Section 31: Skin Integrity

Upon admission to the Utah State Hospital, a patient receives a thorough physical examination. The examining physician makes note of the condition of the patient's skin and any rashes, wounds, or skin breakdown that is present. Thereafter, the patient's skin condition is checked on a regular basis.

Protocol:

1. The Registered Nurse checks the patient's skin for wounds, rashes, and skin breakdown when a patient is admitted or skin problems are identified.
   1.1 All wounds, rashes, or areas of skin breakdown are noted in a nursing data entry and recorded on a Skin Integrity Worksheet.
      1.1.1 The Skin Integrity Worksheet is reviewed daily by the Registered Nurse/Licensed Practical Nurse and a data entry is made indicating the status of the skin problem.
      1.1.2 New areas of concern that develop before the original areas are healed are also marked on the original worksheet.

2. The Skin Integrity Worksheet is a nursing tool and does not become a part of the patient's permanent record.

9/05; 2/07 skin integrity pro.
Chapter 3: Medication
Section 1: Medications on Day Trips and Camp Trips

Medications ordered for patients are continued as prescribed while the patients are on day activities and on extended camp trips. Medications are administered by an RN or LPN on day trips and only by an RN on extended camp trips.

Protocol

1. Medications are packaged in individual envelopes for each patient and each medication pass.
   1.1 The envelope is labeled with the patients name, medication and dose, date and time to be given.
   1.2 Any special instructions for giving the medication are also included on the envelope.

2. Medications are packed in envelopes from medication containers dispensed from the pharmacy.

3. The envelopes with medications are prepared by the RN/LPN who will go on the trip with the patients.
   3.1 The RN/LPN indicates on the medication sheet in pencil the dose(s) of medications to be given to the patient during the off-grounds activity.
   3.2 The RN/LPN signs CT (for camp trip) and their initials for the medication given during the activity in black ink after the patients have returned to the unit.

4. The medication sheets on the patients who are going on the camp trip are copied and are taken on the camp trip.
   4.1 The RN on the camp trip uses the copied medication sheets as a reference for the patients’ medications.
   4.2 The copied medication sheets are signed and put with each patient's MAR on the unit.

12-87; 4-94; 9-95; 4/98 5/00; 01/04; 11/04; 2/07 campmeds.pol
Chapter 3: Medication
Section 2: After-Hours Drug Cabinet

Medication may be checked out of the After-Hours Drug Cabinet, located in the locked Central Supply over-flow room, for new medication orders on afternoons, nights, weekends and holidays when the main pharmacy is closed.

Protocol

1. A copy of the available medications in the After-Hours Drug Cabinet is kept on top of the cabinet.
   1.1 A list of contents of the After-Hours Cabinet is also located on the computer network at: f:\users\all\wdata\pharmacy\after-hours cabinet.doc.

2. The unit RN who has an order to be filled is responsible to contact the Shift Supervising Registered Nurse (SSRN) on duty concerning the needed medication. The SSRN checks and verifies the order.
   2.1 The SSRN opens the CS over-flow room and the After-Hours Cabinet to obtain the needed medication.
   2.1.1 The entire container of medication is removed from the cabinet and taken to the unit for administration to the patient as ordered.
   2.2 The SSRN signs out for the medication.
   2.3 The SSRN completes a pharmacy medication usage form for the medication used and leaves it in the designated area for pharmacy processing.

3. The medication supply obtained from the After-Hours Cabinet is completely used before the pharmacy supply is started.

4. If the medication ordered is not available in the After-Hours Cabinet, the (SSRN) requests the switchboard operator to call or page the pharmacist on duty.
   4.1 The SSRN may also call or page the pharmacist directly. The pharmacy pager number is 342-0794.
   4.2 If all reasonable attempts to reach a pharmacist fail, the SSRN can authorize the unit to take a copy of the physicians order from E-pharmacology and have the medication filled at one of the participating pharmacies as listed in USH Manuals: Pharmacy.

5-86;4-94;9/95; 5/98; 08/01; 10/02; 01/04; 2/05; 2/07 cendrugadmin.pol
Chapter 3: Medication
Section 3: Controlled Substances

Utah State Hospital adheres to the state and federal guidelines in ordering, administering, and maintaining all controlled medications listed in the Federal Controlled Substances Act of 1970.

Protocol

1. The pharmacy maintains a list of controlled substances dispensed at Utah State Hospital.

2. A current list of authorized prescribers and their DEA numbers is maintained by the UND on each unit.
   2.1 The Medical Staff Coordinator updates the list as it changes.

3. The Director of Nursing notifies the pharmacy immediately if a member of nursing services is not authorized to administer controlled substances or other medications.

4. Supplies of controlled substances are kept under a double lock system except for those times when the medications are being set up for administration or when supplies are being inventoried.
   4.1 Only authorized licensed nursing personnel (RNs, LPNs, and NPs administering medications) have access to controlled substances.
      4.1.1 Pharmacy is allowed access to the controlled substances for inventory purposes.

5. An RN or LPN from the on-coming and the out-going shift are responsible for counting all of the controlled drugs and the narcotics keys at the beginning and end of each shift.
   5.1 Each RN/LPN signs his/her name to the Inventory Drug Control Sheet.
      5.1.1 The Inventory Drug Control Sheet is maintained by the UND on the unit for 3 years.

5.2 Discrepancies in the controlled substances count must be reported to the Director of Pharmacy, the Unit Nursing Director, and the Director of Nursing immediately upon the discovery of the discrepancy.
   5.2.1 Every effort is made by the nurses involved, prior to leaving their shift, to find the discrepancy in the controlled substances count.
   5.2.1 If the discrepancy can not be corrected after all attempts have been made to do so, the Unit RN writes the word "missing" on the line of the missing controlled substance and the Unit RN and Unit Nursing Director co-sign for the missing drug.
6. Ordering and re-ordering of individual patient or unit stock controlled drugs is the responsibility of the RN/LPN.

6.1 All controlled drugs dispensed from the pharmacy for unit stock are accompanied by a Controlled Drug Stock Sheet which lists the medication, dosage, prescription number and unit.

6.1.1 The UND on the unit maintains a log book with the number of the controlled substance packaging or copies the Controlled Drug Stock Sheet when it arrives on the unit from the Pharmacy.

6.1.2 All RNs/LPNs administering stock medications must sign for each patient receiving the medication.

6.1.3 The completed Controlled Drug Stock Sheet is returned to the pharmacy to act as the prescription record for the patients and the medication, and is kept by the pharmacy for 5 years.

6.1.4 The UND makes a copy of the completed Controlled Drug Stock Sheet and maintains it in a file on the unit for 1 year.

6.2 When controlled substances are picked up or delivered, each package is visualized for correct numbers and completeness of the package.

6.2.1 The nurse checking the controlled substance/s initials and signs the Pharmacy Order Form for Controlled Substances” provided by the pharmacy tech.

6.2.2 The “Pharmacy Order Form for Controlled Substances” sheet is maintained in the pharmacy.

7. Home Visit medications that include controlled substances are picked up or delivered, each package is visualized for correct numbers and completeness of the package.

7.1 The controlled substances are checked and signed for as indicated in section 6.2.

7.2 The controlled substances issued for the home visit are locked in the controlled substance drawer along with the counting form.

7.3 The controlled substances for the home visit are counted each time all other controlled substances are counted and the controlled substance home visit form is signed each time by both nurses.

7.4 This procedure continues until the patient leaves on the home visit and the nurse reviews the take-home medications and verifies the use and amount of each medication with the responsible party accompanying the patient.

8. Controlled medications that must be “wasted” follow a set procedure.

8.1 All controlled medications wasted by licensed nursing personnel must have a second licensed RN/LPN present to act as witness.

8.1.1 Injectables and oral medications are disposed of in a sink with the water running.
8.2 Both licensed RNs/LPNs must sign for the medications and put “wasted” to the side of the entry on the controlled drug stock sheet form.

9. Controlled medications reported as lost or missing are reviewed closely.

9.1 The controlled drug's count is reviewed as well as the medication administration record.

9.2 The RNs/LPNs who set up and administered medications are interviewed.

9.3 Trends or patterns detected are opened to a full investigation and audit by Nursing and the Pharmacy.

10. Pharmacy conducts monthly inspections of all controlled drug storage areas.

10.1 Reports of the monthly pharmacy inspection are left with the UND and the Director of Pharmacy.

12-87;6-90;4-94;9-95; 4/98; 10/00; 02/03; 01/04; 01/05; 2/07 contsub.pol
Chapter 3: Medication
Section 4: Care of Hep Lock (Saline Caps) IV's

Protocol

1. When a patient has a hep-lock (saline cap) peripheral IV, the IV is flushed with 3 cc's of Normal Saline every 8 hours.

1.1 When medication is infused through the hep-lock (saline cap) IV, the hep-lock (saline cap) is flushed with 3 cc's of Normal Saline before the infusion of medication and with 3 cc's of normal saline after the infusion of medication is complete.

1.1.1 If more than one medication is infused, the saline cap is flushed with 3 cc's of normal saline between the infusion of the different medications.

11/98; 01/01; 01/04; 2/07
RN's who start and care for IV's complete a certification class to assure competency in care of intravenous lines.

**Protocol**

1. RN's are trained in starting IV's and in troubleshooting any IV therapy problems.
   1.1 The training includes classes in fluid and electrolytes, IV solutions, PICC line care, venous access devices, IV medications, operation of IV pumps, and starting and caring for IV's.

2. When a patient requires insertion of an IV, the RN who is trained in intravenous therapy starts the IV.

3. When a patient is receiving IV therapy, trained RN's are responsible for care of the IV and delivery of the prescribed IV fluids and medications.

4. If problems with the IV occur, the trained RN troubleshoots the problems and corrects them.

5. RN's, who are trained in infusion therapy, discontinue IV's when there is an order to discontinue the IV therapy.
**Chapter 3: Medication**  
**Section 6: Intravenous Therapy**

Intravenous therapy is instituted by a qualified RN when indicated by the patient’s physical condition.

**Protocol**

1. RN’s who have completed an intravenous therapy course may start an intravenous infusion, adjust drip rates, and do IV therapy.

   1.1 RN’s may administer intravenous medication via IV push or piggyback and by venipuncture as ordered by the physician.

      1.1.1 During pharmacy hours, the pharmacists prepare the intravenous medication in the appropriate solution and send the medication solution to the unit.

      1.1.2 When intravenous medications are required and the pharmacy is not open, the RN is responsible for mixing the appropriate medication with the appropriate solution for administration to the patient.

      1.1.2.1 When the RN mixes Potassium Chloride (KCL) in the IV, the dosage must be double checked with another nurse prior to mixing it in the solution.

2. In adults, the catheter is replaced and the IV site rotated no more frequently than every 72-96 hours. In pediatric patients, the peripheral catheters are not replaced unless clinically indicated.

   2.1 If there is any suspicion of infection of an IV site, remove the IV catheter and send it to the laboratory for culture and sensitivity.

      2.1.1 The IV site may also be swabbed and the swab sent to the laboratory for culture.

3. The intravenous tubing, including add-on devices, is replaced no more frequently than at 72-hour intervals, unless clinically indicated.

4. The IV dressing is replaced when the catheter is removed or replaced, or when the dressing becomes damp, loosened, or soiled. Dressings are replaced more frequently in diaphoretic patients.

   4.1 In patients who have large bulky dressings that prevent palpation or direct visualization of the catheter insertion site, the dressing is removed and the catheter is visually inspected at least daily and a new dressing is applied.
Chapter 3: Medication
Section 7: Administration of Medications

Medications are administered to patients using a systematic method to minimize medication errors and to provide consistency for the patient. Patients are informed that they are receiving medication prior to the administration of any/all medications.

Protocol

1. Medications are prepared for administration in a designated area by a designated licensed RN or LPN.
   1.1 Medications may be prepared in the medication area for distribution and administration for several patients prior to administering the medications.
      1.1.1 Controlled substances must be prepared in single doses and administered as soon as possible after preparation.

2. Preparation of medications includes the following:
   2.1 Prior to each medication pass, the RN/LPN preparing the medications first prints out a current medication order CHANGE report and follows the protocol for: Transcription of Medication Orders in nursing policies and procedures.
      2.1.1 The patient's medication record is read to determine which medications are due for administration.
      2.1.2 The name of the drug, the dosage, route, and time are carefully noted.
   2.2 The appropriate medication container is removed from the medication cupboard.
      2.2.1 The label of the container is read three times: before preparing, while withdrawing the medication, and before returning the container to the cupboard.
      2.2.2 Stock medication that is ordered for patient use has the expiration date circled in red and this date is checked before each administration.
      2.2.3 Stock medication that is a salve or cream is administered by using a new tongue blade to obtain the amount needed and then placing the medication in a medicine cup for patient use.
   2.3 Medications are prepared for one patient at a time.
      2.3.1 Aseptic technique is used when preparing medications for administration.
      2.3.2 When all medications for a specific patient have been prepared, the medication record is reviewed to validate that the correct medication, correct dosage, correct route, and correct time have been observed.
2.4 The prepared medication is placed in the appropriate holder with the patient's picture and name behind the medication until the medication is given to the patient.

2.4.1 When a physician writes an order for a patient to have their own medication box, the box is prepared and administered according to protocol. (See Nursing Policies and Procedures: Medication - Chapter 3; Self-medication)

2.4.1.1 Each patient using a medication box has a sticker attached to their picture identification card in the medication tray that indicates their medications are in a medication box.

2.4.1.2 Each medication box is identified using the patient's first and last name.

2.5 Only the RN/LPN preparing the medications is in the medication room/area while medications are being prepared.

3. When administering the medications to the patients, each patient is identified by two methods.

3.1 The RN/LPN compares the patient with the picture and name behind his/her medications on the medication holder and verifies the patient’s name with a core psychiatric technician who stands next to the patient at the medication window.

3.1.1 If the patient refuses to have their picture taken at the time of admission, there must be two core staff to verify patient identity prior to administration of medication.

3.2 If the medication is taken outside of the medication room to administer it to the patient, the nurse must take the patient's picture and a core tech with him/her to identify the patient.

3.2.1 The RN/LPN who prepared the medications also administers the medication to the patient.

4. Administer the medication to the correct patient.

4.1 Do not allow the patient to leave the administration area until the medication is taken.

4.1.1 Check the patient's mouth to make certain the oral medications were swallowed.

4.1.2 Patients on medication watch must remain in the area of staff under observation for 30 minutes after administration of oral medications.

4.1.3 If the nurse suspects an adverse drug reaction, he/she calls the unit physician or the on-call physician to report it.

5. Record administration by noting initials under the time on the medication record.

5.1 Enter full signature, title, and identifying initials in the appropriate place on the medication record.

5.2 Medications administered from 1430 to 0700 are designated by highlighting the box containing the time the medication was scheduled for administration.
5.2.1 Time boxes for medications administered from 1431 to 2300 are highlighted in green.

5.2.2 Time boxes for medications administered from 2301 to 0700 are highlighted in red.

5.2.3 Time boxes for medications administered from 0700 to 1430 are not outlined in a color.

5.3 Record controlled drugs on the Controlled Drug Record Sheet as well as on the patient medication record.

5.4 Record STAT, and single doses in the appropriate place on the medication record.

5.5 Record PRN medication doses on the PRN medication sheet.

5.5.1 The nurse leaving the shift checks to make sure all medications given and MAR's are complete with initials and identifying signatures.

5.6 When a patient refuses medication, the RN/LPN administering the medications draws a circle around the time box for the medication to be given and initials the circle on the medication record.

5.6.1 The RN/LPN administering the medication e-mails the patient's psychiatrist to let them know that the patient refused the medication at the time of the medication pass.

5.6.2 If the patient refuses any medications that are categorized as cardiac, diabetic, blood pressure, anti-rejection, or seizure medication ordered by the MD/FNP, the RN is notified and calls the MD/FNP or the medical doctor on-call to inform them of the refusal.

5.6.3 The RN/LPN notes the medication refusal on the Refusal of Medications/Labs report form.

5.6.3.1 The Refusal of Medications/Lab report is taken to morning meeting for reporting to those in attendance.

5.7 When a patient is not in the hospital during a medication pass, the location of the patient is indicated on the medication record in the time box. The following codes are the only codes used to indicate where the patient is located:

   CV - Court Visit
   CT - Camp Trip
   HV - Home Visit
   TL - Trial Leave
   MS - Medical Separation

6. The RN/LPN is responsible to report and document desired therapeutic responses and side effects on individual patients.
7. Medications are never left unattended.

7.1 Only authorized personnel i.e. RN or LPN are allowed in the medication rooms.

8. Medication cupboards and medication rooms are kept locked at all times when unattended.

8.1 The medication room door is shut and locked at all times, even when occupied by an RN or LPN.

9. All RNs and LPNs are required to demonstrate competency in medication administration.

9.1 All new RNs and LPNs attend a psychopharmacology class that teaches information about the medications used at this hospital.

9.2 All new RNs and LPNs complete a medication administration test that includes questions in dosage calculation, drug classification, side effects, and so on.

9.2.1 The test must be passed by 90% before the nurse can administer medications.

9.3 All new nursing personnel are initially trained on the unit by nursing mentors.

9.4 All nursing personnel who administer medications are monitored through the quality improvement process.

9.5 All nursing personnel who administer medications are required to attend continuing education classes on pharmacology issues as offered by this facility.
Chapter 3: Medication  
Section 8: Ordering Medications from the Pharmacy

All medications ordered and administered to patients are issued from the Utah State Hospital Pharmacy.

Protocol

1. The E-Pharmacy medication ordering program on E-chart is used to prescribe medications for patients.
   
   1.1 The physician enters the medication prescribed for patients into E-Pharmacy.
   
   1.1.1 When the Unit RN is given an order by the physician for medication for a patient, the Unit RN enters the order into E-Pharmacy.
   
   1.1.2 An authorized prescriber signs the charted telephone orders and acknowledges electronically-entered orders within 7 days.

2. Each new prescription is electronically sent to the pharmacy.
   
   2.1 All medication that is discontinued is returned to the pharmacy within 72 hours.

3. Prescription orders for all medications ordered after 5:00 pm and on weekends/holidays are filled by the pharmacy the next working day.
   
   3.1 Medications from prescription orders entered after 5:00 pm and on weekends/holidays are obtained from the After-hours Drug Cabinet.
   
   3.1.1 If the medication ordered is not available in the After-hours Drug Cabinet next to the pharmacy, arrangements can be made through the SSRN to obtain the medication from outside pharmacies.

4. Home visit medications and/or pass medications are entered as new orders and sent to the pharmacy at least 24 hours before the patient is to leave (when possible).

5. The Unit charge RN on the night shift prints out a Medication Change SUMMARY Report of all new medication orders entered during the past 24 hours.
   
   5.1 The RN double checks new orders against this report and validates correct transcription and correct pharmacy data on each medication change.

7-83; 4-94; 9-95; 5/98; 08/01; 01/04; 2/07 medorders.pol
Chapter 3: Medication
Section 9: Reordering Medications from the Pharmacy

Medications for individual patients are reordered from the current E-Pharmacy prescription screen as needed.

Protocol

1. Medications for each patient are checked once a week and each container that has less than a one week supply is reordered by the unit RN/LPN.
   1.1 Medication re-orders must be to the Pharmacy by the first of the week to be filled that week.

2. Medications are reordered through the E-Pharmacy system on the computer. For specific instructions, click on the Help tab of E-pharmacy and follow the prompts.

3. The pharmacy fills the prescription/s and a pharmacy tech delivers the filled prescriptions twice a day during regular pharmacy hours.
   3.1 Medications needed on the unit in-between delivery times are picked up by the unit RN/LPN.
   3.2 When controlled substances are picked up or delivered, each package is visualized for correct numbers and completeness of the package.
      3.2.1 The nurse checking the controlled substance/s initials and signs the “Pharmacy Order Form for Controlled Substances” provided by the pharmacy tech.
      3.2.2 The “Pharmacy Order Form for Controlled Substances” sheet is maintained in the pharmacy.
   3.3 If the medication is being picked up or delivered for a trial leave, home-visit, off-grounds visit, or discharge, the contents of each packages is visualized for correct numbers and completeness of the package.
      3.3.1 The RN/LPN compares the medications to the patient’s MAR for correct medication and dosage.
   3.4 If there is a need to pick up the medications before or after the regular delivery times, the unit RN/LPN e-mails the Pharmacy to let them know the medications are required in-between usual delivery time.

4. In the event that leave medications are required and pharmacy preparation of medications before the patient leaves is not feasible (e.g. evenings, weekends, or holidays when pharmacy is closed), a nurse may package the medications in envelopes from existing unit supplies, providing the following criteria are met:
4.1 The supply sent with the patient does not exceed a 24-hour supply.

4.2 Medication envelopes are legibly labeled with the patient’s name, medication name, medication strength or concentration, quantity, and dosing instructions.

4.3 When possible, all medications for one dosing time (e.g. AM or noon or PM or HS) are consolidated into a single envelope to simplify dosing, and encourage patient compliance with dosing directions.

4.3.1 The envelope is labeled with patient’s name, medication name(s), medication(s) strength or concentration, and quantity or quantities contained in the envelope.

4.3.2 The dosing directions give the day and time the entire contents of the envelope are to be taken or administered, plus any special instructions.

7-83; 4-94; 9-95; 01/01; 01/04; 05/04; 2/07 medreorder.pol
**Chapter 3: Medication**  
**Section 10: Medication Storage on the Unit**

Medications on the unit are kept in an area separate from the patient living area and are also separate from the charting areas of the nursing office.

**Protocol**

1. Every unit has a medication area which has a locked door between the area and the patient living area.
   
   1.1 The door to the medication area remains closed and locked at all times.
   
   1.2 Only RNs or LPNs are allowed in the medication room, except for pharmacy personnel when completing inventories.
      
      1.2.1 If maintenance personnel must enter the medication room to complete repairs, the RN or LPN must supervise the maintenance personnel while in the medication rooms.
   
   1.3 The dispensing area of the medication room is only open during medication dispensing times.

2. Controlled substances are kept in a locked area within the medication room (it requires unlocking two locks to access the controlled substances).
   
   2.1 All controlled substances are counted every shift by two RNs and/or LPNs.
      
      2.1.1 The nurse coming on shift counts the controlled substances and the nurse leaving verifies the count in the controlled substance book.
      
      2.1.2 The two RNs and/or LPNs who count controlled substances sign the Inventory Drug Control Sheet.
      
      2.1.3 A copy of the Inventory Drug Control Sheet is maintained on the unit in the UND’s office.
   
   2.2 The controlled substances (narcotics) keys must be kept in the possession of the RN or LPN during the entire shift and then is passed on to the oncoming RN/LPN at change of shift.
      
      2.2.1 The controlled substance keys are never taken off the unit: when one RN/LPN leaves the unit, the keys are given to the RN/LPN who remains on the unit.

3. If a patient is admitted with medications in their possession, the admitting RN sends the medications home with family or whoever brought the patient to the hospital. If this is not possible, the medications are listed on the "Medications from Outside" form and locked in the medication room until they can be sent to the Pharmacy.
3.1 Medication brought into the hospital by patients returning from off-grounds visits and home visits are handled as stated above.

3.2 Patients are not allowed to have any medications in their possession on the unit unless there is a physician’s order directing the staff to allow the patient to carry their own medications.

3.3 Controlled substances are locked in the controlled substances container in the medication room and accounted for every shift, when counting the other controlled substances, until they are sent to the Pharmacy.

4. Room temperature in medication storage areas must be maintained at 59 to 86 degrees Fahrenheit away from direct sunlight and excess humidity.

4.1 Any deviation from proper storage conditions must be immediately reported to the Pharmacy Director for evaluation and resolution.
Chapter 3: Medication
Section 11: Transcription of Medication Orders

All medication orders are entered into E-Pharmacy by the physician prescribing the medication or by the Registered Nurse receiving a telephone order.

Protocol

1. After a medication order is entered into the E-Pharmacy system, the order is noted by the Registered Nurse or the Licensed Practical Nurse at the time the Medication Order CHANGE Report is printed. The order is noted a second time by a Registered Nurse at the time the Medication Order Change SUMMARY Report is printed.

   1.1 Orders for medications must include the patient's full name, prescribing physician, medication name, dose, frequency, route, start, and stop date, time, order date, indications, and instructions, if any, given by the prescribing physician. (See Help; Pharmacy, Nurse Rx Telephone Order Entry Instructions.)

   1.1.1 Any changes that need to be made to an existing medication order can be done by selecting Help; How to Enter a Medication Order into E-Chart.

   1.2 Telephone orders for medications or medication changes are written as given, read back to the physician as written, and the physician repeats it back to the nurse.

   1.2.1 The nurse transcribing the order writes date, time, and “read back to physician” before signing the order.

   1.3 When a Medication Order CHANGE Report is printed, it must be noted and saved even if there are no changes on it.

2. Prior to a scheduled medication pass, the RN/LPN passing medications runs a Med Order CHANGE Report and prints any new Medication Administration Records (MAR) that coincide with that report. (See Help: Pharmacy, Med Order CHANGE Report.)

   2.1 The RN/LPN noting off the changes on the Medication Order CHANGE Report verifies the medications that are started, changed, or discontinued by comparing the order ID number of the medication being changed to the order ID number on the Medication Order CHANGE Report.

   2.1.1 Medications that are discontinued are crossed out with a red line.

   2.1.1.1 The RN/LPN draws a diagonal line, in red ink, through the medication and dose/time blocks. A horizontal line, in red ink, is drawn beginning on the date that the medication is discontinued and extending to the end of the column. The date of discontinuation is written in red above or at the end of the line.
2.1.2 When there is a new medication ordered, the pharmacy receives the order through E-pharmacy and fills the prescription.

2.1.2.1 The new medication is delivered or picked up from the pharmacy prior to the next medication pass.

2.1.3 When a medication order is received after hours or on weekends or holidays, the RN/LPN calls the SSRN on duty to obtain the medication from the After-hours Drug Cabinet.

2.1.3.1 If the medication is not in the After-hours Drug Cabinet, the SSRN gives the unit permission to take the order to a designated pharmacy to have it filled.

2.1.4 When a medication order is changed or discontinued, or a new medication is ordered on a patient with a self-medicating box, the RN/LPN adjusts the medication from the patient’s personal medication supply and makes changes in their medication box.

2.2 The RN/LPN checks the "noted" box next to each medication as he/she verifies the medication change listed on the Medication Order CHANGE Report and signs the bottom of the Medication Order CHANGE Report form.

2.3 Each time a new MAR is printed, the RN/LPN printing it outlines the time boxes for medications given during afternoon and night hours.

2.3.1 The time boxes for medications given between 1431 and 2300 are outlined in green.

2.3.2 The time boxes for medications given between 2301 and 0700 are outlined in red.

2.3.3 The time boxes for medications given between 0700 and 1430 are not outlined in a color.

2.4 The MAR with the new medication order is placed in the medication binder/book in front of all other current MARs for that patient.

2.5 The MAR with the discontinued medication is left in the medication binder/book until the end of the month when it is removed and placed in the patient’s chart.

2.6 The Medication Order CHANGE Reports, including those with no changes, are filed in a Medication Order CHANGE Report binder and kept on the unit for 30 days.

2.6.1 After 30 days, the Medication Order CHANGE Reports are given to the Unit Nursing Director to review and discard.

2.7 On the last day of the month, the RN/LPN on shift prints out new MARs for each patient on the unit and verifies that all medications are listed correctly for name, dose, time, route, and any applicable physician instructions.

3. PRN medication order changes are noted and processed at the same time the scheduled medication changes are noted on the Medication Order CHANGE Report. (Follow protocol #2).
3.1 Each time a change is made in PRN medications, a new “CHANGED PRN and STAT MEDICATION ADMINISTRATION RECORD” is printed out for the patient and put into the PRN or MAR binder per protocol.

3.2 The RN/LPN draws a diagonal line, using red ink, through the old PRN record and writes “discontinue” with the date above the line.

3.2.1 Discontinued PRN forms are folded in half vertically and the new PRN record placed on top.

3.2.1.1 Discontinued PRN sheets are left in the PRN/Medication book until the end of the month. The old MARs and PRN sheets are then removed and put into the patient’s hard-back chart.

4. Medication orders for Tegretol, Dilantin, Lithium, Depakote, the Atypical Anti-psychotics, and Coumadin include an order to begin a standardized lab protocol. (See Coordination of Care; Lab Work Protocol).

4.1 The order to follow a lab protocol is included in the Medication Order CHANGE Report and the Medication Order Change SUMMARY Report forms.

4.1.1 The RN/LPN printing off the Medication Order CHANGE Report and/or the Medication Order Change SUMMARY Report initials next to the lab protocol order prior to signing the form.

4.1.1.1 The required lab work is entered into E-chart.

4.1.1.2 A lab requisition slip is completed for the ordered lab work and placed in the IHC Lab Book on the unit.

4.1.1.3 A lab protocol tracking sheet is completed and filed in the unit lab book.

5. A Medication Order Change SUMMARY Report is completed by the unit RN every 24 hours.

5.1 The RN prints the Medication Order Change SUMMARY Report and verifies that each Medication change has been marked on the MAR and that the new MAR is accurate as per item #2.

5.2 The RN signs the Medication Order Change SUMMARY Report and files it in the corresponding binder.

5.3 The Unit Nursing Director retains the Medication Order Change SUMMARY Report sheets for 1 year.
Chapter 3: Medication
Section 12: Mixing Medications in IV Solutions

Only pharmacists, qualified RN's or qualified NP's are able to add medications to intravenous solutions.

Protocol

1. Check compatibility of the medication with the intravenous solution.
   1.1 If more than one medication is ordered, check to be sure all drugs and fluids are compatible.

2. Prepare medications according to the directions accompanying the medication and add to IV solution.
   2.1 When adding Potassium Chloride, add prior to connecting the IV tubing to the IV bag and gently agitate the solution to completely mix in the medication.

3. Fill out the “Medication Added” label to include the name of the drug, amount added, by whom, and date, time, drip rate, and any other pertinent information needed and attach it to the IV solution bag.

5-85; 6-90; 4-94; 9-95; 08/04; 01/04; 12/04; 2/07 mixiv.pol
Chapter 3: Medication
Section 13: Multi-Dose Vials

Multi-dose vials are used at Utah State Hospital when indicated for administration of medication.

Protocol

1. A multi-dose vial is opened as per instructions on the vial.
   1.1 Medication in a multi-dose vial is considered expired on its factory-labeled expiration date.
   1.2 Expired medications are returned to the pharmacy for disposal.

2. Prior to the expiration date on the opened container, the unit RN/LPN may call the Pharmacy to determine if another area of the hospital has use for the medication.

3. Single dose vials are used one time only.
   3.1 If medication is left in the vial after administration of the dosage ordered, the remainder of the medication is wasted.
   3.2 The wasted medication is documented by 2 RN’s or 1 RN and 1 LPN per hospital policy.

7-83; 4-94; 9-95; 08/01; 03/02; 01/04; 2/07 multidose.pol
Chapter 3: Medication
Section 14: Crash Carts

All patient care areas have a crash cart which is accessible to the nursing staff.

Protocol

1. A crash cart is present in all patient care areas and includes the following items:
   1.1 Portable suction machine (1)
   1.2 Yonkers suction catheter (1)
   1.3 Suction catheters (2)
   1.4 Ambu bag—appropriate size for population (1)
   1.5 Pocket Mask (1 size fits all, please see instructions) with one-way valve
   1.6 Disposable gloves, Large (1 Box)
   1.7 Flashlight and batteries (1)
   1.8 Sphygmomanometer (1)
   1.9 Stethoscope (1)
   1.10 Oxygen tubing (1 each, nasal cannula and mask)
   1.11 Arm board, 9" (1)
   1.12 Bandage scissors, small (1)
   1.13 Alcohol swabs (5)
   1.14 Betadine swabs (5)
   1.15 2 X 2's (5 sterile)
   1.16 4 X 4's (5 sterile)
   1.17 Kling or Kerlix, 4" non-sterile (1)
   1.18 Band-aids, 1"(5)
   1.19 2" Ace wraps (1)
   1.20 4" Ace wraps (1)
   1.21 ABD pads (2)
1.22 1" adhesive tape (2 rolls) - paper & plastic
1.23 2" adhesive tape (1 roll) -- silk
1.24 IV Tubing-Clave Primary IV set (2)
1.25 IV Tubing-Secondary IV or Transfer set (2)
1.26 IV Tubing-Clave extension set (2)
1.27 IV Tubing-Clave Microbore Extension set (2)
1.28 Clave multidose vial access spike (2)
1.29 Clave needle-free injection site (Luer-lock) (2)
1.30 Dial-a-flo (1)
1.31 #18g. IV catheters: 2 Insyte Autoguard and 1 Saf-T-Intima.
1.32 #20g. IV catheters: 2 Insyte Autoguard and 1 Saf-T-Intima.
1.33 #22g. IV catheters: 2 Insyte Autoguard and 1 Saf-T-Intima.
1.34 #24 g. IV catheters: 2 Insyte Autoguard and 1 Saf-T-Intima.
1.35 3 cc syringes with and without needles (4 of each)
1.36 IV Start kits (3)
1.37 IV fluid -- Lactated Ringers 1 Liter (1)
1.38 IV fluid -- D5W 1 Liter (1)
1.39 IV fluid -- Normal Saline 1 Liter (1)
1.40 20 cc bottle of Normal Saline (1)
1.41 Emergency paramedic scissors (1 pair)

2. Some of the above items have expiration dates and are monitored for expiration.

2.1 The earliest expiration date is written on a tag on the cart.

2.2 Nursing personnel check the tag for expiration dates each time the crash cart is checked.

2.2.1 When an item has expired the item is removed from the tray and replaced by the RN/LPN on duty.
3. The cart is kept locked with a break away lock until used or restocked. When the nursing procedure cart is used, the lock is broken.

3.1 After use of the cart, the RN/LPN on duty is responsible for restocking the cart and relocking it.

1/99; 2/01; 12/01; 02/02; 06/03; 01/04; 11/04; 7/05 crshcrt.pol
Chapter 3: Medication
Section 15: Medication for RN
Administration Only

Specific medications may be administered by RNs only.

Protocol

1. THE FOLLOWING MEDICATIONS MAY BE ADMINISTERED ONLY BY AN RN:
   1.1 Heparin
   1.2 Emergency kit medications used during a cardiac/respiratory emergency situation.
   1.3 IV medications including IV drips and IV pushes.
Chapter 3: Medication
Section 16: Self-Medication

Patients who have progressed in treatment to a level of learning responsibility for their own care are encouraged to learn how to be responsible for taking their own medications without administration by the RN/LPN.

Protocol

1. The physician writes an order giving permission for the patient to carry his/her prescribed medications or to have a medication box.
   1.1 The order includes the amount of medication to be given at one time.
   1.2 A progress note is made by the physician describing the patient’s progress and justification for carrying own medications.
   1.3 The medications for self-medication are prepared by the pharmacy in prescription bottles with the administration instructions on each bottle.

2. Medication boxes are used only when patients are able to administer their own medication.
   2.1 The physician's order is transcribed onto the medication sheet as per policy.
   2.2 The RN notes on the medication sheet that the patient sets up own medication box under nursing supervision.

3. The medications for the medication boxes are set up by the unit RN/LPN along with the patient whenever he/she is able to do so.
   3.1 After the medications are placed in the appropriate time slots, the RN/LPN makes a copy of the patient's MAR and attaches it to the medication box.
   3.2 Controlled substances are not placed in the patient's medication box for self-medication.
      3.2.1 Controlled substances are dispensed at the time the patient is scheduled to take the medication.

4. The RN is responsible to teach the patient the following: medication usage, possible side effects, routines, dosage, rationale for taking the medication, the importance of compliance, and any other pertinent information.
   4.1 A progress note is made indicating the patient teaching done and the level of patient understanding.
   4.2 If a patient is involved in a medication education group, the RN leading the group indicates the patient’s progress in the progress notes after each group session is concluded.
4.3 The RN may delegate a portion of the patient medication teaching to an LPN but the RN is responsible to supervise the information given the patient.

4.4 The RN may contact the Pharmacy for assistance with medication information to share with the patient.

5. Prior to administering medications in the med box, the unit RN/LPN checks the medication to be given with the MAR to ensure that the appropriate medications are in the time slot scheduled for administration.

5.1 The RN/LPN checks the Medication CHANGE Report for changes in the medication orders.

5.2 If there is a change in medication for a patient using the med box system, it is the responsibility of the RN/LPN to make the changes in the med box.

6. The unit RN/LPN supervises the patient in taking the medications from the filled med box.

6.1 When the RN/LPN gives the medication box to the patient, he/she directly observes the process for taking the medication to ensure that it is done correctly.

6.1.1 The patient opens the appropriate section of medication to be taken on the day and time as ordered.

6.1.2 The patient empties the medication into a med cup and he/she checks the pills with the RN/LPN to assure proper dosage and time.

6.1.3 The RN/LPN adds any controlled substances that are ordered for that administration time.

6.1.4 The patient takes the medication and returns the med box to the RN/LPN.

7. When the RN/LPN gives the medication to the patient, he/she initials the med sheet at that time only.
Chapter 3: Medication
Section 17: Psychotropic Medications & Physical Illness

Patients at Utah State Hospital who contract a physical illness i.e. infections, disease, etc. and are receiving psychotropic medication are evaluated for possible need to change or hold psychotropic medication orders.

Protocol

1. A unit RN assesses the patient’s physical status including a complete nursing assessment and vital signs.

2. A unit RN may place the patient on fluid intake and output status to help determine the patient’s fluid balance.

3. The unit RN may hold psychotropic medications until the unit clinical director or OD is contacted concerning the patient’s physical status.

   3.1 The unit RN/LPN may refuse to give a medication to a patient based upon his/her judgment of the possible adverse effects of the medication on the patient.

      3.1.1 Withholding a specific medication (based upon judged possible adverse effects of the medication on the patient) is reviewed when each dose of the medication is due.

         3.1.1.1 When a medication is withheld for medical reasons, the unit charge RN notifies the UND or the SSRN that the medication was not given and the rationale behind that decision.

         3.1.1.2 The unit Psychiatrist or the Psychiatrist on call is also notified when a medication is withheld.
Chapter 3: Medication
Section 18: Medications for Home Visits Court Visits or Discharge

Leave medications, such as those sent for home visits, court visits, or discharge, are dispensed from the pharmacy.

Protocol

1. The medications are dispensed in child-proof containers (when legally required), and bear the following information:
   1.1 prescription number,
   1.2 name of prescriber,
   1.3 medication name,
   1.4 medication strength or concentration,
   1.5 quantity dispensed,
   1.6 patient's name,
   1.7 date dispensed,
   1.8 dosing instructions,
   1.9 cautionary or warning labels if appropriate,
   1.10 pharmacy name, address, and telephone number.

2. In the event that leave medications are required, and pharmacy preparation of medications before the patient leaves is not feasible (e.g. evenings, weekends, or holidays when pharmacy is closed), a nurse may package the medications in envelopes from existing unit supplies, providing the following criteria are met:
   2.1 The supply sent with the patient does not exceed a 24-hour supply;
   2.2 Medication envelopes are legibly labeled with patient's name, medication name, medication strength or concentration, quantity, and dosing directions;
   2.3 When possible, all medications for one dosing time (e.g. AM or noon, or PM, or HS) are consolidated into a single envelope to simplify dosing, and encourage patient compliance with dosing directions.

   2.3.1 In this case the envelope is labeled with patient's name, medication name(s), medication(s) strength or concentration, and quantity or quantities contained in the envelope.
2.3.2 The dosing directions give the day and time the entire contents of the envelope are to be taken or administered, plus any special instructions if appropriate.

03/03; 01/04; 2/07 medforhv,cv,dc
Chapter 3: Medication
Section 19: Transcription of Treatment Orders

All treatment orders are noted by the Unit Clerk, an LPN, or an RN and are second noted by a Registered Nurse.

Protocol

1. Orders for treatment must include the patient’s full name, the date and time ordered, the method or route of administration, frequency of administration, time ordered for STAT treatments and the signature of the prescribing physician.

2. All treatments are transcribed onto the medication record in black ink.
   2.1 If a medication is involved in the treatment, the prescribing physician or Unit RN enters the medication order in E-Pharmacy (See: Transcription of Medication Orders under Medication)

3. Transcribe the treatment order, exactly as prescribed, in black ink onto a blank Medication Administration Record. Include the following:
   3.1 Adverse reactions to drugs, if applicable.
   3.2 Date started.
   3.3 Treatment name, frequency, and route.
   3.4 If treatment is to be done for a limited time, draw a horizontal line through all the time boxes when the treatment is NOT to be given.
   3.5 Indicate discontinuation date by drawing a red diagonal line through the treatment block and hour due block and a red horizontal line through the time boxes starting with the time the treatment was discontinued. Write the discontinuation date on or at the end of the line.
   3.6 If a treatment is changed, the new treatment is entered as above including the date ordered, name, dosage, frequency, and route.

4. After the order has been transcribed, draw a straight line under the last order and up the left hand side of the orders transcribed. At the bottom of the line, the transcriber signs his/her name and enters their title, the date and time.
   4.1 On the last day of the month, the RN/LPN on shift prints new MARs for each patient on the unit and verifies that all medications are listed correctly. He/she also transcribes any treatments that need to be continued, onto the patient’s new MAR along with any instructions for the treatment.
5. All orders which have been transcribed are verified (or noted again) by a Registered Nurse within 4 hours of the order being written.

6. Treatments on every patient are reviewed every 30 days and hand written on the Medication Administration Record for each consecutive month until the order is discontinued.

7/83; 9-94; 9-95; 5/98; 08/01; 5/04; 2/07 txtrans.pol
Chapter 4: Emergency Services
Section 1: Suspected Rape & Physical Abuse

Policy

Utah State Hospital patients who are suspected to be victims of rape or physical abuse are referred to the appropriate outside medical provider, Adult Protective Services, or Child Protective Services as appropriate.

Procedure

1. Children, youth, or adults who are admitted to the hospital or who return from home visits who have complaints of abuse or exhibit suspicious physical findings are assessed by the treatment team.
   1.1 The RN documents any physical findings in the patient’s chart and notifies the NP/MD of those findings.
      1.1.1 The NP/MD examines the patient and documents the findings in the patient chart.
   1.2 The RN notifies the unit or on-call Psychiatrist of the abnormal physical findings.
   1.3 The RN notifies the unit AD and/or the Shift Supervising Registered Nurse of the concerns about the patient.
   1.4 The RN notifies Risk Management via e-mail and/or voice mail of suspected abuse.
      1.4.1 Risk Management is responsible to notify outside agencies such as Adult Protective Services, Child Protective Services, and/or Provo City Police Department.

2. Patients who are suspected victims of sexual abuse or rape are transferred to UVRMC Emergency Room for physical assessment.
   2.1 If the suspected victim is a patient on the Children's Unit, the child is first interviewed by the Unit Social Worker then Risk Management is notified.
   2.2 Child Protective Services is notified at this point.

3. The RN completes an incident form on PIRS.

6/98; 10/00; 2/05; 2/07 abuse.pol
Chapter 4: Emergency Services
Section 2: Anaphylaxis Protocol

Policy and General Statement

Anaphylaxis is a medical emergency and requires rapid recognition and management. Untreated, anaphylaxis may lead to shock, airway obstruction, cardiac arrest and death. All cases of anaphylaxis require activation of the Emergency Medical System, i.e., paramedics and referral to a general hospital emergency center. USH physicians, nurses and other employees respond to all suspected cases of anaphylaxis and render first-aid. Definitive medical treatment is rendered according to the level of expertise, clinical privileges and the laws regulating the practice of medicine in the State of Utah.

However, USH recognizes that immediate administration of epinephrine is imperative and this Policy provides for administration of epinephrine, without a physician or RNP order, by licensed nurses.

Definition

Anaphylaxis, also known as "allergic shock" is a severe allergic response to medications and other allergy causing substances such as insect stings, spider bites and foods. Such Type I Hypersensitivity Reactions, may be classified according to the level of the reaction and expected treatments.

Symptoms

- hives
- generalized itching
- nasal congestion
- difficulty breathing
- cough
- blueness of the skin
- fainting, lightheadedness
- skin redness and inflammation
- nasal flaring
- low or reduced blood pressure
- confusion
- slurred speech
- rapid pulse
- palpitations
- nausea and vomiting
- diarrhea and cramping
- wheezing - dizziness
- anxiety
- stridor

Be sure to use the above definition and s/s to differentiate between anaphylaxis and a dystonic reaction.

Treatments

1. Mild Reactions; generalized pruritis, urticaria, angioedema, mild wheezing, nausea and vomiting, etc.
   1.1 Assess patient and obtain history, i.e., recent medication, stings, bites, ingestion of known or suspected allergens - foods.
   1.2 Notify medical and psychiatric staff.
   1.3 If symptoms are rapidly progressing, CALL PARAMEDICS.
   1.4 Give epinephrine 1:1000, 0.3mL, subcutaneously (adults) and 0.01 mL/kg to children.
1.4.1 Epinephrine is found in the Emergency Medication Box on each unit.

1.5 May repeat epinephrine 1:1000, 0.3mL, subcutaneously (adults) and 0.01 mL/kg subcutaneously to children in **15 minutes** (one time only).

2. If there is a moderate to moderately severe anaphylactic reaction, with angioedema but without evidence of cardiovascular involvement, management is by medical personnel only i.e. MD/NP.

3. Severe anaphylactic reactions are managed at Utah Valley Regional Medical Center.

7-83, 4-94, 8-98, 10/98; 8/01; 2/05; 2/07 anaphyl.pro
Chapter 4: Emergency Services  
Section 3: Human Bite Protocol

Policy

All human bite injuries i.e. a bite inflicted on a person by another person, are assessed by the nursing staff and receive immediate first aid. The psychiatric and medical on-call physicians are contacted for further management.

General Statement

Human bites occur most frequently among adolescents and young adults. Almost all occur as a result of anger. Many bites require specialized medical care by a plastic surgeon according to their severity and potential for complications.

Many bites are not true bites but occur when a closed fist impacts on another person's teeth. These types of injuries may appear deceptively minor. As the person's fist strikes the opponents mouth, an irregular laceration over the dorsal surface of the MCP joint typically occurs which often extends into deeper structures such as the extensor tendon or joint space. When the attacker then extends his/her fingers, the dorsal expansion hood recedes, thereby sealing the wound into the joint space. Infection rates range from 14-50%. An orthopedic surgeon is generally consulted in these cases.

Infection

Staphylococcus aureus is isolated in the majority of infected bite wounds. This organism is not part of the normal human oral flora and is thought to come from the victims own skin. However, many infections are due to the many Gram-positive and negative organisms, plus anaerobic organisms, found in the mouth of the "biter". Clostridium tetani has never been cultured from a human mouth and a human bite has never been reported to transmit tetanus; however, tetanus prophylaxis is generally considered standard treatment.

Protocol

1. Lavage the wound as soon as possible. Tap water from a sink faucet is acceptable.
   1.1 When available, normal saline lavage using a large bore syringe is preferable.

2. Physically cleanse the wound using soap and water and sterile gauze.

3. After cleaning the wound with soap and water, irrigate thoroughly again, and cover wound with a dry sterile gauze pad.

4. Notify the on-call medical physician.
   4.1 The patient is generally sent to Utah Valley Regional Medical Center if the wound is extensive, on a joint, or otherwise complicated.
   4.2 Ask for specific wound care instructions, including topical antibiotics, and a tetanus booster.

5. Send e-mail or leave a voice mail for the Director of Medical Services in every case of a human bite.
6. When an employee is injured in the incident, follow the Occupational Exposure Control Plan.

6-90, 8-98; 8/01; 2/05; 2/07 bite.pro
Chapter 4: Emergency Services
Section 4: Treatment of Hemorrhage

Policy

All diagnosed cases of hemorrhage, either internal or external, not including small open wounds that can be treated by first aid measures, are reported to the MD/NP.

Procedure

1. Small open wounds may be treated by RN with first aid (applied pressure and dry sterile dressing).

2. Cases involving possible internal injuries, fractures, bleeding disorders, infection, dehydration, change in vital signs, uncontrolled bleeding, or head injuries have the following orders initiated immediately:
   2.1 Assess vital signs, treat cardiac/respiratory arrest as needed;
   2.2 IV Lactated Ringers or Normal Saline solution run as fast as possible with an 18 gauge needle to prepare for possible referral to Utah Valley Regional Medical Center for blood or plasma transfusion;
   2.3 Vital signs every five minutes; and
   2.4 Continue data collection and assessment for history and etiology as MD/NP and/or paramedics are being contacted.

3. Continue to assess and/or treat for shock as needed until consultation with the MD/NP or referral to paramedics is made.

6-90, 4-94; 4/98; 8/01; 2/05; 2/07 bleeding.pol
Chapter 4: Emergency Services
Section 5: Emergency Burn Care

Policy

All burns diagnosed as third degree (full thickness burns that may have charred or whitish appearance and anesthesia) and/or second degree burns involving an area larger than the examiner’s hand, and facial burns, are reported immediately to the MD/NP with possible referral to outside provider.

Procedure

1. Emergency first aid is given for all burns.
   1.1 Sterile dry dressings are placed over second and third degree burns.

2. All burns incurred from self-abuse are reported to the treatment team and attending psychiatrist with recommendations made for staff one-to-one watch.

6-90, 4-94; 4/98; 8/01; 2/05; 2/07 burns.pol
Chapter 4: Emergency Services
Section 6: Code 10 Emergencies

Policy

The Utah State Hospital (USH) uses a CODE 10 message broadcast over the public address system to notify all hospital personnel of emergency situations involving violence.

Procedure

1. The purpose of CODE 10 is to obtain additional staff to assist in calming a potentially violent patient.

2. The unit RN, or designee, notifies the switchboard operator if additional support is needed to control a patient who is escalating and potentially violent.

   2.1 The RN or designee requests the Switchboard Operator to announce CODE 10 for the building, or the entire Hospital, depending on the amount of support needed.

3. The Switchboard Operator announces CODE 10 and the location, via two-way radio and/or the overhead public address system and two-way radios.

   3.1 The Switchboard Operator notifies Security of the CODE 10.

4. The charge RN sends all available staff who are trained in Safety Intervention Techniques to the area of the CODE 10 immediately.

5. CODE 10 is not used in a hostage situation.

6-86, 6-90, 4-94; 5/98; 8/98; 8/01; 2/05; 2/07 code10.pol
Chapter 4: Emergency Services
Section 7: Code Blue Emergencies

Policy

The Utah State Hospital uses a CODE BLUE message broadcast over the public address system to notify all medical and nursing personnel of emergency situations involving a cardiac and/or respiratory arrest. A CODE BLUE message can also be used in other medical emergencies when loss of life is imminent to summon additional medical and nursing staff.

Procedure

1. Any staff member(s) discovering a patient with a cardiac/respiratory arrest immediately uses the emergency number "44222" to contact the switchboard.
   
   1.1 Do not hang up on the switchboard operator until it is clear that the operator has the entire message correct.
   
   1.2 The staff member discovering the patient is responsible for initiating CPR.

2. The following message (or something similar) is given to the switchboard:
   "I am (name) from ____ unit. I need to report a cardiac and/or respiratory arrest in (location). Please announce a CODE BLUE."

3. The switchboard's response is to immediately:
   
   3.1 Notify the entire hospital of the emergency situation by using the following message over the public-address system and two-way radios:
      "Attention please. Attention please. CODE BLUE, _____ Unit, (location)."
   
      Repeat the message loudly and clearly three times in succession.
   
   3.2 Notify the medical OD via the beeper system.
   
   3.3 Notify security and on evenings, nights or weekends and holidays notify the Shift Supervising Registered Nurse (SSRN) via two-way radio.
   
   3.4 Notify additional medical personnel via the beeper system.
   
   3.5 Repeat the "CODE BLUE" message after approximately two minutes unless it has been canceled.
   
   3.6 Await notification from unit personnel before the paramedics or EMTs are called.
   
   3.7 An RN may call 911 if any of the following happens:
      
      - A patient's level of consciousness changes, i.e. the patient is not arousable or the patient suddenly becomes very confused.
      - A patient has a respiratory or cardiac arrest.
- A patient has a seizure which lasts longer than 3 minutes.
- A patient suddenly cannot move one side of his/her body, i.e. arm and leg.
- In cases of extreme injury to patients or staff which may or may not be life-threatening, but definitely indicate the need for immediate, involved treatment.

4. Unit Medical/Nursing Personnel Response:

4.1 All MD's, NP's, RN's and LPNs go immediately to the identified area.

4.1.1 The unit housing the AED responsible for responding to the area where the Code Blue is taking place, transports the AED to the specified location.

4.2 The first new person on the scene assists the staff member (who discovered the patient) with CPR and life-saving measures.

4.3 The second person on the scene assists as needed and assumes recorder/coordinator role. This role is assumed by an RN, RNP, or MD if feasible.

4.4 Additional responders are assigned roles as needed, i.e., runner, telephone coordinator, traffic control, etc.

4.5 Psychiatric technicians may be pulled from other areas as needed to help with patients in emergency area.

5. Same Building Medical/Nursing Personnel Response:

5.1 All MDs, NPs, RNs and LPNs, who are able to leave their own area, go immediately to the identified area.

5.2 Relieve original staff as needed, assume roles as needed, and wait for assignments.

5.2.1 The UND or the SSRN takes charge of the emergency and decides upon assignments after they arrive at the scene.

6. Other Building Medical/Nursing Personnel Response:

6.1 All MDs, NPs, RNs and LPNs who are able to leave their own area report to the designated emergency area and receive assignments.

6.2 If sufficient numbers of personnel are available, return to assigned unit. Remain in telephone range and report to switchboard as to availability.

7. If possible, the unit assigns staff members or responsible patients to remain at the entrance of the unit to direct the emergency-response team to the area and to direct unnecessary traffic away from the area.

7.1 If Security personnel are available they direct emergency personnel to the area and direct unnecessary traffic away from the area.

8. On the night shift, psychiatric technicians who can be spared from units (along with RN's), report to the CODE BLUE site to assist with emergency procedures.
9. Canceling the CODE BLUE Emergency Response:

9.1 In the event that the situation is resolved shortly after the initial call into the switchboard, the unit is responsible for calling the switchboard and asking for an all-clear message to be given to all other units.

9.1.1. The switchboard uses the public-address system to give the following message: "Attention please.  Attention please.  CODE BLUE, _____unit all clear."

9.2 If ambulance service is requested and obtained, the switchboard uses the all clear message when the ambulance leaves the hospital.

10. Definition of Roles:

10.1 Recorder: Takes notes of what procedures are used during emergency responses, i.e., IV's, NG's, etc., including medications. Time, person issuing orders, and person performing procedures are recorded. Recorder is responsible for filing a brief statement at the conclusion of the emergency for Nursing Services and Quality Improvement Offices.

10.2 Telephone Coordinator: Responsible for contacting doctors for orders if no doctor is present at the scene. Calls into switchboard on status of emergency and requests additional assistance or equipment through runners or through the switchboard. Maintains a brief record of orders received and time involved. Turns brief report into recorder. Telephone coordinator should be a NP or RN.

10.3 Clinical Coordinator: Assumes role to ensure adequate personnel are available and requests additional manpower or supplies of telephone coordinator. Makes assignments to RNs, LPNs, PTs and other disciplines as required. Scene coordinator should be an RN or NP.

10.4 Runner: Receives directions from nursing staff treating patient, telephone coordinator, and scene coordinator to obtain supplies, direct traffic, etc.

10.5 Scene Coordinator: Controls access to incident site. Directs fire department and police department responders to the site. Secures incident site. Scene coordinator is a Security Officer.
Chapter 4: Emergency Services
Section 8: Orange Emergency Bag

Policy

There is an orange emergency bag on each unit.

Procedure

The orange emergency bag contains the following supplies:

- Blood pressure cuff and stethoscope
- 2 - Pair gloves
- 2 - Masks
- 2 - Light sticks
- 1 - Can hand wash
- 2 - Instant glucose gel

Bandaging/Wound care items:

- 2 – 4" Sterile Kerlix
- 10 – Sterile 4x4's
- 1 – OB pad
- 4 – 8x10 ABD pads
- 1 – Non-sterile 3" gauze
- 2 – Triangular bandages
- 10 – Sterile 3x3’s
- Coban
- Wound spray
- 2 – Packages of Steri Strips
- ½ oz. Betadine solution *
- 1 – 4" Non-sterile Kerlix
- Ace wraps: 1 – 3"
- Roller gauze: 1 – 4"
- Non-adherent pads: 4 – 3x4
- 2 – 4"
- 1 – 3"
- 4 – 2x3
- 2 – 2"

Band-aids: butterfly, sheers, knuckles, fingertips, etc.

Tape: 2 – 1” silk and paper
- 1 – 1-1/2” plastic

Eye Care:
- 1 - Eye wash
- 2 - Eye pads

Ointment/Medicated Pads:

- Burn gel *
- 10 – Triple antibiotic *
- 1 – Petrolatum gauze*
- 2 – Betadine swabs*
- 10 – Iodine pads*
- 10 – Antiseptic towelettes*
- 10 – Alcohol preps*
- 6 – Betadine ointment*
- 1 – Calamine lotion*

Other Equipment:

- Sterile scalpel #11
- Non-sterile scissors
- Hemostat
- Forceps
- Bulb syringe
- CPR microshield
- 1 – Heat pack
- 1 – Ice pack
- Penlight
- 1 – Blanket
- 1 – Digital thermometer
- Waterproof matches
- 4 – Non-sterile tongue blades
- 2 – Pkgs sterile 6" Q-tips
The supplies are contained in separate compartments, of each orange bag, which are labeled to indicate contents.

02/02; 06/03; 2/05; 2/07 oranemerbag.pro
Chapter 4: Emergency Services
Section 9: Emergency Supplies

Policy

All patient care units at Utah State Hospital obtain and maintain supplies for immediate and emergent care of patients. These supplies include, but are not limited to: a crash cart, an emergency medication box, and an orange emergency bag.

Procedure

1. Individual units obtain these items and supplies from Pharmacy and Central Supply.
   1.1 The supplies for the crash cart and orange emergency bag are found in Central Supply.
      1.1.1 A list with the contents of the orange emergency bag is found under the policy entitled “Orange Emergency Bag” in this chapter.
      1.1.2 A list with the contents of the crash cart is found under the policy entitled “Crash Cart” in this chapter.
   1.2 Each unit checks the crash cart and orange emergency bag for out-dated materials and replaces them as needed.
   1.3 The Pharmacy checks the emergency medication box for out-dated supplies and replaces them as needed.

03/02; 2/05; 2/07 emergsupplies
Chapter 4: Emergency Services
Section 10: Cardiopulmonary Resuscitation

Policy

All nursing services personnel who provide patient care are expected to maintain basic cardiac life support certification except in individual cases where the employee is physically unable to perform cardiopulmonary resuscitation.

Procedure

1. All nursing services personnel are proficient in and certify annually in basic CPR.

   1.1 All nursing services personnel who cannot physically perform CPR are expected to maintain the didactic (written) portion of basic cardiac life support certification.

2. Any nursing services personnel initiates cardiopulmonary resuscitation when required by the patient's condition.

3. The staff RN on duty may call the paramedics directly as circumstances dictate. (See Chapter 4 Section 15: Nursing Policies and Procedures).

7-83, 1-91, 3-92, 4-94; 8/01; 4/04; 2/07  cpr.pol
Chapter 4: Emergency Services
Section 11: Use of Automated External Defibrillator (AED)

Protocol

1. Any employee trained in CPR initiates cardiopulmonary resuscitation when required by the patient's condition i.e. patient is unresponsive, apneic, and pulseless.

2. There are three AEDs at various locations at the Utah State Hospital. Each unit that houses an AED is responsible for transporting the AED to assigned areas of the hospital during a Code Blue. These units are also responsible for the maintenance and upkeep of the AED on their unit.

   2.1 One AED is located in the Rampton West Building on top of the crash cart in the supply room of the LHU Unit. When a Code Blue is called in the Rampton West Building, Girl's Youth, the Youth Center, the Excel House or the Cottage, an assigned staff member from the LHU Unit transports the AED to the area of need.

   2.2 Another AED is located on the Legacy Unit. When a Code Blue is called in the Rampton East Building, Rampton Cafeteria, Boy's Youth, the Warehouse, Heating Plant, Carpenter Shop, Garage and Laundry buildings, Administration building or at the Castle, an assigned staff member from the Geriatric Services Unit transports the AED to the area of need.

   2.3 The third AED is located in Central Control in the Forensic building. When a Code Blue is called on Forensic, in the MS building, at the ropes course or pond an assigned staff member transports the AED to the area of need.

3. Only staff members who have been trained to use the AED may operate the AED.

   3.1 The staff member connects two defibrillator pads to the defibrillator cables according to the color code listed on the AED. (The pads are already connected inside the AED with an extra set in the AED bag.)

      3.1.1 If the patient is over 8 years old or weighs more than 55 lbs., the regular AED electrodes that accompany the machine are used.

      3.1.2 If the patient is under 8 years of age or weighs less than 55 lbs., pediatric electrodes from the crash cart on the Children's Unit are used.

      3.1.3 Make sure the skin is free from any and all topical cardiac medications (e.g. Nitro patch).

      3.1.3.1 Remove all patches with a gloved hand, place in plastic bag and give to paramedics.
3.1.4 Remove backing from the defibrillator pads.

3.1.5 Place one pad directly on the patient's upper right chest (there must be skin to pad contact).

3.1.6 Place the second pad on the patient's lower left ribs (with skin contact between the patient and the pad).

3.1.7 Never place the pads over a pacemaker or other implanted device.

3.1.8 Avoid contact with standing water. If needed, place patient on back board and move them.

4. The personnel who are administering CPR cease compressions and ventilation.

5. The trained staff member turns on the AED and allows a few seconds for the AED analysis of the patient's cardiac rhythm.

6. When the AED determines that the rhythm requires a shock, it will give a message stating when to deliver the shock.
   6.1 The staff member operating the AED gives a warning comment of "All Clear" to all personnel present to be sure that they are not in physical contact with the patient.
   6.2 When the operator determines no staff have direct contact with the patient, the operator presses the button on the AED to deliver the shock to the patient.

7. The operator allows the AED to repeat the analysis of the patient's cardiac rhythm.
   7.1 If the AED determines the rhythm requires a shock again, it will give a message stating when to deliver the shock.
   7.2 Repeat the procedure outlined in #6.
   7.3 A total of 2 shocks can be delivered.

8. After the first set of two shocks, a staff member checks the carotid pulse.

9. If the patient does not have a pulse, resume CPR for 1 minute.

10. After 1 minute of CPR, the operator initiates the AED to analyze the cardiac rhythm as outlined in #6.

11. If the AED determines that the rhythm requires a shock, it will give a message stating when to deliver the shock
   11.1 Repeat as outlined in #7 above.

12. If a "No Shock" message is received when the analysis button is pressed, then check the patient for a pulse and breathing.
   12.1 If the patient has a pulse, check breathing.
12.1.1 If patient is breathing adequately, give high concentration oxygen by oxygen mask and transport.

12.1.2 If the patient is not breathing adequately, provide artificial ventilation with high concentrations oxygen and transport.

12.2 If the patient has no pulse and is not breathing, continue CPR until the EMS personnel arrive and they take over the care of the patient.

13. After transferring the patient to ALS personnel, prepare the AED for the next rescue.

13.1 Retrieve the rescue data stored in the internal memory of the AED per manual instructions.

13.2 Connect a new pair of electrodes to the AED.

13.3 Remove one of the electrode expiration date stickers from the electrode package. Place it on the outside surface of the AED where it can be seen without opening the lid.

13.4 Close the lid.

13.5 Verify that the “Status” indicator on the AED handle is GREEN.
Chapter 4: Emergency Services
Section 12: Withholding Resuscitative Services

Policy

Adult patients who have not been deemed legally incompetent have the right to refuse life-sustaining procedures, which may include resuscitative procedures, by executing an advance directive. (See USH: OPP Patient Rights Chapter Section 5: Withholding Resuscitative Services)

Procedure

1. All charts for patients who have executed an advance directive stating that they do not desire resuscitation in the event of a life-threatening condition are marked with a “Do Not Resuscitate” sticker.
   
   1.1 Contact Medical Records for the above stickers if none are available on the unit.

2. The attending physician writes a “Do Not Resuscitate” order in the physician’s order section of the chart.
   
   2.1 The order is co-signed by another physician.
   
   2.2 The order must be updated every 30 days.

3. When there is a “Do Not Resuscitate” order in the patient’s chart and the patient experiences cardiac and respiratory arrest, the staff do not initiate CPR.

4. The patient has the right to change the advance directive at any time through written or verbal statement.
   
   4.1 When a change is made, a copy of the change is put into the patient's chart and the unit staff are notified of the change.

4/98; 8/01; 2/05; 2/07 dnr.pol
Chapter 4: Emergency Services
Section 13: Treatment of Electrical Shock

Policy

First aid care given to a patient who has sustained electrical shock. The MD/NP is consulted in all cases of electrical shock with possible emergency referral to paramedics.

Procedure

1. Actions immediately taken by the first unit nursing personnel on the scene prior to paramedics’ arrival are as follows:
   1.1 Switch off current if possible or remove the patient from the source of current with non-conducting material such as a wooden broom or dry rope.
      1.1.1 Until this is done, the patient should not be touched.
   1.2 Lightning victims may be given first aid immediately.

2. Proceed with use of the AED, following protocol, and initiation of CPR if indicated.

3. Treat visible burns.
   3.1 Cover areas of second and third degree burns with sterile dressings.

4. Start an IV with Lactated Ringers or Normal Saline solution using an 18 gauge needle to prepare for possible referral to Utah Valley Regional Medical Center.
   4.1 Vital signs every five minutes; and
   4.2 Continue data collection and assessment as MD/NP and/or paramedics are being contacted.
Chapter 4: Emergency Services  
Section 14: Hanging Incidents Protocol

Policy

Any USH patient who has made a serious suicide attempt by hanging, in which the patient's respiratory capacity has been compromised and the patient has lost consciousness, requires immediate transport to an outside medical provider via paramedics care.

Procedure

1. Actions immediately taken by the first unit nursing personnel on the scene, prior to the arrival of paramedics, are as follows:
   1.1 Remove patient from objects/position causing strangulation;
   1.2 Clear airway and assess for cardiac and respiratory arrest;
   1.3 If cardiac and/or respiratory arrest have occurred or if additional medical personnel are desired on the premises, notify the switchboard of a CODE BLUE and continue with CODE BLUE Procedures (USH Nursing Manual Section VI- B).
      1.3.1 Ask the switchboard operator to contact the paramedics and give required information.
   1.4 Proceed with use of the AED, following protocol, and initiate CPR if indicated.

2. Notify hospital Security of the situation so that they can notify Provo City Police.

3. Actions taken after the patient has been transported to Utah Valley Regional Medical Center:
   3.1 Secure the room and do not remove any items from the room until after Provo City Police have investigated the scene.

6-90, 4-94; 8/01; 2/05; 2/07 hanging.pro
Chapter 4: Emergency Services
Section 15: Calling Paramedics Directly

Policy

The unit RN contacts the unit medical/psychiatric doctor or medical/psychiatric doctor on call directly when a state of emergency exists. If the emergency is extremely acute and/or life-threatening, the unit RN may contact the paramedics first.

Procedure

1. Delegate someone to continue to try to contact the medical personnel.

2. Calling directly to the paramedics may be done only under these circumstances:
   2.1 A patient has a respiratory or cardiac arrest.
   2.2 Cases of extreme injury to patients or staff which may or may not be life-threatening, but definitely indicate the need for immediate, involved treatment.
   2.3 A patient has a seizure which lasts longer than 3 minutes.
   2.4 A patient's level of consciousness changes, i.e. the patient is not arousable or the patient suddenly becomes very confused.

3. The switchboard is contacted in all other cases and asked to call the paramedics.
   3.1 They coordinate their arrival, answer any questions from the dispatcher's office, and notify our security personnel.

4. Whenever a patient is transferred to an outside provider, the patient's medical physician, On-call physician, or Clinical Director, if the other two are unavailable, must be contacted for a physician's order to transport.
   4.1 This order can be received after the patient has been transferred in life-threatening situations.

5-85, 4-94; 10/00; 8/01; 2/05; 2/07  paramed.pol
Chapter 4: Emergency Services
Section 16: Poison Control: Treatment of Poison Ingestion and Overdose

Policy

All cases of poison ingestion or overdose are reported to the MD/NP for orders for treatment: Poison Control Center is contacted immediately after the incident by unit nursing personnel for recommendations for treatment.

Procedure

1. When a poison has been swallowed, nursing personnel:

   1.1 Call the switchboard using the emergency number 44222 and ask the operator to connect you with the Poison Control Center at 1-800-581-2151.

   1.2 Do not induce vomiting.

   1.3 Poison Control asks for information on the toxic substance, the patient's current and past medical condition, vital statistics, timing of poison ingestion/inhalation, and steps already taken to treat the patient.

   1.4 Poison Control staff generally make a follow-up call to track the patient's progress.

   1.5 Report incident to attending or on-call psychiatrist, attending or on-call physician, and treatment team. The RN may make recommendations for subsequent evaluation of patient's suicide risk, home visits, and safety watch after treatment has been completed.

      1.5.1 Assess the type and amount of drug ingested.

      1.5.1.1 Inquiries of the family, friends, etc. are necessary if the overdose occurred while patient was on a home visit.

      1.5.2 A thorough search of the unit is needed if the patient has been accumulating prescription medications.

7-83, 6-90, 4-94; 4/98; 8/01; 2/05; 2/07 poison.pol
Chapter 4: Emergency Services
Section 17: Seizure Protocol

Policy

The following protocol for protracted seizures is formulated for use by the medical staff at their discretion and by the nursing staff when no physician or nurse practitioner is immediately available.

Definition

A seizure is a sudden and often violent contraction and relaxation of the muscles, caused by uncontrolled electrical activity in the brain.

Signs may include:
- brief blackout or period of confused behavior
- drooling or frothing at the mouth
- grunting or snorting
- localized tingling or twitching of an isolated body part
- loss of bowel or bladder control
- sudden fall
- loss of consciousness
- temporary absence of breathing
- vigorous muscle spams with twitching and jerking of extremities.

Causes:
- epilepsy
- medications (that have lowered the seizure threshold)
- poisoning
- head injury
- heat stroke
- fever
- electrolyte imbalance (hyponatremia - from excessive fluid consumption)
- (and many other causes)

Scope of Care

Patients with epilepsy may have recurring seizures and the Medical Services Department, in consultation with the staff neurologist, manages almost all cases. Patients with no known seizure disorder most often need to be taken directly to Utah Valley Regional Medical Center for evaluation, laboratory testing, diagnostic brain imaging, treatment etc.

Procedure

1. Identify the seizure activity. Be prepared to describe it in detail, including any information that may help with diagnosis and treatment, i.e., recent excessive fluid consumption, fall or head injuries, recent changes in medications, possible exposure to toxins, poisons or illegal drugs et al.
2. Contact the unit psychiatric and medical physicians or on-call physicians.
   2.1 Obtain laboratory data such as anticonvulsant levels, complete blood cell count, electrolytes, blood glucose, etc. when ordered.

3. DO NOT restrain the patient.
   DO NOT place anything between the patient’s teeth during a seizure.
   DO NOT move the patient.
   DO NOT try to make the patient stop convulsing.
   DO NOT perform rescue breathing, even if they are turning blue.
   DO NOT give anything by mouth until seizures have stopped and the patient is fully awake.

4. DO protect patient from hazards, i.e., furniture, falling
   DO gently suction secretions in nose and/or mouth, if necessary.
   DO administer oxygen at 4 to 6 L/minute, nasal cannula.
   DO turn the patient on their side if vomiting.

5. Most seizures at USH can be managed on the unit, but call the paramedics if underlying injury is suspected, if there are unstable vital signs, the seizure has lasted more than 3 minutes, or you suspect the seizure is being caused by something other than epilepsy.

6. If hypoglycemia is suspected administer 50 milliliters of 50% glucose IV push, or, glucagons.

7. Ativan 1 mg. IM can be given while attempting to contact the on-call physician. If the seizure continues, Ativan 1 mg can be given a second time while attempting to contact the on-call physician. Up to 8 mg IM can be given prn when ordered by the physician.

5-85, 12-88, 4-94; 9/98; 8/01; 9/01; 2/05; 2/07 seizures.pro
Chapter 4: Emergency Services
Section 18: Use of Oronasopharyngeal Suctioning

Policy

Oronasopharyngeal suctioning at Utah State Hospital is handled in a safe manner using standardized techniques.

Procedure

1. All units have a suction capability available for emergency use.
   1.1 The Rampton II building has built-in suction equipment in the medical rooms.
   1.2 The remainder of the hospital units have portable suction machines.
      1.2.1 The portable suction machine is electrically inspected on a regular basis as required by life safety standards.

2. Any defect in the suction equipment, such as a loss of suction or other malfunction, must be immediately reported to the Unit Nursing Director.
   2.1 Malfunctioning equipment is returned to Central Supply for maintenance and repair.
      2.1.1 Central Supply can provide a replacement suction unit to the unit or service area while repairs are completed on the original machine.

3. Suction equipment is checked at least monthly to ensure all necessary supplies are available.
Chapter 4: Emergency Services
Section 19: Re-Feeding Protocol

Candidates for re-feeding protocol:
1. Recent severe weight loss (secondary to anorexia—self-induced or a volitional)
2. Chronic anorexia nervosa (below 85% ideal body weight)

Reasons for re-feeding protocol:
1. To help prevent re-feeding syndrome (critical abnormalities of electrolyte imbalances which may lead to secondary medical complications)
2. To help re-adjust the gastro-intestinal system to hyperosmolic contents.

Guidelines
1. In general, baseline laboratory data should be obtained directly at admission (order STAT if necessary). Must include CMP, Phosphorous, MG, Pre-Albumen.
2. If abnormal labs are noted (particularly NA, K, Ca, Phosphorous, Mg), these labs should be re-drawn every twelve hours until stable (if in low-critical range) and daily until stable and/or at baseline caloric intake.
3. START LOW AND GO SLOW.
4. Forced blood draw, if necessary.

Oral Feeding: (Generally the rule to begin re-feeding. However, this must also be monitored.)
1. Begin with 1200 calories per day divided across all daily meals.
2. Advance as tolerated by 200-300 calories per day.
3. Continue advancing until caloric needs are attained / Basal Energy Expenditure (BEE) x 1.5.

Tube Feeding: (Generally reserved for those who continue to refuse to eat and/or are at 70% or below IBW)
1. Begin with 1200-1500 calories per day.
2. Start tube feeds at approximately 30-40 cc/hr. Advance slowly as tolerated.
4. Advance daily caloric intake, as tolerated, by 200-300 calories per day.
5. When patient is approaching 80% IBW, may begin to mix in oral feeds.
6. When patient is tolerating oral feeds and is willing to continue with oral feeding, may DC feeding tube.

2-26-02; 2/05; 3/07 re-feed.pro
Chapter 6: Personnel Management & Nursing Administration

Section 1: Internal Bidding Procedures

Policy

Utah State Hospital follows a structured internal bidding procedure which ensures equal opportunity and is within the structure of the Division of Human Services. (See USH: OPP Human Resources Chapter Section 6 Internal Bidding Procedures)

Procedure

1. When a position in the hospital is vacated, the supervisor in the area i.e. unit or service area; notifies Human Resources that there is a vacant position--shift and days off are included in the notification.

2. Human Resources posts the vacant position on the computer and in several locations around the hospital i.e. bulletin boards on the units and near the switchboard.
   2.1 All vacancies are announced for a minimum of five working days.

3. Probationary, career service, and "pool" employees may bid on all posted vacancies (whether within or outside their unit/department) by completing a bid sheet and placing it in the bid box near the switchboard.

4. All applications are rated by Human Resources and a list of qualified candidates is forwarded to the supervisor who is hiring.

5. An interview team is established by the supervisor who is hiring.

6. Interviews are scheduled by phone or in person.
   6.1 Applicants who cannot be reached by phone must be notified and scheduled by mail.
   6.2 It is acceptable to interview with less than three or five days notice if applicants are available.

7. Structured interviews are conducted to provide consistency in the interview process.

8. The supervisor who is hiring does reference checks on the final selections.

9. The supervisor notifies the Human Resources Office prior to making a job offer for approval of their selection and of the interview process.

10. Candidates not selected are notified as soon as possible after the selected applicant has agreed to take the position.

11. Once an employee is selected to fill a position on a different unit or in a different department, he/she is transferred at the beginning of a payroll period.
5/98; 8/01; 8/04 bidding.pol
Chapter 6: Personnel Management & Nursing Administration

Section 2: Collaboration with Nursing Schools

Policy

Nursing Administration collaborates with Nursing Educators to facilitate quality clinical and managerial learning experiences for student nurses.

Procedure

1. The Nursing Administrator over Education collaborates with Nursing Educators, including Clinical Instructors, Deans and Directors of nursing programs.
   
   1.1 The learning experiences available at the hospital are outlined.
   
   1.2 Periodic meetings are scheduled with the Clinical Instructors and a hospital representative.
   
   1.3 The Nurse Administrator over Education meets periodically with the Dean or Director or designee of each nursing program (which uses the State Hospital as an educational resource) to share information including, but not limited to:

   1.3.1 nursing care needs of the patient
   
   1.3.2 communities and populations served by the hospital and the education program
   
   1.3.3 clinical and managerial learning available at the hospital
   
   1.3.4 students' perceptions of the hospital and the educational program
   
   1.3.5 information about methods of improving patient care
Chapter 6: Personnel Management & Nursing Administration

Section 3: Nursing Personnel Files

Policy

Utah State Hospital requires nursing personnel files to include documentation of orientation, education, licensure (where applicable), and evidence of competency.

Procedure

1. Nursing personnel files include:
   1.1 NEO attendance
   1.2 Nursing orientation attendance (RNs and LPNs)
   1.3 Competency
      1.3.1 Education
         1.3.1.1 Licensure for RNs, LPNs and RNPs
         1.3.1.2 Psych tech classes for psych techs
      1.3.2 CPR certification
      1.3.3 First aid certification for psych techs
      1.3.4 CME attendance
      1.3.5 RNs and LPNs - medication exam
      1.3.6 Age-related Competencies
      1.3.7 Psychopathology classes for RN’s
   1.4 Performance appraisal plans

2. An annual report of nursing personnel competence is provided to the Governing Body for review.

11/90; 4-94; 4/98; 8/01; 8/04; 3/07 competency.pol
Chapter 6: Personnel Management & Nursing Administration

Section 4: Continuing Education

Policy

Utah State Hospital nursing discipline promotes the concept of continuing education for all employees in order to provide optimal patient care. The Nursing Education department plans all continuing education offerings in accordance with the criteria of the American Nurses Credentialing Center's Commission on Accreditation (ANCC) and the Utah Nurses’ Association (UNA).

Procedure

1. All nursing discipline personnel are required to attend yearly in-services in the following areas:
   1.1 Infection Control/Housekeeping
   1.2 Patient Rights/Confidentiality
   1.3 Violence Prevention
   1.4 Life Safety
   1.5 Code of Conduct
   1.6 CPR
   1.7 Nursing Skills (content identified each year by Nursing Administration)

2. All nursing discipline personnel are strongly encouraged to attend continuing education classes.
   2.1 Continuing education classes are based upon the education department’s determination of objectives and content, selection of presenters, and a standard evaluation system.
      2.1.1 The hospital works in conjunction with UNA to provide the appropriate awarding of contact hours.
      2.1.2 The education department is administered by a member of the hospital's nursing administrative team.
         2.1.2.1 Any changes in organizational structure of the education department of the hospital are reported to UNA.
      2.1.3 The education department of the hospital administers the budget for continuing education classes and maintains records of the activities.
         2.1.3.1 Continuing education events are funded through the hospital’s general budget assigned to the education department on a yearly basis.
2.2 The provider unit for UNA contact hours in continuing education is the Utah State Hospital, a state owned psychiatric hospital in Provo, UT.

2.2.1 The State Hospital, as the provider, is responsible for determining objectives and content, selection of presenters and content specialists, awarding contact hours, administration of budget, record keeping of the education event, evaluation and maintaining records.

2.3 When continuing education is provided using UNA contact hours for credit, all communications, advertising materials and certificates of attendance bear the name of the hospital and the Utah Nurses' Association logo with UNA contact hours being provided for all nursing attendees.

2.3.1 All communications, marketing materials, and certificates bear the following: the Utah State Hospital has been approved as a provider of continuing education in Nursing by the Utah Nurses' Association, which is accredited as an approver of continuing education in Nursing by the American Nurses' Credentialing Centers Commission on Accreditation.

2.3.2 The system for awarding credit for continuing education is contact hours = 50 minutes of organized learning activity (didactic or clinic). After the first contact hour, fractions of the 50 minute hour are calculated (e.g. 120 minutes = 2.4 contact hours).

2.4 All continuing education offerings with approved contact hours have a reduced fee for Utah Nurses' Association members of at least 20%.

2.5 Utah State Hospital may co-sponsor continuing education events with other UNA approved providers.

2.6 All continuing education events have a training roll completed which includes the names of all participants, their professional titles, and addresses.

2.6.1 All participants are strongly encouraged to complete an evaluation of the event.

2.6.1.1 Evaluation includes meeting the objectives of the facility and the participant on a scale of 1-5 lowest to highest.

2.6.2 All training rolls and evaluations are maintained in the education office and are confidential.

2.6.2.1 Records are retrieved by special computer access by the head of Education or designee.

2.7 Classrooms and a gymnasium are available for continuing education events as well as sound systems, computer systems, visual aids systems, and other presentation items.

2.8 The continuing education events are administered by the Education department supervisor who is an APRN, in conjunction with the Nursing Department of the hospital.

3. All nursing personnel are encouraged to attend workshops on subjects of significance for their specific patient population.
4. Nursing continuing education focuses on identified and perceived learning needs of the nursing personnel.

5. If a continuing education event includes any display of commercial products there is no implication of ANCC, UNA, or Utah State Hospital approval or endorsement.

6/90; 11/90; 4-94; 4/98; 5.98; 8/01; 1/05; 3/07 conted.pol
Chapter 6: Personnel Management & Nursing Administration

Section 5: Role of Nursing as a Part of Executive Staff

Policy

The Nurse Executive and the Nurse Administrator participate as members of the Executive Staff of Utah State Hospital in developing the Hospital's mission, plans, budgets, resource allocation and policies.

Procedure

1. The Executive Staff consists of:
   
   1.1 Superintendent

   1.2 Hospital Clinical Director

   1.3 Assistant Superintendent

   1.4 Nurse Executive/Assistant Clinical Director

   1.5 Nurse Administrator

   1.6 Chief Financial Officer

2. The USH Executive Staff is responsible to develop the USH mission, short and long-term plans, resource allocation and policies.

   2.1 Input is requested from appropriate staff on units, departments, services.

   2.2 All proposed policies are reviewed by Administrative Services (ADs/UNDs)

   2.3 All proposed policies are approved by the Governing Body.

3. The Executive Staff reviews the hospital's annual reports, equipment needs, hospital goals, and budget for each fiscal year and include the following factors in their decision making processes:

   3.1 Patient care needs

   3.2 Recruitment and retention of qualified personnel

   3.3 Information from CQI and risk management

   3.4 Staff educational opportunities

   3.5 Standards of patient care for all disciplines
3.6  Equipment needs for each discipline and service area

3.7  Information management systems needs

3.8  Other pertinent areas of need

3.9  Personnel needs in direct patient care areas and support service areas

4.  The Executive Staff meets at least three times monthly and as needed to deal with hospital-wide issues.

1/91; 1/94; 4/98; 8/01; 1/05; 3/07 execstaff.pol
**Chapter 6: Personnel Management & Nursing Administration**

**Section 6: Family Members at Work**

**Policy**

To ensure the safety of family members, maintain the confidentiality of patients, and promote a professional work and therapeutic atmosphere, employee family members and employee visitors are not allowed in the work place. Exceptions are allowed only as approved per the procedures outlined below. (See USH: OPP Human Resources Chapter Section 16)

**Procedure**

1. Employee family members and employee visitors are not to be at the Utah State Hospital when the employee is working, except for brief visits during breaks or lunch.

2. Employee family members and employee visitors are not allowed in patient living areas, except when approved by the Unit Administrative Director or Unit Clinical Director.
   
   2.1 The Administrative Director may consider issues such as school projects, volunteer activities, etc., when giving approval.

3. Employee family members and employee visitors are expected to adhere to the same code of conduct as employees when at the hospital in regards to behavior and dress code.
   
   3.1 Employees are responsible to assure their visitors meet the standards.

4. Employee family members and employee visitors who wish to participate in the volunteer program must work through the Volunteer Coordinator and adhere to protocols addressed in Volunteer Services.

5/98; 2/05; 3/07 Taken from USH: OPP famatwork/pol


Chapter 6: Personnel Management & Nursing Administration

Section 7: Fiscal Management

Policy

The Nursing Administrative Department have the responsibility for the fiscal management of Nursing and specified departments within Medical Ancillary Services.

Procedure

1. The Nurse Executive and the Director of Nursing are responsible for the management of portions of the Nursing Budget.
   1.1 The Unit Administrative Directors are responsible for Personnel costs for each of their units.
   1.2 The Nurse Executive/Assistant Clinical Director supervises the Administrative Directors.
   1.3 The Nurse Administrator supervises the Unit Nursing Directors and works with them in meeting the specific unit nursing fiscal needs.
      1.3.1 The Unit Nursing Directors work closely with the Unit Administrative Directors in planning the specific unit nursing fiscal needs.
   1.4 The Nurse Administrator supervises and manages the fiscal needs of the Acuity Psychiatric Technician Pool.

2. Nursing Administration is responsible for the management of the clinics, radiology, infection control, and central supply services.
   2.1 All purchase orders are approved by Nursing Administration.
   2.2 All capital expenditures are approved by Nursing Administration.
   2.3 All payroll hours and leave are approved by Nursing Administration.
   2.4 All educational costs are approved by Nursing Administration.

3. Nursing Administration supervises and manages the fiscal needs of the Shift Supervising Registered Nurses and the Acuity Nursing Pool.

4. Nursing Administration supervises and manages the fiscal needs of the Nursing Education Department.

1/91; 1/94; 4/98; 8/01; 2/05; 3/07 fiscalman.pol
Chapter 6: Personnel Management & Nursing Administration
Section 8: Grooming and Dress Standards

Policy

Employees of the Utah State Hospital maintain a professional standard of dress to insure positive role models for patients, to present a positive appearance to the public, and to reduce the possibility of accident or the transmission of infection. The Utah State Hospital complies with the Department of Human Services Dress Standard Guidelines. (See USH: OPP Human Resources Chapter Section 5 Grooming and Dress Standards)

Procedure

1. To promote and maintain a professional standard of dress, employees dress appropriately, keep clothing in good repair, and maintain reasonable personal hygiene standards.
   1.1 This standard of dress is meant to provide a safe work environment; promote a competent and professional image; encourage the public trust and confidence; and be appropriate with respect to job duties, work setting, and existing community standards.

2. The following attire are not allowed at the workplace. This includes, but is not limited to: tee shirts with derogatory, negative, sexual, or vulgar messages; spandex pants; halter or tank tops; tube tops; immodest shirts, blouses, skirts, or shorts, or clothing which reveals a bare midriff. (Standards for clothing for recreational activities needs to be appropriate for the activity.)
   2.1 Headgear: No headgear is allowed unless the employee is participating in a unit recreational activity. This includes hats, bandanas, etc.
   2.2 Items related to gangs are not allowed.
   2.3 Military Attire: Military attire is not allowed.
   2.4 Shoes: Employees wear shoes appropriate to their job. No Flip Flops
   2.5 Exercise Clothing: Exercise clothing is not allowed while working unless the employee is engaging in a recreational activity where such clothing is deemed necessary.
   2.6 Unkempt Clothing: Clothing with holes or rips, frayed, torn, or unclean is not allowed.
   2.7 Jewelry: Body-piercing that interferes with safety and/or the therapeutic environment is not allowed.

3. Supervisors are responsible to monitor and enforce the dress standards in their area(s) and may determine if other items such as footwear, jewelry, or clothing interfere with the reasonable performance of an employee's duties or with the therapeutic environment.

4. Violations are subject to corrective and/or disciplinary actions in accordance with Department of Human Resource Management (DHRM) rules.
4.1 Employees who violate the dress and grooming standards can expect to be sent home to correct the problem. Employees sent home are not reimbursed for the time away from the work place.

5. Utah State Hospital will reimburse individuals at a reasonable rate, as pre-approved through Risk Management or the Business Office, for glasses, watches, clothing, etc., which may be damaged or destroyed in the process of dealing with patient-behavior-management problems.

5.1 The hospital will not reimburse for items damaged through normal wear.

5.2 The hospital will not reimburse for items of exceptional value, even if damaged or destroyed during an event mentioned above.

5.3 Employees are encouraged to wear clothing suitable and appropriate for their job and the task in which they are involved.

5/98; 10/00; 2/05; 3/07 Taken from USH: OPP grooming.pol
Chapter 6: Personnel Management & Nursing Administration

Section 9: Licensure Requirements

Policy

All nursing personnel are required to have a valid Utah license to practice within their profession; i.e., registered nurse practitioners, registered nurses, and licensed practical nurses.

Procedure

1. All RNs, LPNs, and NPs must show proof of Utah licensure upon hire.
   1.1 This proof cannot consist of a number, but must be the original license or copy thereof.

2. Copies of all licenses are maintained in personnel files.
   2.1 A list of license numbers and expiration dates is kept on file in Human Resources.

3. All RNs, LPNs, and NPs must provide evidence of license renewal within the allotted time period for license renewals.

4. No RNs, LPNs, or NPs without a current valid Utah license may practice at the Utah State Hospital.

5. Nurse Practitioners must present current valid prescriptive rights licensure to be employed at the Utah State Hospital.

6. Human Resources maintains a file of licenses with expiration dates.
   6.1 Human Resources notifies Nursing Administration and the employee's direct supervisor of licenses that are due for renewal prior to expiration.

12/87; 1/94; 4/98; 8/01; 2/05; 3/07 licenses.pol
Chapter 6: Personnel Management & Nursing Administration
Section 10: New Employee Orientation

Policy

All newly hired nursing personnel receive hospital-based New Employee Orientation. Registered Nurses and Licensed Practical Nurses also receive Nursing Orientation. Psychiatric Technicians also receive Psych Tech classes.

Procedure

1. All nursing personnel complete New Employee Orientation upon being hired by the hospital.
2. All RNs and LPNs complete a nursing skills checklist.
3. All RNs and LPNs complete a medication administration quiz.
4. All nursing personnel complete CPR certification.
   4.1 All nursing personnel are recertified in CPR annually.
5. Nursing orientation includes instruction in policy and procedure, psychopathology, safety intervention techniques, documentation, nursing skills, leadership skills, and pharmacology.
6. All psychiatric technicians complete psych tech classes which include psychopathology, policies and procedures, safety intervention techniques, documentation, and competencies through training by Nursing Education and the Unit Mentors.

8/87; 1/94; 4/98; 8/01; 2/05; 3/07 neo.pol
Chapter 6: Personnel Management & Nursing Administration

Section 11: Use of Overtime Protocol

Procedure

1. Any scheduling or authorization of overtime must be made by the Scheduling Office, Unit Nursing Director or the Shift Supervising Registered Nurse.
   1.1 The authorization of overtime must occur before the employee works the overtime shift.
   1.2 When the UND authorizes the overtime shift, the UND notifies the Scheduling Office.

2. When calling the Scheduling Office, the following information must be provided:
   2.1 the employee’s name and title
   2.2 the date, shift and number of overtime hours
   2.3 the unit where the overtime coverage will be provided
   2.4 the reason overtime coverage is needed:
       2.4.1 Vacation
       2.4.2 Sick
       2.4.3 Funeral
       2.4.4 Military
       2.4.5 Maternity
       2.4.6 Vacant Position
       2.4.7 Industrial/Workman’s Comp Issue
       2.4.8 Increased Patient Acuity on the Unit
       2.4.9 Attend Meetings/Training
       2.4.10 Administrative Leave
       2.4.11 An Employee Did Not Show Up for the Shift
       2.4.12 Family Leave
       2.4.13 Other--explain
3. All overtime is tracked by the Scheduling Office.

4. An employee can only work 40 hours overtime in a pay period.

3/98; 10/00; 2/05; 3/07 ot.pro
Chapter 6: Personnel Management & Nursing Administration

Section 12: Official Communication

Policy

The State of Utah and Utah State Hospital provide procedures for employees to report items of concern to the proper officials. (See USH: OPP Management and Administrative Services Chapter, Section 2: Official Communication)

Procedure

1. Any employee who is communicating with an outside agency, in which their communication may be interpreted to represent a position or opinion of the hospital, must have that communication reviewed by the hospital administration.
   1.1 Employees may not represent personal opinions as those of the hospital.
   1.2 The hospital administration may direct an employee to represent the position of the hospital through assignment.

2. Employees may not contact the news media and make any statement that might be interpreted as the position of the hospital without first obtaining prior approval from the hospital administration.

3. Attorneys are referred to the Legal Services Office (ext.44217) or the hospital Administration (ext 44200) when they are contacting hospital employees to obtain information.

4. When the news media contacts any employee of the hospital to obtain information, the employee instructs them to contact the Public Relations person via the Switchboard or to contact Hospital Administration.
   4.1 Any news media contacts from 1700-0800 Monday thru Friday and on weekends and holidays are referred to the Shift Supervising Registered Nurse who then makes the appropriate contacts i.e Administrator On Call or Public Relations Representative.

4/98; 8/01; 2/05; 3/07 offcom.pol
Chapter 6: Personnel Management & Nursing Administration

Section 13: Patient Acuity

Policy

The Utah State Hospital employs a patient acuity system to allow patient care assignments to be made based upon the patient care needs of the unit.

Procedure

1. The patient acuity worksheet is completed by an RN each shift.
   1.1 The form is completed by at least 30 minutes before change of shift.
   1.2 Evaluation of the patient is based upon the following categories of patient care:
      1.2.1 General Nursing Care
      1.2.2 Direct Observation Status
      1.2.3 On grounds or off grounds escort
      1.2.4 Area Restriction
      1.2.5 Medical/treatment interventions
      1.2.6 Interventions for behavioral status
      1.2.7 Seclusion or Restraint

2. The system is divided into five levels of care as follows:
   2.1 LEVEL I
      2.1.1 Patient requires general nursing care.
         2.1.1.1 Patients are typically doing well, may be using passes, attending on or off-grounds recreation activities, etc. No special treatment interventions are ordered or needed. On-ward restriction for observation status (OBS) with no special care needs. Patients on this level may need escorts to industrials but the escort does not remain with them.

   2.2 LEVEL II
      2.2.1 Direct Observation Status (DOS)
2.2.1.1 Patient on DOS is assigned to a **specific area** and not needing other behavioral interventions. *(Patient is being compliant with structure).*

2.2.2 Redirection Program (children’s unit).

2.2.3 On-grounds escort.

2.2.3.1 Group of patients escorted with 1 staff member who stays with the group. This is typically a clinic appointment and does not include recreational activities.

2.2.4 Area Restriction for Observation Status:

2.2.4.1 **Compliant** with A/R with **no other special treatment needs** or behavioral interventions required.

2.2.5 Minor Medical/Treatment Interventions

2.2.5.1 *(e.g., O2 sats, neuro checks, BS monitoring, minor dressing changes, brief changes, VVs ordered above normal routine, exam prep, safety devices needed).*

2.3 LEVEL III

2.3.1 On-grounds escort

2.3.1.1 1 staff member required to escort 1 patient and remain with the patient. This does not include industrial escorts.

2.3.2 Major Medical Treatment/Interventions *(e.g. major dressing changes, IV’s, NG tube)*

2.3.3 Area Restriction (noncompliant);

2.3.3.1 **Noncompliant** patient with behavioral interventions needed to keep patient on the Area Restriction.

2.3.4 Behavioral status requires frequent interventions.

2.3.5 Redirection

2.3.5.1 requires frequent behavioral/psychosocial interventions but patient is able to maintain control of acting-out with the redirection/interventions.

2.3.6 15 minute checks ordered.

2.3.6.1 Dr’s order and yellow sheet being initialed q15’.

2.3.7 Direct Observation Status (non specific area).

2.3.7 *(nonspecific area)* This is DOS in which no specific DOS area is designated and staff follow patient around while on DOS.
2.4 LEVEL IV

2.4.1 Off-grounds escort

2.4.1.1 1 staff member needed to stay with patient while off-grounds (transportation may also be going with patient)

2.4.2 1:1 compliant

2.4.3 Severe behavioral issues

2.4.3.1 requires intensive behavioral/psychosocial interventions and patient does not respond to redirection type interventions.

2.4.4 Direct Observation Status

2.4.4.1 This includes patients assigned to a specific area for DOS but the patient needs behavioral interventions due to noncompliance with DOS status.

2.5 LEVEL V

2.5.1 Seclusion/Restraint

2.5.2 1:1 noncompliant

2.5.2.1 *For every 1:1 over 2 patients on this status add 15 additional points.

2.5.2.2 *if 2 staff members are needed for off-grounds escort for appointments = add 30 points to acuity score.

3. Each level is assigned a numerical value based upon the type of patient being served and is as follows:

<table>
<thead>
<tr>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td># Level I patients              X 1 =</td>
</tr>
<tr>
<td># Level II patients             X 2 =</td>
</tr>
<tr>
<td># Level III patients            X 3 =</td>
</tr>
<tr>
<td># Level IV patients             X 4 =</td>
</tr>
<tr>
<td># Level V patients              X 5 =</td>
</tr>
<tr>
<td>Additional score for escorts    =</td>
</tr>
<tr>
<td>Total Acuity Score</td>
</tr>
</tbody>
</table>

4. Minimum staffing patterns for each unit have been developed based upon the patient acuity.

5. The unit RN calls the acuity scores to the Scheduling Office prior to the oncoming shift.

6. The Scheduling Office/SSRN calculates the required staffing patterns based upon the patient acuity level.

6.1 The psych tech pool and RN pool are utilized to meet the needed staffing patterns throughout the hospital.
6.2 Staff may be pulled from one area of the hospital to another in order to meet the staffing requirements.

6.3 Variances from the staffing requirement and the actual staff available are recorded for each shift.

5/98; 10/02; 2/05; 3/07  ptacuity.pol
Chapter 6: Personnel Management & Nursing Administration

Section 14: Retention and Recruitment of Registered Nurses and Licensed Practical Nurses

Policy

Utah State Hospital promotes retention and recruitment of Registered Nurses and Licensed Practical Nurses.

Procedure

1. Utah State Hospital promotes retention of Registered Nurses.
   1.1 The Nurse Executive monitors salaries and benefits available to Registered Nurses in the vicinity of the Utah State Hospital.
   1.1.2 The Nurse Executive keeps the Superintendent and the Hospital Clinical Director apprised of nursing needs and salaries in the hospital.
   1.1.3 The Superintendent works closely with the Department of Human Services to maintain equitable salaries for RNs.
   1.2 The Nurse Executive and Nursing QI Committee identify learning needs of the nursing staff.
      1.2.1 In-services focus on identified or perceived nursing needs of the nursing staff.
      1.2.2 Education leave can be granted for outside CME offerings.
   1.3 Utah State Hospital provides benefits for the nursing staff i.e. medical insurance, vacation time, sick time, holiday time, military leave, and so on.
   1.4 The Nurse Executive acts as a direct spokesperson from nursing personnel to administrative staff.

2. Utah State Hospital actively recruits RNs and LPNs when vacancies exist.
   2.1 A portion of the nursing budget is used for recruitment.
   2.2 The Nurse Executive and Superintendent actively pursue methods of recruitment with the Department of Human Services and Human Resources.

11/90;1/94; 4/98; 8/01; 2/05; 3/07 recruit.pol
Chapter 6: Personnel Management & Nursing Administration
Section 15: Vehicle Use

Policy

Vehicles purchased or leased by the hospital are used for State Hospital business only. (See USH: OPP Fiscal Management Chapter Section 6: Vehicle Use)

Procedure

1. When a vehicle is needed for hospital business, the switchboard is contacted the week before to reserve a vehicle during the following week.
   1.1 Use of vehicles on short notice is according to the availability of the vehicles.

2. The driver picks up the key and the vehicle notebook from the Switchboard operator at the time that use of the vehicle is required.
   2.1 The driver must display their current driver's license to the operator when they turn in the vehicle request form.
   2.2 The driver must have completed the Defensive Driving course in order to drive a State vehicle.
      2.2.1 The Defensive Driving course must be completed every 3 years.
   2.3 The driver must know his/her PIN number in order to check out a vehicle.
   2.4 The date, beginning mileage, departure time, and destination are filled out on the vehicle control and record sheet in the notebook before the driver begins the trip.
   2.5 When the driver returns the vehicle, the driver refuels the vehicle if needed, and the key and notebook are returned to the switchboard.
      2.5.1 The mileage information in the notebook is completed prior to turning the book into the switchboard.

3. If a vehicle breaks down, the driver calls the switchboard to arrange for transportation and possible repair.

4. In case of an accident, the driver follows the instructions in the notebook entitled “In Case of an Accident”.

3/98; 8/01; 2/05; 3/07 vehicle.pol
Chapter 6: Personnel Management & Nursing Administration

Section 16: RN Duties

Policy

All Registered Nurses have specific job-related duties to complete on their shift.

Procedure

DAY SHIFT RN DUTIES

1. Attend Change of Shift:
   1.1 Indicate each graveyard shift employee’s time of leaving the unit on the unit’s Actual Staffing Sheet if RN from night shift has not done so.
   1.2 Indicate each day shift employee’s time of arrival on the unit’s Actual Staffing Sheet.
   1.3 Listen to change of shift report to assess the general condition of each patient.
   1.4 Assess patient acuity for the shift and make assignments as necessary for DOS, 1:1, 15-minute checks, med watch, meal watch, off unit appointments, and make patient assignments to the psych techs. Assign other unit jobs and break times (not to include COS times) to each staff member.

2. Complete narcotics count with the off-going RN if the day shift LPN has not arrived.

3. Make general rounds of the unit to assess present patient needs and arrange for the immediate needs.

4. If no LPN on the unit, print a Medication Order Change Report and prepare and give medications. Do treatments at times ordered throughout the shift and count and sign for controlled medication. Sign Medication Administration Record.

5. Check appointments for the day. Order car from switchboard if needed. Ensure that all appointments have transportation and psych tech coverage.

6. Type morning report on the computer for UND and Nursing Administration.

7. Attend morning meeting and give patient status report to the clinical staff.

8. Attend Clinical staffing on the patients. Complete ICTP assessments and set objectives with patient’s input prior to clinicals. Monitor and chart on patient’s progress.

9. Supervise the Psych Techs, LPN, Environmentalist, and Unit Clerk and coordinate patient care. Deal with any problems that you can on your shift, report any significant problems to the UND.
10. Assess patients before they go out on pass or on an activity. Clear lists for groups that are being taken of the unit. Be sure there is adequate staff coverage for off-unit activities.

11. Work with the Unit Clerk/LPN to make sure physician’s orders are taken off correctly. Note doctor’s orders. Follow up on orders, labs, consults, etc. as needed.

12. Assess patient needs for PRN medications, give the medication, and document. If patient’s behavior makes them a danger to self or others and less restrictive alternatives do not de-escalate the patient, then use of seclusion and/or restraints may be indicated: obtain a doctor’s order for seclusion and/or restraint. Assign a staff member to monitor patient continuously and complete the checklist q 15 minutes. Assess and chart on patient hourly in the blue notes. Offer bathroom break and food/fluids at least every 2 hours. Complete SRF on computer (PIRS).

13. Interact with staff and assist staff as needed. Follow up with staff to ensure that assignments are carried out, and that patients on watches are being monitored properly at all times. Work with Environmentalist to assure the unit is clean and neat. Ensure that psych tech assignments for cleaning are completed.

14. Be sure that all nursing staff get their breaks and lunches if at all possible. If lunch breaks are not possible, make a note on the Actual Acuity Form.

15. Be visible on the unit as much as possible and assist patients with their needs. Sometimes they just need some attention or someone to listen to them. Intervene before incidents escalate.

16. Chart on assigned patients; weekly, monthly, and ICTP assessments/goals. Chart interventions as needed - medical problems, escalating behaviors, PRN meds needed, time outs, patients on 15 minute checks, patients on DOS, 1:1’s, seclusion and restraints needed. Document any significant changes in the patient that occur on your shift.

17. Call Physician for needed orders, i.e. seclusion or restraint, illness or injury etc. Tag every telephone order with a sticky so the physician will know to sign it. On shifts other than days Monday thru Friday, please call the Shift Supervising Registered Nurse to let them know when you need to call the Physician.

18. Be a part of the admission team when a new patient comes to the unit. Complete the nursing admission assessment on your shift. Ask the next shift to help you if the admission occurs late in the shift.

19. Handle all emergencies and transfers. Follow protocol for, elopements, transfers, patients needing to go to the ER, coverage needed for unit, injuries, etc.

20. Be familiar with Nursing Policy and Procedure Manual and know how to access USH: OPP and other needed manuals.

21. Take care of Home visit orders. Be sure pharmacy has the medication orders as early as possible for any home visits (24 hours if at all possible).

22. Write a discharge note for all patients who are discharged from your shift. This note should include the status of the patient at discharge, changes that have occurred during the hospitalization and things that still need to be worked on after discharge.

23. Interact with families and visitors in a professional manner. Document any interactions with a patient’s family or significant others.

25. Read e-mail and act appropriately as needed.

26. Give COS report to oncoming shift, including all patients’ status. Initial each afternoon shift employee’s time sheet for time of arrival on unit. Initial each day shift employee’s time sheet for hour of leaving the unit.

27. Assess patient acuity for the shift and make assignments as necessary for DOS, 1:1, 15 minute checks, med watch, meal watch, off unit appointments, and make patient assignments to the psych techs. Assign other unit jobs and break times (not to include COS times) to each staff member.


29. Responsible to provide input on performance plans of personnel supervised i.e. LPNs, Psych Techs, Environmentalists.

30. Complete narcotics count with the oncoming RN or LPN.

31. If no LPN on the unit, print a Medication Order Change Report, prepare and give medications. Do treatments at times ordered throughout the shift and count and sign for controlled medication. Sign Medication Administration Record.

32. Give COS report to oncoming shift, including all patients’ status.

33. Do crash cart check (if not night shift’s duty).

NIGHT SHIFT RN DUTIES

1. Attend Change of Shift:
   1.1 Indicate each afternoon shift employee’s time of leaving the unit on the unit’s Actual Staffing Sheet if RN from day shift has not done so.
   1.2 Indicate each day shift employee’s time of arrival on the unit’s Actual Staffing Sheet.
   1.3 Give change of shift report including the general condition of each patient.
   1.4 Assess acuity for the night shift and make assignments as necessary for DOS, 1:1, 15 minute checks, med watch, meal watch, and make patient assignments to the psych techs. Assign other unit jobs and break times (not to include COS times) to each staff member.

2. Complete narcotics count with the off-going RN or LPN.

3. Make general rounds of the unit to assess present patient needs and arrange for the immediate needs.

4. Supervise the Psych Techs - Deal with any problems that you can on your shift, report any significant problems to the UND.
5. Assess patient needs for PRN medications, give the medication, and document. If patient’s behavior makes them a danger to self or others and less restrictive alternatives do not de-escalate the patient, then use of seclusion and/or restraints may be indicated: obtain a doctor’s order for seclusion and/or restraint. Assign a staff member to monitor patient continuously and complete checklist q 15 minutes. Assess and chart on patient hourly in E-chart. Offer bathroom break and food/fluids at least every 2 hours. Complete SRF on computer (PIRS).

6. Interact with staff and assist staff as needed. Follow up with staff to ensure that assignments are carried out, and that patients on watches are being monitored properly at all times. Work with psych techs to assure the cleaning assignments are completed and the unit is clean and neat. Complete refrigerator check sheet; check crash cart and oxygen tanks if not completed on day shift.

7. Check computer census verification for patient list accuracy and update as necessary, ie. home visit, trial leave, elopement, medical separation, court visits, admission or discharge of patients. Print off changes and place in the appropriate area. Also, read e-mail and act accordingly.

8. Ensure Psych Techs are doing their night checks of the patients.

9. Ensure that all nursing staff get their breaks and lunches if at all possible. If lunch breaks are not possible indicate on each individual staff time sheet.

10. Assist patients with their needs. Sometimes they just need some attention or someone to listen to them. Intervene before incidents escalate.

11. Chart on assigned patients; weekly, monthly, and ICTP assessments/goals. Chart interventions as needed - medical problems, escalating behaviors, PRN meds needed, time outs, patients on 15 minute checks, patients on DOS, 1;1’s, seclusion and restraints needed. Document any significant changes in the patient that occur on your shift.

12. Call Physician for needed orders, i.e. seclusion or restraint, illness or injury etc. Tag every telephone order with a purple sticky so the physician will know to sign it. Call the SSRN to let them know when you need to call the Physician.

13. Handle all emergencies and transfers. Follow protocol for elopements, transfers, patients needing to go to the ER, coverage needed for unit, injuries, etc.

14. Complete the chart monitoring including 24 hour check of each patient’s chart for orders, and other chart monitoring as assigned by the UND. Stock patient charts with all discipline papers needed i.e. physician’s orders, etc.

15. Weekly re-order all needed medications. Review and print medication sheets for each new month.


17. Read e-mail and act appropriately as needed.


19. Complete narcotics count with the oncoming RN or LPN.
20. Give COS report to oncoming shift, including all patients’ status.

8/98; 10/00; 2/05; 3/07 mduties.pol
Chapter 6: Personnel Management & Nursing Administration

Section 17: Psychiatric Technician Job Description

1. JOB SUMMARY:

The psychiatric technician is a member of the Nursing Discipline of Utah State Hospital. Primary function is to perform direct patient care as assigned by the unit staff Registered Nurse and/or Unit Nursing Director; works within a treatment team to promote the general health and well-being of the inpatient psychiatric patient and to assist in his/her return to an optimal level of health. This may involve patient self-government processes, therapeutic community processes, or other group activities that require cooperative, nurturing, and interactive support from psychiatric technicians, for patients, both individually and as a group.

2. JOB RESPONSIBILITIES:

The psych tech is responsible to the staff charge nurse assigned to that shift and is ultimately responsible to the Unit Nursing Director. The Unit Nursing Director is responsible for evaluating the psych tech's job performance with input as requested from other treatment team members or by delegating the evaluation to a staff RN.

3. JOB DUTIES:

3.1 Clinical Duties:

3.1.1 Observes psychiatric patient behavior and condition;

3.1.2 Encourages patients to participate in social and recreational activities and in self-care;

3.1.3 Assists in admission and discharge of patients;

3.1.4 Supervises and assists with direct patient care as evidenced by assisting patients with activities of daily living, i.e., bathing, grooming, laundry, meals, cleaning, duties, dressing appropriately, and other specific needs of the patient. May provide total or partial assistance to physically disabled patients;

3.1.5 Assists in medical treatment under direct supervision of Registered Nurse;

3.1.6 Provides unit security: assists in special treatment procedures under the direct supervision of the Registered Nurse; performs patient watches for suicide and elopement precautions as directed; is aware of patient milieu and needs for security on an on-going basis; may escort patients to activities and appointments;

3.1.7 Acts as group process facilitator for individual and patient group activities under direct supervision of trained group leaders.
3.2 Performs necessary documentation:
   3.2.1 Charts on assigned patients on regular and PRN basis;
   3.2.2 Completes assigned unit paperwork, reports, requisitions;
   3.2.3 Completes incident reports and corresponding progress note charting;
   3.2.4 May act as a unit chart monitor, with specialized quality assurance training, to ensure all specified documentation requirements are met.

3.3 Transfers necessary information to other hospital personnel:
   3.3.1 Participates actively in change of shift meetings;
   3.3.2 Assesses and reports emergency situations to staff Registered Nurse;
   3.3.3 Completes all chart, kardex entries as needed.

3.4 Participates in treatment team context as a team member:
   3.4.1 Adheres to unit treatment program and philosophy;
   3.4.2 Adheres to individualized treatment plan for patients;
   3.4.3 Participates in planning, implementing, and evaluating overall treatment program.

3.5 Assists in maintenance of a safe, hazard-free, clean environment:
   3.5.1 Reports unsafe conditions promptly;
   3.5.2 Attends housekeeping sponsored in-services on cleaning techniques as assigned;
   3.5.3 Performs cleaning assignments.

3.6 Active Member of Nursing Discipline:
   3.6.1 Is aware of criteria and expectations of job description;
   3.6.2 Attends in-services and training programs designed to increase knowledge and data base in psychiatric treatment;
   3.6.3 Attends unit and hospital-wide meetings as assigned.

3.7 Works shifts and duties as assigned:
   3.7.1 Acts as a positive role model to staff.

4. QUALIFICATIONS STATEMENT:

The psychiatric technician is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is also required to attend additional educational
experiences to increase his/her knowledge and skills on a monthly basis, i.e. hospital and unit in-services, workshops, seminars, etc.

4.1 Knowledge, Skills and Abilities:

4.1.1 Knowledge of safety and security regulations;

4.1.2 Ability to follow procedures and instructions;

4.1.3 Ability to observe behavior and note changes;

4.1.4 Ability to apply mental health concepts in interpersonal and therapeutic relationships.

4.2 Education and Experience:

4.2.1 Graduation from a standard senior high school or equivalent;

4.2.2 Preference given to applicants with the following:

4.2.2.1 Related college and/or related technical study for the required employment; OR

4.2.2.2 Full-time paid related employment or documented volunteer service;

4.2.2.3 Completion of the following USH Staff Development classes:

4.2.2.3.1 Basic Health and Psychotropic Pharmacology;

4.2.2.3.2 Communication;

4.2.2.3.3 Inpatient Therapeutic Processes;

4.2.2.3.4 First Aid;

4.2.2.3.5 Psychology.

5. The psych tech: is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual; is required to wear clean, comfortable clothing and shoes; may not wear clogs or slip-on sandals. Long, dangling earrings should be avoided. Hair should be neat and clean. The psych tech is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patient and is expected at all times to perform in an appropriate, professional manner with patients and other staff.
Psychiatric Technician Performance Management Plan

Utah State Hospital
Performance Management Plan

NAME:  
DATE:  
POSITION: Psychiatric Technician

Appraisal Period:

Initial Review: Supervisor’s Signature/Date  Employee Signature/Date
First Review: Supervisor’s Signature/Date  Employee Signature/Date
Second Review: Supervisor’s Signature/Date  Employee Signature/Date
Final Review: Supervisor’s Signature/Date  Employee Signature/Date

Overall Rating:
E=Exceptional
S= Successful
U=Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A: (all employees)

___ Employee Annual Mandatory Training
___ Annual PPD (testing completed and signed off by infection control RN)
___ Code of Conduct, Conflict of Interest (signature form completed)

Section B: (requirement specific to employee job duties)

___ CPR (yearly - advanced CPR for all patient care employees)
___ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
___ Nursing Skill Workshop (RN/LPN only)
___ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
___ Sexual Harassment (every three years – test)
___ Job Specific Competency Sheet (yearly – attach signed competency sheet)
II. Improving Organizational Performance

The employee will participate in the Hospital’s Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital’s quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

Participate in direct patient care; provides therapeutic environment and interventions for patients; observe psychiatric patient behavior and condition; encourage patient to participate in social and recreational activities as well as in self care; and laundry; supervise and assist with patient activities of daily living; provide assistance to physically disabled patients as needed. Assist in admission of new patients. Assist in medical treatment under direct supervision of shift RN. Assist in special treatment procedures under direct supervision of shift RN. Provide unit security and be aware of patient milieu and needs for security on an ongoing basis. Escort patients to activities and appointments as assigned.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Complete daily task assignments in a timely manner.
2. Assist other staff members in completing their assignments via participation in teamwork effort.
3. Provide positive feedback to patients when appropriate and/or independent care is performed.
4. Provide patient care in a manner that reflects patient respect and dignity.
5. Complete duties as assigned by RN/UND.
6. Perform assigned watch duties according to policy (i.e. AR, DOS, 1:1).
7. Check treatment book/board for assigned treatments/ICTP charting requirements at beginning of shift.
8. Complete unfinished tasks from previous shift.
9. Keeps patient information confidential including meeting discussions.
10. Role model behavior that is professional and appropriate (as outlined in the Code of Conduct).
11. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.
12. Interacts with patients and provide a supportive therapeutic environment.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Contract with the UND for a special unit assignment related to patient care or programming and complete the assignment.

**Overall Rating:**

E= Exceptional  
S= Successful  
U= Unsuccessful

OBJECTIVE #2

Perform necessary documentation. Chart on assigned patients on a regular basis. Chart on PRN basis on appropriate patients. Complete assigned unit paperwork, reports, and requisitions.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Complete all documentation and paperwork assignments each shift in a timely manner.
2. Chart unusual patient behaviors and pertinent occurrences.
3. Know each assigned patient’s ICTP goals on the shift and assist patient towards meeting goal.
4. Corrects documentation errors in a timely manner.
5. Document 15-minute checks in PIRS.
STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Gives written input to the charge RN for the patient ICTP's every 90 days.

**Overall Rating:**
- E = Exceptional
- S = Successful
- U = Unsuccessful

OBJECTIVE #3

Transfer information to other Hospital personnel. Participate in Change of Shift meetings. Report emergency situations to shift RN and assist per Emergency Protocol. Complete all chart entries as necessary. Provide input into team meetings, change of shift meetings, etc. Assist in maintenance of a safe, hazard-free, and clean environment. Report unsafe conditions promptly. Attend in-services on cleaning techniques. Perform cleaning assignments as requested.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Report unusual patient behaviors and pertinent occurrences in a timely manner to RN.
2. Give report on all assigned patients to RN prior to change of shift.
3. Report concerns regarding peers to RN or UND in timely manner.
4. Consistently complete all assigned cleaning tasks.
5. Report all safety hazards promptly.
6. Maintain order/cleanliness in nursing station and unit.
7. Demonstrate correct use of body mechanics when providing patient care.
8. Ensures that the unit kitchen and bathrooms are clean during the hours that housekeepers are not on the unit.
9. Documents PST for individual patients according to ICTP goals.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Assists the unit RN in a mock drill in each fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes documentation.

**Overall Rating:**
- E = Exceptional
- S = Successful
- U = Unsuccessful

OBJECTIVE #4

Participate as a facilitator in group activities as assigned by the UND or Charge RN.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Is competent with the educational group process as it relates to the specific population.
2. Completes a minimum of one group per week and documents PST notes (day shift and afternoon shift staff).
3. Chart monitoring (night shift staff).
4. Follow through on activities and groups in an efficient and timely manner.
STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organizes and consistently runs at least 2 educational and/or diversional groups per week for more than 6 months.

   Overall Rating:
   E= Exceptional
   S= Successful
   U= Unsuccessful

OBJECTIVE #5

Active member of nursing discipline. Aware of criteria and expectations of job description. Attend in-services and training programs designed to increase knowledge. Attend unit and hospital-wide meetings as assigned. Work shifts and completes duties as assigned. Be familiar with unit treatment program and philosophy. Participate in implementing and evaluating overall treatment program. Provide orientation for new employees as assigned.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

2. Attend hospital-wide meetings as assigned.
3. Work shifts as assigned.
4. Perform duties in a timely manner.
5. Actively participate in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
6. Show an understanding of unit treatment philosophy and individual treatment philosophy and programming by following ICTP modalities.
7. Participate in orientation of other unit personnel.
8. Exhibits open, respectful communication with supervisors and peers (as outlined in the Code of Conduct).

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Views or attends 2 unit or hospital in-services a year. (This does not include mandatory trainings or meetings)

   Overall Rating:
   E= Exceptional
   S= Successful
   U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.
Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____  I disagree _____  with this overall evaluation

06/03

Psychiatric Technician Competencies

All new Psychiatric Technicians complete 8 days of training before they are allowed to work on the unit. The following form is completed and maintained in each Psych Tech's personnel file.

PSYCHIATRIC TECHNICIAN TRAINING

COMPETENCY FORM

Name________________________________________

Date Training Completed___________________

<table>
<thead>
<tr>
<th>TRAINING EXPERIENCE</th>
<th>Failed</th>
<th>Adequate- Needs Continued Practice</th>
<th>Competent</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Mechanics: Log Rolling, Draw Sheet</td>
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<tr>
<td>Vital Signs:</td>
<td></td>
<td>Temperature</td>
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<td></td>
<td>Radial Pulse</td>
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<td></td>
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<td>Respirations</td>
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<td></td>
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<td>Blood Pressure</td>
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<tr>
<td>Assignment #1:</td>
<td>Environment/Safety Form</td>
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<td>Vital Signs</td>
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<tr>
<td>Assignment #2:</td>
<td>ADLs</td>
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<td>BIRP Note</td>
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<td>Assignment #3:</td>
<td>Vital Signs</td>
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<td>BIRP Note</td>
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<tr>
<td>Assignment #4:</td>
<td>BIRP Note</td>
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**PROFESSIONALISM**

**PARTICIPATION:** Demonstrates interest and motivation in learning course material, is an active participant in class discussions, role playing, and learning activities.

**HUMANISTIC CARE:** Verbalizes, demonstrates, or clarifies how to provide humanistic patient care during class and unit experiences.

---

**Comments:**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

________________________________________________________________________________

Instructor                                Date

Completion Reviewed by Supervisor        Date:

---

**THIS FORM WILL BE PLACED IN THE EMPLOYEE'S PERSONNEL FILE TO VERIFY COMPETENCY**

When the psychiatric technician completes the hospital training the following forms are used on the unit:

**ACUITY TECH ORIENTATION CHECKLIST**

| NAME: ___________________________ | DATE: _________________ |

<table>
<thead>
<tr>
<th>POLICIES &amp; PROCEDURES</th>
<th>TRAINER</th>
<th>ACUITY TECH</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCE NEW EMPLOYEE TO UNIT PERSONNEL</td>
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<tr>
<td>ORIENT TECH TO UNIT</td>
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<tr>
<td>LOCATE MANUALS</td>
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<tr>
<td>LOCATE CHEMICALS &amp; MSDS</td>
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<tr>
<td>EXPLAIN GROUP PROGRAMMING</td>
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<td>EXPLAIN ASSIGNMENT SHEET &amp; BREAK TIMES</td>
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<td>EXPLAIN DEFICIENCY NOTICE PROCEDURE</td>
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<td>REVIEW CARDEX</td>
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<td>EXPLAIN ICTP GOALS AND LOCATION IN E-CHART</td>
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<tr>
<td>EXPLAIN HOUSEKEEPING &amp; LAUNDRY ASSIGNMENTS</td>
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<tr>
<td>KITCHEN: CLEANING, LABELING &amp; DATING FOOD</td>
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</table>
**REVIEW DOS/MEALS AT DOS TABLE**

**REVIEW 1:1 POLICY & PROCEDURE**

**REVIEW 15 MINUTE CHECKS & BATHROOM CHECKS**

**EXPLAIN HOURLY PATIENT CHECK FORM**

**EXPLAIN PROCEDURE FOR REPORTING END OF WATCH TO RN**

**REVIEW CHARTING ASSIGNMENTS & EXPECTATIONS**

**REVIEW SHAKEDOWN PROTOCOL**

**REVIEW SHARPS/LIGHTER POLICY**

**REVIEW STATUS LEVELS & WHERE TO FIND THEM**

**REVIEW COFFEE SHOP & SNACK TIMES**

**EXPLAIN INTERCOM SYSTEM & DOOR LOCK MASTER PANEL**

**REVIEW UNIT POLICY REGARDING PLASTIC BAGS**

**EXPLAIN PROCEDURE FOR REPORTING FOR CHANGE OF SHIFT**

---

**SIGNATURE OF TRAINER**

**SHIFT**

I HAVE RECEIVED A COPY OF THE “(UNIT NAME) UNIT PSYCH TECH GUIDELINES”

Pool PT’s initials: ______________

After the PT has been on the unit for 2 months the following is completed:

**TWO MONTH TRAINING**

**REVIEW CHECK LIST**

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<td>CARDEX &amp; ICTP WORKSHEET</td>
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<td>LAUNDRY ASSIGNMENTS</td>
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<td>PROPER STORAGE OF PREPARED FOODS</td>
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<tr>
<td>IMPORTANCE OF SECURING KEYS &amp; LOCKING DOORS</td>
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## DOS/MEALS AT DOS TABLE

1:1 WATCH

15 MINUTE, HOURLY, & BATHROOM CHECKS

SHAKEDOWN PROTOCOL

VERBAL (SIT) INTERVENTION; EMPHASIZE IMPORTANCE & DEMONSTRATE PHYSICAL SIT

**VOLUNTARY** TIME OUT

MEDICATION WATCH RESPONSIBILITIES

SECLUSION & RESTRAINT: LOCATE RESTRAINTS DEMONSTRATE PROPER USE AND APPLICATION

ELOPEMENT PRECAUTIONS & PROCEDURES

SUICIDE WATCH & PRECAUTIONS

SHARPS/LIGHTER POLICY

PROPER USE OF INTERCOM SYSTEM

PROPER RADIO USAGE AND CARE

---

### DOCUMENTATION REVIEW

<table>
<thead>
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<th>Task</th>
<th>Mentor</th>
<th>New Staff</th>
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<td>DATA ENTRY (WHEN TO USE)</td>
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<td>CHARTING TO CURRENT ICTP NURSING GOALS</td>
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<td>SECLUSION &amp; RESTRAINTS</td>
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<td>CHARTING V/S</td>
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<td>DEFICIENCY NOTICES</td>
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<td>FORCED MEDICATION HEARING FORM IN CHART UNDER MISC SECTION, NEON PINK</td>
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<td>DE-ESCALATION FORM</td>
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### REVIEWED WITH UND:

<table>
<thead>
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<th>Task</th>
<th>UND</th>
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<tbody>
<tr>
<td>COMPUTER PROGRAMS; FOLIOS, GROUPWISE, E-CHART, WORD, STAFF MGMT, NETSCAPE</td>
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<td>LUNCH &amp; BREAK TIME – PUNCTUALITY – LEAVING EARLY</td>
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<tr>
<td>DRESS CODE – WEARING NAME BADGE</td>
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<td>MAKING PERSONAL PHONE CALLS</td>
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<td>TIME SHEET/SCHEDULE</td>
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<td>TRAINING &amp; INSERVICE</td>
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<tr>
<td>EMPLOYEE’S CONCERNS OR QUESTIONS</td>
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updated 11/01; 4/01; 6/03; 3/07
Chapter 6: Personnel Management & Nursing Administration

Section 18: Psychiatric Technician/Environmentalist Job Description

1. JOB SUMMARY:

The Psychiatric Technician/Environmentalist is a member of the Nursing Discipline of Utah State Hospital. The primary function is to perform duties of a psych tech as well as be responsible to ensure the cleanliness of the patient unit to which they are assigned by the UND. He/She works within a treatment team context to promote the general health and well-being of the inpatient psychiatric client and to assist his/her return to an optimal level of health.

2. JOB RESPONSIBILITIES:

The psych tech/environmentalist is immediately responsible to the Unit Nursing Director. The Unit Nursing Director is responsible for completing the performance plan and job evaluation with input from other treatment team members as requested. The Unit charge Registered Nurse makes assignments to the psych tech/environmentalist for the shift.

3. JOB DUTIES:

The Unit Nursing Director may delegate all or part of the following job responsibilities to the psych tech/environmentalist:

3.1 Administrative Duties:

3.1.1 Meets routinely with the unit treatment team;

3.1.2 Meets routinely with the Unit Nursing Director to receive directions regarding delegation of job assignments relating to position on the unit.

3.2 Clinical duties:

3.2.1 Observes psychiatric patient behavior and condition;

3.2.2 Encourages patients to participate in social and recreational activities and in self-care;

3.2.3 Assists in admission and discharge of patients;

3.2.4 May assist with unit security: assists in special treatment procedures under direct supervision of the Registered Nurse;

3.2.5 Works with the patient industrial program and nursing staff to insure that patients get assigned on/off ward industrials;
3.2.6 Aids patients in receiving compensation for assisting with service area needs;

3.2.7 Recruits, trains, orients patients to work assignments and confirms safety measures are taken for patients as well as staff;

3.2.8 Helps patients with W2 forms and tracks time sheets for patient payroll;

3.2.9 Coordinates patient banking.

3.3 Environmental Duties:

3.3.1 Completes monthly inspections on the unit and submits report to UND;

3.3.2 Assesses unit daily for cleanliness and orderliness;

3.3.3 Supervises patients and their daily ward cleaning;

3.3.4 Works with patients in keeping clean linens on beds and ordering clean linen supplies;

3.3.5 Works with nursing staff and patients to maintain a high standard of cleanliness, health and safety on the patient care areas;

3.3.6 Works closely with unit administration to identify the needs of the service area;

3.3.7 Works closely with housekeeping to receive training and supervision in MSDS, cleaning supplies, equipment, regulations, etc;

3.3.8 Assists with housekeeping and UND to identify a list of housekeeping tasks that need to be completed on a daily and weekly basis;

3.3.9 Orders supplies from the warehouse that pertain to the unit needs;

3.3.10 Completes work orders on the computer;

3.3.11 Organizes and maintains cleanliness of storage areas;

3.3.12 Monitors the furnishings of the unit for wear and tear and keeps the unit SMT informed of all problems such as broken furniture or other items, purchasing needs, suggestions for improvements, etc.

3.4 Performance of Necessary Documentation:

3.4.1 Charts on assigned patients on regular and PRN basis;

3.4.2 Completes assigned unit paperwork, reports, requisitions;

3.4.3 Completes incident forms and corresponding progress note charting;

3.4.4 Works with unit clerk to insure all work orders are entered and processed.
3.5 Transfer of Necessary Information to Other Hospital Personnel:

3.5.1 Participates actively in change of shift meetings;

3.5.2 Assesses and reports emergency situations to staff nurse or Unit Nursing Director unit nursing director;

3.5.3 Completes all chart and Cardex entries as needed;

3.5.4 Picks up patient records and reports at various departments and delivers to the unit.

3.6 Participates in treatment team context as a team member:

3.6.1 Adheres to unit treatment program and philosophy;

3.6.2 Adheres to individualized treatment plan for patients;

3.6.3 Participates in planning, implementing, and evaluating overall treatment program.

3.7 Active Member of Nursing Discipline:

3.7.1 Is aware of criteria and expectations of job description;

3.7.2 Attends in-services and training programs designed to increase knowledge and data base in psychiatric treatment;

3.7.3 Attends unit and hospital-wide meetings as assigned.

3.8 Works shifts and duties as assigned:

3.8.1 Acts as a positive role model to staff and patients.

4. QUALIFICATIONS STATEMENT:

The psychiatric technician/environmentalist is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit in-services, workshops, seminars, etc.

4.1 Knowledge, Skills and Abilities:

4.1.1 Knowledge of mental health concepts;

4.1.2 Knowledge of safety and security regulations.

4.2 Education and Experience:

4.2.1 Graduation from a standard senior high school or equivalent, plus one year of full-time paid related employment.
The psych tech/environmentalist is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The psych tech/environmentalist is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. He/She is expected at all times to perform in an appropriate, professional manner with patients and staff.

12-85; 4-94; 9-95; 5/98; 7/99; 10/00; 2/05; 3/07 environjd.pol
## Psychiatric Technician/Environmentalist Performance Management Plan

### Utah State Hospital

**Performance Management Plan**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
<th>POSITION: Psych Tech - Environmentalist</th>
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### Appraisal Period:

- **Initial Review:** Supervisor’s Signature/Date  Employee Signature/Date
- **First Review:** Supervisor’s Signature/Date  Employee Signature/Date
- **Second Review:** Supervisor’s Signature/Date  Employee Signature/Date
- **Final Review:** Supervisor’s Signature/Date  Employee Signature/Date

### Overall Rating:

- E=exceptional
- S= Successful
- U=Unsuccessful

---

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

### I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

#### Section A: (all employees)

- ____ Employee Annual Mandatory Training
- ____ Annual PPD (testing completed and signed off by infection control RN)
- ____ Code of Conduct, Conflict of Interest (signature form completed)

#### Section B: (requirement specific to employee job duties)

- ____ CPR (yearly - advanced CPR for all patient care employees)
- ____ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
- ____ Nursing Skill Workshop (RN/LPN only)
- ____ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
- ____ Sexual Harassment (every three years – test)
- ____ Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Environmentalist is responsible for cleanliness, organization and repair of the unit and furnishings.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The environmentalist is responsible for completion of monthly inspection of the unit and submits the report to the UND.
2. The environmentalist assesses the unit on a daily basis for cleanliness and orderliness.
3. The environmentalist is responsible for ordering all unit supplies including housekeeping supplies.
4. The environmentalist supervises patients while cleaning unit areas.
5. The environmentalist assists the UND and others to identify a list of housekeeping tasks that need to be completed on a daily and weekly basis.
6. Organize storage areas and maintain cleanliness.
7. The environmentalist is responsible to work with the nursing staff and patient to maintain a high standard of cleanliness, health and safety on the patient care areas.
8. The environmentalist works closely with unit administration to identify the needs of the service area.
9. The environmentalist works closely with housekeeping to identify the positions that need education with the MSDS, cleaning supplies, equipment, regulations etc.
10. Responsible to monitor the furnishings of the unit for wear and tear and report to SMT this includes problems such as broken furniture, items, purchasing needs.
11. Passes quarterly inspections on the unit.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Develops and implements in-services pertinent to the unit needs at least quarterly.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

The Environmentalist works closely with the patient industrial program and is responsible for patient banking.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Take patient referrals for industrial therapy and works with voc rehab for establishing on/off ward industrials.
2. Works with patient industrial program and nursing staff to ensure that these areas are addressed adequately and patient gets to assigned on/off ward industrials.
3. Assists patients in receiving compensation for industrial work assignments.
4. Help pt with W4 forms and track time sheets for pt payroll.
5. The environmentalist recruits, trains and orients patients to work assignments.
6. Supervises patients and their daily ward cleaning assignments.
7. Assists patients and clinics in obtaining finances for eyeglasses, dentures and other appliances such as orthotics.
8. Assists the patients with money issues and banking weekly.
STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attends all required hospital industrial coordinator meetings.
2. Provides written input weekly on the ICTP objectives of each patient's clinical.
3. Does patient shopping for patients who are unable to leave the unit and assists other patients with their shopping.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #3

The environmentalist is responsible for Psych Tech duties as follows: Participate in direct patient care; observe psychiatric patient behavior and condition; encourage patient to participate in social and recreational activities as well as in self care; supervise and assist with patient activities of daily living; provide assistance to physically disabled patients as needed. Assist in admission of new patients. Assist in medical treatment under direct supervision of shift RN. Provide unit security. Assist in special treatment procedures under direct supervision of shift RN. Be aware of patient milieu and needs for security on an ongoing basis. Escort patients to activities and appointments as assigned. Take care of patient laundry. Perform necessary documentation. Chart on assigned patients on a regular basis. Chart on PRN basis on appropriate patients. Complete assigned unit paperwork, reports, and requisitions. Transfer information to other Hospital personnel. Participate in Change of Shift meetings as assigned. Report emergency situations to shift RN. Assist with emergency situations. Complete all chart and log entries as necessary. Provide input into team meetings, change of shift meetings, etc.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Complete daily task assignments in a timely manner.
2. Assist other staff members in completing their assignments via participation in teamwork effort.
3. Provide positive feedback to patients when appropriate and/or independent care is performed.
4. Provide patient care in a manner that reflects patient respect and dignity.
5. Complete duties as assigned by RN.
6. Perform assigned watch duties.
7. Check treatment book/board for assigned treatments/ICTP charting requirements at beginning of shift.
8. Complete unfinished tasks from previous shift.
9. Complete all documentation and paperwork assignments in a timely manner.
10. Chart unusual patient behaviors and pertinent occurrences.
11. Know each assigned patient's ICTP goals on the shift.
12. Report unusual patient behaviors and pertinent occurrences in a timely manner to RN.
13. Give report to RN prior to change of shift.
14. Report concerns regarding peers to RN or UND in timely manner.
15. Demonstrate correct use of body mechanics when providing patient care.
16. Role model behavior that is professional and appropriate (as outlined in the code of conduct).

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Contract with the UND for a special unit assignment related to patient care or programming and complete the assignment.
2. Assists the unit RN in planning and implementing a mock drill for fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes documentation.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful
OBJECTIVE #4

Active member of nursing discipline. Aware of criteria and expectations of job description. Attend in-services and training programs designed to increase knowledge and data base. Attend unit and hospital-wide meetings as assigned. Work shifts and complete duties as assigned. Be familiar with unit treatment program and philosophy. Participate in implementing and evaluating overall treatment program. Provide orientation for new employees as assigned.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Attendance at change of shift meeting. Complies with Absenteeism/Tardy Policy and Vacation Request Protocol.
2. Attend hospital-wide meetings as assigned.
3. Work shifts as assigned.
4. Perform duties in a timely manner.
5. Active participating in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
6. Show an understanding of unit treatment philosophy and individual treatment philosophy and programming by following ICTP modalities.
7. Participate in orientation of other unit personnel.
8. Exhibits open respectful communication with supervisors and peers (as outlined in the Code of Conduct).

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

Attends and participates in a minimum of 1 unit or hospital in-service quarterly. (This does not include mandatory trainings or meetings)

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.
I agree _____  I disagree _____ with this overall evaluation

8/98; 10/00; 4/01; 8/01; 06/03
Chapter 6: Personnel Management & Nursing Administration
Section 19: Psychiatric Technician Mentor
Job Description

1. JOB SUMMARY:

The psychiatric technician--mentor is a member of the Nursing Discipline of Utah State Hospital. The primary function is to provide direct patient care as directed by the staff charge nurse and/or Unit Nursing Director. He/She works within a treatment team concept to promote the general health and well-being of the inpatient psychiatric client and to assist in his/her return to an optimal level of health. Also works as a mentor to new psych techs to assist them in orientation and skills on the unit.

2. JOB DUTIES:

The staff Registered Nurse assigns tasks directly to the psych tech--mentor. These duties may include but are not limited to:

2.1 Clinical Duties:

2.1.1 Observes psychiatric patient behavior and condition;

2.1.2 Encourages patients to participate in social and recreational activities and in self-care; supervises and assists with activities of daily living for patients; may provide total or partial assistance to physically-disabled patients;

2.1.3 Assists in admission and discharge of patients;

2.1.4 Assists in medical treatment under direct supervision of Registered Nurse;

2.1.5 Provides unit security: assists in special treatment procedures under the direct supervision of the Registered Nurse; performs patient watches for suicide and elopement precautions as directed; is aware of patient milieu and needs for security on an on-going basis; may escort patients to activities and appointments;

2.1.6 Acts as group process facilitator for individual and patient group activities under direct supervision of trained group leader.

2.2 Mentor Duties:

2.2.1 Orients new psych techs to the unit, patient community, safety issues on the unit, resources, assignment procedures, and activities procedures;

2.2.2 Provides ongoing reports of progress on new employees to Unit Nursing Director;

2.2.3 Participates in the probationary evaluation of the new psych techs;
2.2.4 Is responsible for the completion of the new psych techs skills checklist to fulfill the completion of orientation of the new psych tech;

2.2.5 Is a role model for the psych techs.

2.3 Performs necessary documentation:

2.3.1 Charts on assigned patients on regular and PRN basis;

2.3.2 Completes assigned unit paperwork, reports, requisitions;

2.3.3 Completes incident reports and corresponding progress note charting;

2.3.4 May act as a unit chart monitor, with specialized quality assurance training, to ensure all specified documentation requirements are met.

2.4 Transfers necessary information to other hospital personnel:

2.4.1 Participates actively in change of shift meetings;

2.4.2 Assesses and reports emergency situations to staff Registered Nurse;

2.4.3 Completes all chart, cardex entries as needed.

2.5 Participates in treatment team context as a team member:

2.5.1 Adheres to unit treatment program and philosophy;

2.5.2 Adheres to individualized treatment plan for patients;

2.5.3 Participates in planning, implementing, and evaluating overall treatment program.

2.6 Assists in maintenance of a safe, hazard-free clean environment:

2.6.1 Reports unsafe conditions promptly;

2.6.2 Attends housekeeping sponsored in-services on cleaning techniques as assigned;

2.6.3 Performs cleaning assignments.

2.7 Active Member of Nursing Discipline:

2.7.1 Is aware of criteria and expectations of job description;

2.7.2 Attends in-services and training programs designed to increase knowledge and data base in psychiatric treatment;

2.7.3 Attends unit and hospital-wide meetings as assigned.
2.8 Works shifts and duties as assigned:
   
   2.8.1 Acts as a positive role model to staff.

3. QUALIFICATIONS STATEMENT:

The psychiatric technician mentor is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit in-services, workshops, seminars, etc.

3.1 Knowledge, Skills and Abilities:

   3.1.1 Knowledge of mental health concepts;

   3.1.2 Knowledge of safety and security regulations.

3.2 Education and Experience

   3.2.1 Graduation from a standard senior high school or equivalent, plus one year of full-time paid related employment; Mentor qualified.

The psych tech mentor is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The psych tech mentor is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. He/She is expected at all times to perform in an appropriate, professional manner with patients and staff.

12-85;4-94;9-95; 5/98; 10/00; 3/07 mentorjd.pol
Psychiatric Technician/Mentor Performance Management Plan

Utah State Hospital
Performance Management Plan

NAME: ___________________________ DATE: ___________________________
POSITION: Psych Tech - Mentor

Appraisal Period:

Initial Review: Supervisor’s Signature/Date Employee Signature/Date
First Review: Supervisor’s Signature/Date Employee Signature/Date
Second Review: Supervisor’s Signature/Date Employee Signature/Date
Final Review: Supervisor’s Signature/Date Employee Signature/Date

Overall Rating:
E= Exceptional
S=Successful
U=Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A: (all employees)

_____ Employee Annual Mandatory Training
_____ Annual PPD (testing completed and signed off by infection control RN)
_____ Code of Conduct, Conflict of Interest (signature form completed)

Section B: (requirement specific to employee job duties)

_____ CPR (yearly - advanced CPR for all patient care employees)
_____ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
_____ Nursing Skill Workshop (RN/LPN only)
_____ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
_____ Sexual Harassment (every three years – test)
_____ Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Psych Tech Mentor is responsible for Psych Tech duties as follows: Participate in direct patient care; observe psychiatric patient behavior and condition; encourage patient to participate in social and recreational activities as well as in self-care; supervise and assist with patient activities of daily living; provide assistance to physically disabled patients as needed. Assist in admission of new patients. Assist in medical treatment under direct supervision of shift RN. Provide unit security. Assist in special treatment procedures under direct supervision of shift RN. Be aware of patient milieu and needs for security on an ongoing basis. Escort patients to activities and appointments as assigned. Take care of patient laundry. Perform necessary documentation. Chart on assigned patients on a regular basis. Chart on PRN basis on appropriate patients. Complete assigned unit paperwork, reports, and requisitions. Transfer information to other Hospital personnel. Participate in Change of Shift meetings as assigned. Report emergency situations to shift RN. Assist with emergency situations. Complete all chart and log entries as necessary. Provide input into team meetings, change of shift meetings, etc. Assist in maintenance of a safe, hazard-free, and clean environment. Report unsafe conditions promptly. Attend inservices on cleaning techniques. Perform cleaning assignments as requested.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Complete daily task assignments in a timely manner.
2. Assist other staff members in completing their assignments via participation in teamwork effort.
3. Provide positive feedback to patients when appropriate and/or independent care is performed.
4. Provide patient care in a manner that reflects patient respect and dignity.
5. Complete duties as assigned by RN/UND.
6. Perform assigned watch duties.
7. Check treatment book/board for assigned treatments/ICTP charting requirements at beginning of shift.
8. Complete unfinished tasks from previous shift.
9. Complete all documentation and paperwork assignments in a timely manner.
10. Chart unusual patient behaviors and pertinent occurrences.
11. Know each assigned patient's ICTP goals on the shift.
12. Report unusual patient behaviors and pertinent occurrences in a timely manner to RN.
13. Give report to RN prior to change of shift.
14. Report concerns regarding peers to RN or UND in timely manner.
15. Demonstrate correct use of body mechanics when providing patient care.
16. Consistently complete all assigned cleaning tasks.
17. Report all safety hazards promptly.
18. Maintain order/cleanliness in nursing station and treatment room.
19. Role model behavior that is professional and appropriate (as outlined in the Code of Conduct).
20. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Contract with the UND for a special unit assignment related to patient care or programming and complete the assignment.
2. Assist the unit RN in planning and implementing a mock drill in each fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes documentation.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful
OBJECTIVE #2

Participate as a facilitator in group activities as assigned by the UND or Charge RN.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Is competent with the educational group process as it relates to the specific population.
2. Comply with group assignments from the UND or Charge RN.
3. Follow through on activities in an efficient and timely manner.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organize and consistently runs at least 2 educational or diversional groups per week for more than 6 months.
   OR
2. Is a SIT trainer for the unit.

Overall Rating:
E = Exceptional
S = Successful
U = Unsuccessful

OBJECTIVE #3

The Psych Tech Mentor is responsible to orient new Psych Techs and to help educate unit employees to new policies and procedures. Act as one-to-one orientation buddy to new Psych Techs as assigned.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The Psych Tech Mentor does a physical orientation of the unit for all new employees of the unit.
2. The Psych Tech Mentor works with new employees to complete the unit orientation packet and the orientation checklist.
3. The Psych Tech Mentor assists in the six month evaluation of new employees through written feedback to the RN's and UND.
4. The Psych Tech Mentor is responsible to identify learning needs of staff and help educate staff to policies and procedures.
5. The Psych Tech Mentor is responsible to work with the other unit mentors and UND to assess the training and education needs of the unit staff and to update each Psych Tech's checklist.
6. The Psych Tech Mentor is responsible to report any staff behavior that causes risk to the unit or patients to the Charge RN and the UND.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Contract with the UND to provide orientation re-training to specific employees on the unit at least quarterly.

Overall Rating:
E = Exceptional
S = Successful
U = Unsuccessful

OBJECTIVE #4

Active member of nursing discipline. Aware of criteria and expectations of job description. Attend in-services and training programs designed to increase knowledge and data base. Attend unit and hospital-wide meetings as assigned. Work shifts and complete duties as assigned.
STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Attendance at change of shift meeting. Complies with Absenteeism/Tardy Policy and Vacation Request Protocol.
2. Attend hospital-wide meetings as assigned.
3. Work shifts as assigned.
4. Perform duties in a timely manner.
5. Active participating in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
6. Show an understanding of unit treatment philosophy and individual treatment philosophy and programming by following ICTP modalities.
7. Participate in orientation of other unit personnel.
8. Exhibits open, respectful communication with supervisors and peers (as outlined in the Code of Conduct).

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attend and participates in a minimum of 1 unit or hospital inservice quarterly. (This does not include mandatory trainings or meetings)
2. Complete all employee development evaluations as assigned by the UND.

Overall Rating:
E = Exceptional
S = Successful
U = Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

10/00; 8/01; 06/03
Chapter 6: Personnel Management & Nursing Administration

Section 20: Licensed Practical Nurse Job Description

1. JOB SUMMARY:

The Licensed Practical Nurse at the Utah State Hospital works under the general supervision of a Unit Nursing Director and reports to a staff Registered Nurse for their assignments. The LPNs primary function is to perform as a medication and treatment nurse. The LPN works within a treatment team to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health.

2. JOB RELATIONSHIPS/CONTACTS:

The LPN is ultimately responsible to the Unit Nursing Director. The Unit Nursing Director evaluates the LPNs performance with feedback from other RNs or may assign a staff RN to complete the performance evaluation. The RN on the same shift gives clinical supervision and direction to the LPN and is a resource for the LPN.

3. RESPONSIBILITIES:

3.1 Medication and Treatments:

3.1.1 Administers prescribed medications to patients;

3.1.2 Performs prescribed treatments as directed by license under the direction of the RN.

3.2 Completes required documentation duties:

3.2.1 Transcription of written orders;

3.2.2 Progress notes.

3.3 Participates in overall treatment program of patients on unit:

3.3.1 Reports and transfers information to RN and oncoming shift;

3.3.2 Participates in required unit meetings;

3.3.3 Assesses and reports emergency situations to RN;

3.3.4 Assists with seclusion and restraints as directed by RN;

3.3.5 Familiar with treatment program, individualized structure of patients on unit;

3.3.6 Charting PRNs - response to medications.
3.4 Miscellaneous:

3.4.1 Orders medications and supplies for unit;

3.4.2 Keep medication/treatment room environment clean, safe, hazard-free;

3.4.3 Is a member of hospital-wide nursing discipline;

3.4.4 Attends hospital provided in-services and training programs designed to increase or maintain appropriate nursing skills.

3.5 Works shifts and duties as assigned.

The LPN is expected to be competent in all nursing skills falling within his/her area of expertise and is expected to maintain those skills. The skills include those functions as stated in the Scope of Practice by the Utah State Board of Nursing:

3.5.1 "Under the supervision of a registered nurse, physician, or dentist, participates in assessing, planning, implementing, and evaluating nursing care and teaching the promotion of health and prevention of disease."

3.5.1.1 Assessment skills include but are not limited to: monitoring of vital signs, body functions, neurological signs, blood sugar, and assessing patient behavior in response to medication and treatment program, assessing patient hygiene needs, and identifying problem areas in patients' status;

3.5.1.2 Planning skills include participation in ongoing treatment discussions and decisions;

3.5.1.3 Implementation skills include accurately transcribing, recording, and performing physician, nurse practitioner and nursing orders;

3.5.1.4 Evaluation skills include participation in team discussions and decisions regarding total care of the patient;

3.5.1.5 The LPN is expected to provide teaching to the patient for the promotion of their health and prevention of disease.

3.5.2 "Oberves and reports to the RN significant symptoms, reactions, and changes in the condition of the patient and records pertinent information."

The LPN must be able to express observations both in oral and written terms; must be able to exercise judgment in amount and kind of information passed on to other personnel; must be competent in giving and receiving report of patients' status; must be accountable for transfer of information to patients' chart.

3.5.3 "Performs procedures for which the preparation of the licensed practical nurse has provided the necessary degree of skill and judgment."

These procedures include but are not limited to the following: Monitoring IV's, emergency first aid, CPR, bed baths, care of acutely ill patients, assessing and
recording intake and output, monitoring and insertion of nasogastric tubes and
administering feedings, being adept at medication procedures for all routes
except IV and IV push, being familiar with medication interactions, timing of
critical medications, understanding of psychotropics and their impact on
patients, being familiar with the use of emergency equipment including
suctioning, use of the AED (external defibrillator), crash cart, and placement of
oxygen tubing, urinary catheter insertion, observation and maintenance.

3.5.4 "Through additional education, the licensed practical nurse may acquire
knowledge and skills which may allow them to perform specialized nursing
functions within the scope of practice as defined by the Board of Nursing."

4. KNOWLEDGE AND TRAINING REQUIRED:

4.1 Registration as a Licensed Practical Nurse in the State of Utah;

4.2 Graduation from an approved school of licensed practical nursing conforming to the
standards of the State of Utah;

The LPN is required to follow the personnel standards and policies as set forth in the USHOPP Manual.
The LPN is expected at all times to behave in an appropriate, professional manner with patients and
staff.

10/84; 1/93; 5/98; 8/01; 06/03; 3/07 lpnjd.pol
# Licensed Practical Nurse Performance Management Plan

## Utah State Hospital

Performance Management Plan

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
<th>POSITION: Licensed Practical Nurse (LPN)</th>
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### Appraisal Period:

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<th>Review Type</th>
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<th>Employee Signature/Date</th>
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<td>Second Review</td>
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<tr>
<td>Final Review</td>
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</table>

### Overall Rating:
- E = Exceptional
- S = Successful
- U = Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional.

## I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

### Section A: (all employees)

- Employee Annual Mandatory Training
- Annual PPD (testing completed and signed off by infection control RN)
- Code of Conduct, Conflict of Interest (signature form completed)

### Section B: (requirement specific to employee job duties)

- CPR (yearly - advanced CPR for all patient care employees)
- SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
- Nursing Skill Workshop (RN/LPN only)
- Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
- Sexual Harassment (every three years – test)
- Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The LPN performs as a medication nurse.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Administers prescribed routine and PRN medications efficiently, accurately, and documents their administration.
2. Is accountable for all controlled substances and completes count with nurse leaving and oncoming nurse each shift and documents signature.
3. Evaluates and documents patient response to medications accurately and in a timely manner.
4. Reports observations and documented assessments to the RN.
5. Keeps the medication room clean and safe. Orders supplies and medications for the unit.
6. Completes patient medication teaching and documents the teaching including the patient's level of understanding.
7. Ensures that medication administration cups are set up according to policy with current patient photo and name.
8. Ensures that medication fridges meet policy standards.
9. Orders supplies and medications for the unit.
10. Checks and replaces expired products monthly.
11. Identifies patients who require lab protocols, implements lab tracking sheets, and orders labs according to policy.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organizes and consistently runs at least 2 educational groups per week for more than 6 months.

Overall Rating:
E = Exceptional
S = Successful
U = Unsuccessful

OBJECTIVE #2

The LPN performs as a treatment nurse.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Performs prescribed treatments, including urinary catheter insertion and care.
2. Participates in patient care and treatments as needed and or as assigned.
3. Documents the procedure and the patient response when completed.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attends a medically oriented in-service or training once per quarter.
   OR
2. Provides a patient related in-service for staff twice a year.

Overall Rating:
E = Exceptional
S = Successful
U = Unsuccessful
OBJECTIVE #3

The LPN functions as a team member. Is an active member of nursing discipline and is aware of criteria and expectations of job description. Attend inservices and training programs designed to increase knowledge and data base. Attend unit and hospital-wide meetings as assigned. Work shifts and complete duties as assigned.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Carries out assignments as delegated by the RN.
2. Reports and documents pertinent patient information to the RN.
3. Attends change of shift meeting.
5. Work shifts as assigned.
6. Perform duties in a timely manner.
7. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.
8. Assess and reports emergency situations to RN; assists with seclusion and restraints as directed by RN; acquires knowledge of individualized structures and treatment programs of patients.
9. Actively participates in supporting positive morale on unit. Does not participate in gossip or negativism regarding peers or other shifts.
10. Participates in orienting of other unit or pool personnel.
11. Shows an understanding of unit, individual and programming philosophy by following ICTP Modalities.
12. Interacts with patients to provide a supportive therapeutic environment.
13. Exhibits open respectful communication with supervisors and peers (as outlined in the Code of Conduct).
14. Role model behavior that is professional and appropriate (as outlined in the Code of Conduct).

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Participates on a unit committee related to patient care, policies and procedures, or programming issues. Attends the committee meetings consistently.
2. Assists the unit RN in planning and implementing a mock drill in each fire, Code 10, and Code Blue during the year. Reviews policies and procedures and completes documentation.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____ I disagree _____ with this overall evaluation

8/01; 06/03
Licensed Practical Nurse Competencies

COMPETENCY/ORIENTATION VERIFICATION FORM

LICENSED PRACTICAL NURSE

Name_________________________________ Date of Hire:_____________________

Employee Number ______________________  Unit: ___________________________

INSTRUCTIONS: All new Licensed Practical Nurses are required to complete the courses and pass-off the required skills/exams listed below. Courses can be waived at the discretion of the instructor, the Nursing Administrator, or the Unit Nursing Director. Exams are non-negotiable and must be completed in order to demonstrate competency.

Orientation needs to be completed within 30 days of being hired.

1. USING THE NURSING POLICY AND PROCEDURE MANUAL
   Completes exercise.

2. DOCUMENTATION REQUIREMENTS
   Orientation based on LPN scope of practice.
   2.1 Admission
   2.2 Medications/MAR/Reorders
   2.3 Patient Teaching/Group Notes
   2.4 Emergency Transfer Form
   2.5 Noting Physician Orders

3. MEDICATION EXAM
   3.1 Completes open book medication exam at 90%.
   3.2 Medication exam must be completed and passed prior to administering medications.

4. ICTP TRAINING Orientation based on LPN scope of practice.

5. USE OF SAFETY NEEDLES

6. NURSING SKILLS / USE AND CARE OF EQUIPMENT
   6.1 Thermo Scan Thermometer
   6.2 Saturation Monitor
   6.3 Oxygen Tanks and Concentrators
6.4 Maxilift
6.5 Suction Machine
6.6 Nasogastric Tubes
6.7 Accu-Chek Glucometer
6.8 IV Therapy: Theory

7. ELECTRONIC CHARTING
7.1 GroupWise (E-mail)
7.2 USH Manuals
7.3 Netscape (Internet)
7.4 Incident Report/Seclusion and Restraint/Medication Errors (PIRS Report)
7.5 E-Chart

8. PATIENT CARE NEEDS: Orientation based on LPN Scope of Practice.
8.1 ECT Procedures and Recovery
8.2 Internal/Outside Consultation Forms
8.3 Ordering EEGs/EKGs/Radiology
8.4 Central Supply/Pharmacy

When the LPN is oriented on the unit the following is completed:

<table>
<thead>
<tr>
<th>LPN/RN SKILLS &amp; RESPONSIBILITIES</th>
<th>TRAINER</th>
<th>LPN</th>
<th>DATE</th>
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<tr>
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<td>TRANSCRIBING &amp; NOTING ORDERS</td>
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<td>DISPOSITION OF MEDS OF DISCHARGED PATIENTS</td>
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<td>NEED FOR NURSE TO ATTEND PATIENT ACTIVITIES</td>
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LPN/RN SIGNATURE ______________________________________  DATE ________
After the LPN has been on the unit for 2 months the following is completed:

### TWO MONTH TRAINING REVIEW CHECK LIST

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<tr>
<td>CARDEX &amp; ICTP WORKSHEET</td>
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<tr>
<td>LOCATE USHOPP &amp; MSDS MANUAL</td>
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<td>HOUSEKEEPING &amp; CLEANING ASSIGNMENTS</td>
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<td>SHIFT TO SHIFT COMMUNICATION &amp; E-MAIL</td>
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<td>INDUSTRIAL ACCIDENT PROCEDURE</td>
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<td>HOW TO REQUEST MAINTENANCE/REPAIRS</td>
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<td>KITCHEN: CLEANING, DATING &amp; LABELING FOOD</td>
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<td>PROPER STORAGE OF PREPARED FOODS</td>
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<td>IMPORTANCE OF SECURING KEYS &amp; LOCKING DOORS</td>
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<td>PHYSICAL SIT</td>
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updated 10/00; 11/01; 6/03; 3/07
Chapter 6: Personnel Management & Nursing Administration

Section 21: Director of Nursing Job Description

1. JOB SUMMARY:

The Director of Nursing functions in an administrative psychiatric nursing role. He/She is responsible for ensuring the quality of nursing care throughout the hospital focusing on the bio-psycho-social-spiritual-environmental needs of the Utah State Hospital patient. The Director of Nursing is directly responsible to the Assistant Clinical Director/Nurse Executive. The Director of Nursing is the direct supervisor for the Assistant Director of Nursing, UND’s, Nursing secretary, schedulers, and Infection Control Department.

2. JOB RELATIONSHIPS/CONTACTS:

The Director of Nursing is responsible for the overall nursing functioning of the hospital for all shifts. The Assistant Clinical Director/Nurse Executive is the immediate supervisor for this position.

3. JOB RESPONSIBILITIES:

The Director of Nursing performs the following job duties:

3.1 Supervision and Management:

3.1.1 Provides supervision to the Assistant Director of Nursing, Unit Nursing Directors, Nursing secretary, schedulers, and Infection Control Department. Completes performance appraisals plans for these individuals;

3.1.2 Oversees the scheduling and coordination of 24 hour coverage seven days a week for nursing staff;

3.1.3 Assigns specific duties to the Assistant Director of Nursing, the UNDs, the Infection Control Department, the Nursing secretary, and the schedulers;

3.1.4 Problem solves in crisis situations at work;

3.1.5 Interviews and hires nursing personnel for the hospital;

3.1.6 Counsels employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions;

3.1.7 Responsible for daily and bi-weekly accuracy of time record entries;

3.1.8 Counsels UNDs in administrative duties which includes hiring practices, corrective action plans, and disciplinary actions;
3.1.9 Directly involved in the resignation and/or termination process of discipline members;

3.1.10 Assists in determining staffing requirements, establishes staffing patterns, and develops and oversees the patient acuity system;

3.1.11 Directs purchasing functions of the nursing discipline.

3.2 Miscellaneous:

3.2.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.2.2 Conducts regular UND meetings;

3.2.3 Attends administrative meetings as scheduled i.e. Executive Staff meeting, Administrative Services meeting, Nursing Administration meeting;

3.2.4 Member of hospital-wide nursing discipline; attends meetings;

3.2.5 Member of assigned hospital-wide committees as a representative of nursing;

3.2.6 Assists with administration of the nursing discipline's quality improvement plan;

3.2.7 Assists with development of job descriptions and performance plans of discipline members. Consults with Human Resources in development of job descriptions and performance plans;

3.2.8 Assists in development of the philosophy of the nursing discipline and the objectives, rules and regulations, and policies and procedures necessary to maintain quality nursing care.

4. KNOWLEDGE AND TRAINING REQUIRED:

Registered Nurse:

4.1 Licensure as a Registered Nurse in the State of Utah;

4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah;

4.3 Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.);

4.4 Previous experience in a psychiatric setting is preferred;

4.5 BSN required OR extensive experience as a registered nurse with supervisory responsibilities;

4.6 Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective
supervision and personnel management, research methods in the evaluation of statistical data.

The Director of Nursing is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Director of Nursing is expected at all times to behave in an appropriate, professional manner with patients and staff.

10-84; 4/94; 5/98; 9/98; 10/00; 2/05; 3/07 najd.pol
Director of Nursing Performance Management Plan

Utah State Hospital
Performance Management Plan

NAME:  
DATE:  
POSITION: Director of Nursing

Employee ID Number:  
Appraisal Period:

Initial Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

First Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

Second Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

Final Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

Overall Rating:
E= Exceptional
S=Successful
U=Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A: (all employees)

_____ Employee Annual Mandatory Training

_____ Annual PPD (testing completed and signed off by infection control RN)

_____ Code of Conduct, Conflict of Interest (signature form completed)

Section B: (requirement specific to employee job duties)

_____ CPR (yearly - advanced CPR for all patient care employees)

_____ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)

_____ Nursing Skill Workshop (RN/LPN only)

_____ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)

_____ Sexual Harassment (every three years – test)

_____ Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital’s Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance – Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital’s quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

ADMINISTRATIVE: The Director of Nursing is responsible for management of infection control, Assistant Director of Nursing, Unit Nursing Directors (UNDs) and thus unit RN's, LPNs, and psych techs, schedulers and pool Registered Nurses.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Demonstrates supervision and management by keeping performance plans current.
2. Works closely with UNDs to fulfill Nursing’s mission in the hospital.
3. Mediates in disciplinary concerns and actions with unit administrations.
4. Responsible for nursing related issues 24 hours/day.
5. Recruits/interviews/hires RNs and LPNs and interviews and hires Psych Techs.
7. Demonstrates creativity in use of management techniques to provide outstanding supervision of nursing and medical ancillary services.
8. Interviews and hires and supervises Nursing pool.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Provides two in-services per year for the UNDs on pertinent administrative issues.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

ADMINISTRATIVE STAFF: Active member of the Administrative Staff, and Executive Staff.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Implements appropriate corrective and disciplinary actions.
2. Implements measures to decrease inappropriate use of sick time within discipline.
3. Implements centralized, computerized staffing which will more equitably distribute staff among units and shifts.
4. Works with the discipline and units to increase the direct therapeutic involvement of RN's with patients, also making time in staff meetings less time consuming and more effective.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Provides monthly reports to the UNDs on individual staff who display sick time patterns.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful
OBJECTIVE #3

QUALITY IMPROVEMENT: Responsible for nursing quality improvement.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Demonstrates competence in maintaining the nursing quality assurance plan by:
   Conducting Nursing UND/QI Meeting.
2. Writing and implementing nursing standards of care and monitoring and evaluating techniques.
3. Helping the entire nursing service grasp the vision of how to provide excellent patient care.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attends or completes CEU credit on Quality Improvement Processes in Nursing.

   Overall Rating:
   E= Exceptional
   S= Successful
   U= Unsuccessful

OBJECTIVE #4

CLINICAL SKILLS: Maintains clinical nursing skills.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

   1. Maintains clinical nursing skills as demonstrated by:
      Being active in professional organizations
      Conducting lectures/discussion groups with nursing students
      Coordinating patient care concerns with other disciplines
      Coordinating with HR in maintaining RN licenses.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

   1. Demonstrates exceptional nursing skills by innovative planning to improve psychosocial nursing interventions of the nursing staff through coordinating nursing educational opportunities with the entire Nursing Administrative staff.

   Overall Rating:
   E= Exceptional
   S= Successful
   U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.
I agree _____ I disagree _____ with this overall evaluation

10/00; 8/01; 2/05; 3/07
Chapter 6: Personnel Management & Nursing Administration
Section 22: Nurse Executive Job Description

1. JOB SUMMARY:

The Nurse Executive functions in an administrative psychiatric nursing role. He/She is responsible for ensuring the quality of nursing care throughout the hospital focusing in on the bio-psycho-social-spiritual-environmental needs of the Utah State Hospital patient. The Nurse Executive is directly responsible to the Hospital Clinical Director. The Nurse Executive is the direct supervisor for the Nurse Administrator, and the Nursing Education Director. He/She is directly responsible for overall nursing administration and for direction and supervision of all nursing service functions and activities (internal and external). He/She is also responsible for overall administration of medical ancillary services and personnel. The Nurse Executive interprets hospital, medical ancillary, and nursing policies, standards and regulations to personnel, patients, medical staff, and the public.

2. JOB RELATIONSHIPS/CONTACTS:

The Nurse Executive is responsible for the overall nursing functioning of the hospital for all shifts. The Nurse Executive directly supervises the Director of Nursing and the Nursing Education Director. The Hospital Clinical Director is the immediate supervisor for this position.

3. JOB RESPONSIBILITIES:

The Nurse Executive performs the following job duties:

3.1 Supervision and Management;

3.1.1 Provides supervision for the Director of Nursing and the Nursing Education Director. Completes performance appraisals plans for these individuals;

3.1.2 Organizes, plans, and directs nursing functions and activities to comply with hospital philosophy, objectives and policies established by administration and governing authority and with federal, state, and local codes and regulations pertaining to nursing;

3.1.3 As a member of the Executive Staff, assists in developing hospital philosophy, policy, and standards. Is an integral member of the Executive Staff in setting budgetary issues and in making administrative decisions for the hospital;

3.1.4 Assigns specific duties to the Director of Nursing, the Assistant Director of Nursing and the Education Director;

3.1.5 Problem solves in crisis situations at work;
3.1.6 Counsels employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions;

3.1.7 Responsible for daily and bi-weekly accuracy of time records entries;

3.1.8 Counsels supervisory personnel in administrative duties which includes hiring practices, corrective action plans, and disciplinary actions;

3.1.9 Directly involved in the resignation and/or termination process of discipline members;

3.1.10 Determines staffing requirements, establishes staffing patterns, and develops and oversees the patient acuity system.

3.2 Miscellaneous;

3.2.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.2.2 Conducts regular Nursing Administration meetings;

3.2.3 Attends administrative meetings as scheduled i.e. Executive Staff meeting, Administrative Services meeting, Nurse Administrator meeting;

3.2.4 Member of hospital-wide nursing discipline; attends meetings;

3.2.5 Member of assigned hospital-wide committee as a representative of nursing;

3.2.6 Assumes responsibility for the nursing discipline's quality improvement plan;

3.2.7 Assumes responsibility for development of job descriptions and performance plans of discipline members. Consults with Human Resources in development of job descriptions and performance plans;

3.2.8 Develops, with assistance from key professional personnel, the philosophy of the nursing discipline and the objectives, rules and regulations, and policies and procedures necessary to maintain quality nursing care;

3.2.9 Coordinates research efforts of discipline members.

4. KNOWLEDGE AND TRAINING REQUIRED;

Registered Nurse:

4.1 Licensure as a Registered Nurse in the State of Utah;

4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah;

4.3 Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.);

4.4 Previous experience in a psychiatric setting is preferred;
4.5 BSN required OR extensive experience as a registered nurse with supervisory responsibilities. MSN preferred with a high level of training and experience;

4.6 Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The Nurse Executive is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Nurse Executive is expected at all times to behave in an appropriate, professional manner with patients and staff.

10-84; 4/94; 5/98; 10/00; 2/05; 3/07 nursexec.pol
Chapter 6: Personnel Management & Nursing Administration

Section 23: Assistant Director of Nursing

Job Description

1. JOB SUMMARY:

The Assistant Director of Nursing functions in an administrative psychiatric nursing role. He/She is responsible for assisting the Director of Nursing to ensure the quality of nursing care throughout the hospital focusing on the bio-psycho-social-spiritual -environmental needs of the Utah State Hospital patient. The Assistant Director of Nursing is directly responsible to the Nurse Administrator. The Assistant Director of Nursing is the direct supervisor for the Shift Supervising Registered Nurses, the Acuity RN's, Pool Psychiatric Technicians, Central Supply, X-ray, and the Clinics Manager.

2. JOB RELATIONSHIPS/CONTACTS:

The Assistant Director of Nursing is responsible to assist the Director of Nursing in the overall nursing function of the hospital for all shifts. The Director of Nursing is the immediate supervisor for this position.

3. JOB RESPONSIBILITIES:

The Assistant Director of Nursing performs the following job duties:

3.1. Supervision and Management:

3.1.1 Provides supervision to the SSRNs, the Acuity RNs, Pool Psychiatric Technicians, Central Supply, X-ray, and the Clinics Manager. Completes performance appraisal plans for all of these individuals except the non-benefited employees;

3.1.2 Assists in the scheduling and coordination of 24 hour coverage seven days a week for nursing staff;

3.1.3 Assigns specific duties to the SSRNs, the Acuity RN's, Central Supply, X-ray, and the Clinics Manager;

3.1.4 Problem solves in crisis situations at work;

3.1.5 Assists in Interviewing and hiring nursing personnel for the hospital;

3.1.6 Assists in counseling employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions;

3.1.7 Responsible for daily and bi-weekly accuracy of time records entries and payroll data sheets for the personnel supervised.
3.2. Miscellaneous:

3.2.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.2.2 Conducts regular SSRN meetings;

3.2.3 Attends administrative meetings as scheduled i.e. Nursing Administration meeting, Administrative Services meeting, UND meeting;

3.2.4 Member of hospital-wide nursing discipline; attends meetings;

3.2.5 Member of assigned hospital-wide committees as a representative of nursing--Infection Control Committee, Environment of Care Committee;

3.2.6 Develops and writes policy and procedures for nursing, under the direction of the Nurse Executive and Director of Nursing.

4. KNOWLEDGE AND TRAINING REQUIRED:

Registered Nurse:

4.1 Licensure as a Registered Nurse in the State of Utah;

4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah;

4.3 Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.);

4.4 Previous experience in a psychiatric setting is preferred;

4.5 BSN required OR extensive experience as a registered nurse with supervisory responsibilities;

4.5.1 Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The Assistant Director of Nursing is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Assistant Director of Nursing is expected at all times to behave in an appropriate, professional manner with patients and staff.

9/98; 10/00; 2/05; 3/07 anajd.pol
## Assistant Director of Nursing Performance Management Plan

### Utah State Hospital Performance Management Plan

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### Overall Rating:

- E = Exceptional
- S = Successful
- U = Unsuccessful

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Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

### I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

#### Section A: (all employees)

- Employee Annual Mandatory Training
- Annual PPD (testing completed and signed off by infection control RN)
- Code of Conduct, Conflict of Interest (signature form completed)

#### Section B: (requirement specific to employee job duties)

- CPR (yearly - advanced CPR for all patient care employees)
- SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
- Nursing Skill Workshop (RN/LPN only)
- Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
- Sexual Harassment (every three years – test)
- Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Assistant Director of Nursing is responsible for the direct supervision of Radiology, Clinics and Central Supply, SSRNs, Pool Psych Techs and Acuity Pool RNs. The Assistant Director of Nursing does performance evaluations and coordinates these areas, including writing policy and procedures, staffing needs, budget and acts as a liaison between administrative staff and other management disciplines.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Supervises Radiology, Clinics and Central Supply; SSRNs, Pool Psych Techs, and Acuity Pool RNs and conducts their performance plans at least annually.
2. Manages and conducts interviews and hiring for all pool psych techs.
3. Supervises and manages the HV pool for hospital acuity needs.
5. Assists in nursing recruitment with the Director of Nursing in her absence.
6. Acts as the Director of Nursing in her absence.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Manages the HV pool with the Staffing Coordinators to cover the vacation and FMLA needs each month.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

The Assistant Director of Nursing is responsible to assist in establishing nursing policies and procedures.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Is responsible for writing policies and procedures and assists with implementation and administration of policies and procedures to assure standards are met.
2. Reviews policies and procedures at least biannually.
3. Works closely with other members of the nursing team in planning service functions and activities, maintaining department philosophy, problem solving and institution of new standards.
4. Assists in coordination of patient classification system, assign nursing personnel as required for patient acuity.
5. Participates in actual patient care as needed. May fill in as staff RN or shift supervisor during shortages.
6. Performs other duties as assigned by the Nurse Executive or Director of Nursing.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Writes new policies and procedures within 1 week of receiving the direction to create them.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful
OBJECTIVE #3

The Assistant Director of Nursing attends committee meetings as directed by the Director of Nursing.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Participates in committees as assigned.
2. Meets with Nursing Administration weekly.
3. Attends morning meeting and gives report at morning meeting when the Director of Nursing is not present.
4. Conducts monthly SSRN meetings.
5. Attends Environment of Care meeting monthly.
6. Attends Infection Control meeting monthly and reports concerns to the Director of Risk Management.
7. Attends meetings/in-services and makes decisions concerning Medical equipment for the hospital.
8. Works closely with Purchasing officer in buying equipment for the hospital that meets budget and professional standards clinically.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Report information from UND, AD, and Nursing Administration Meetings to the SSRNs.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #4

The Assistant Director of Nursing maintains clinical nursing skills.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Is active in professional organizations.
2. Conducts lectures/discussion groups with nursing students.
3. Orients/trains new pool Psych Techs to the protocol of their position, schedules and procedures.
4. Orients/trains new RN's for IV care.
5. Coordinates training for UNDs, SSRNs and Nursing Administration in current medical trends.
6. Supervises training to direct care staff through the UNDs, SSRNs and Nursing Administration.
7. Acts as the Infection Control nurse in her absence.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Coordinates training autonomously and reports outcome to Director of Nursing in a timely manner and as training needs occur.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?
Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____    I disagree _____    with this overall evaluation

10/00; 8/01; 06/03
Chapter 6: Personnel Management & Nursing Administration

Section 24: Clinical Nurse Specialist Job Description

1. JOB SUMMARY:

The Clinical Nurse Specialist functions in a clinical psychiatric nursing role. He/She works within a treatment-team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The Clinical Nurse Specialist is also responsible to assist in education of nursing discipline employees, individually and in groups.

2. JOB RELATIONSHIPS/CONTACTS:

The Clinical Nurse Specialist functions in a clinical psychiatric nursing role. He/She works within a treatment-team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The Clinical Nurse Specialist is also responsible to assist in education of nursing discipline employees, individually and in groups. The Nurse Executive is the immediate supervisor for this position.

3. JOB RESPONSIBILITIES:

The Clinical Nurse Specialist performs the following job duties:

3.1 Clinical Nurse Specialist:

3.1.1 Assesses, plans and prioritizes nursing care for patients with psychiatric problems; coordinates patient care on various patient care units; evaluates care given to psychiatric patients by the multi-disciplinary team;

3.1.2 Provides consultative services to the interdisciplinary team concerning patient care; reviews prescribed patient treatment programs and provides specific feedback to professional staff regarding treatment alternatives; consults with the interdisciplinary team on patient teaching and discharge planning;

3.1.3 Initiates nursing actions in crisis/emergency situations; applies nursing research findings to patient care;

3.1.4 Is the nursing leader in developing curriculum for patient groups and in conducting patient groups;

3.1.5 Develops, supervises and teaches patient--consumer education groups;

3.1.6 Researches professional journals and other information to keep current with new and evolving nursing techniques and methods; relays research findings and innovative strategies to nursing and administrative staff;
3.1.7 Functions as a leader, problem solver, and resource person for nursing personnel;

3.1.8 Develops, implements and evaluates patient care standards in conjunction with nursing administration.

3.2 Hospital Education:

3.2.1 Identifies and recommends actions to resolve training needs of nursing staff;

3.2.2 Trains staff in new nursing methods, verbal interventions, and therapeutic treatment of patients;

3.2.3. Assists Nurse Educators in training staff members;

3.2.4 Develops curricula for education of the various levels of staff at the hospital;

3.2.5 Interfaces with Utah Nurses' Association in developing and providing Continuing Education offerings for nursing personnel;

3.2.6 Works closely with nursing students to assure an excellent education for the nursing students;

3.2.7 Interfaces with all other hospital disciplines to assess the educational needs of the various disciplines and to provide pertinent education to all disciplines;

3.2.8 Consults with outside providers to arrange educational offerings at the hospital;

3.2.9 Develops, supervises and teaches psychopathology and psychopharmacology to nursing staff;

3.2.10 Trains nursing staff in development of individual comprehensive treatment plans.

3.3 Miscellaneous:

3.3.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.3.2 Attends administrative meetings as scheduled i.e. Nursing Administration meeting, UND meetings, Morning meetings, Incident Committee meetings;

3.3.3 Member of hospital-wide nursing discipline; attends meetings;

3.3.4 Member of assigned hospital-wide committees as a representative of nursing;

3.3.5 Member of Behavioral Management Team.

4. KNOWLEDGE AND TRAINING REQUIRED:

Registered Nurse:

4.1 Licensure as a Registered Nurse in the State of Utah;
4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah;

4.3 Advanced practice degree in psychosocial nursing (MSN degree);

4.4 Previous experience in a psychiatric setting is preferred;

4.5 Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The Clinical Nurse Specialist is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Clinical Nurse Specialist is expected at all times to behave in an appropriate, professional manner with patients and staff.

9/98; 10/00; 2/05; 3/07  cnsedjd.pol
Clinical Nurse Specialist Performance Management Plan

Utah State Hospital
Performance Management Plan

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
<th>POSITION: Clinical Nurse Specialist</th>
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<tbody>
<tr>
<td>Employee ID Number:</td>
<td>Appraisal Period:</td>
<td></td>
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<tr>
<td>Initial Review:</td>
<td>Supervisor’s Signature/Date</td>
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<td>First Review:</td>
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<td>Second Review:</td>
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<tr>
<td>Final Review:</td>
<td>Supervisor’s Signature/Date</td>
<td>Employee Signature/Date</td>
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Overall Rating:
E= Exceptional
S=Successful
U=Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

   Section A: (all employees)
   - Employee Annual Mandatory Training
   - Annual PPD (testing completed and signed off by infection control RN)
   - Code of Conduct, Conflict of Interest (signature form completed)

   Section B: (requirement specific to employee job duties)
   - CPR (yearly - advanced CPR for all patient care employees)
   - SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
   - Nursing Skill Workshop (RN/LPN only)
   - Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
   - Sexual Harassment (every three years – test)
   - Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Clinical Nurse Specialist is responsible for consultation and education of nursing personnel and other disciplines on as needed basis.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The Clinical Nurse Specialist provides consultation and education in regards to patient care, i.e., ICTP process, BIRP charting, psychopathology.
2. The Clinical Nurse Specialist provides consultation and education to other disciplines as needed or requested.

EXCEPTIONAL:

(individualized to each Clinical Nurse Specialist)

Overall Rating:
S=Successful
U=Unsuccessful
E=Exceptional

OBJECTIVE #2

The Clinical Nurse Specialist is responsible for participating in educational programs and committees.

STANDARD FOR SUCCESSFUL PERFORMANCE:

1. The Clinical Nurse Specialist participates in educational programs in conjunction with schools of nursing.
2. The Clinical Nurse Specialist clinically supervises graduate nursing students with the care of psychiatric patients.
3. The Clinical Nurse Specialist participates in the following committees: Behavioral Management Team, Clinical Services, Ethics; JCAHO committee on; Ethics/Patient Rights, Nursing, Patient/Family Education. The CNS will also participate in the Preferred Practice Guideline Committee and Hospital Wide Family Education Committee.
4. The Clinical Nurse Specialist participates, organizes and leads other committees as assigned by the Nurse Executive.

EXCEPTIONAL:

(individualized to each Clinical Nurse Specialist)

Overall Rating:
S=Successful
U=Unsuccessful
E=Exceptional

OBJECTIVE #3

The Clinical Nurse Specialist is responsible for the group process and groups.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The Clinical Nurse Specialist is responsible for assisting in the education of staff in the group process.
2. The Clinical Nurse Specialist is responsible for holding patient groups which will include Anger Management and Patient/Family Education, or other groups as appropriate to the needs of the patients.
EXCEPTIONAL:
(individualized to each Clinical Nurse Specialist)

Overall Rating:
S=Successful
U=Unsuccessful
E=Exceptional

OBJECTIVE #4

The Clinical Nurse Specialist is an active member of the Nursing Discipline Team.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The Clinical Nurse Specialist is responsible for supporting the philosophy and practice standards of the Department of Nursing Services through written and verbal expression.
2. The Clinical Nurse Specialist participates in the development of psychiatric nursing standards and the maintenance of collaborative relationships with the Unit Nursing Director’s.
3. The Clinical Nurse Specialist informs the Nurse Executive or Director of Nursing of activities, programs, personnel accomplishments, concerns and problems.
4. The Clinical Nurse Specialist seeks assistance from the Nurse Executive or Nursing Administrator as necessary to resolve clinical and/or management problems.

EXCEPTIONAL:
(individualized to each Clinical Nurse Specialist)

Overall Rating:
S=Successful
U=Unsuccessful
E=Exceptional

Interim Comments: Record the employee progress in achieving objectives between reviews. The employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are their special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation)

This area is for the employee regarding their agreement or disagreement with the overall evaluation.

10/00; 2/05; 3/07
Chapter 6: Personnel Management & Nursing Administration
Section 25: Infection Control Coordinator
Job Description

1. JOB SUMMARY:

The Infection Control Coordinator is responsible for the Infection Control Program and for the Employee Health Program of the hospital. The Infection Control Coordinator is directly responsible to the Director of Nursing.

2. JOB RELATIONSHIPS/CONTACTS:

The Infection Control Coordinator is responsible for the Infection Control Program of the hospital. The Director of Nursing is the immediate supervisor for this position.

3. JOB RESPONSIBILITIES:

The Infection Control Coordinator performs the following job duties:

3.1 Infection Control Responsibilities:

3.1.1 Implements hospital-wide infection control program;

3.1.2 Supervises infection control policies and practices throughout the hospital;

3.1.3 Identifies and analyzes infection control needs throughout the hospital;

3.1.4 Develops infection control policies and procedures based upon the needs of the hospital, OSHA and CDC standards, and laws and regulations specific to infection control;

3.1.5 Provides consultation to all patient care units and support services areas of the hospital;

3.1.6 Monitors all patient care areas and service areas for infection control compliance and needs;

3.1.7 Collects data and formulates an infection control report monthly;

3.1.8 Conducts in-services and training programs on infection control issues;

3.1.9 Consults directly on patients who have infection control issues;

3.1.10 Reports any infection control concerns directly to the Director of Medical Services;

3.1.11 Reports communicable diseases to the Utah County Health Department.
3.2 Employee Health:

3.2.1 Manages the employee health program which includes providing immunizations to employees and maintaining employee health records;

3.2.2 Presents information on Infection Control and Employee Health Programs in New Employee orientation;

3.2.3 Completes employee health screens on new employees and as indicated by hospital policy;

3.2.4 Monitors employee immunizations and PPDs and maintains employee health records.

3.3 Miscellaneous:

3.3.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.3.2 Manages the regular Infection Control Committee meetings;

3.3.3 Attends administrative meetings as scheduled i.e. UND meeting;

3.3.4 Member of hospital-wide nursing discipline; attends meetings;

3.3.5 Member of assigned hospital-wide committee as a representative of nursing-Environment of Care Committee, Life Safety Committee;

3.3.6 Interfaces directly with community agencies concerning infectious diseases and infection control issues i.e. Utah Department of Health, Utah County Health Department;

3.3.7 Develops and writes policy and procedures for infection control, under the direction of the Infection Control Committee.

4. KNOWLEDGE AND TRAINING REQUIRED:

Registered Nurse:

4.1 Licensure as a Registered Nurse in the State of Utah;

4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah;

4.3 Previous experience in a psychiatric setting is preferred;

4.4 BSN required OR extensive experience as a registered nurse. Specialized training in infection control highly recommended;

4.5 Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective
supervision and personnel management, research methods in the evaluation of statistical data, and infection control issues.

The Infection Control Coordinator is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Infection Control Coordinator is expected at all times to behave in an appropriate, professional manner with patients and staff.

10-84; 4/94; 9/98; 10/00; 2/05; 3/07 infconjdjd.pol
Infection Control Coordinator Performance Management Plan

Utah State Hospital
Performance Management Plan

NAME: ____________________________  DATE: ____________________________  POSITION: Infection Control Coordinator

Employee ID Number: ____________________________  Appraisal Period: ____________________________

Initial Review: Supervisor’s Signature/Date  Employee Signature/Date
First Review: Supervisor’s Signature/Date  Employee Signature/Date
Second Review: Supervisor’s Signature/Date  Employee Signature/Date
Final Review: Supervisor’s Signature/Date  Employee Signature/Date

Overall Rating:
E= Exceptional
S=Successful
U=Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A: (all employees)

_____ Employee Annual Mandatory Training

_____ Annual PPD (testing completed and signed off by infection control RN)

_____ Code of Conduct, Conflict of Interest (signature form completed)

Section B: (requirement specific to employee job duties)

_____ CPR (yearly - advanced CPR for all patient care employees)

_____ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)

_____ Nursing Skill Workshop (RN/LPN only)

_____ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)

_____ Sexual Harassment (every three years – test)

_____ Job Specific Competency Sheet (yearly – attach signed competency sheet
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Infection Control Coordinator is responsible for a hospital-wide infection control program.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Is an active member of the hospital-wide Infection Control Committee.
2. Writes policies and procedures for infection control practices at Utah State Hospital.
3. Maintains and implements a hospital-wide infection control program.
4. Follows up with employee immunizations after the initial immunizations have been given in New Employee Orientation.
5. Provides consultation on infection control to any area in the hospital when contacted.
6. Collects and prepares data to present monthly to the Infection Control Committee.
7. Teaches mandatory and annual in-services on infection control for the hospital.
8. Works with specific patients with special infectious problems to teach nursing staff the necessary care and precautions.
9. Provides patient teaching pertaining to infection control issues when contacted to do so.
10. Reviews Infection Control policies annually.
11. Provides updated infection control in-services annually.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Writes an article on Infection Control issues for the hospital newsletter yearly.
2. Enters patient immunizations and pertinent labs and employee immunizations and pertinent labs into E-chart 100% of the time.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

The Infection Control Coordinator is responsible for maintaining OSHA regulations regarding Infection Control.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Oversees Utah State Hospital compliance with all infection control OSHA regulations.
2. Develops indicators for monitoring infection control areas of the hospital.
3. Is actively involved in infection control surveillance of individual areas of the hospital.
4. Is skilled in the nursing care of patients with infectious diseases.
5. Has a basic knowledge of epidemiology, microbiology and the infection process.
6. Prepares Quality Improvement and Infection Control Reports that are complete and timely.
7. Researches ways to improve the Infection-Control program at Utah State Hospital.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Reviews and revises the hospital Exposure Control Plan at least yearly.
2. Develops new policies and procedures to maintain compliance with OSHA requirements.
OBJECTIVE #3

The Infection Control Coordinator is an active member of the Utah State Hospital nursing discipline and maintains clinical skills.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Works well with others and is able to influence change in a positive manner.
2. Has a basic knowledge of teaching methods.
3. Handles criticism positively and uses it to improve skills.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:


Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____ I disagree _____ with this overall evaluation

10/00; 8/01; 06/03; 3/07
Chapter 6: Personnel Management & Nursing Administration
Section 26: Staff Registered Nurse Job Description

1. JOB SUMMARY:

The staff Registered Nurse, (RN), functions as a member of the unit professional staff within a treatment team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The staff RN assumes responsibility for the interpretation and implementation of a physician's orders for treatments, care, and medication, while participating in the overall programming for each individual patient. The staff RN is responsible for supervising Licensed Practical Nurses, (LPNs), psychiatric technicians, mentors, and environmentalists on the same shift and works directly under the supervision of the Unit Nursing Director of the unit.

2. JOB RELATIONSHIPS/CONTACTS:

The staff RN is responsible for the overall functioning of the unit for that shift; he/she is the clinical supervisor for all psych techs, mentors, and LPNs on that same shift. The Unit Nursing Director on the unit is the staff RN's immediate supervisor.

3. JOB RESPONSIBILITIES:

The RN performs the following job duties:

3.1 Supervision and Management:

3.1.1 Provides clinical supervision to LPNs, psych techs, mentors, and environmentalists, and on the same shift. Assists in evaluating assigned LPNs and psych techs with performance appraisals and developing performance plans for individuals;

3.1.2 Makes administrative decisions regarding patient care and personnel on all shifts and/or contacts appropriate in-house or on-call personnel.

3.2 Clinical Skills:

3.2.1 Supervises and/or administers medications and treatments;

3.2.2 Assesses medication needs of patients; assists with monthly medication review relative to patient response and reaction to neuroleptics with recommendations to attending physician;

3.2.3 Performs admission procedures and evaluates new patients making comprehensive observations; identifies patient health needs; obtains nursing history; develops and implements patient-care plans; records and reports indicative signs and symptoms of patient mental and physical conditions with
emphasis on deviation from usual condition and behavior; completes standard admission nursing assessment on all patients admitted while on that shift;

3.2.4 Conducts nursing groups or co-leads patient groups on the unit.

3.3 Member of Unit Treatment Team:

3.3.1 Supervises patient milieu and prescribes nursing care;

3.3.2 Has the responsibility to evaluate patient health status for attending any therapeutic activities;

3.3.3 Directs change-of-shift meetings and participates appropriately with input;

3.3.4 Assumes an active role in unit quality assurance program.

3.4 Documentation:

3.4.1 Responsible to oversee all charting on patients on each shift;

3.4.2 Responsible for admission nursing assessments and for the nursing section of the ICTP on assigned patients;

3.4.3 Responsible for charting on patients needing seclusion and restraints, PRN medication interventions, patients with major medical problems, and to chart on assigned patients on a weekly or monthly basis including a complete nursing assessment of each patient;

3.4.4 Writes telephone orders; notes physician/nurse practitioner orders; evaluates the need for on-call psychiatric and medical services; responsible for correctness of telephone orders received from all physicians and Registered Nurse Practitioners; responsible for correct execution of orders.

3.5 Miscellaneous:

3.5.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.5.2 Attends unit nursing meetings;

3.5.3 Works shifts and performs duties as assigned;

3.5.4 Member of hospital-wide nursing discipline; attends meetings;

3.5.5 Member of assigned hospital-wide committees as a representative of nursing.

3.6 "The registered nurse is held accountable for the quality and quantity of nursing care given to patients rendered by self or others who are under his or her supervision."

4. KNOWLEDGE AND TRAINING REQUIRED:

Registered Nurse:

4.1 Registration as a registered nurse in the State of Utah;
4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah.

The staff Registered Nurse is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The staff Registered Nurse is expected at all times to behave in an appropriate, professional manner with patients and staff.
Staff Registered Nurse Performance Management Plan

Utah State Hospital
Performance Management Plan

NAME:  
DATE:  
POSITION:  Staff Registered Nurse (RN)

Employee ID Number:  
Appraisal Period:  

Initial Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

First Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

Second Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

Final Review:  
Supervisor’s Signature/Date  
Employee Signature/Date

Overall Rating:
E= Exceptional  
S=Successful  
U=Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I.  Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A:  (all employees)

_____ Employee Annual Mandatory Training

_____ Annual PPD (testing completed and signed off by infection control RN)

_____ Code of Conduct, Conflict of Interest (signature form completed)

Section B:  (requirement specific to employee job duties)

_____ CPR (yearly - advanced CPR for all patient care employees)

_____ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)

_____ Nursing Skill Workshop (RN/LPN only)

_____ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)

_____ Sexual Harassment (every three years – test)

_____ Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Staff RN is responsible for optimum patient care, which includes clinical supervision and management of unit nursing personnel. Clinical supervision of psych techs, environmentalists, and LPNs assigned to the shift. Responsible for administrative decisions regarding patient care, delegation of assignments, patient's assessments, and coordination of care with team members. Responsible to give input to the Unit Nursing Director, regarding all nursing personnel.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Assigns patient care per shift based upon patient condition and staff expertise.
2. Responsible for giving Change of Shift report.
3. Gives written feedback to Unit Nursing Director on personnel who need improvement in their performance.
4. Responsible to initiate appropriate time out, seclusion or restraint and to ensure that it is carried out following hospital standards.
5. Completes a debriefing with nursing staff before the end of a shift after each seclusion/restraints or significant event.
6. Responsible to meet with the treatment team to plan each patient's care while in the hospital. Also to provide input for discharge planning.
7. Evaluates individual patient's abilities or health status for specified recreational activities.
8. Reports and documents inappropriate behavior of unit nursing personnel including, but not limited to, abuse of patients or staff, inappropriate dress or language, violation of policy, excessive absenteeism/tardiness, and competency concerns.
9. Participates in the hiring of unit nursing personnel.
11. Gives written feedback to Unit Nursing Director on personnel who improve.
12. Ensures that all watches (i.e. A.R., DOS, and 1:1's) are done according to policy.
13. Does not participate in gossip or negativity regarding peers or other shifts.
14. Interacts with patients and provides a supportive therapeutic environment.
15. Role model behavior that is professional and appropriate (as outlined in the Code of Conduct).
16. Reports to assigned unit for hospital wide acuity needs in a positive and timely manner.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Completes quarterly evaluations on Psych Techs and LPNs assigned by the Unit Nursing Director. Participates in performance plans and evaluations of nursing staff.

Overall Rating:
E = Exceptional
S = Successful
U = Unsuccessful

OBJECTIVE #2

The staff RN is responsible for documentation in an accurate and timely manner.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Responsible for assessing each of their assigned patients weekly following policy time frame and documenting assessments.
2. Furnishes a minimum of daily documentation on patients with major medical problems as well as other patients who are considered high acuity due to psychiatric behaviors on that shift.
3. Responsible for the completion of the narcotics count at the beginning and end of each shift.
4. Completes the nursing portion of the Integrated Assessment on each new patient within eight hours of admission (on the same shift).
5. Utilizes the nursing process in developing Integrated Care Treatment Plans and identifies objectives and modalities that are measurable and objective.
6. Provides documentation on discharge and transfers and provides appropriate information to the receiving agencies.
7. Ensures that the Actual Staffing Sheet is accurately completed each shift (i.e. tardies, leaving work early, absences and all of the staff working each shift).
8. Ensures that telephone orders received on a patient are recorded and completes a progress note, including the patient assessment done on that patient.
9. Completely fills out assignment sheets and watches every shift.
10. Ensures that reports are done in an accurate and timely manner (i.e. Physician Orders, Acuity Reports, Actual Staffing, etc.)

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Completes the Peer Review form on patient records and gives to Unit Nursing Director for QI and Performance issues: Day Shift RN's complete 1 per month; Night shift RN's complete 2 per month.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #3

The staff RN is responsible to lead at least one patient or family education group. The staff RN is responsible to identify patient learning needs and address those needs through individual teaching or through coordination with the treatment team members.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Performs at least one patient educational group per week as it relates to the specific population.
2. Documents group notes, including patient's progress, in a timely manner.
3. Teaches patients on an individual basis when an area of need is identified and documents teaching.
4. Communicates identified teaching needs with team members.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organizes and consistently runs 2 or more educational groups per week for more than 6 months or organizes and runs an educational activity for patients every quarter.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #4

The staff RN is responsible to ensure that the environment is safe for patients and staff.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Ensures crash cart/glucometer checks are completed.
2. Ensures fridge checks are in compliance.
3. Monitors for outdated medications and supplies, and ensures proper equipment is available.
4. Ensures that the safety and security of the unit is maintained by following unit and hospital policies.
5. Ensures that Psych Techs are assigned and follow through on all cleaning assignments including the unit kitchen and bathrooms during the hours that housekeepers are not on the unit.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organizes and conducts a unit mock drill for fire, Code 10, and Code Blue during the year. Reviews policies and procedures with staff and patients during the drill. Completes documentation for Risk Management.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #5

The staff RN maintains clinical skills and professional responsibilities.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Attends Change of Shift, staff meetings and Clinicals on assigned shifts.
2. Completes mandatory in-services and one nursing skill workshop per year.
3. Reports to work in a timely manner. Complies with the Absenteeism/Tardy Policy and Vacation Request Policy.
4. Maintains current licensure with the State of Utah.
5. Exhibits an open, respectful communication with supervisors and peers (as outlined in the Code of Conduct).
6. Participates in orienting of other unit or pool personnel.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Maintains RN Certified Psychiatric and Mental Health Nursing certification AND/OR Contracts with Unit Nursing Director to conduct at least one unit in-service quarterly.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.
I agree _____ I disagree _____ with this overall evaluation

10/00; 8/01; 05/03; 06/03; 3/07
Staff Registered Nurse Competencies

COMPETENCY/ORIENTATION VERIFICATION FORM

REGISTERED NURSE

Name_____________________________________ Date of Hire:_____________________

Employee Number __________________________ Unit: ___________________________

INSTRUCTIONS: All new Registered Nurses are required to complete the courses and pass-off the required skills/exams listed below. Courses can be waived at the discretion of the instructor, the Director of Nursing, or the Unit Nursing Director. Exams are non-negotiable and must be completed in order to demonstrate competency.

Orientation needs to be completed within 30 days of being hired.

1. USING THE NURSING POLICY AND PROCEDURE MANUAL
   A. Completes exercise.

2. DOCUMENTATION REQUIREMENTS
   A. Admission
   B. Medications/MAR/Reorders
   C. Weekly Progress Notes
   D. Monthly Progress Note
   E. Patient Teaching/Group Notes
   F. Emergency Transfer Form
   G. Noting Physician Orders

3. MEDICATION EXAM
   Completes open book medication exam at 90%.
   Medication exam must be completed and passed prior to administering medications.

4. INTEGRATED CARE TREATMENT PLAN TRAINING

5. NURSING SKILLS: USE AND CARE OF EQUIPMENT
   A. Thermo Scan Thermometer
   B. Saturation Monitor
   C. Oxygen Tanks and Concentrators
   D. Maxilift
   E. Suction Machine
   F. Nasogastric Tubes
   G. AccuChek Glucometer
   H. IV Therapy: Theory
   I. IV Start on manikin or peer
   J. Braun IV Pump

6. STAFFING BY ACUITY
7. ELECTRONIC CHARTING
   A. GroupWise (E-mail)
   B. Utah State Hospital Manuals
   C. Netscape (Internet)
   D. Incident Reports (PIRS)
   E. E-Chart

8. PATIENT CARE NEEDS
   A. ECT Procedures and Recovery
   B. Internal/Outside Consultation Forms
   C. Ordering EEGs/EKGs/Radiology
   D. Central Supply/Pharmacy
   E. Calling Psychiatrist/Medical Doctor

When the RN is oriented on the unit the following is completed:

<table>
<thead>
<tr>
<th>LPN/RN SKILLS &amp; RESPONSIBILITIES</th>
<th>TRAINER</th>
<th>LPN</th>
<th>DATE</th>
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<tr>
<td>TRANSCRIBING &amp; NOTING ORDERS</td>
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<td>MED ROOM ORIENTATION</td>
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<td>NEED FOR NURSE TO ATTEND PATIENT ACTIVITIES</td>
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LPN/RN SIGNATURE ___________________________________________ DATE __________________________

TRAINER SIGNATURE _________________________________________ DATE __________________________

TRAINER SIGNATURE _________________________________________ DATE __________________________

UND SIGNATURE ___________________________________________ DATE __________________________
After the RN has been on the unit for 2 months the following is completed:

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<td>ASSIGNMENT SHEET RESPONSIBILITIES</td>
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<tr>
<td>CARDEX &amp; ICTP WORKSHEET</td>
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<tr>
<td>LOCATE USHOPP &amp; MSDS MANUAL</td>
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<td>HOUSEKEEPING &amp; CLEANING ASSIGNMENTS</td>
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<td>LAUNDRY ASSIGNMENTS</td>
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<tr>
<td>INDUSTRIAL ACCIDENT PROCEDURE</td>
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<tr>
<td>HOW TO REQUEST MAINTENANCE/REPAIRS</td>
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<tr>
<td>KITCHEN: CLEANING, DATING &amp; LABELING FOOD</td>
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<tr>
<td>PROPER STORAGE OF PREPARED FOODS</td>
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<tr>
<td>IMPORTANCE OF SECURING KEYS &amp; LOCKING DOORS</td>
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<td>DOS/MEALS AT DOS TABLE</td>
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<tr>
<td>1:1 WATCH</td>
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<tr>
<td>15 MINUTE, HOURLY &amp; BATHROOM CHECKS</td>
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<tr>
<td>SHAKEDOWN PROTOCOL</td>
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<td>VERBAL (SIT) INTERVENTION; EMPHASIZE IMPORTANCE &amp; DEMONSTRATE</td>
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<td>SUICIDE WATCH &amp; PRECAUTIONS</td>
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<td>SHARPS / LIGHTER POLICY</td>
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<td>PROPER USE OF INTERCOM SYSTEM</td>
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<tr>
<td>PROPER RADIO USAGE AND CARE</td>
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<td>PATIENT RIGHTS (INCLUDE CLERGY &amp; ATTORNEY)</td>
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<tr>
<td>CONFIDENTIALITY POLICY (INCLUDE USE OF LAST NAME)</td>
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<tr>
<td>PATIENT PHONE CALL &amp; MAIL POLICY</td>
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<tr>
<td>CIGARETTE &amp; SMOKING POLICY</td>
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<td>VISITOR POLICY (INCLUDE SUPERVISED VISITS)</td>
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<td>ADMITTING &amp; DISCHARGING PATIENTS</td>
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<tr>
<td>PATIENT TRANSFER &amp; TRIAL LEAVE</td>
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</table>
# Nursing Policy and Procedure Manual

## Checking In/Out Patient’s Belongings

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<tr>
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<th>MENTOR</th>
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<tr>
<td>Checking In/Out Patient’s Belongings</td>
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## Orienting Patient to Unit

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## Patient Church Attendance

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<td>Patient Church Attendance</td>
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## Clothing & Clothing Store

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<tbody>
<tr>
<td>Clothing &amp; Clothing Store</td>
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## Monitoring Patients on I/O

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## Outside Provider Runs

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<tbody>
<tr>
<td>Outside Provider Runs</td>
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## Inside Provider Runs (Dental, Optometry, Podiatry, Neurology, etc.)

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<tbody>
<tr>
<td>Inside Provider Runs</td>
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## Physical Therapy – Location & Deployment

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<tbody>
<tr>
<td>Physical Therapy – Location &amp; Deployment</td>
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## Car & Transportation Policy

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<tbody>
<tr>
<td>Car &amp; Transportation Policy</td>
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## Escorting / Transporting Patients On & Off Grounds

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## TV / Pool / Games: With Patients Only

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## Use of Trash Compactor

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<td>Use of Trash Compactor</td>
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## Location of Emergency Equipment & Supplies

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<td>Location of Emergency Equipment &amp; Supplies</td>
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## Locate OSHA Cabinets & Equipment

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<td>Locate OSHA Cabinets &amp; Equipment</td>
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## Hostage Policy & Bomb Threat Procedure

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<td>Hostage Policy &amp; Bomb Threat Procedure</td>
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## Infection Control & Individual Responsibilities

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<td>Infection Control &amp; Individual Responsibilities</td>
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## Locate Fire Extinguisher/Evacuation Route

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<tbody>
<tr>
<td>Locate Fire Extinguisher/Evacuation Route</td>
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## Fire Drill & Evacuation Plan

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## Documentation Review

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## B.I.R.P. Charting

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## Data Entry (When to Use)

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## Charting to Current ICTP Nursing Goals

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## Forced Medication Hearing Form in Chart Under Misc Section, Neon Pink

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updated 11/01; 2/05; 3/07
Chapter 6: Personnel Management & Nursing Administration
Section 27: Staffing Coordinator Job Description

1. JOB SUMMARY:

The Staffing Coordinator is a member of the Nursing Discipline of Utah State Hospital. The primary function is to perform duties, i.e., scheduling staff, assigning acuity personnel, answering phones, etc. as assigned by the Director of Nursing.

2. JOB RESPONSIBILITIES:

The Staffing Coordinator is immediately responsible to the Director of Nursing. The Director of Nursing is responsible for completing the performance plan and job evaluation with input from other treatment team members as requested.

3. JOB DUTIES:

The Director of Nursing may delegate all or part of the following job responsibilities to the Staffing Coordinator:

3.1 Administrative Duties:
   3.1.1 Meets routinely with the Director of Nursing to receive directions regarding delegation of job assignments relating to position.

3.2 Staffing duties:
   3.2.1 Generate nursing schedules for all nursing units on a monthly basis and submit to Unit Nursing Directors for approval;
   3.2.2 Generate staffing pattern in computer for continued use of reference;
   3.2.3 Keep all schedules current;
   3.2.4 Advise Unit Nursing Directors of vacation requests from their staff as well as any special requests for the Unit Nursing Directors to authorize;
   3.2.5 Notify Unit Nursing Directors of any deficiencies in schedule;
   3.2.6 Take sick calls and advise the unit Registered Nurse of the sick calls;
   3.2.7 Assign acuity personnel to units according to need;
   3.2.8 Maintain individual employee attendance records and alert Unit Nursing Directors with any patterns or excessive absences for Unit Nursing Director to follow through on;
3.2.9 Compile use of overtime information.

3.3 Active Member of Nursing Discipline:

3.3.1 Is aware of criteria and expectations of job description;

3.3.2 Attends in-services and training programs designed to increase knowledge and data base in psychiatric treatment;

3.3.3 Attends unit and hospital-wide meetings as assigned.

4. QUALIFICATIONS STATEMENT:

The Staffing Coordinator is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit in-services, workshops, seminars, etc.

4.1 Knowledge, Skills and Abilities:

4.1.1 Knowledge of mental health concepts;

4.1.2 Knowledge of safety and security regulations;

4.1.3 Knowledge of basic computer skills.

4.2 Education and Experience:

4.2.1 Graduation from a standard senior high school or equivalent, plus one year of full-time paid related employment.

The Staffing Coordinator is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The Staffing Coordinator is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. He/She is expected at all times to perform in an appropriate, professional manner with patients and staff.

12/85; 4/94; 9/95; 5/98; 10/00; 2/05; 3/07 stfcoorjd.pol
Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A: (all employees)

___ Employee Annual Mandatory Training

___ Annual PPD (testing completed and signed off by infection control RN)

___ Code of Conduct, Conflict of Interest (signature form completed)

Section B: (requirement specific to employee job duties)

___ CPR (yearly - advanced CPR for all patient care employees)

___ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)

___ Nursing Skill Workshop (RN/LPN only)

___ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)

___ Sexual Harassment (every three years – test)

___ Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital’s Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital’s quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Staffing Coordinator is responsible for generating nursing schedules for all nursing units on a monthly basis and will meet with the Unit Nursing Director’s for approval.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Generates staffing patterns in the computer.
2. Inputs any approved schedule changes, authorized by the Unit Nursing Director, that follows the Vacation Request Policy.
3. Responsible for maintaining current schedules.
4. Notifies the Unit Nursing Director’s of vacation requests that have been covered by the pool personnel.
5. Takes sick calls, notes deficiencies in the schedule and provides coverage as needed.
6. Works closely with the Unit Nursing Directors and Shift Supervising Registered Nurses.
7. Exhibits customer service skills and treats all calls with dignity and respect.
8. Exhibits open respectful communication with supervisors and peers.
9. Responsible for prioritizing multiple tasks and notifying appropriate personnel with changes in schedules.
10. Role model behavior that is professional and appropriate.
11. Manages time effectively. When scheduling demand is low, utilizes time by completing the Actual Staffing Sheets, tracking sick patterns, generating reports for nursing discipline, and generating new schedules.
13. Tracks and records calls made to pool and core personnel to cover acuity needs daily.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Contract with the supervisor for a special assignment such as monthly sick report, patient acuity report, overtime report.

Overall Rating:

E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

The Staffing Coordinator is responsible for assigning acuity personnel to the units based on patient acuity.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. The Staffing Coordinator is responsible for receiving information, each shift, to document on projected staffing and acuity form.
2. The Staffing Coordinator maintains open communication with the Shift Supervising Registered Nurse and advises of acuity placements.
3. The Staffing Coordinator is responsible for calling unit personnel, which have not phoned in patient acuity, and assigning techs according to the information received.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Covers all "holes" in the schedule before reporting off to the Shift Supervising Registered Nurse at the end of their shift.
OBJECTIVE #3

The Staffing Coordinator is responsible for maintaining individual employee attendance records.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Produces attendance sheets in a timely manner.
2. Tracks absenteeism of employees.
3. Responsible for informing the Unit Nursing Director's and Director of Nursing of excessive absenteeism and patterns.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Meets with the Unit Nursing Director from each assigned unit monthly to discuss scheduling concerns.

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____ I disagree _____ with this overall evaluation

10/00; 8/01; 06/03; 4/07
Chapter 6: Personnel Management & Nursing Administration
Section 28: Unit Nursing Director Job Description

1. JOB SUMMARY:

The Unit Nursing Director (UND) functions in an administrative and clinical psychiatric nursing role. He/She works within a treatment-team context to promote the general health and well-being of the patient and to assist his/her return to an optimal level of health. The UND assumes ultimate responsibility for the standard of patient care while participating in the overall programming for each individual patient and the unit as a whole. He/She is responsible for ensuring the quality of nursing care on the assigned unit focusing in on the bio-psycho-social-spiritual-environmental needs of the Utah State Hospital patient. The UND is directly responsible to the Director of Nursing. The Unit Nursing Director is the direct supervisor for the RNs, LPNs, psych techs, mentors, environmentalists, and unit clerks assigned to the same unit.

2. JOB RELATIONSHIPS/CONTACTS:

The Unit Nursing Director is responsible for the overall nursing functioning of the unit for all shifts; he/she is the clinical supervisor for all psychiatric technicians, LPNs, and RNs on the unit. The Director of Nursing is the immediate supervisor for this position. The Unit Clinical Director and Unit Administrative Director have input into his/her performance plan and evaluation.

3. JOB RESPONSIBILITIES:

The UND performs the following job duties:

3.1 Supervision and Management:

3.1.1 Provides supervision to RNs, LPNs, psych techs, mentors, environmentalists, and unit clerks on the same unit. Completes performance appraisals plans for these individuals;

3.1.2 Schedules and coordinates 24 hour coverage seven days a week for nursing staff;

3.1.3 Assigns specific duties to all nursing staff;

3.1.4 Problem solves in crisis situations at work;

3.1.5 Interviews and hires nursing personnel for the unit;

3.1.6 Responsible for orientation of new nursing personnel to unit policies and procedures, unit program, special safety/security needs, and job description;

3.1.7 Counsels employees as needed: develops, implements and evaluates corrective actions plans and disciplinary actions;
3.1.8 Responsible for daily and bi-weekly accuracy of time record entries.

3.2 Clinical Skills:

3.2.1 Is competent to complete all duties of the staff RN if required;

3.2.2 Oversees RN's doing individual or group educational therapy.

3.3 Member of Unit Treatment Team:

3.3.1 Supervises patient milieu and prescribes nursing care;

3.3.2 Assumes the responsibility for assuring continuation of a therapeutic milieu on the unit;

3.3.3 Responsible for quality assurance program monitoring nursing services;

3.3.4 Active member of the unit Supervising Management Team (SMT) representing nursing and the needs of the patients.

3.4 Documentation:

3.4.1 Responsible for nursing personnel charting on all patients;

3.4.2 Responsible for quality assurance monitoring documentation on the unit.

3.5 Miscellaneous:

3.5.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.5.2 Conducts regular monthly unit nursing meetings;

3.5.3 Attends administrative meetings as scheduled i.e. Administrative Services meeting, UND meeting;

3.5.4 Member of hospital-wide nursing discipline; attends meetings;

3.5.5 Member of assigned hospital-wide committees as a representative of nursing.

3.6 "The registered nurse is held accountable for the quality and quantity of nursing care given to patients rendered by self or others who are under his or her supervision."

4. KNOWLEDGE AND TRAINING REQUIRED:

Registered Nurse:

4.1 Licensure as a Registered Nurse in the State of Utah;

4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah;
4.3 Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.);

4.4 Previous experience in a psychiatric setting is preferred;

4.5 BSN required OR extensive experience as a registered nurse with supervisory responsibilities;

4.6 Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The Unit Nursing Director is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Unit Nursing Director is expected at all times to behave in an appropriate, professional manner with patients and staff.
Utah State Hospital
Performance Management Plan

NAME:  
DATE:  
POSITION: Unit Nursing Director (UND)

Employee ID Number  
Appraisal Period:  

- Initial Review: Supervisor’s Signature/Date  
- First Review: Supervisor’s Signature/Date  
- Second Review: Supervisor’s Signature/Date  
- Final Review: Supervisor’s Signature/Date  

Employee Signature/Date  

Overall Rating:  
E= Exceptional  
S=Successful  
U=Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A: (all employees)

- Employee Annual Mandatory Training
- Annual PPD (testing completed and signed off by infection control RN)
- Code of Conduct, Conflict of Interest (signature form completed)

Section B: (requirement specific to employee job duties)

- CPR (yearly - advanced CPR for all patient care employees)
- SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
- Nursing Skill Workshop (RN/LPN only)
- Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
- Sexual Harassment (every three years – test)
- Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Unit Nursing Director is responsible for the supervision and management of nursing services personnel (RNs, LPNs, SPTs, PTs, environmentalists and unit clerks.)

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Ensures all assignments made to nursing services staff are within employee's scope of practice.
2. Ensures performance plans and evaluations are current.
3. Discusses corrective or disciplinary actions with the Director of Nursing prior to the action and submits the actions to Human Resources.
4. Conducts a minimum of ten unit nursing staff meetings each year.
5. Manages and reviews schedules daily to be sure that all shifts are covered.
6. Reviews vacation requests and submits them to the scheduler's office for coverage, following protocol.
7. Tracks and manages absenteeism and tardiness of nursing staff.
8. Tracks and manages overtime of nursing staff.
9. Tracks and manages safety management of environments' cleanliness, safety inspection, and needs.
10. Tracks and manages daily and monthly checks.
11. Tracks and manages outside consults, appointments and physical therapy.
12. Tracks and reports medication errors with a plan of action.
13. Tracks and manages Unit medical equipment.
14. Discusses, reviews and implements all required training items from UND meeting agenda to nursing staff each month.
15. Tracks and manages documentation compliance and performance of nursing staff each quarter.
16. Meets monthly with all shifts of nursing staff.
17. Works closely with the Staffing Coordinator to generate schedules, authorize vacation, monitor absenteeism and assure unit acuity.
18. Ensures that all new nursing personnel complete unit orientation.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Provides unit nursing staff meetings for each shift every month.
2. Monitors absenteeism and tardiness for all unit nursing staff monthly and reports any actions to Nursing Administration.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

The Unit Nursing Director assumes an active Quality Assurance role.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Follow and complete QA reports; explain action/plan in detail, submit training roles and UND agenda items and show follow up on actions.
2. Responsible to track all information from Administration and report to unit nursing staff.
3. Identifies and corrects deficiencies through training or in-services and documents outcome on monthly report.
4. Sends completed monthly QA report with roles, minutes and medication refrigerator checklist to the Director of Nursing by the 15th of the following month.
5. Completes follow-ups on all Statements of Concern within one week.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Initiates all Administrative follow-ups in PIRS within one working day.
2. QA reports are complete, detailed, on time and with out nursing administration follow-up each month.

**Overall Rating:**
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #3

The Unit Nursing Director oversees and assumes responsibility for the nursing practice of all unit nursing services staff, as delegated by nursing services, and Nursing Administration.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Responsible for groups held on the unit by nursing staff: RN - one or more groups/week; LPN - one or more groups/week; Psych Tech - one or more groups/week (day and afternoon shift staff).
2. Responsible for chart monitoring (night shift staff).
3. Monitors the work of nursing staff to maintain compliance with required documentation on individual patients.
4. Monitors the practice of employees to follow the Code of Conduct.
5. Reports regularly to the Director of Nursing to discuss and solve unit-related issues.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Organizes and conducts at least one unit age specific in-service quarterly.

**Overall Rating:**
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #4

The Unit Nursing Director is an active member of the Utah State Hospital nursing discipline. The Unit Nursing Director is an active member of the multi-disciplinary team.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Attends monthly UND meeting with the Director of Nursing.
2. The UND represents the nursing profession on hospital-wide committees as assigned.
3. Attends clinical staffing when needed and is an active participant in the meetings. Reviews all nursing objectives on ICTPs for quality and measurability.
4. Plans and implements in-service training specific to the unit's needs.
5. Meets with the SMT weekly to discuss and solve unit-related problems.
6. Attends Clinical Safety meeting weekly.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Actively participates on a hospital-wide QA project or hospital wide committee for 6 months or longer.
OBJECTIVE #5

The UND maintains clinical skills and professional responsibilities.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Reports to work on time; arranges time off with Director of Nursing.
2. Schedules nursing personnel to attend Mandatory in-services and psychosocial classes.
3. Completes mandatory in-services and one nursing skill workshop per year.
4. Maintains current licensure with the State of Utah.
5. Attend two accredited in-services for continuing education per quarter.
6. Role model behavior that is professional, supportive and appropriate.
7. Represents Nursing Administration as a team.
8. Works collaboratively with other UNDs and SSRNs.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Maintains RN Certified Psychiatric and Mental Health Nursing certification
   AND/OR
   Organizes and conducts at least one hospital-wide nursing discipline in-services twice a year

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____    I disagree _____    with this overall evaluation

10/00; 8/01; 6/03; 4/07
Chapter 6: Personnel Management & Nursing Administration

Section 29: Shift Supervising Registered Nurse Job Description

1. JOB SUMMARY:

The Shift Supervising Registered Nurse (SSRN) functions in an administrative and clinical psychiatric nursing role. He/She is responsible for ensuring the quality of nursing care throughout the hospital on evenings/nights weekends and holidays. This care focuses on the bio-psycho-social-spiritual-environmental needs of the Utah State Hospital patient. The SSRN is directly responsible to the Assistant Director of Nursing.

2. JOB RELATIONSHIPS/CONTACTS:

The SSRN is responsible for the overall nursing functioning of the hospital for all evening/night/weekend and holiday shifts. The Assistant Director of Nursing is the immediate supervisor for this position and completes his/her performance plan and evaluation.

3. JOB RESPONSIBILITIES:

The SSRN performs the following job duties:

3.1. Supervision and Management:

3.1.1 Reviews the scheduling and adjusts nursing personnel to optimize nursing staff coverage for evenings/nights/weekends and holidays based upon patient acuity;

3.1.2 Problem solves in crisis situations at work; keeps Nursing Administration and the unit UNDs apprised of personnel and patient care concerns;

3.1.3 Represents the Hospital Administration on evenings/nights/-weekends and holidays in decisions that are emergent;

3.1.4 Interprets hospital and nursing policies, standards and regulations to nursing staff, patients, and public;

3.1.5 Makes independent decisions when there are not established policies, routines, or regulations to meet the situation or circumstance;

3.1.6 Orients and instructs nursing personnel in cooperation with other supervisory nursing personnel;

3.1.7 Assists in providing in-service training for evening/night nursing staff;

3.1.8 Counsels employees as needed and reports concerns to Nursing Administration;
3.1.9 Assists in determining staffing requirements, establishing staffing patterns, and developing the patient acuity system;

3.1.10 Coordinates activities of the nursing department during evening/nights/weekend and holiday hours;

3.1.11 Performs the following duties daily or as needed:

3.1.11.1 Receives and reviews reports from preceding shift and receives reports from unit RNs;

3.1.11.2 Makes complete rounds or visits to all patient care areas noting safety checks, fire hazards, patient care, and environment;

3.1.11.3 Receives census, patient condition, and patient acuity report from RN's on each unit;

3.1.11.4 Assess patients’ conditions and assists the unit RN in decision making concerning patient care;

3.1.11.5 Admits patients and makes arrangements for emergency services when required; assists on-call personnel if needed;

3.1.12 Works closely with the Security department to provide quality patient care and security throughout the hospital;

3.1.13 Works closely with support services when a facilities problem arises;

3.1.14 Works with outside agencies when the need arises to provide quality patient care.

3.2 Clinical Skills:

3.2.1 Is competent to complete all duties of the staff RN if required;

3.2.2 Handles incidents and prepares incident reports as needed;

3.2.3 Reports to next SSRN or Nursing Administration.

3.3 Miscellaneous:

3.3.1 Attends and/or conducts in-services and training programs designed to increase professional knowledge and growth;

3.3.2 Attends administrative meetings as scheduled i.e. SSRN meeting, other Administrative meetings as assigned;

3.3.3 Member of hospital-wide nursing discipline; attends meetings;

3.3.4 Member of assigned hospital-wide committees as a representative of nursing;

3.3.5 Obtains supplies and/or equipment from Central Supply the After-Hours Drug Cabinet when needed. Assists the unit RN in obtaining supplies, equipment, and/or medications from outside providers when needed.
4. KNOWLEDGE AND TRAINING REQUIRED:

Registered Nurse:

4.1 Licensure as a Registered Nurse in the State of Utah;

4.2 Graduation from an approved school of nursing conforming to the standards of the State of Utah;

4.3 Work experience in a supervisory role for a minimum of four years in a full-time professional paid position (may substitute graduate or specialized study for up to three years of experience.);

4.4 Previous experience in a psychiatric setting is preferred;

4.5 BSN required OR extensive experience as a registered nurse with supervisory responsibilities;

4.6 Must have considerable knowledge of nursing theory and practice, practice of the nursing specialty--psychiatric nursing, sanitation and nutrition, epidemiology, infection control, quality assurance, and utilization review, development of patient care plans, communication, both oral and written, principles, methods and techniques of effective supervision and personnel management, research methods in the evaluation of statistical data.

The Shift Supervising Registered Nurse is required to follow the personnel standards and policies as set forth in the USHOPP Manual. The Shift Supervising Registered Nurse is expected at all times to behave in an appropriate, professional manner with patients and staff.

6/89; 10/98; 2/02; 6/03; 4/07
Shift Supervising Registered Nurse Performance Management Plan

Utah State Hospital
Performance Management Plan

NAME: ___________________________ DATE: ___________________________
Position: Shift Supervising Registered Nurse

Employee ID Number: ___________________________ Appraisal Period: ___________________________

Initial Review: Supervisor’s Signature/Date Employee Signature/Date
First Review: Supervisor’s Signature/Date Employee Signature/Date
Second Review: Supervisor’s Signature/Date Employee Signature/Date
Final Review: Supervisor’s Signature/Date Employee Signature/Date

Overall Rating:
E = Exceptional
S = Successful
U = Unsuccessful

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

I. Mandatory requirements (Annual Training, Health Requirements, Competencies and Policies/Procedures) (put completion date on line)

Section A: (all employees)

_____ Employee Annual Mandatory Training
_____ Annual PPD (testing completed and signed off by infection control RN)
_____ Code of Conduct, Conflict of Interest (signature form completed)

Section B: (requirement specific to employee job duties)

_____ CPR (yearly - advanced CPR for all patient care employees)
_____ SIT training (all unit/programming personnel; supervisors can request other employees to complete training as per job duties)
_____ Nursing Skill Workshop (RN/LPN only)
_____ Defensive Driving (yearly for RT/TRT – every three years for all other employees using state vehicles – signature form required)
_____ Sexual Harassment (every three years – test)
_____ Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The SSRN is responsible for providing administrative service for the hospital during evening/night/weekend/holiday hours.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Directs and supervises hospital personnel during hours when hospital administration is not here, i.e. evenings, nights, weekends, and holidays.
2. Coordinates with on-call administration and department and unit directors concerning hospital issues.
3. Responsible for completing administrative duties that must be handled in the absence of administration and will inform the administrator on-call of any emergency situations.
4. Makes independent decisions when there are no established policies, routines, or written guidelines to meet the situation or circumstance.
5. Works closely with the switchboard and security personnel to provide service to the hospital.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attends 100% of the monthly SSRN meetings.
2. Ensures that units report all incidents immediately and contacts the Administrator On-Call in a timely manner.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

The SSRN is responsible for providing managerial nursing service to the patient areas of the hospital.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Directs and supervises shift nursing personnel on all units during evenings/nights/weekends/holidays.
2. Seeks cooperation of staff to achieve hospital objectives and maintain good interdepartmental relationships.
3. Receives report from preceding shift supervisor and/or unit nurses.
4. Makes complete rounds or visits to all patient care areas each shift noting safety principles, fire hazards, patient care and environment.
5. Receives census and condition reports from nurses on each unit.
6. Assesses patient's conditions and supervises principles and techniques of patient care on each unit.
7. Responsible to provide supplies, equipment, drugs, and medications as needed and obtain them, when necessary, from other areas of the hospital.
8. Helps admit patients as needed
9. Makes arrangements for emergency services.
10. Assists on-call personnel as needed.
11. Portrays role model behavior that is professional, supportive, and appropriate.
12. Exhibits an open, respectful communication to supervisors and subordinates.
STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Complete a supervisory training or seminar, other than that required by HR, once a year and report on it in an SSRN meeting.
2. Read current articles on supervisory skills, techniques, ideas, etc. and maintain a card file for 6 months.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #3

The SSRN is responsible to solve problems and grievances and will provide administrative guidance.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Implements policies, standards, and regulations of Utah State Hospital and nursing services and interprets them to nursing personnel, patients, and the public.
2. Handles incidents and prepares the report.
3. Reports incidents to administrative leaders and unit administration and seeks counsel from them as needed.
4. Demonstrates appropriate judgment and decision-making in solving problems.
5. Demonstrates ability to prioritize duties and problems as they occur.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Write up the activities that occurred on one very busy shift per month and explain how you prioritized them.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #4

The SSRN works closely with the staffing coordinators to assure nursing unit coverage is appropriate.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Receives report from the staffing coordinators each shift.
2. Reviews staffing on each unit and adjusts nursing personnel as the need arises.
3. Responsible for staffing the nursing units on night and day shifts.
4. Receives sick calls, records sick calls appropriately, and reports them to the unit RN.
5. Reports errors in schedules to staffing coordinators.
6. Directs requests for time-off to the appropriate supervisor.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Scrutinizes the acuity numbers for each unit on each shift and educates the RN on the unit about changes that need to be made concerning the inappropriate classification of patients. Provides documentation of doing so.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful
OBJECTIVE #5

The SSRN is a resource for continuing education and knowledge of hospital policies and procedures.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Maintains a readily available copy of new policies and procedures and changes in such in an easily accessible place in their office.
2. Informs nursing personnel of new or revised policies and procedures.
3. Provides and oversees in-service training for nursing personnel working off-hours.
4. Demonstrates new techniques and answers questions regarding patient care.
5. Interprets nursing service policies to medical staff.
6. Assists in orientation of new nursing personnel and role models appropriate nursing care as outlined in hospital policies and procedures.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Completes a drill i.e. Code Blue or Code 10, bi-weekly along with the necessary documentation.
2. Organizes and implements a “brown-bag” in-service for night-shift 4 times in a year.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #6

The SSRN prepares written or verbal reports as directed on patient care and hospital activities.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Gives report to the on-coming shift supervisor or to the Assistant and /or Director of Nursing.
2. Meets with the Director of Nursing on a regular basis to discuss policies and procedures, regulations, standards of care, staffing schedules and concerns, personnel issues and grievances, emergencies, and incidents, etc.
3. Prepares and delivers reports to other hospital administration as requested.
4. Notifies appropriate hospital department supervisors of concerns or incidents that occur during his/her supervising shift.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Collects accurate data on all patients going to the emergency room at UVRMC during the 24 hour time frame that their shift falls in and e-mails the information to the Medical Director, Nursing Administration and the Unit Nursing Director.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?
Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____ I disagree _____ with this overall evaluation

6/89; 10/98; 02/02; 06/03; 4/07 ssrmjd.pol
Chapter 6: Personnel Management & Nursing Administration
Section 30: Unit Clerk Job Description

1. JOB SUMMARY:

The Unit Clerk is a member of the Nursing Discipline of Utah State Hospital. The primary function is to perform duties, i.e., scheduling appointments, transcribing orders, typing, filing, answering phones, etc. as assigned by the Unit Nursing Director. Works within a treatment team context to promote the general health and well-being of the inpatient psychiatric client and to assist his/her return to an optimal level of health.

2. JOB RESPONSIBILITIES:

The Unit Clerk is immediately responsible to the Unit Nursing Director. The Unit Nursing Director is responsible for completing the performance plan and job evaluation with input from other treatment team members as requested. The unit charge Registered Nurse may make assignments to the Unit Clerk when deemed necessary.

3. JOB DUTIES:

The Unit Nursing Director may delegate all or part of the following job responsibilities to the Unit Clerk:

3.1 Administrative Duties:

3.1.1 Meets routinely with the Unit Nursing Director to receive directions regarding delegation of job assignments relating to position and other psych tech positions on the unit.

3.2 Clerk duties:

3.2.1 Schedules appointments for physical therapy, optometry, dental, neurology, speech-hearing, occupational therapy, adult education, court, podiatry, EEG, EKG, ECT, X-ray, vocational rehabilitation, other therapy groups;

3.2.2 Schedules and arranges for transportation of patients to and from off ground appointments including shopping trips, doctor appointments, evaluations and other appointments;

3.2.3 Transcribes physician’s orders to all appropriate places–Kardex, requisitions, pharmacy;

3.2.4 Typing, filing, answering phones, creating forms, updating the nursing Kardex and status sheets, signing patients in and out on passes, maintaining files;

3.2.5 Maintaining individual patient schedules and contacting appropriate parties with consults or changes.
3.2.6 Accurately Inputs, into the computer, required lab-protocol and ordered lab work to be done on a daily basis;

3.2.7 Is conscious of the public relations issues for internal and external customers: takes phone messages for staff;

3.2.8 Assists nurses in making calls during emergencies.

3.3 Performance of Necessary Documentation:

3.3.1 Chart monitoring duties; thinning brown charts and making sure they have the proper forms in the proper order;

3.3.2 Organizes the discharge chart for medical records;

3.3.3 Orders and maintains supply of all forms and maintains the desk area in an organized manner;

3.3.4 Keeps admission charts ready with all pertinent forms present in the chart.

3.4 Active Member of Nursing Discipline:

3.4.1 Is aware of criteria and expectations of job description;

3.4.2 Attends in-services and training programs designed to increase knowledge and data base in psychiatric treatment;

3.4.3 Attends unit and hospital-wide meetings as assigned.

4. QUALIFICATIONS STATEMENT:

The Unit Clerk is expected to be aware of the need for increasing his/her knowledge and expertise in the psychiatric field and is required to attend additional educational experiences to increase his/her knowledge and skills on a monthly basis, i.e., hospital and unit in-services, workshops, seminars, etc.

4.1 Knowledge, Skills and Abilities:

4.1.1 Knowledge of mental health concepts;

4.1.2 Knowledge of safety and security regulations;

4.1.3 Knowledge of medical terminology.

4.2 Education and Experience:

4.2.1 Graduation from a standard senior high school or equivalent, plus one year of full-time paid related employment.
The Unit Clerk is required to follow the personnel standards and policies as set forth in the Utah State Hospital Operational Policy and Procedure Manual. The Unit Clerk is expected, along with the rest of the treatment team, to provide a role model for the psychiatric patients and staff. The Unit Clerk is expected at all times to perform in an appropriate, professional manner with patients and staff.

12-85; 4/94; 9/95; 5/98; 10/00; 2/05; 4/07 unitclkjd.pol
# Unit Clerk Performance Management Plan

## Utah State Hospital

### Performance Management Plan

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE:</th>
<th>POSITION: Unit Clerk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee ID Number</td>
<td>Appraisal Period:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Review:</th>
<th>Supervisor’s Signature/Date</th>
<th>Employee Signature/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Review:</td>
<td>Supervisor’s Signature/Date</td>
<td>Employee Signature/Date</td>
</tr>
<tr>
<td>Second Review:</td>
<td>Supervisor’s Signature/Date</td>
<td>Employee Signature/Date</td>
</tr>
<tr>
<td>Final Review:</td>
<td>Supervisor’s Signature/Date</td>
<td>Employee Signature/Date</td>
</tr>
</tbody>
</table>

### Overall Rating:
- E= Exceptional
- S=Successful
- U=Unsuccessful

---

Sections I and II must be completed for an employee to receive an overall rating of successful or exceptional

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**Section A:** (all employees)

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- Code of Conduct, Conflict of Interest (signature form completed)

**Section B:** (requirement specific to employee job duties)

- CPR (yearly - advanced CPR for all patient care employees)
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- Nursing Skill Workshop (RN/LPN only)
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- Sexual Harassment (every three years – test)
- Job Specific Competency Sheet (yearly – attach signed competency sheet)
II: Improving Organizational Performance

The employee will participate in the Hospital's Organizational Improvement Processes (USHOPP Chapter: Improving Organizational Performance - Section 2: Quality Improvement Plan). The employee will demonstrate that they understand and have participated in at least one IOP project within their service area which follows the hospital's quality improvement plan methodology format (APIE). (Supervisors will assist in assuring the employee has the opportunity to complete this objective).

OBJECTIVE #1

The Unit Clerk is responsible for scheduling appointments for USH clinics and outside consultations. The clerk possesses good customer relation skills.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Schedules and arranges the transportation of patients to and from appointments occurring off grounds.
2. Responsible for the transcription of doctor’s orders to the appropriate places which include Kardex, requisitions and pharmacy.
3. Is the public relations person for internal and external customers and treats all customers with dignity and respect.
4. Communicates effectively, verbally and in writing.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Assist staff in getting patients to all appointments as scheduled 90% of the time i.e. remind the assigned psych tech 15 minutes before the patient needs to leave for an appointment; help arrange transportation for the psych tech to take the patient, communicate with the RN about the scheduled appointments and the status.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #2

The Unit Clerk is responsible for clerical duties as indicated.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Responsible for maintaining a clean and orderly nursing station.
2. Responsible for typing, filing, answering phones, creating forms, status sheets, maintaining files.
3. Accurately inputs, into the computer, required lab-protocol and ordered lab work on a daily basis.
4. Responsible to order and maintain supply of all forms for the nursing station.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Provides in-service for nursing staff on all new forms.
2. Maintains a clerical system tracking lab protocols for all patients.

Overall Rating:
E= Exceptional
S= Successful
U= Unsuccessful

OBJECTIVE #3

The Unit Clerk is responsible for chart monitoring duties.
STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Thins the charts when necessary.
2. Responsible to make sure the charts have the proper forms in the correct order.
3. Organizes the discharge chart for Medical Records.

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Works with UND to have all discharged charts complete within 5 days of patient discharge.

**Overall Rating:**
- E = Exceptional
- S = Successful
- U = Unsuccessful

OBJECTIVE #4

The Unit Clerk works shifts as assigned.

STANDARDS FOR SUCCESSFUL PERFORMANCE:

1. Works an eight-hour shift.
2. Reports to work on time. Complies with the Absenteeism/Tardy Policy and Vacation Request Protocol.
3. Attends meetings as assigned.
4. Exhibits open respectful communication with supervisors and peers (as outlined in the Code of Conduct).

STANDARDS FOR EXCEPTIONAL PERFORMANCE:

1. Attends at least one change of shift daily.

**Overall Rating:**
- E = Exceptional
- S = Successful
- U = Unsuccessful

Interim Comments: Record the employee progress in achieving objectives between reviews. Employee must see all information recorded here and initial and date having done so.

Results and Comments: What has the employee done well? Where does performance need improvement? Are there special circumstances to note?

Employee Development: Ideas for developing the employee to benefit themselves, and the hospital. Special assignments, training, etc.

Employee Comments (Overall Evaluation) This area for employee regarding their agreement or disagreement with the overall evaluation.

I agree _____    I disagree _____    with this overall evaluation

10/00; 8/01; 06/04; 4/07
Chapter 6: Personnel Management & Nursing Administration

Section 31: Scheduling Protocol

Protocol

1. Employee’s schedules are written each calendar month.
   1.1 The monthly schedules are generated by the Scheduling Office via Excel on the computer.
   1.2 The Unit Nursing Directors have access to the program to review their schedules.
   1.3 Each employee can review his/her personal schedule at any time.

2. Employees (RN, LPN, Psych Tech, Clerk, Environmentalist, and/or Mentor) may be granted time off if the staffing pattern on their unit remains at its minimum or higher.

3. Time off requests are completed and turned into the employee’s UND prior to submission to the Scheduling Office. (See: Nursing Policy and Procedure Manual, Chapter 6 - Personnel Management and Nursing Administration; Requesting Vacation and Time Off.)

4. Holiday requests are scheduled through each unit’s UND who coordinates the holiday schedules with the Scheduling Office.

5. All sick calls or personal emergencies are called to the Scheduling Office (4577, 4552, or 4391).
   5.1 If no one answers this phone during day shift, the employee calls the Switchboard at 344-4400.
      5.1.1 The employee does not leave voice mail unless instructed to do so by the Switchboard when there is an emergency.
   5.2 During evenings and nights, the employee calls the switchboard at 344-4400 and requests to speak to the Shift Supervising Registered Nurse (SSRN).

6. The Scheduling Office and SSRN notify the unit RN or UND of any sick calls.
   6.1 The Charge RN works with the SSRN on evenings, weekends, and nights to coordinate immediate needs of the shift.
   6.2 The Staffing Scheduling Coordinator works with the UND during weekdays to coordinate immediate needs of the shift.

7. Schedules may ONLY be changed by the Scheduling Office.

8. Employees are not allowed to modify their schedule without approval from the UND.
8.1 Trading shifts is not allowed if it creates a situation in which an employee works greater than 40 hours during the work week (unless approved by the UND).

9. Overtime shifts for nursing coverage must be coordinated through the Scheduling Office and the UND or the SSRN.

10. All employees within the Nursing discipline are subject to being moved to another unit to ensure adequate staffing coverage hospital wide.

10.1 Failure to move to another unit for hospital staffing needs will result in disciplinary action.

11. Whenever a unit has a shift that is working with more than their minimum staffing as per the acuity system, and all hospital staffing is adequate for the immediate shift, the UND/SSRN or charge RN may opt to send an employee home to use their comp or excess time.

11.1 When this occurs, it is reported to the Scheduling Office for tracking purposes.

5/98; 10/98; 10/00; 11/04; 4/07 sched2.pro
Chapter 6: Personnel Management & Nursing Administration

Section 32: Scheduling and Shift Differential

Policy

The Utah State Hospital provides 24-hour nursing coverage generally divided into three eight-hour shifts. Nursing personnel (RNs, LPNs, and psych techs) receive differential pay for working specific shifts when they are providing direct patient care. (See USH: OPP Human Resources Chapter Section 15 Shift Differential)

Procedure

1. The working shifts for LPNs and Psych Techs are as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>2230-0700</td>
<td>NIGHTS</td>
<td>1</td>
</tr>
<tr>
<td>0630-1500</td>
<td>DAYS</td>
<td>2</td>
</tr>
<tr>
<td>1430-2300</td>
<td>EVENINGS</td>
<td>3</td>
</tr>
</tbody>
</table>

   1.1 The first shift of the day starts at 2230 of the previous day. e.g. Friday night 2230 to Saturday AM 0700 is shift 1 for the calendar date for Saturday. Saturday 0630 to Saturday 1500 is shift 2 for the calendar date for Saturday. Saturday 1430 to Saturday 2300 is shift 3 for the calendar date for Saturday.

2. The working shifts for RN's are as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>0600-1830</td>
<td>Shift 4</td>
</tr>
<tr>
<td>1800-0630</td>
<td>Shift 5</td>
</tr>
</tbody>
</table>

   8 hour shifts for RN's as above for LPNs and Psych Techs.

3. RN's schedules are made out using 4 and 5 to delineate 12 hour day shift and 12 hours night shift. LPNs and Psych Techs’ schedules are made out using 1, 2, and 3 as stated above to designate shifts for each calendar month.

4. When a nursing staff member is sick and calls off for a shift, they call the Scheduling Office or Shift Supervising Registered Nurse (SSRN) to report their illness.

   4.1 The Scheduling Office or SSRN notifies the unit RN on shift of the staff member’s proposed absence.

   4.2 The Scheduling Office or SSRN attempts to cover the vacancy created by the sick notification by use of the acuity pool or by pulling a staff member from another unit.
4.2.1 If the Scheduling Office or SSRN is unable to cover the vacancy, the unit RN is notified of the lack of coverage.

4.2.1.1 The unit RN can arrange for a unit staff member to work the shift as an extra shift per Human Resource Policy.

5. When a nursing staff member requests vacation or other leave time, the request is in writing and is submitted according to the Requesting Vacation and Time Off Policy (see Nursing Policy and Procedures; Chapter 6, Personnel Management and Nursing Administration; section 33.).

6. Differential pay is paid on shifts which include more than half of the hours within the “off” shift. Day shift Monday through Friday is not paid differential.

7. Differential pay is not paid to employees participating in camping trips.

8. Vacations, holidays, sick leave, and compensatory leave are paid at the regular rate of pay and do not include differential pay.

12-87; 1/94; 4/98; 10/00; 02/03; 6/04; 11/04; 4/07 schedu.pol
Chapter 6: Personnel Management & Nursing Administration
Section 33: Requesting Vacation and Time Off

Policy

Employees request vacation in a timely manner to maintain workplace efficiency, provide excellent inpatient psychiatric care and to maintain a safe work environment.

Procedure

1. Nursing staff (RN, LPN, Psychiatric Technician, Senior Psychiatric Technician, Unit Clerk, and Environmentalist) schedules are generated by the Scheduling Coordinator, via the Excel program in the computer.
   1.1 The Unit Nursing Director is responsible to maintain unit staffing patterns by managing, reviewing, and approving requested time off.
   1.2 The Scheduling Coordinator maintains the actual schedule and is responsible to make changes and assign acuity.
   1.3 Each employee can review his/her personal schedule through the UND, scheduling office, or shift RN.

2. When a nursing employee wants time off for vacation, a vacation request form must be filled out completely.

3. When requesting vacation, the employee must follow these guidelines:
   3.1 If requesting more than 2 consecutive days off, the employee must complete a vacation request form at least 6 weeks prior to the dates desired. Requesting vacation with at least a 6-week notice is given first priority.
   3.2 If requesting 1-2 consecutive days off, the employee must complete a vacation request form at least 2 weeks prior to the dates desired.
   3.3 Requesting vacation with less than a 2-week notice, generally, will not be granted. Exceptions to this must be authorized by the UND and Nursing Administration.
   3.4 The Scheduling Coordinator does not authorize vacation requests.

4. The vacation request forms are reviewed by the UND for approval or rejection.
   4.1 The UND submits request forms to the Scheduling Coordinator.
   4.2 The Scheduling Coordinator arranges coverage for the requested vacation, notifies the UND and files the requests.
4.2.1 The UND notifies the employee of approved vacation.

4.3 If the Scheduling Coordinator is unable to cover the requested vacation, the UND is notified and notifies the employee.

4.3.1 If an employee calls in sick for a shift on a day when requested vacation has been denied, the employee is required to submit a Physician's note, dated the same day of the sick call, to the UND.

4.3.2 Failure to present a Physician's note will result in corrective or disciplinary action.

5. Holiday requests for major holidays (i.e. Thanksgiving, Christmas and New Years) are scheduled through the UND in September, prior to each season.

5.1 Each employee submits a prioritized preference of holiday time off to the UND.

5.2 The UND may limit the amount of time off requested during the holiday season, to assure patient care for acuity needs.

5.3 The UND submits the holiday schedule to the Scheduling Coordinator to generate the schedule.

5.4 Sick calls on national, state or local holidays, including the day and/or weekend before and the day and/or weekend after the holiday, shall require a physician's note explaining the absence.

6. Schedules may ONLY be changed by the Scheduling Coordinator in the Scheduling Office.

7. Employees are not allowed to modify their schedule without approval from the UND.

7.1 Trading shifts is not allowed if it creates a situation in which an employee works greater than 40 hours a week (unless approved by the UND).

7.2 A trade slip is submitted to the UND with both employees' signatures.

7.3 If the UND authorizes the shift trade he/she notifies the Scheduling Coordinator of the trade and the Scheduling Coordinator inputs it into the Excel-schedule.

7.4 The Scheduling Coordinator does not authorize shift trades.

6/03; 08/03; 4/07 vacation request
Chapter 6: Personnel Management & Nursing Administration
Section 34: Sexual Misconduct between Patient and Staff

Policy

Sexual involvement of staff with patients is inappropriate and is not condoned. The relationship between staff and patient is professional and not for social purposes. Any departure from that position compromises legitimate treatment efforts and care provisions for the patient.

Examples of inappropriate behavior include, but are not limited to:
- Flirtatious behavior
- Dating
- Fondling and other inappropriate physical contact
- Seduction
- Overt sexual contact/relations
- Language that is sexually abusive or laden with inappropriate sexual content
- Threats or manipulation for sexual favor (See USH: OPP Human Resources Chapter Section 11 Sexual Misconduct Between Patient and Staff)

Procedure

1. Disciplinary Action: Violation of this policy by staff is considered a major infraction and will be subject to severe disciplinary action, and may include termination of employment.

2. Reporting Sexual Misconduct: Staff who become aware of such activity, or receive a complaint, are responsible to report misconduct through designated channels.

3. Violations of this policy are reported to Child Protective Services (CPS), Adult Protective Services (APS), and the Division of Professional Liability (DOPL) as applicable.

Taken from USH OPP 5/98; 11/00; 8/01; 2/05; 4/07 sexmiscond.pol
Chapter 6: Personnel Management & Nursing Administration

Section 35: Staffing

Policy

Nursing Administration has the authority to re-align nursing staff between units to obtain more optimal nursing coverage for all patient care units throughout the hospital.

Procedure

1. Staffing needs are identified through the hospital’s acuity system and established minimum staffing guidelines.

2. The unit RN reports staffing and acuity to the Scheduling office or Shift Supervising Registered Nurse (SSRN) every shift (prior to the beginning of the next shift).
   2.1 Any overtime usage to help meet minimum coverage is also reported to the Scheduling office or SSRN.

3. The Scheduling office and SSRN assign Acuity Psych Techs to cover unit needs based upon the level of acuity.

4. When there is not adequate coverage through use of the Acuity Pool, the Scheduling office and SSRN contact staff members who may be willing to work the shift.
   4.1 When the Scheduling office or the SSRN are unable to find a staff member to cover the empty shift, they discuss the situation with the UNDs and Nursing Administration, if necessary.

5. When there is no staff member available to provide the needed coverage, a staff member can be pulled from a unit where there is adequate coverage to the unit where there is a shortage.
   5.1 All staff members can be pulled from one area to another to optimize staffing patterns.
   5.2 When no RN is available to cover a specific area, the UND is contacted to assist with coverage.
   5.3 Failure to move to another unit for hospital staffing needs will result in disciplinary action.

6. When a staff Scheduler is unavailable, the SSRN completes the above tasks.

7. Variances in staffing levels are documented and reported to Nursing Administration and the Hospital Clinical Director as requested.

8. Nursing staff are cross trained to provide coverage throughout the hospital to meet acuity needs.
8.1 All nursing staff are trained during NEO and Nursing orientation in basic nursing duties so they can work effectively on specific units other than their primary assignments.

8.2 When possible, staff are pulled to units with similar populations i.e. children’s and youth, or adult patients.

4/98; 8/01; 2/05; 4/07 staff.pol
Chapter 6: Personnel Management & Nursing Administration
Section 36: Staffing Patterns

Policy

Nursing staff are assigned to meet patient care needs through a combination of unit assigned staff and centrally assigned staff.

Procedure

1. Each patient care area (unit/service) schedules to meet minimal staffing patterns.

<table>
<thead>
<tr>
<th>UNIT/SERVICE</th>
<th>RN Minimum</th>
<th>LPN Minimum</th>
<th>Psych Tech Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s</td>
<td>1 D 1 E 1 N</td>
<td>0 D 0 E 0 N</td>
<td>4 D 5 E 1 N</td>
</tr>
<tr>
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2. A centralized nursing acuity pool is utilized to provide patient acuity based staffing.

   2.1 The Registered Nurses (in full-time positions) are utilized to provide 1 RN per 30 patients per shift.

   2.2 3.0 FTE’s of RN positions are utilized exclusively for acuity needs being deployed on a shift-to-shift basis.

   2.3 Part-time Registered Nurses and Licensed Practical Nurses are utilized when possible to provide Utah State Hospital staffing coverage.

3. There are psychiatric technicians in a personnel pool who are deployed on a shift-to-shift basis.

4. The minimal staffing patterns and patient acuity based staffing system are reviewed at least annually as part of continuing quality improvement for Nursing (see minutes, UND CQI meeting).

1/91; 1/94; 9/95; 4/98; 10/00; 2/05; 4/07 stafpatt.pol
Chapter 7: Safety
Section 1: Elopement

Policy

Utah State Hospital responds to elopements to ensure patient and community safety. In the event of patient elopement, hospital personnel follow a facility-wide procedure. (See USH: OPP Patient Management Chapter Section 30 Elopement Procedure)

Procedure

1. In the event of an elopement, the person directly responsible for the patient's supervision immediately notifies the unit Registered Nurse, the Shift Supervising Registered Nurse (after hours), the switchboard operator and Security.

   1.1 The emergency number for reporting an elopement is ext. 44222.

   1.2 When reporting an elopement to the switchboard, a brief description of the patient is given, including name, age, hair color, clothing description, and last place seen.

2. Upon notification of an elopement, hospital security immediately coordinates with the unit personnel (and SSRN if after hours) a search of the hospital grounds (if the elopement is from the hospital grounds).

   2.1 When possible, two staff members who are acquainted with the elopement patient assist with the search.

3. Upon implementation of a search, the hospital chief of security, or designee, notifies the appropriate police department(s).

   3.1 Upon request, the hospital chief of security, or designee, provides the appropriate police department(s) with a picture or any identifying information of the patient.

   3.2 The appropriate police department(s) is requested to notify the National Criminal Intelligence Center (NCIC) of the elopement.

4. During weekdays 8 am - 5 pm, the RN or designee notifies the unit Supervising Medical Team members and Utah State Hospital Administration.

   4.1 The unit SMT is responsible to notify the patient’s Mental Health Center, the patient's family members, and Tarasoff person(s) if applicable.

5. If the elopement occurs after hours (evenings, nights, weekends, holidays) the Unit RN notifies the SSRN, the psychiatrist on call, the Unit AD, the patient’s Mental Health Center, the patient's family, and the Tarasoff person(s) if applicable.

   5.1 If the elopement occurs on Youth or Children’s the unit RN also arranges to contact the Division of Children and Family Services (DCFS) to notify the patient’s DFS case worker.
5.2. The SSRN notifies the Administrator on call, the Superintendent, and the Hospital Clinical Director.

6. The unit RN completes an elopement report in Patient Incident Review in E-chart before leaving the shift.

6.1 After hours, the unit RN also documents contacts or attempts to contact Tarasoff person(s), family members, and the patient’s Mental Health Center.

6.2 The Unit Administrative Director is responsible to complete the administrative follow-up section of the PIRS as the elopement report to administration. The UND completes this if the AD is not available.

7. When an elopement is apprehended, the unit notifies the switchboard.

7.1 The switchboard notifies hospital security and the SSRN (when on duty).

7.2 The unit RN notifies the Unit AD, the Unit psychiatrist, the psychiatrist on call, and the Tarasoff person(s) if applicable.

7.3 The SSRN notifies the administrator on duty and the Superintendent.

7.4 The chief of security notifies the appropriate police department(s).

7.5 The unit RN or Treatment Coordinator notifies the family and the patient’s Mental Health Center.

7.6 The unit RN or Treatment Coordinator on Youth and Children’s notifies DCFS.

8. Following an elopement, meetings with the staff and also with the patients (where appropriate) is held to discuss all aspects of the elopement.

8.1 A summary of this meeting is presented in the hospital morning meeting.

9. Elopements occurring at locations other than the hospital are assessed by the clinical staff supervising the patients for appropriate action.

9.1 In such an event, the above procedure is followed.

10. Any updated information regarding the patient who has eloped (such as information regarding whereabouts, safety concerns, return of patient, or other information) is communicated to USH Utah State Hospital administration by the unit SMT or charge nurse depending on the time the information is received.

10.1 The SSRN represents USH Administration during evenings, nights, weekends or holidays.

5/98; 8/00; 10/00; 2/05; 4/07 awol.pol
Chapter 7: Safety
Section 2: Body Mechanics

Policy

All nursing discipline personnel are taught to use correct body mechanics to prevent injury to self and the patient.

Procedure

1. All nursing discipline personnel are taught the correct methods of moving and/or lifting patients.

2. Risk Management monitors staff injuries. When injuries occur secondary to poor body mechanics, the specific unit holds in-services reinforcing correct body mechanics.

3. The Legacy Unit is a unit with a high risk for back injury and thus holds regular in-services for staff on the use of correct body mechanics.

8/87; 1/94; 5/98; 8/01; 2/05; 4/07 bodymech.pol
Policy

Employees required to take medication while on duty at Utah State Hospital must maintain their medication in a safe, secure, non-patient area.

Procedure

1. Employees on medication bring only enough medication to be taken during their shift.

2. The medication is kept in the employee’s personal lock up area or in the employee’s car, which is kept locked.

3. Medication is not kept on the employee’s person when the employee works directly with patients.

5/98; 8/01; 2/05; 4/07 empmeds.pol
Chapter 7: Safety
Section 4: Fire Evacuation Plan

Policy

Treatment units respond to fire alarms according to the procedure outlined below in order to maintain patient, employee, and visitor safety. (See USH: OPP Risk Management Chapter Section 7 Fire Drills)

Procedure

1. When the fire alarm sounds, the units evacuate their areas as follows:
   1.1 Children’s Treatment Unit and Adolescent Treatment Unit evacuate to a designated area a safe distance from the building.
   1.2 Adult Services areas evacuate to another smoke containment area if there is only one area of the building involved in the fire, or to the outside of the building if two areas of the building are involved in the fire.
   1.3 Forensic areas evacuate to another smoke containment area of the Forensic building.
      1.3.1 If the entire building must be evacuated, the patients and staff evacuate to the fenced-in recreational yard for transportation to another area of the hospital.
   1.4 The Legacy Unit lines up at the door if the alarm is a fire drill and the units have been pre-notified.
      1.4.1 If not notified, they evacuate to a designated area a safe distance from the building.

2. Staff not assigned to a specific unit evacuate the building with special attention to patients in the building (Heninger - canteen, pool, gym; MS - clinics).

5/98; 8/00; 2/05; 4/07 fire.pol
Chapter 7: Safety
Section 5: Refrigerator Checklist

Policy

A refrigerator checklist is completed for each refrigerator located on a patient care unit.

Procedure

1. All medication refrigerators on patient care units are monitored on a daily basis for a temperature range between 35 to 46 degrees Fahrenheit.
   
   1.1 The freezer compartment of medication refrigerators is not used for medication.
   
   1.2 All medication refrigerator freezers have a sign on them indicating they are not being used.
   
   1.3 All medication refrigerators are connected at all times to an emergency back-up power source.
   
   1.3.1 Any deviation from proper storage conditions must be immediately reported to the Pharmacy Director for evaluation and resolution.

2. All dietary refrigerators on patient care units are monitored on a daily basis for a temperature range between 34 to 40 degrees Fahrenheit.

3. All refrigerators on patient care units are cleaned at least weekly or more often as needed.

4. All refrigerators on patient care units have contents checked for proper storage, labeling, outdates, and rotation purposes at least monthly.

5. A refrigerator checklist section is completed monthly for each refrigerator on patient care units. The originals are kept on the unit and a copy of the medication refrigerator checklist is sent to Nursing Administration. A copy of the dietary refrigerator checklist is sent to dietary.

6. Refrigerator checklists are kept on file for a minimum of one year in an easily accessible manner.

8/87; 1/94; 5/98; 8/01; 02/03; 2/05; 4/07 fridges.pol
Chapter 7: Safety
Section 6: Keys

Policy

Key control is the responsibility of the Office of Human Resources and the Supervisor of Support Services. All locksmith services, including repair, key or lock changes or replacements, duplicate or replacement for existing locks, and lock changes are procured only through the established procedure. (See USH: OPP Human Resources Chapter Section 15 Key Control)

Procedure

1. Human Resources maintains the key records.
   1.1 These records include all facility keys, and key holders.
   1.2 These records are kept current at all times.

2. Support Services maintains the lock records.
   2.1 The records include all facility locks.
   2.2 The records are kept current at all times.

3. New Hires: Employees are assigned an identification number which appears on the key tag issued by the Human Resources technician at the time of hire.
   3.1 Human Resources issues keys to new hires at which time the employee reads and signs a Key Agreement form which lists the keys issued to the employee and the penalties for violating said agreement.
      3.1.1 Keys issued in accordance with this policy may not be duplicated by the holder. Such action constitutes grounds for disciplinary action which may include termination.

4. Unit Transfers: When a current employee transfers from one unit to another, the Administrative Director/Unit Nursing Director sends an e-mail to Human Resources to request a new key.
   4.1 The employee turns in the keys from the original unit to Human Resources.
   4.2 Using the Key Agreement form signed by the employee, Human Resources verifies that all keys issued to this employee were returned.
   4.3 Human Resources then issues keys to the employee for the new unit at which time the employee signs a new Key Agreement form listing the new keys.

5. Terminations: Upon termination, the employee turns in his/her keys to Human Resources.
   5.1 The original Key Agreement form, is obtained and checked to ensure that the keys given to the employee have been returned.
5.2 The Identification Tag is returned to the Human Resources technician, and the number is re-issued to another employee.

6. Provisions are made for short-term requirements on a sign-out basis.

7. Additional requests for keys are issued when the person making the request completes an Additional Key Request form signed by supervisor and then approved by Human Resources and the Supervisor of Support Services.

7.1 Upon approval, Human Resources issues the new keys to the employee and updates the employee’s original Key Agreement form.

8. The employee is responsible for the cost of replacing lost keys and coinciding locks.

8.1 The cost for replacing a key or a set of keys is $50.00.

8.2 This fee must be paid before a new key or set of keys is issued.

9. Unit/Department directors authorize the type of keys to be issued to employees.

10. Patient industrial workers may carry only those keys that are necessary for entrance onto the unit or department after approval from the Administrative Director and from their industrial supervisor.

11. An individual's keys may be checked at any time to ensure that appropriate keys are being utilized as assigned.

11.1 Employees are required to turn in their keys at any time when requested.

11.2 Keys are not the property of the individual but are the property of the Utah State Hospital.

5/98; 8/00; 03/02; 2/05; 4/07 keys.pol
Chapter 7: Safety
Section 7: Medication/Treatment Room Checklist

Policy

A medication/treatment room checklist is completed for each medication and/or treatment room located on a patient care unit.

Procedure

1. All medication/treatment rooms are monitored at least monthly.

2. All medication/treatment rooms are checked for refrigeration, safety hazards, environment, emergency equipment, and medications.

3. All medication/treatment rooms are cleaned at least weekly or more often when needed.

4. A medication/treatment room checklist is completed for each room on a monthly basis. The original is kept on the unit.

5. Medication/treatment room checklists are kept on file for a minimum of one year in an easily accessible manner.

8/87; 1/94; 5/98; 8/01; 2/05; 4/07 medroom.pol
Chapter 7: Safety
Section 8: Census Verification/Patient Roll

Policy

Patient census verification is checked and updated daily on each patient treatment unit. The census verification sheet is used as an hourly patient roll to verify the presence of patients on each unit.

Procedure

1. The Unit RN on night shift checks the computer census verification list for patient accuracy.
   1.1 The Unit RN on night shift updates the census verification on the computer, i.e. home visit, trial leave, elopement, medical separation, court visits, admission or discharge of patients is noted on the verification screen.
   1.2 The Unit RN on nights prints off a 24 hour patient verification roll sheet after midnight to be used the next day beginning at 0700.
   1.3 If a change occurs and is not recorded on the computer within the 24 hour reporting period that it occurred, the Unit RN e-mails the change to medical records and medical records makes the change in the census verification.

2. The Unit Administrative Director verifies the accuracy of the census verification the following work day.

3. The patient verification rolls are gathered and retained by the Unit Nursing Director for three months.

2/03; 04/03; 4/07 census verif/roll.pol
Chapter 7: Safety
Section 9: Patient, Employee, and Visitor Safety

Policy
The Utah State Hospital maintains a safe environment for patients, employees, and visitors.

Procedure
1. The environment at the Utah State Hospital is kept safe for patients, employees, and visitors through several mechanisms that include, but are not limited to, Life Safety Committee and Infection Control Committee.

2. Life Safety Committee makes routine inspections of all areas of the hospital to assess for any unsafe areas. When items or areas are found to be out of compliance, the committee channels the information to the correct department for correction or repair.

3. Infection Control committee monitors all areas of the hospital and holds in-services with each area of the hospital to correct the deficiencies found during the surveillance.

4. When an injury occurs with a patient, Hospital Risk Management reviews the incident and identifies problems that must be corrected.

5. When an employee is injured, an industrial injury form is completed within 24 hours. A nurse assesses the injury and the employee is sent to an outside provider if the injury is significant. Hospital Risk Management monitors these incidents to provide a method for corrections of identified problems.

6. When a visitor is injured, the visitor is sent to an outside provider for care. Hospital Risk Management follows up on such incidents with the visitor and also identifies any problem areas.

1/94; 5/98; 8/00; 2/05; 4/07 ptsafety.pol
Chapter 7: Safety
Section 10: Violence Prevention

Policy
All nursing discipline personnel are trained in safety intervention techniques and Psychiatric Technicians are competent in physical violence intervention techniques. (See USH: OPP Special Treatment Procedures Chapter Section 8 Safety Intervention Techniques Training)

Procedure
1. All new employees are taught the Safety Intervention Training (SIT) course.
   1.1 Employees are required to pass a competency test at the end of their training.
   1.2 Employees who do not pass their test are required to re-take the training and test.
2. All employees are required to attend the annual mandatory in-service on violence prevention.
   2.1 Non-direct patient care staff may be required to attend a modified SIT training as determined by their supervisor.
3. SIT training emphasizes the theories of verbal intervention and escape techniques as outlined in the SIT manual.
   3.1 Physical intervention is used only as a last resort and only by personnel trained in hospital approved techniques.
4. Trained staff members use the bite release, hair pull release, and the choke hold release as explained in the SIT manual.
5. Approved wrist-lock holds are used only by security staff. (Exceptions to this policy allow staff to use a wrist-lock hold as outlined in SIT training and include hair pulls, life-saving measures, and a patient with a weapon.)
   5.1 This technique is not used on the Children’s or Legacy units.
   5.2 This technique is used only when two or more staff are present.
6. When verbal intervention and/or the above techniques are not effective in calming a patient, other restraining procedures can be employed which include wall restraining, floor restraining or modified take down procedures as taught in the physical intervention training portion of SIT.
7. If unit staff continue to have difficulty de-escalating the patient, Security may be called to assist.
   7.1 When Security personnel arrive on the scene, they guide the staff through the process of implementing safety technique procedures based on their training and expertise in handling security issues.
7.2 Physical restraint is initiated only when the nurse in charge determines that such intervention is necessary for the safety of the patient, staff, and/or others.

8. The RN is accountable for all situations that occur on the unit and is responsible to make or delegate decisions regarding the use of safety intervention techniques.

9. Personnel involved in an incident which requires safety intervention techniques document a description of the incident and the types of interventions used in the progress notes of the patient's record.

10. The goal of the nursing discipline is to maintain the least restrictive setting for each individual patient. When a patient becomes agitated, methods of intervention range from the least restrictive: i.e.: verbal intervention, to the most restrictive; i.e., seclusion on a continuum. For more detailed information refer to Section IX: Special Treatment Procedures.

11. Staff involved in a situation where safety intervention techniques were employed are encouraged to process the event to evaluate areas of strengths and areas that could be improved.

1/89; 1/94; 9/95; 5/98; 8/00; 1/01; 04/04; 4/07 sit..pol
Chapter 7: Safety
Section 11: Employee Theft or Financial Impropriety

Policy
Utah State Hospital employees are expected to use state resources honestly and to follow the Department of Human Services Code of Ethics. This includes respect for other hospital employee and patient belongings. In accordance with the Division of Finance Employee Theft or Financial Impropriety policy, FIACCT 05-11.00, problems or potential problems involving employee theft or financial impropriety are immediately reported to the appropriate hospital personnel (see below). Disciplinary action will be taken in the event of a violation resulting in personal gain, harm, or loss to another employee, the state, or a client. (See USH:OPP Risk Management Chapter Section 5 Reporting Abuse, Theft and Criminal Activity)

Definitions
1. Theft: Obtaining or exercising unauthorized control over the property of another.
2. Financial Impropriety: Misuse of state funds for personal gain or other inappropriate activities.

Procedure
1. Reporting and investigating employee theft or financial impropriety which appears to involve $50.00 or more:
   1.1 When an employee theft or financial impropriety, which appears to involve $50.00 or more, is suspected or occurs, it is reported immediately to the Hospital Director of Safety Management, the Hospital Security Supervisor, or the Hospital Legal Services Manager. The Hospital Legal Services Manager reports the incident to the Director of the State Division of Finance and to the Attorney General's Office.
   1.2 The Safety Management Office investigates promptly and thoroughly actual or suspected incidents of employee theft or financial impropriety which appear to involve $50.00 or more. The supervisor or manager of the area in which the incident occurred facilitates and participates in the investigation as necessary.
      1.2.1 Investigation findings are documented and forwarded to the Hospital Legal Services Manager.
      1.2.2 The Hospital Legal Services Manager reports investigation findings to the Director of the State Division of Finance and the Attorney General's Office.
2. Reporting and investigating employee theft or financial impropriety which appears to involve less than $50.00:
   2.1 When an employee theft or financial impropriety, which appears to involve less than $50.00, is suspected or occurs, it is reported immediately to the Hospital Director of Safety Management, the Hospital Security Supervisor, or the Hospital Legal Services Manager.
2.2 The Safety Management Office investigates promptly and thoroughly actual or suspected incidents of employee theft or financial impropriety which appear to involve less than $50.00. The supervisor or manager of the area in which the incident occurred facilitates and participates in the investigation as necessary. Investigation findings are documented and forwarded to the Hospital Legal Services Manager.

3. Police involvement in investigations of employee theft or financial impropriety:

3.1 When any incident of employee theft or financial impropriety is reported, it is the responsibility of the Hospital Director of Safety Management to involve the local police authorities when deemed appropriate. If the Director of Safety Management makes the decision to not involve the police, such decision is supported by documentation.

4. Action taken in the event of employee theft or financial impropriety:

4.1 Disciplinary action is taken in accordance with DHRM (Department of Human Resource Management) Rules in the event of a violation resulting in personal gain, harm, or loss to another employee, the state, or a client.

4.1.1 Disciplinary action includes but is not limited to: reprimand, verbal warning, corrective action, suspension, demotion or termination, and legal action.

4.1.2 In the event that disciplinary action is not taken, the reasons for not taking such action are documented in the employee record.

5/98; 8/00; 2/05; 4/07 theft.po
Chapter 7: Safety
Section 12: Tarasoff Warning

Policy

In accordance with UCA 78-14a-102, the Utah State Hospital makes reasonable effort to notify persons who are the subject of a threat made by a patient residing at the hospital, or when a victim requests to be notified of a patient's discharge. (See USH: OPP Manual Risk Management Chapter Section 6)

Procedure

1. Whenever a patient communicates to a staff member an actual threat of violence toward an identifiable, or reasonable identifiable person, that staff member documents the threat in E-chart and reports it to the Legal Services Manager/designee and Unit Administrative Director. The Legal Services Manager or designee notifies a law enforcement officer or agency.

   1.1 A victim may also request that he/she be notified when a patient is away from the hospital or is discharged.

2. The Legal Services Manager/designee makes reasonable effort to contact the person or persons who are the subject of the threat and then notifies a law enforcement officer or agency. Documentation of the attempts and contact will be kept by the Legal Services Manager/designee initially and placed in the patient's permanent chart after six months.

3. The Unit Administrative Director or designee informs the unit of the person or persons to be notified should the patient elope, go on a home visit, go on therapeutic leave, or be discharged.

   3.1 The Tarasoff Warning is placed on the outside of the patient's working chart by the Unit Administrative Director/designee.

4. Prior to a patient going on a home visit, going on therapeutic leave, or being discharged, the Unit Administrative Director is responsible to contact those persons listed on the Tarasoff Warning.

   4.1 The Unit Administrative Director may delegate this responsibility if necessary.

   4.2 In the event that the patient elopes, the Unit Administrative Director/designee is responsible to contact those persons listed on the Tarasoff Warning as soon as reasonably possible.

   4.2.1 In the event that the patient elopes after regular working hours, on a weekend, or on a holiday, the unit is responsible to notify the psychiatrist on-call and the administrator on-call who then designates a staff member to contact those persons listed on the warning.

20. Notification of those persons listed on a Tarasoff Warning is documented in the chart and a copy is provided to the Legal Services Manager/designee.

10/00; 2/05; 4/07
Chapter 8: Documentation
Section 1: Legal Aspects of Charting

Policy

Utah State Hospital maintains the patient chart as a legal document: it is subpeonable and is a permanent record.

PROCEDURE

1. Guidelines to entering notes:

   1.1 All patients admitted to the hospital are entered into the electrical chart (E-chart) system.

   1.2 All progress and data notes are entered into E-chart on the computer.

      1.2.1 In the case of computer failure, there are blue note forms located on each unit to be utilized for patient charting until the computers are restored.

   1.3 The name of the staff member entering the note along with the date and exact time of the entry appears on the note entry screen.

   1.4 Any questions concerning errors made or late entries are addressed in the Help section of E-chart.

7/83; 9/93, 1/94; 5/98; 8/00; 2/05; 4/07 charting.pol
Chapter 8: Documentation
Section 2: Confidentiality

Policy

All Utah State Hospital employees, volunteers, and students are responsible for maintaining the confidentiality of all patient information as confidential information. (See USH: OPP Medical Records Chapter Section 2: Confidentiality and Disclosure and Patient Rights Chapter Section 1 Patient Rights)

Procedure

1. New employee orientation includes education on the importance of patient rights and confidentiality.

2. Members of the nursing discipline do not share patient information with non-employees of Utah State Hospital.
   
   2.1 Information shared within USH is on a need-to-know basis only.
   
   2.2 All patient inquiries are channeled through medical records.

3. Nursing discipline employees do not discuss hospital and patient issues with news media.
   
   3.1 All inquiries are channeled through the Public Relations Officer. (See Official Communication Policy & Procedure, Personnel Management and Nursing Administration)

4. The staff nurse may share pertinent medical information with outside providers only as indicated by physician orders and/or in emergency situations.
   
   4.1 On a medical separation transfer, copies of the following information accompanies the patient:
      
      4.1.1 Continuity of nursing care sheet (yellow card stock)
      
      4.1.2 Current page of the Physician’s orders
      
      4.1.3 Pertinent lab tests/results (most recent)
      
      4.1.4 History and Physical (most recent) to include the 90-day update medical note.
      
      4.1.5 Pertinent medical progress notes for the last 24 hours
      
      4.1.6 Nursing emergency transfer sheet
      
      4.1.7 Medication sheets (allergies highlighted)
      
      4.1.8 Chart cover personal information sheet
      
      4.1.9 Advance directives
4.1.10 Immunization record (children only)

4.1.11 Consent to Invasive Medical Treatment form

5. Nursing students and volunteers do not share patient information with personnel outside the specific unit to which they are assigned.

5.1 Nursing students do not discuss hospital and patient issues with non-employees, including family, friends, or media personnel.

6. Nursing students may use patient data for assignments, but cannot use names or other identifying data.

6.1 Patients may refuse student access to his/her medical record.

12/87; 10/88; 9/93; 4/98; 9/03; 4/07 confid.pol
Chapter 8: Documentation
Section 3: Role of the Nurse in Discharge Planning

Policy

The nurse, as a member of the multidisciplinary treatment team, is an active part of patient discharge planning.

Procedure

1. In preparation for discharge, the patient's continuing care needs are assessed.

2. The nurse makes recommendations to the treatment team concerning needed referrals for care after discharge.

3. The nurse completes the nursing discharge summary upon discharge of the patient.
   
   3.1 The patient or significant other reviews the form and then signs it.
   
   3.2 The yellow copy of the form accompanies the patient.
Chapter 8: Documentation
Section 4: Physician’s Orders

Policy

Patients receive all treatments, medications, and services ordered on the physician's order sheet or entered into the E-pharmacy section of E-chart.

Procedure

1. Hospital psychiatrists, physicians, and nurse practitioners write their orders for treatment, clinic appointments, and/or outside provider services on the physician's order sheet.

   1.1 Orders for medications are entered into E-pharmacy.

   1.2 Telephone orders are written as given, read back to the physician as written, and the physician repeats it back to the nurse.

2. All written orders are signed off in black ink by the Unit Clerk, Licensed Practical Nurse, and/or Registered Nurse with a straight line under the last line of the order and up the left hand side of the order. At the bottom of this line, the person signing off the order must write first name, last name, title, date, and time.

3. All written orders are verified by an RN within 4 hours.

4. There must be 2 signatures signing off all physician's written orders with at least one signature that of an RN.

7/89; 9/93; 5/98; 8/00; 2/05; 4/07 mdordersht.pol
Chapter 8: Documentation
Section 5: Nursing Care Plans

Policy

A nursing care plan is developed (through use of the nursing process) as a part of the multidisciplinary treatment plan for each patient.

Procedure

1. Upon admission a nursing assessment is completed on each patient. This is completed within 4 hours of admission. The nursing assessment includes an initial problem list and plan of care. (See Nursing Assessment p/p)

2. At the time of admission, the Registered Nurse makes a note in the progress notes.

3. Within 72 hours of admission, the Registered Nurse completes the nursing portion of the provisional Individual Comprehensive Treatment Plan (ICTP) focusing on the patient's major psychiatric and medical problems.

4. Within 14 days of admission, a formalized nursing care plan is completed in the ICTP on each patient. The care plan incorporates problems identified on the Individual Comprehensive Treatment Plan (ICTP), but focuses on specific behaviors within the overall problems.

5. The nursing care plan is reviewed and updated as the patient's condition changes.

6. Weekly nursing progress notes focus on the problems identified on the nursing care plan and include recommendations for patient improvement and/or change.

7. The nursing care plan includes patient education and discharge planning, and identifies problems in physiologic, psychological, safety, and infection control areas.

7/86; 9/93; 1/94; 5/98; 8/00; 2/05; 4/07 ncp.pol
Chapter 8: Documentation
Section 6: Nursing Orders

Policy

Staff Registered Nurses at Utah State Hospital may formulate nursing orders to be carried out by the nursing discipline that are within the scope of nursing practice, consistent with the patients' nursing care plans, and designed to identify specific nursing treatment modalities.

Procedure

1. Through use of the comprehensive nursing assessment and care plan, specific modalities that are completed on a routine basis may be identified and used as "nursing orders."

2. Examples of nursing orders may be "encourage fluids;" "check circulation in left hand every shift;" "assist patient with oral hygiene 0730, 1200, and HS;" "turn every two hours;" "lotion to bony prominences every shift;" "careful medication watch 0730, 1130, 1630, and HS;" "two-hour watch for vomiting after each meal;" "clip finger and toe nails each month;" "orient to time, place, and person every shift;" "wake twice per night to void;" "humidifier q HS;" etc.

3. Nursing orders may be written on the physician's order form identified by N.O. and the staff RN's signature only;

   -OR-

4. Nursing orders may be included only on the Kardex with a time schedule.

5. All nursing orders are included in the nursing care plan or ICTP.

6. All restrictions, staff watches, etc. must be approved by attending psychiatrist or physician on call.

7. Patient progress regarding the nursing orders is documented in weekly nursing progress notes.

8. Any time a nursing order is discontinued or changed, a timely progress note is completed reflecting the change.

12/88; 9/93; 5/98; 8/00; 2/05; 4/07 nursorder.pol
Chapter 8: Documentation
Section 7: Patient Progress Notes

Policy

Progress notes are written on each patient's in E-chart on a regular schedule.

Procedure

1. Registered Nurse progress notes must be completed for each patient on admission, weekly, monthly and upon discharge.

2. An RN must complete incidental progress notes on patients when there is a change in the patient's condition or there is a significant occurrence in the patient's treatment.
   
   2.1 A progress note is required when a Patient Incident Report (PIRs) is completed.
   
   2.2 A progress note is required when a patient is restricted from the normal milieu of the unit.
      
      2.2.1 When a patient requires restraint or seclusion, the RN must document an assessment of the patient.
      
      2.2.1.1 While a patient is in seclusion and/or restraint, the RN must document the patient's condition in the progress notes every hour.
      
      2.2.2 A progress note is required when a patient returns from a restriction back into the normal milieu of the unit.
      
      2.2.3 When a patient is released from restraint or seclusion, the RN must document the patient's condition.
      
      2.2.4 When a patient is on Direct Observation Status or on a 1:1 staff watch, the RN documents the patient's condition in the progress notes every shift.
      
      2.3 A progress note is required when there is change in the medical condition of the patient.
         
         2.3.1 When a patient requires medical intervention from an outside provider, the RN must document an assessment of the patient before the patient leaves the hospital and again when the patient returns to the unit.

3. An RN must complete a progress note when a patient is transferred to another unit and include the patient's present status, reason for transfer, method of transfer, and belongings accompanying the patient.
   
   3.1 An RN must document an assessment of a patient when receiving the patient from another unit.

4. RN weekly progress notes are completed in the Weekly Nursing Note and include the following information:
4.1 patient treatment plan progress

4.2 program status

4.3 patient education

4.4 psychiatric assessment

4.4.1 special treatment interventions used

4.5 medications

4.6 nutrition

4.7 medical

4.8 other issues to address.

5. RN monthly progress notes are completed in the Nursing TAN notes section of E-chart and include a composite of the information listed above for the weekly notes plus any changes.

6. Licensed Practical Nurses write incidental progress notes related to noted effects of medications administered and/or treatments provided to the patient by the LPN.

6.1 A progress note is made after a PRN Medication is administered noting the effects of the medication given.

6.2 The LPN makes a progress note when there is a noted change in the patient related to medications or treatments given.

6.2.1 A progress note is made when side effects of medications are noted.


7.1 The progress note is a narrative of the patient's significant behaviors and conversations during the shift assigned.

7.2 The progress note on each shift also includes any patient teaching done by the Psych Tech during the shift and is documented in the patient's data note in E-chart.

7/83; 9/93; 1/94; 5/98; 8/00; 02/03; 4/07.  progrnote.pol
Chapter 9: Special Treatment Procedures  
Section 1: Medication of Adult Patients

Policy

Adult patients (18 years and older) residing at the Utah State Hospital are entitled to certain due process proceedings prior to being administered medication treatment against their will. (See USH: OPP Special Treatment Procedures Chapter Section 7 Medication of Adult Patients for complete policy and procedure)

Procedure

1. In order to assess the patient's ability to give informed consent, the physician explores the adequacy of information given to the patient, the patient's comprehension of that information, and the patient's ability to voluntarily participate in a treatment program.

2. The patient is given a completed Proposed Medication Treatment Information form, which includes the following information:
   2.1 the patient's diagnosis;
   2.2 the recommended medication treatment, the method of administration;
   2.3 the desired beneficial effects of the patient's mental illness as a result of the recommended treatment;
   2.4 the possible and/or probable mental health consequences to the patient if the recommended treatment is not administered;
   2.5 the possible side-effects, if any, of the recommended treatment; and
   2.6 the right to give or withhold consent for the proposed treatment.
      2.6.1 When informing a patient of his or her right to withhold consent, the patient must also be informed of the hospital's right to initiate a medication hearing and have a committee determine whether the proposed treatment is necessary.

3. If it is determined that the patient is able to give informed consent and the patient wishes to do so, a Consent to Medication Treatment form is completed and filed in the medical record. A copy is provided to the Legal Services Office.
   3.1 A patient may revoke his/her consent to medication treatment at any time by informing the staff and/or signing a Notice of Revocation form.

4. If the patient is able to give consent but refuses to do so, or is not able to give consent, the staff may initiate a Medication Hearing.
5. A patient may be involuntarily treated, including treatment with medication for a mental disorder, under emergency circumstances when a qualified physician has determined the patient is likely to cause injury to themselves or to others if not immediately treated.

5.1 The treating physician certifies that he or she is of the opinion that the patient is likely to cause injury to themselves or others if not immediately treated. The certification is documented in the Physician's Progress Notes of E-chart.

5.2 Involuntary treatment in exigent circumstances may be continued for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period, the patient is not involuntarily treated unless a "Notice to Convene a Medication Hearing" form has been prepared and provided to the patient pursuant to the provisions of this policy. If, at any time, the treating physician determines that medication is no longer necessary, the medication is discontinued.

6. When a patient is admitted to USH and is already receiving medication treatment, the admitting physician certifies that continuing such treatment is appropriate only if the patient is gravely disabled and in need of continuing the medication treatment because the patient suffers from a mental illness such that the patient is in danger of serious harm resulting from a deficiency of essential human needs of health or safety or without medication treatment the patient would manifest severe deterioration in routine functioning evidenced by repeated and/or escalating loss of cognitive or volitional control over his/her actions and, without the continuation of such treatment, the patient will not be receiving such as is essential for his/her health or safety or without continuing the medication treatment, the patient would pose a likelihood of serious harm to the patient, others, or their property.

6.1 Within a reasonable time after admission and not exceeding 14 days, the attending physician should propose a new or continuing medication treatment, if appropriate.

7. If a patient is able to give informed consent to medication treatment, but refuses to do so, or if the patient is unable to give consent, the treating physician may request a Medication Hearing be held to determine if medication treatment is necessary.

8. The patient’s case is reviewed by the Hospital Clinical Director/designee every 12 months.

5/98; 8/01; 1/05; 4/07    adultmed.pol
Chapter 9: Special Treatment Procedures
Section 2: Electroconvulsive Treatment Protocol

1. Electroconvulsive Treatment (ECT) must be ordered by a Utah State Hospital Medical Staff Member.

2. ECT treatments are administered to children or adolescents under the age of 18 years, only when all of the following are present in the clinical record.
   2.1 Signed informed consent from patient and guardian.
   2.2 The reports of two psychiatrists appointed by the clinical director, who are not directly involved in the treatment of the individual, who have examined the individual, and documented their concurrence with the decision to administer such therapy.

3. Prior to ECT, the physician administering the ECT completes the following with the patient, as well as members of the family or legal guardian:
   3.1 Physicians assessment of patient's ability to give informed consent for ECT;
   3.2 Form entitled: “ECT Treatment Plan;
   3.3 Form entitled: “Informed consent for ECT”.

4. A consent for ECT is signed by the patient and, if possible, the next of kin.
   4.1 If a minor or incompetent patient is being treated with ECT, a parent or legal guardian must sign the consent.

5. The physician administering the ECT provides informed consent and witnesses the patient's signature.

6. As a prerequisite to ECT, each patient MUST have:
   6.1 A complete physical examination, including a psychiatric evaluation and assessment of cognitive function.
   6.2 CBC, chem-20, and other lab evaluations as clinically indicated.
   6.3 EKG on all patients over age 50 and as clinically indicated.
   6.4 Chest x-ray when clinically indicated.

7. For each ECT rendered, the administering physician records the patient's response to ECT in the patient's medical record.

8. Any deficiency in pre-ECT requirements, including patient preparation, is referred to the attending physician for resolution and/or decision prior to ECT administration.
Chapter 9: Special Treatment Procedures
Section 3: Pre Electroconvulsive Treatment & Post Electroconvulsive Treatment Patient Care Protocol

Procedure

1. PRE-ECT CARE

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit RN</td>
<td>1. Reviews patient’s medications for agents that may interfere with the effectiveness of ECT and notifies the treating physician if the patient is taking any of the following: Ativan (lorazepam), Centrax (prazepam), Dalmane (flurazepam), Depakene (valproic acid), Depakote (dviolproex), Dilantin (phenytoin), Halcion (triazolam), Felbatol (felbamate), Klonopin (clonazepam), Librium (chlordiazepoxide), Neurotin (gabapentin), Phenobarbital, Restoril (temazepam), Serax (oxazepam), Tegretol (carbamazepine), Tranxene (clorazepate), Valium (diazepam), Xanax (alprazolam).</td>
</tr>
<tr>
<td></td>
<td>2. Checks to see that the MD or the Treatment Coordinator has given the patient/family the opportunity to view ECT video and has given the ECT Patient/Family Education packet to the patient and family.</td>
</tr>
<tr>
<td></td>
<td>3. Maintains patient NPO at least six hours pre ECT and documents.</td>
</tr>
<tr>
<td></td>
<td>4. Has patient void prior to ECT.</td>
</tr>
<tr>
<td></td>
<td>5. Records vital signs prior to ECT.</td>
</tr>
<tr>
<td></td>
<td>6. Administers pre-ECT medications ordered.</td>
</tr>
<tr>
<td></td>
<td>7. Completes pre-ECT check list.</td>
</tr>
<tr>
<td></td>
<td>8. Refers any deficiency in pre-ECT requirements, including patient preparation, to the Attending Physician.</td>
</tr>
</tbody>
</table>

2. PRE-ECT CHECKLIST:

Date /Treatment No:

Medications given in AM prior to ECT (Yes or No)

Medications:(Name)
Time Given/Route:

Vital Signs (BP/TPR)

Weight

NPO Since midnight (except for medications noted above).

EKG in Chart (Yes or No)

Voided: (Yes) Time

Glasses, jewelry, makeup, gum removed (Yes or No)

Consent signed (Yes or No)

NURSES SIGNATURE and Unit:

INSTRUCTIONS: Complete all the above items prior to sending patient to UVRMC for Electro-Convulsive Therapy

3. POST-ECT CARE

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit RN</td>
<td>1. When the patient arrives back on the unit, take and record the vital signs. Repeat q 4 hours x 3 and document.</td>
</tr>
<tr>
<td></td>
<td>2. Report any change in patient’s vital signs of more than 30 percent from stable pre-ECT values to attending psychiatrist or on-call psychiatrist for evaluation and appropriate action.</td>
</tr>
<tr>
<td></td>
<td>3. Document and report problems with confusion, unsteadiness, headache, or nausea to attending psychiatrist or on-call psychiatrist for evaluation and appropriate action.</td>
</tr>
<tr>
<td></td>
<td>4. Orient patient to time, place, and person in the environment and the situation.</td>
</tr>
</tbody>
</table>
Chapter 9: Special Treatment Procedures
Section 2: Less Restrictive Alternatives to Restraint and Seclusion

Policy

Utah State Hospital will strive to eliminate the use of seclusion and restraint by achieving better understanding of patients and providing more therapeutic interventions.

1. When a patient is agitated or upset and exhibits a potential for causing harm to self or others, the least restrictive alternative to restraint and/or seclusion is considered.

2. Exceptions to Special Treatment Procedures, and not regarded as restraint, include use of safety devices used to support physically incapacitated patients, such as orthopedic appliances, surgical dressings, bandages, and posey belts used to prevent patients from falling out of wheelchairs, shower chairs, or beds and conditions that require intervention by health care professionals such as holding individuals to administer medication by injection, placement of nasogastric tube, catheterization, etc. (See Nursing Policy and Procedure Manual.)

2.1 In the event that a patient actively resists such interventions and necessitates use of more personnel and/or increased duration of intervention, the authorizing physician determines if this special treatment procedure is to be documented as a restraint.

Procedure

1. Less Restrictive Alternatives: Less restrictive alternatives include, but are not limited to:

1.1 Use of de-escalation procedures collaboratively identified by the patient and staff.

1.2 Natural/Logical Consequences, Restrictions, or Limit Setting: Therapeutic community rules and/or individualized patient programs are negotiated through patient and staff involvement. Application of these firm limits and natural/logical consequences precedes, and may avoid the need for, restraint or seclusion.

1.3 Time-Out (TO): Time-out is brief, voluntary time in an unlocked room of a patient who is extremely anxious or acting out. The purpose is to minimize stimulation in order to allow the patient to calm down without having to use more restrictive alternatives. Each time-out is recorded in the progress notes documenting rationale for the use of time-out and the length of time patient spent in time-out.

1.4 One-to-One (1:1): The staff member must remain with the patient, within a reasonable distance as required by the circumstances, at all times. A 1:1 requires a doctor's order stating the rationale for its use. A Registered Nurse may initiate a nursing order for a 1:1 based on a nursing assessment; the RN must call the patient's physician or on-call doctor for a formal order. A 1:1 requires the RN to make an RN Data Note entry at least once a shift indicating the patient's status. Nursing personnel are also required to complete the Hourly Check Sheet. A staff member assigned to do a 1:1 watch is not to leave their 1:1 patient assignment until the RN has assigned another staff member to do the watch and that staff member is present to relieve them.
1.5 **Direct Observation Status (DOS):** DOS requires that staff maintain continuous direct visual observation of the patient. The patient's head and hands must be in full view. DOS requires a doctor's order which shall include the rational for DOS. The DOS watch must be done in the physical presence of the person, face to face, unless the doctor's order specifically states under what times or circumstances a video camera may be used. A DOS order does not limit a patient to a specific area. If the patient is to be confined to a room or area, an order for area restriction must be written. If 15 minute checks or area restriction is necessary, a separate order for each is required. Patients on DOS are to be involved in treatment and programming to the extent possible. The patient to staff ratio for DOS watch is to be determined by the unit staff. However, the ratio is not to exceed one (1) staff per six (6) patients. Each patient on DOS is to have a regular room assigned where belongings may be stored. The RN writes a note about the DOS patient on each shift. The note should include a statement about the reason for the patient being on DOS. A staff member assigned to do a DOS watch is not to leave the watch assignment until the RN has assigned another staff member to do the watch and that staff member is present to relieve them.

1.6 **Area Restriction (AR):** AR is the restriction of a patient to a given area within the patient community or restriction of the patient's access to a certain area. AR requires a doctor's order including the rational for the order. An area restriction order is not to exceed seven (7) days without renewal. If the patient leaves the assigned area, staff must directly supervise him or her. Patients on AR are to be involved in treatment and programming to the extent possible. If DOS and/or 15-minute checks are necessary, a separate order for each in addition to the area restriction order is required. A note about the patient on AR is to be written by the RN each shift. The note should include a statement about the reason for the patient being on AR.

2. The above interventions may be initiated by the RN on the unit. The RN must obtain an order from the physician on a 1:1, DOS, or AR within one hour of the initiation of the intervention.

3. These less restrictive alternatives shall not be used as punishment or for the convenience of staff.

5/98; 9/00; 10/00; 08/01; 07/02; 6/04; 11/04; 2/05; 4/07 Taken from USH: OPP lessrestrict.pol
Chapter 9: Special Treatment Procedures
Section 3: Seclusion and/or Restraint

Policy

Seclusion and/or restraint are used only as safety measures of last resort and only in emergencies. A patient's rights, dignity, and well-being are protected during and after the use of seclusion and/or restraint. (See USH: OPP Special Treatment Procedures Chapter Section 3: Restraint and Seclusion)

Definitions

1. Restraint: is any involuntary method of physically restricting a person's freedom of movement, physical activity, or normal access to his or her body. Application of a medical safety device is not considered a psychiatric restraint.

2. A Medical Safety Device: is one which is applied for the purpose of preventing unintended Injury.

3. Seclusion: is the involuntary confinement of a person alone in a room away from the patient community where the person is physically prevented from leaving.

4. Emergency: is a dangerous situation in which there is imminent risk of a patient physically harming self or others.

Procedure

1. The unit charge nurse notifies the attending psychiatrist or the psychiatrist on-call immediately regarding a disturbed patient who may need seclusion and/or restraint.

   1.1 In an emergency, while awaiting physician assessment, physical restraint or seclusion may be initiated under the direction of a Registered Nurse. An order by the psychiatrist is required in all situations of seclusion and/or restraint and must be obtained within an hour of initiating the emergency implementation.

   1.2 The order for seclusion/restraint is contained on a label approved by Medical Records and gives the details of the time and duration of the seclusion/restraint.

      1.2.1 The RN affixes the label to the Dr.’s order sheet and completes the physician's order.

   1.3 When the Shift Supervising Registered Nurse is on duty, the RN receiving the order for seclusion and/or restraint notifies the SSRN immediately.

      1.3.1 The Patient Advocate is immediately notified of the use of seclusion and/or restraint.

      1.3.2 If authorized by the patient and if family or guardian agrees, nursing staff promptly attempts to contact family to inform them of the initiation of seclusion and/or restraint.
1.3.2.1 Authorization by the patient does not apply for individuals under age 18.

1.4 The physician specifies the duration of seclusion and/or restraint, not to exceed the following limits:

1.4.1 One hour for patients under age 9.
1.4.2 Two hours for patients ages 9-17.
1.4.3 Four hours for patients ages 18 and older.
1.4.4 If additional time is needed, the physician must be contacted and a new order must be written to permit continuation of the seclusion and/or restraint.

1.4.4.1 The RN documents, in the patient record, the justification for its continued use.

1.5 A physician must see and evaluate patients placed in seclusion and/or restraint within 1 hour of an order for such procedures, and document their assessments in the progress notes.

1.5.1 On a continuation order, this reassessment by the psychiatrist occurs every eight hours for individuals 18 years and older and every four hours for individuals 17 years and younger.

2. The unit charge nurse completes a clinical assessment of the patient when the procedure is implemented, including immediate oxygen saturation and pulse on patients placed in restraints, and documents the assessment in the patient record. The progress note addresses the inadequacy of less restrictive intervention techniques, i.e., medication, one to one with staff, quiet time/time out, area restriction.

3. The Registered Nurse insures that seclusion and/or restraint is used in a manner that does not cause undue physical discomfort, harm, or pain, and documents any possible trauma resulting from the use of restraints.

4. Nursing service documents the patient's condition at least every fifteen minutes on the Restraint and Seclusion Form (USH 136 1089).

5. Continuous observation is maintained when the patient is in seclusion and/or restraint.

5.1 This monitoring is done in person by an assigned, trained staff member for the first hour of a seclusion or restraint episode.

5.2 After the first hour, patients in seclusion only, may be monitored continuously by audio and visual equipment if the patient prefers or if in the unit charge nurse's judgment this would be consistent with the patient's condition.

5.2.1 The patient care assignments reflect the requirement of a staff member being assigned one-to-one with the patient in seclusion and/or restraint.

6. Progress notes are made by the RN in the patient's chart at least every hour.

6.1 Notes substantiate why the patient requires continued seclusion and/or restraint.
7. Nursing personnel give appropriate attention to the patient's physical status (exercise, circulation, hygiene) and nutritional status during seclusion and/or restraint.

8. A Registered Nurse releases a patient from seclusion and/or restraint at least every two hours for ten minutes, if the patient's condition permits, and records this on the Restraint and Seclusion form.

9. A Registered Nurse insures that the patient is adequately clothed and fed, with adequate fluid intake, and allows the patient to use the toilet as needed or at least every two hours while awake, and bathe as needed.

10. A Registered Nurse determines early release when indicated by the physician's order.

10.1 Patient's behavior is assessed and deemed no longer to be a physical danger to self and/or others.

10.2 Patient is not making comments that would indicate escalation is imminent upon release.

10.3 Patient is calm and communicating appropriately with staff.

10.4 A less restrictive alternative becomes an option and/or is effective and seclusion and/or restraint is no longer needed (i.e. PRN medication).

11. Nursing personnel assist in returning the patient to the unit milieu as soon as possible.

12. When seclusion and/or restraint is terminated early as described above and the same behavior is still evident, the RN must obtain a new order from the physician if the seclusion or restraints are re-instated.

Example: Patient hit another patient. Two point restraints, for protection of others. Start time 0830. End time 10:30. RN authorized to release early if calm.

Patient calm and agrees to not strike out at others. Patient released by RN at 0900. Patient attempts to hit another patient at 0910. RN places patient in two point restraints until 10:30.


14. Unit Clinical Directors, Unit Nursing Directors, and Shift Supervisors have oversight of clinical responsibilities to monitor the appropriate use and documentation of seclusion and/or restraint.

15. All uses of seclusion and/or restraint are reported daily to the Hospital Clinical Director or designee.

15.1 The Hospital Clinical Director or designee reviews the use of seclusion and/or restraint and investigates unusual or possibly unwarranted patterns of utilization.

Implemented: 3/25/83
Revised: 3/13/86; 3/25/88; 12/13/90
Reviewed: 4/92
Revised: 2/95
Reviewed: 9/95
Revised: 3/96; 8/97; 4/00; 01/01; 10/03; 6/04; 8/04; 11/04; 4/07
Chapter 9: Special Treatment Procedures
Section 4: Use of Medical Protective Devices

Policy

Medical protective devices are employed when necessary to maintain the safety of the medically ill patient.

Procedure

1. Prior to the use of any medical protective device, the Registered Nurse assesses the patient for the potential for falls or the level of resistance to care due to the patient’s medical condition.
   1.1 The RN documents this assessment in the progress notes.

2. When the RN determines there is a possible need for use of a medical protective device, the least restrictive method is implemented first.
   2.1 The least restrictive methods include verbal intervention and patient teaching, bed rest, diversional activities, PRN medications, one to one monitoring.

3. When none of the least restrictive methods listed in 2.1 are successful in protecting the patient from harm, the RN may initiate use of a medical protective device specific to the patient’s need.
   3.1 Medical protective devices include:
      3.1.1 Geriatric chair/wheelchair
      3.1.2 Soft safety belt around the waist to prevent slipping/falling out of the geriatric chair or bed
      3.1.3 Vest or poncho or pants to prevent getting out of geriatric chair when safety belt is not sufficient (i.e. Posey)
      3.1.4 Bed rails
      3.1.5 Helmet
      3.1.6 Soft restraint to bed or chair
      3.1.7 Table top chair
      3.1.8 Padded protective mittens
      3.1.9 Heel protectors
      3.1.10 Wrist restraints may be used in circumstances where no other medical device has worked and when documentation supports the necessity of their use.
4. When a medical protective device is used, the RN must document the patient’s condition at least every hour.

   4.1 15 minute check sheets are completed while the medical protective device is used.

   4.1.1 Patients in bed with side-rails up must be placed on DOS watch.

   4.2 The patient is released from the medical protective device at least every two hours for ROM, ambulation if possible, skin care, and bathroom use.

   4.3 Food/fluids are offered every two hours.

5. When a medical protective device is used, the RN notifies the unit physician and the unit psychiatrist (if Monday thru Friday day shift) or the medical on-call physician and the psychiatrist on-call within 24 hours.

6. When a medical protective device is used for a specific patient on a regular basis, the use of the medical protective device is included in the patient’s Integrated Care Treatment Plan.

4/98; 8/01; 11/02; 12/02; 1/05; 1/07; 4/07 medprot.pol
Chapter 9: Special Treatment Procedures
Section 5: Use of Medical Protective Device Protocol

PATIENT NAME:__________________________ DATE IMPLEMENTED:__________

ASSESSMENT

Prior to the use of any medical protective device, the RN assesses the patient for the need based on the following criteria (circle those that apply):

1. Potential for fall due to unsteady gait, unsteadiness when doing activities of daily living (ADLs), excessive tremors/seizures, etc. Signs and symptoms may include weakness, dizziness, lightheadedness, vision changes, numbness, significant change in vital signs, diaphoresis, decrease in alertness, confusion, or lethargy.

2. Resistance due to confusion or disorientation when providing medical care, such as brief changes or medical procedures (i.e. blood draws, NG feedings). This does not include any behavioral issues such as hitting, kicking which requires a physician’s order for use of seclusion and/or restraints.

3. Other (write in):___________________________________________________
________________________________________________________________
________________________________________________________________

The RN documents the assessment in the progress notes.

LEAST RESTRICTIVE ALTERNATIVES

The RN determines if the above conditions justify the need of a medical protective device based upon the assessment. The following less restrictive methods should be attempted, or are not applicable prior to implementation of a medical protective device (check those utilized):

_____1. Verbal intervention and patient teaching. For example, educating the patient about the need for a specific medical procedure (i.e. NG feeding)

_____2. Bed rest

_____3. Diversional activities based upon patient’s ability. For example, involving a patient in a card game so that the patient remains sitting instead of being at risk for falling.

_____4. PRN medications

_____5. One to one monitoring by assigned staff member or asking the patient to stay close to the nursing station.

Before using medical protective devices, the RN must document failure of least restrictive interventions and/or reason they are not appropriate
TYPES OF MEDICAL PROTECTIVE DEVICES

When the RN finds that less restrictive methods are ineffective, the nurse may initiate use of a medical protective device specific to the patient’s need. Circle the type(s) of devices to be used:

1. Geriatric chair/wheel chair.
2. Soft safety belt around waist to prevent slipping/falling out of geriatric chair/wheel chair or bed.
3. Vest to prevent getting out of geriatric chair/wheel chair when safety belt is not sufficient.
4. Bed rails to prevent falling out of bed.
5. Helmet to prevent head injury.
6. Soft restraint to bed or chair when confused, unsteady or to prevent interference with medical procedures/equipment.
7. Table top chair.
8. Padded protective mittens to prevent picking at sutures, rubbing/scratching infected eyes or ears, pulling out nasogastric tubes or IVs, etc.
9. Heel protector to prevent abrasions to foot.

DOCUMENTATION

Once a safety device has been implemented, the following documentation and care guidelines will be carried out:

1. The RN assesses the patient’s condition and documents appropriateness of continuation of the medical protective device(s) at least every hour. If the medical protective device(s) is no longer necessary, the patient will be released and monitoring will continue as needed.
2. 15 minute observation and assessment of the patient's mental status, respiratory status, circulation, skin integrity and general physical condition will be documented on the 15 Minute Check Sheet.
3. Every two hours the patient will be released from the medical protective device, offered fluids/food, bathroom use, skin care and ambulation/range of motion (ROM) provided. If the patient’s condition warrants continuation of the device, body alignment, circulation checks, ROM, and hygiene will be provided.
4. If the device impedes eating independently, provisions are made to ensure that the patient is able to be independent as possible while still ensuring the continuation of medical treatment. For example, if a patient is wearing mittens to prevent pulling out an NG tube, one hand may be released to allow patient to feed self.
5. The above information will be summarized at least every hour by the RN in the Progress Notes.
6. When the necessity for a different device occurs, the RN will document the rationale for such in the progress notes.

4/98; 8/01; 1/05
Chapter 9: Special Treatment Procedures
Section 6: Restrictions and Limitations of Patient Rights

Policy
Utah State Hospital upholds and protects the civil rights of patients in its care. Restrictions and/or limitations are implemented only for "good cause" reasons and are reviewed periodically for therapeutic effectiveness. (See USH: OPP Special Treatment Procedures Chapter Section 7)

Procedure
1. When any right of a patient is limited or denied, the nature, extent, and reason for that limitation is documented in the medical record. (UCA 62A-12-245(2))

2. Restriction may be initiated by the clinical staff if it is determined that such restrictions are necessary for the safety of self or others and for "good cause."
   2.1 Restrictions may include, but are not limited to: visitors, mail, telephone calls.

3. Restrictions are implemented with a physician's order and are reviewed every 7 days for therapeutic effectiveness.

4. All such restrictions on visitors, mail, telephone calls, and other forms of communication are fully explained and determined with the participation of the patient/family, upon request.

5 Ongoing restrictions must be addressed and evaluated for continuation in the doctors' monthly progress notes.

6. In no case, may a patient be denied a visit with or phone call to the legal counsel or clergy of the patient's choice. (UCA 62A-12-245(3))
   6.1 If a visit is delayed, the reason justifying the delay must be documented.
Chapter 9: Special Treatment Procedures
Section 7: Levels of Suicide Precautions

Policy

The use of levels of suicide precautions for patients at Utah State Hospital requires clinical justification, a physician’s order, and is employed only to prevent a patient from harming themselves. A Registered Nurse may increase the level of observation in emergency situations prior to obtaining a doctor’s order. (See USH: OPP Special Treatment Procedures Chapter Section 5 Level of Suicide Precautions)

Procedure

1. The unit charge RN notifies the attending psychiatrist or psychiatrist on-call immediately regarding a disturbed patient who may need initiation of suicide precautions or whose condition warrants a change in level.
   1.1 In an emergency, initiation of suicide precautions may be utilized by a Registered Nurse. The emergency utilization of suicide precautions may also include moving a patient to a more restrictive level based on the Registered Nurse’s judgment. The Registered Nurse obtains a psychiatrist’s order for the suicide precautions as soon as possible.

2. The RN writes the order for the suicide precautions as ordered by the physician in the patient record when the procedure is implemented.

3. The RN completes a clinical assessment of the patient and documents the assessment in E-chart. The progress note addresses the inadequacy of less restrictive intervention techniques.

4. Nursing Service records the use of the levels of suicide precautions in the manner described for each level:

   4.1 Suicide Precautions Level I (Most Restrictive):
   4.1.1 Criteria: Those patients with suicidal ideation or delusions of self-mutilation who, after assessment by the unit staff, present clinical symptoms that suggest a clear intent to follow through with the plan or delusion.

   4.1.2 Examples of patient symptoms: The patient who is currently verbalizing a clear intent and/or plan to harm self; the patient who is unwilling to make a no-suicide contract; the patient with poor impulse control with intent to harm themselves; the patient who has attempted suicide in the last week by a particularly lethal method, e.g., hanging, gunshot, or carbon monoxide.

   4.1.3 Nursing Care: One-to-one continuous nursing observation, or restraints with continuous nursing observation, always within line of sight in a designated area and within a length (or distance) specified (or designated) by the physician plus interaction 24 hours a day and restriction to the unit. Nursing assessment and documentation is completed on every shift by a Registered Nurse.
4.2 **Suicide Precautions Level II:**

4.2.1 Criteria: Those patients with suicidal ideation and who, after assessment by the treatment team, present clinical symptoms that indicate a higher suicide potential than Level III.

4.2.2 Examples of patient symptoms: The patient with a concrete suicide plan, the patient who is ambivalent about making a no-suicide contract, the patient who has limited impulse control with intent of self-harm, the patient with a suicide attempt or gesture within the recent past.

4.2.3 Nursing Care: Continuous nursing observation in line of sight in a designated area and interaction 24 hours a day, restriction to the unit, nursing assessment and documentation completed on every shift by a Registered Nurse.

4.3 **Suicide Precautions Level III:**

4.3.1 Criteria: Those patients who have suicidal ideations and, after assessment by the treatment team, are assessed to be in minimal danger of actively attempting suicide.

4.3.2 Examples of patient symptoms: The patient with vague suicidal ideation but without a plan, the patient who is willing to make a no-suicide contract, the patient with insight into existing problems, the patient with a previous history of suicide (may have made an attempt within the last thirty days).

4.3.3 Nursing Care: Check patient's whereabouts every fifteen minutes 24 hours a day, frequent verbal interactions during waking hours, restriction to the unit, nursing assessment and documentation completed on an every-shift basis by a Registered Nurse.

5. Nursing personnel assist in returning the patient to the unit routine as soon as possible.

6. A less restrictive level may be utilized by RN after treatment staff's evaluation. The RN obtains a physician's order for less restrictive levels and documents in progress notes rationale for level change.

7. The physician writes a progress note with a description of the condition of the patient and the reason for authorizing suicide precautions at the time the procedure is implemented or as soon thereafter as is practical, not to exceed 24 hours. The progress note addresses the inadequacy of less restrictive intervention techniques, i.e., medication, staff and/or peer one-to-one contact, time-out, area limitation, or area restriction, and the seriousness of the suicide attempt/plan.

8. The physician specifies the level of suicide precautions and evaluates the order on at least a weekly basis with staff input.

9. All levels of suicide precautions are reported to the Hospital Clinical Director. This would usually be done at the time of the morning staff report.

5.98; 8/01; 1/05; 4/07 suicidepre.pol
Chapter 10: Coordination of Care
Section 1: EKG PROTOCOL

Procedure

1. When a physician’s order is written for an EKG, the unit clerk or designee notes the order and refers to the list of personnel who can do EKG’s.
   1.1 A list of personnel who can complete EKG’s is available on every unit of the hospital.

2. The unit clerk or designee notifies the person who will perform the EKG.

3. The person performing the EKG takes the patient to the appropriate area for the EKG, completes the EKG, and returns the patient to the unit.
   3.1 Areas are identified in the Rampton building, the Hyde building, and at the Youth Center where EKG machines are stored and available for use.
   3.2 Unit guidelines are followed in transporting the patient to the necessary area for the EKG.

4. The person who completed the EKG sends the EKG to the Director of Medical Services for interpretation.

5. When the Director of Medical Services completes the interpretation of the EKG, the EKG and its interpretation are sent back to the appropriate unit for filing in the patient’s chart.

3/98; 8/01; 1/05 ekg.pro
Chapter 10: Coordination of Care
Section 2: Lab Work Protocol

1. When a physician’s order is written to perform lab work, the appropriate number code is included with the order.

2. The unit clerk or designee enters the ordered lab tests in the lab tracking book, in Med Edge on the computer, prints the lab order queue and checks for accuracy.
   2.1 The unit clerk or designee writes the lab order on IHC’s Daily Worksheet (one per day) and completes the IHC Laboratory Services Diagnosis Sheet including patient information, labs to be completed and appropriate diagnosis code.

3. The unit clerk notes the MD/NP’s order.

4. The RN verifies the accuracy of the work and co-notes the order.
   4.1 Accuracy is verified on the lab tracking form in the order book and initialed.
   4.2 Accuracy is verified on the order queue printed from Med Edge, on IHC’s Daily Worksheet and on IHC’s Laboratory Services Diagnostic Sheet.

5. The Shift Supervising Registered Nurse (SSRN) prints the ordered lab tests from Med Edge and faxes the printed copies to Utah Valley Regional Medical Center to the laboratory before 0100 daily Monday through Friday.

6. The IHC phlebotomist visits each unit to draw blood for appropriate labs under the direction of the unit RN and initials and dates the IHC Daily Worksheet to verify lab work was collected.
   6.1 When the phlebotomist has a question about the labs that need to be drawn, he/she clarifies the orders with the Unit RN only.
   6.2 The phlebotomist notifies the Unit RN when a patient refuses to have their blood drawn.
   6.3 The Unit RN notifies the doctor who ordered the lab work and charts the refusal in lab notes.
   6.4 If the lab work was ordered STAT and the patient refuses the blood draw, the Unit RN notifies the on-call physician, if the ordering physician can not be reached, and charts the refusal in lab notes.
   6.5 Phlebotomist takes the yellow copy of the IHC Laboratory Services Diagnostic Sheet.
   6.6 Unit Clerk or designee keeps the white original of the IHC Laboratory Services Diagnosis Sheet on file until the lab results are filed in the patient’s chart.

7. When the unit staff collect lab specimens i.e throat culture, urine, etc.; the specimens are stored on the unit until the phlebotomist collects them.
8. When the lab results are obtained, the laboratory personnel report any critical lab values to the Utah State Hospital immediately.

8.1 Lab personnel report critical lab values by contacting one of the four individuals listed below, who repeat back the lab values given to them:

8.1.1 Nursing Administration Secretary: 344-4253
8.1.2 Assistant Director of Nursing: 344-4220
8.1.3 Director of Nursing: 344-4258
8.1.4 Assistant Clinical Director: 344-4203

8.2 The Utah State Hospital employee receiving the lab results gives a confirmation number to the lab personnel and records the number and results in the lab-result log.

8.3 The Utah State Hospital employee calls the patient's unit and reports the lab results directly to the Unit RN who repeats back the lab values given.

8.4 The time, date, and person the lab result was reported to is recorded in the lab-result log.

9. When STAT orders are given for lab tests, the unit clerk or designee calls the digital pager # 351-0072 and enters the telephone number of the unit.

9.1 The phlebotomist calls the unit and arranges for the STAT lab specimen collection.

9.2 The unit clerk or designee writes the name of the RN and the phone number to call (with the results) on the request slip.

9.3 When UVRMC Laboratory calls back with STAT lab values, the values are called directly to the unit RN where the patient resides.

9.3.1 The unit RN receiving the lab values repeats them back to the lab personnel reporting them.

10. After lab tests are completed, the original lab test results are delivered to Infection Control for review and then picked up by medical records to be scanned into the patient's record in E-chart and shredded.

10.1 The phlebotomist takes a copy of the lab result to the unit where the patient is located and puts the lab results in the IHC lab book.

10.1.1 The phlebotomist initials the IHC Daily Worksheet to indicate that the lab results have been returned to the unit.

10.2 The Unit Clerk marks a line through the appropriate test in the order book on the lab tracking sheet to indicate the lab results are returned.

10/00; 11/02; 12/02; 10/03; 1/05; 1/06 labwork prot.
Chapter 10: Coordination of Care
Section 3: Sending Lab Requests to IHC Laboratory Protocol

1. Each morning (Monday thru Friday) the SSRN collects the lab requests and sends them to IHC Laboratory.

2. Enter Med Edge on the computer.

3. Scroll the arrow down to #1. Patient Programs" and press ENTER.

4. Scroll the arrow down to #5. Lab Reports" and press ENTER.

5. Scroll the arrow down to #2. Order List for UVRMC" and press ENTER.

6. The screen reads: Search Parameters or * for All

   Unit = *  
   Request Date (MMDDYY) = : date needed for labs  
   Order Status = : S or *

6.1 Delete any other sign by Unit. Only use *.

6.2 For Request Date enter the date you need the labs done. To enter a date, the Num Lock light must be on your keyboard.

6.3 The S on Order Status must be capitalized.

7. Press HOME-- with the Num Lock off and the lab requests should begin to print on the printer.

8. Complete a FAX face sheet with the total number of pages and address to Utah Valley Regional Medical Center at 801-357-8396.

9. Send the face sheet and requests via FAX --9-1-801-357-8396.

9/98; 10/00; 1/05 labreqst.pro
Chapter 10: Coordination of Care  
Section 4: Clozapine (Clozaril) Monitoring Protocol

1. When Clozapine (Clozaril) is ordered as a scheduled medication or as a PRN medication, the patient is weighed and the weight is recorded in E-chart.

2. The patient’s waist circumference is measured and recorded in E-chart with the blood pressure and weight.

   2.1 The waist measurement is taken at the level of the umbilicus and is repeated every 3 months.

   2.1.1 The medical physician is notified if the waist circumference exceeds 35 inches for female patients and 40 inches for male patients.

3. A fasting venous blood sugar, Lipid profile, CBC with Differential, and EKG are done before Clozapine (Clozaril) is started.

   3.1 A CBC with Differential is done at least weekly thereafter.

   3.1.1 After six months of successful Clozapine treatment, the psychiatrist may order a bi-weekly CBC with differential.

   3.1.2 After twelve months of successful Clozapine treatment, the psychiatrist may order CBC’s with differential every four weeks.

   3.2 A fasting venous blood sugar and Lipid profile are repeated again 3 months after the initiation of the medication.

   3.3 A fasting venous blood sugar is repeated every 6 months thereafter and a Lipid profile is repeated yearly.

4. When Clozapine (Clozaril) is discontinued, the lab protocol is also discontinued except a CBC with Differential is done for an additional 4 weeks using the frequency the patient was on prior to discontinuation.

5. The Lab Tracking form for Clozaril is used to track the above labs.

6. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.
Chapter 10: Coordination of Care
Section 5: Atypical Antipsychotic Medications Protocol

1. When an atypical antipsychotic, i.e. Risperidone (Risperdal), Olanzapine (Zyprexa), Quetiapine (Seroquel), Ziprasidone (Geodon), and Aripiprazole (Abilify) is ordered as a scheduled medication or as a PRN medication, the patient is weighed and the weight is recorded in e-chart.

2. The patient's waist circumference is measured and recorded in E-chart with the blood pressure and weight.

   2.1 The waist measurement is taken at the level of the umbilicus and is repeated every 3 months.

   2.1.1 The medical physician is notified if the waist circumference exceeds 35 inches for female patients and 40 inches for male patients.

3. A fasting venous blood sugar level and Lipid profile are done before an Atypical Antipsychotic medication is started and again 3 months after the initiation of the medication.

   3.1 A fasting venous blood sugar is repeated every 6 months thereafter and a Lipid profile is repeated yearly.

4. The Lab-Tracking form for Atypical Anti-psychotics is used to track the above labs.

5. When all Atypical Anti-psychotics are discontinued, the lab protocol is also discontinued.

5/01; 01/02; 11/04; 1/05; 8/05; 1/06; 2/07; 4/07
Chapter 10: Coordination of Care
Section 6: Coumadin Protocol

1. When Coumadin is ordered, a baseline protime, INR, CBC, platelets, kidney function, liver function, and presence of heme in urine and stools are done.

2. After Coumadin therapy is initiated, protime and INR are checked in 3 days, then PRN until a therapeutic level as achieved and then every month thereafter with a log of protime values kept by the unit clerk.

3. After Coumadin therapy is initiated, a CBC and chemistry profile is done weekly X 3, then monthly X 3, and then every three months thereafter.

4. The Lab Tracking form for Coumadin is used to track the above labs.

5. When Coumadin is discontinued, the lab protocol is also discontinued.

6. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

5/00; 01/02; 1/05
Chapter 10: Coordination of Care
Section 7: Depakote Protocol

1. When Depakote is ordered, a baseline CBC, AST, and ALT are done. A serum pregnancy test is done on all female patients.

2. After Depakote therapy is initiated, a Depakote level, AST, ALT, and CBC are done monthly X 2, and then every six months thereafter.

3. The Lab Tracking form for Depakote is used to track the above labs.

4. When Depakote is discontinued, the lab protocol is also discontinued.

5. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98, 6/00; 01/02; 1/05
Chapter 10: Coordination of Care Lab  
Section 8: Dilantin Protocol

1. When Dilantin is ordered, a baseline CBC and chemistry profile are done.

2. After Dilantin therapy is initiated, a Dilantin level is done in one week and then every month thereafter.

3. If there is an increase or a decrease in the dosage of Dilantin, the Dilantin level is checked weekly until the level and the medications are stable.

4. After Dilantin therapy is initiated, a CBC and chemistry profile are done weekly X 3, then monthly X 3, and then every three months thereafter.

5. The Lab Tracking form for Dilantin is used to track the above labs.

6. When Dilantin is discontinued, the lab protocol is also discontinued.

7. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98; 8/01; 01/02; 1/05
Chapter 10: Coordination of Care
Section 9: Lithium Protocol

1. When Lithium is ordered, a baseline CBC with differential, BMP, UA, Thyroid function tests (free T4, TSH), Calcium level, Magnesium level, pregnancy test (for females), are done. If the patient is over 40 years old or has a suspected cardiac disease, an EKG is done.

2. A Lithium level is done 3 to 5 days following initiation or change in the dose.

3. A Lithium level is done every 3 months following initiation of treatment.

4. After Lithium therapy is initiated, a Lithium level is done PRN if sub-therapeutic levels, toxic levels, or drug/drug interactions are suspected.

5. After Lithium therapy is initiated, a BMP, TSH, Calcium level, and Magnesium level, are done every six months and an EKG is done every year.

6. The Lab Tracking form for Lithium is used to track the above labs.

7. When Lithium is discontinued, the lab protocol is also discontinued.

8. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98; 8/01; 01/02; 1/05; 8/05
Chapter 10: Coordination of Care
Section 10: Tegretol Protocol

1. When Tegretol is ordered, a baseline CBC, AST, ALT, Iron, and EKG are done.

2. After Tegretol therapy is initiated, a Tegretol level and CBC are done in three to five days, then every 5 - 7 days X 2, then monthly X 2, and then every three months thereafter.

3. If there is an increase or a decrease in the dosage of Tegretol, the Tegretol level and CBC are repeated in 3 - 5- days and then the protocol above is resumed where it was left off.

4. The Lab Tracking form for Tegretol is used to track the above labs.

5. When Tegretol is discontinued, the lab protocol is also discontinued.

6. If a patient is on more than one medication that requires lab work, and if two or more blood draws fall within the same week, lab work is consolidated, and blood is drawn only one time for all lab work that is required that week.

9/98; 8/01; 01/02; 1/05
Chapter 10: Coordination of Care
Section 11: Prolactin Levels

Policy

Prolactin levels are drawn to rule out seizures. Because of special requirements for Prolactin draws, they have to be done by a phlebotomist from Intermountain Health Care (IHC).

Procedure

1. A stat Prolactin level should be drawn within thirty minutes of a seizure.

2. If an IHC phlebotomist is unable to arrive to draw blood within the thirty-minute timeframe, Utah State Hospital staff does not draw the blood.

3. When the blood draw is not done, the RN documents this in the patient's E-chart record and notifies the physician.

4-15-03; 5/03; 1/05; 4/07 prolactinpro
Chapter 10: Coordination of Care  
Section 12: Quickvue One-Step Strep A Test

Policy

Streptococcus A rapid detection tests are performed on the unit by the unit Registered Nurse/Licensed Practical Nurse through safe use of the QuickVue In-Line One-Step Strep A test.

Procedure

1. All staff RN's/LPNs receive training in the use of the QuickVue One-Step Strep Test after being hired by the hospital and on an annual basis.

   1.1 The training is based upon instructions supplied by the manufacturer of the QuickVue Strep tests, which accompany each box of testing supplies.

2. The RN receives an order from the doctor to perform the strep test on a patient.

   2.1 Testing supplies are ordered from Central Supply. Central Supply performs a quality control test when each new box of test supplies is opened, prior to dispensing from that box.

3. Collect throat swab specimen by standard clinical method.

   3.1 Be sure to only use the QuickVue swab provided in the kit.

   3.2 Put on gloves. Depress the tongue with a tongue blade or spoon. Be careful not to touch the tongue, sides or top of the mouth with the swab.

   3.3 Rub the swab on the back of the throat, on the tonsils, and in any other area where there is redness, inflammation or pus.

4. Perform the QuickVue One-Step test.

   4.1 Remove the Test Cassette from foil pouch and place on a clean, dry, level surface.

   4.2 Using the notch at the back of the chamber as a guide, insert the swab completely into the Swab Chamber.

   4.3 Squeeze to crush the glass ampule inside the Extraction Solution Bottle.

   4.4 Vigorously shake the Bottle five times to mix the solutions. Solution should be green after the ampule is broken. Solution must be used immediately.

   4.5 Remove the cap. Quickly fill the chamber to the rim (approximately 10 drops.)

   4.6 Begin timing. If liquid has not moved across the Result Window in 1 minute, completely remove the swab and re-insert. If liquid still does not move across, retest with a new
specimen, Test Cassette and Extraction Solution Bottle. The test Cassette should not be moved until the test is complete.

4.7 Read results at 5 minutes. Some positive results may be seen earlier.

5. Interpretation of results.

5.1 Positive result is the appearance of any pink-to-purple line next to the letter "T" in the Result Window, along with a blue Control line next to the letter "C", means that the test is positive for group A Streptococcus.

5.2 Negative result is the appearance of only the blue Control Line next to the letter "C" in the Result Window. A negative test result means that the swab is presumptive negative for group A streptococcus.

5.3 If the blue Control Line does not appear next to the letter "C" at 5 minutes, the test is considered INVALID, and the test result cannot be used. If this occurs, retest using a fresh swab and new QuickVue Test Cassette or contact Technical Assistance.

6. The RN will call the positive test results to the physician for further orders.

02/02; 1/05; 4/07
Chapter 10: Coordination of Care
Section 13: Audiology Clinic

Policy

Audiology clinic is readily accessible to Utah State Hospital patients.

Procedure

1. Physician's/Nurse Practitioner's orders are required for all referrals to the audiology clinic.

2. A consultation form is filled out by the physician or Registered Nurse based upon the physician's progress note and includes rationale for visit and/or suspected pathology.

3. The unit clerk or designee sends an internal consultation form to the Central Supply/X-Ray technician.
   
   3.1 The Central Supply /X-Ray technician calls the audiology department at Utah Valley Regional Medical Center and makes an appointment and then notifies the unit clerk.
   
   3.2 The patient's physician checks the patient's ears to be sure they are clear of all cerumen and cleans their ears prior to the audiology appointment.

4. The audiologist's report is sent directly to the physician whose name is on the consultation form.
Chapter 10: Coordination of Care
Section 14: Dental Clinic—Admission Dental Exams

Policy

All patients admitted Utah State Hospital have an admission dental examination which is repeated yearly. Patients are then seen on a PRN basis. Youth and Children receive dental exams every 6 months.

Procedure

1. The dentist is at Utah State Hospital Mondays, Tuesdays, Wednesdays and Thursdays, 0730 to 1730 for regular appointments and is available for emergencies on other days.

2. The Clinics Coordinator is here Monday through Thursday, 0630 to 1730 to make appointments.

3. The dentist or dental assistant completes their documentation requirements in the patients progress notes in E-chart and on the dental flow sheet.

   3.1 The dental clinic maintains a copy of the patient’s dental records.

4. All orders for medication from the dentist are ordered on E-Pharmacology.

12/87, 6/90; 4/94; 5/98; 10/00; 02/02; 1/05; 4/07 dental.pol
Chapter 10: Coordination of Care
Section 15: Dental Clinic--Radiologic Exposures & Safety

Policy

Precautions are taken to prevent any unnecessary radiation exposure to patients and staff in the Dental Clinic— at the Utah State Hospital.

Procedure

1. Gonadal shielding is used on all patients during radiologic exams.

2. Radiologic exposures do not exceed exposure limits established by the Utah Bureau of Radiation Control.
   2.1 Radiographic equipment is certified every five years by the Bureau of Radiation Control as meeting established criteria. Negative determinations by the Bureau are addressed as indicated.

3. The clinic staff stand behind a barrier wall when making all exposures.

4. The dental assistant assures that other hospital employees leave the area during radiation exposures.

6/90; 4/94; 5/98; 8/01; 02/02; 1/05; 4/07 dental.pol
Chapter 10: Coordination of Care
Section 16: Dental Clinic--Dental Surgery
Post-Operative Instructions

Policy

Risks of complications following oral surgery are reduced when standard procedures are followed.

Procedure

1. Following oral surgery, do not rinse your mouth or gargle with anything for the first 24 hours. This is most important to insure proper healing. Warm salt water rinses are recommended after the first 24 hours, as well as careful brushing after 48 hours.

2. Do not disturb the wound with the tongue or fingers. Bite on the gauze pack provided for ½ hour before changing. Some oozing of blood is normal following surgery. It can be controlled by applying pressure by biting on the gauze or a tea bag.

3. PAIN: For extensive oral surgery a prescription for medicine to control any discomfort will be given. Quite often, only minor discomfort is experienced and can be controlled by taking Ibuprofen every 3-4 hours.

4. INFECTION: If necessary, a prescription for an antibiotic will be given.

5. SWELLING: Some swelling usually occurs following oral surgery. To minimize this, apply an ice bag over the cheek for 15-20 minutes, then remove for 10 minutes. Do this during the first 24 hours; after that, warm moist packs will aid in having the swelling go down.

6. DIET: A soft diet of moderate temperature is recommended for the first day or two. Drink large amounts of fluids. Avoid hot, spicy foods. Do not drink fluids with a straw for the first day.

7. The unit Registered Nurse calls the dental clinic or the patient’s physician or physician on-call (after hours) if there is unusual bleeding, fever, severe pain or swelling post-op or in 2-3 days following surgery.

5/98; 8/01; 1/05; 4/07 dental.pol
Chapter 10: Coordination of Care
Section 17: Dental Appointments Protocol

Procedure

1. All new patients have an admission dental exam.
   1.1 E-chart notifies the Clinics Coordinator when a new patient is admitted and the new patient is put on the dental list to be seen.
   1.2 The Clinics Coordinator makes the appointment and notifies the unit of the date and time of the appointment.

2. When patients are in need of a dental appointment, a physician’s order must be written.
   2.1 The unit clerk or designee e-mails the Clinics Coordinator to request an appointment.
      2.1.1 The Clinics Coordinator e-mails the UND, the unit core Registered Nurses, and the Unit Environmentalist with the date and time of the appointment.
   2.2 On the date of the dental appointment, the unit clerk or designee marks the physician’s order so that it is easily identified for the dental visit.
Chapter 10: Coordination of Care
Section 18: Dietary Services—Obtaining Dietary Services

1. Patient contact is made by the dietitian on a routine basis. Those patients who are on clinically modified diets are visited by a dietician. In cases where patient contact is not a feasible solution to the care of the patient, the dietitian works closely with the nursing staff and psychiatric technicians to establish and carry out a patient care plan.

2. Diet orders are initiated by the attending physician/nurse practitioner. All diets must be recorded in the patient's record on E-chart.

3. Dietetic Services must be notified of only those diets requiring a clinical modification, i.e., diabetic diet, calorie, or sodium restricted diets and modifications in fiber or consistency.
   3.1 All patients are seen by a dietician within two weeks of their admission for a dietary screening.
   3.2 A Dietician or Dietary Technician is available on Saturday until 1500.
   3.2.1 Saturday after 1500 or anytime Sunday 0400 to 1800, unit staff can communicate any special diet needs or food allergies to a Food Service Supervisor by calling extension 44716.
   3.2.2 Follow up this diet order or food allergy alert by sending an e-mail to "Dietician's Diet" so the Dietician can follow up.

4. All diet orders, including nutritional assessments or consultants, must be sent to Dietetic Services via e-mail to "Diet".

5. Phone orders will be accepted for one meal only; then the e-mail diet order must be sent. The procedure will be initiated by the nursing staff when there is a new diet or change in existing diet.

6. Each new diet order automatically cancels all previous diet orders. The new order must include any part of the previous order that is still to be continued. If a diet is discontinued, the nursing staff notifies Dietetic Services via e-mail to "Diet".

7. Diet instruction will be given upon the request of the attending physician for the patients who are discharged or transferred to another facility. If a patient cannot be instructed, printed copies of the diet and any pertinent information will be sent to the dietary department where he/she is going.

8. The diet instructions will be given upon notification, i.e., phone call, a written order or memo, from the nursing staff. Requests for instruction must be given to the dietitian at least four hours prior to discharge.

9.1 Diet supplements are provided for nourishment upon written order by the physician/nurse practitioner.

9.2 Boost Plus is the enteral feeding that is available. The principle intent for use of commercially prepared enteral feedings or supplemental oral and tube feedings is to provide a nutritionally adequate diet for the patient until normal eating habits can be resumed, including those patients who must be maintained permanently on such feedings. The formula is nutritionally adequate as specified in the Recommended Dietary Allowance. When special needs arise for a patient, other specialized enteral feedings will be purchased.

9.3 Candidates for these feedings include individuals with cancer of the oral cavity, pharynx or esophagus; burns, anorexia; and patients who are unable to handle solid foods. Dietary verbally checks monthly to validate patients are tolerating the formulas.

9.4 The formulas are ordered through the Warehouse. The nursing staff informs Dietetic Services when a patient is put on enteral formula. Requisitions for formulas go directly to the Warehouse from the nursing staff, and deliveries are made directly from the Warehouse. The Warehouse supervisor notifies the purchasing agent when supplies are low so more formula can be ordered.

10. Patients on clinically modified diets coming to the cafeteria for the first time must be introduced by nursing staff to cafeteria personnel. Patients incapable of requesting their diet must be accompanied by staff who may request the tray for them.

11. All special test diets must be ordered at least 24 hours prior to the meal service time via telephone and e-mail. The computer special diet report is to be used by staff to identify all patients on a special diet and taken to meals to ensure patients receive proper diet.

12. When a patient is not able to come to the cafeteria for a meal, a tray will be sent to the unit. Nursing staff notifies Dietetic Services on a Tray Request Form at meal time. Unit employees are responsible for taking the tray to the unit.

13. Food will be available from cafeterias for all patients being admitted after 7:30 a.m. and before 6:00 p.m. All units have nourishments available.

14. Obtaining additional nourishments:

14.1 Individual nourishments may be provided to patients determined to have a nutritional need by the dietician or as ordered by the physician. Nourishments are set out on the cafeteria serving line and unit nurses are responsible for seeing that nourishments are picked up, brought to the unit, promptly placed in the refrigerator, and given to the patient at the appropriate time.

14.2 Unit nurses are responsible for ordering, storage and distribution of weekly floor stock orders. The Registered Nurse may delegate this function to a Psych Tech. Weekly floor stock orders should be submitted by nursing personnel to Food Services no later than Monday at 3:00 p.m. Orders may be picked up on Friday in the cafeteria. Nursing staff rotate food so that the oldest items are used first to prevent food spoilage and waste. Medication juices are ordered separately by Monday at 8:00 a.m. They are ready by Thursday afternoon.

14.3 Food can be requisitioned for the purpose of cooking for special unit parties or recreational activities. Food items for this purpose are requested on the weekly
refreshment order form (at least five working days in advance) and sent to Food Services. The food is picked up by the unit ordering.

15. The Utah State Hospital diet manual is The Manual of Clinical Dietetics published by the American Dietetic Association. This manual represents the most up to date and highest standards for clinical diets. The diet manual in use at Utah State Hospital is reviewed, approved and dated at least every 3 years by the Chief Clinical Dietitian, Assistant Director of Nursing, Food Services Director and Medical Director.

16. After hours dietary needs:

16.1 When dietary services personnel are not present, patient dietary needs become the direct responsibility of the shift supervisor and/or unit staff nurse. Patients admitted after 6:00 p.m. are given a cold meal from the unit supplies.

16.2 The shift supervisor or unit staff nurse have access to necessary nourishments on the unit or, in emergency cases, may request access to the kitchen from security personnel.

12/87; 4/94; 8/98; 10/00; 02/02; 2/05; 4/07 diet.pol
Chapter 10: Coordination of Care
Section 19: Dietary Services--Drug/Food Interaction Counseling for Patients

Policy

Utah State Hospital's Clinical Dietetic and Pharmacy Divisions will monitor the use of three drug types which have significant drug-food-nutrient interaction that require diet instruction and nutrient supplementation. The drugs which will be monitored through the Pharmacy computer program on a monthly basis are: Monoamine oxidase inhibitors (MAOI), Isoniazid, and Phenytoin Sodium (Dilantin).

Purpose

To identify and instruct patients prior to their discharge about their medications which have significant drug/food interactions.

Procedure

1. All patients receiving any one of the three monitored drugs are instructed concerning diet nutrient supplements.

2. Monthly, Nutrition Support runs a computer screen on all patients receiving the drugs being monitored and the nutritional supplements recommended to counteract the drug's interactions with nutrients.

3. Nutrition Support compares the list with the previous month's screen to determine new patients on the drugs being monitored.

4. Individual drugs and procedures.

4.1 MAOI:

4.1.1 Any time a patient is prescribed a monoamine oxidase inhibitor (MAOI), the physician also orders an MAOI diet.

4.1.2 At the time the Dietitian receives orders for an MAOI diet, he/she instructs the patient on the drug-food interaction involved and specifically what foods are to be avoided.

4.1.3 MAOI drugs include Marplan (isocarboxazid), Nardil (phenelzine), and Parnate (tranylcypromine).

4.2 Isoniazid:

4.2.1 Anytime a patient is prescribed Isoniazid, the physician orders 50 mg Pyridoxine.
4.3  Phenytoin Sodium:

4.3.1  Anytime a patient is prescribed Phenytoin Sodium (Dilantin), the physician orders folic acid 1 mg.

5.  The Dietitian/Diet Technician monitors the pharmacy screens to ensure that the required diet or supplements are ordered. If they are not, the requirement is charted in the patients chart and a recommendation for supplementation is made.

6.  The Dietitian/Diet Technician instructs all patients on the monitored drugs about the diet/supplement(s), and the importance of continuing diet or nutrient supplementation while taking the drug. A patient information sheet is given to each patient upon instruction. The patient teaching is documented in E-chart.

7.  If a patient is to be discharged on an MAOI, Dilantin, or Isonazid, nursing notifies the dietitian within 4 hours of the patients discharge to allow Dietitian/Diet Technician to review the diet or supplements with patient. Another patient information sheet is given to patient, if necessary.

09/88; 06/89; 11/90; 3/91; 1/92; 3/93; 2/95; 5/98; 2/05; 4/07 fooddrug.pol
Chapter 10: Coordination of Care
Section 20: Dietary Services--Guest Trays

Policy

Guest trays are available at any meal.

Purpose

To allow visitors a chance to eat with a patient.

Procedure

1. Guest meal tickets are purchased at the Administration building switchboard and are generally $2.00 ($4.00 on holidays).

2. Guests may go through the cafeteria meal service line with a patient and present a meal ticket at that time.

3. Guests may also purchase food from the canteen, Rampton employee dining room or from vending machines. Only cash and checks are accepted in the canteen and only cash is accepted in the Rampton employee dining room.

9/84; 9/88; 2/89; 11/90; 3/91; 1/92; 3/93; 2/95; 5/98; 2/05; 4/07
guesttray.pol
Chapter 10: Coordination of Care
Section 21: Dietary Services--Provision of Punch and Other Supplies Used for Administering Medication

Policy

To reduce the possibility of food/drug interactions, it is preferable that patients be given water for taking medications. However, it is recognized that patient medication compliance often improves when a flavored drink is provided. Therefore, when needed, patients can be offered sugar-free punch with medications.

Patients should not be given 100% fruit juices (apple, cranberry, grape, orange, or prune) with medications because of the potential for food/drug interactions. Grapefruit juice, in particular, has been identified as having harmful interactions with some medications and is no longer available through Food Services at Utah State Hospital.

Sugar-free punch mix is provided by Food Services when ordered according to the following procedure. Canned juices are also available when ordered by a physician or Registered Nurse. Applesauce may be needed by some patients when taking certain medications and will be provided when ordered. Crackers are available for patients who are taking medications that should be given with food.

Purpose

To establish a procedure for ordering sugar-free punch mix and other supplies used for administering medications.

Procedure

Sugar-free punch mix and other supplies used to aid in the administration of patient medications, are ordered according to the following procedure:

1. Allowed items are ordered from Food Services via email address "diet", and must include unit, items needed, and amount required.

2. Orders must be received on Tuesdays by 8:00 a.m.

3. Orders are filled Thursday by the diet cook or other designated Food Services employee and are delivered or available for pickup by Thursday dinner meal.

4. Orders must be within established limits.

4.1 Up to 15 packages (enough to make 30 gallons) of sugar-free punch mix per week is allowed.
4.2 Up to two cans of apple, cranberry, grape, tomato, V-8, and/or orange juice per week is allowed when ordered by a physician or Registered Nurse.

4.3 Up to six cans of prune juice per week is allowed.

4.4 Up to eight packages of grahams per week is allowed.

4.5 Up to eight packages of saltines per week is allowed.

4.6 Applesauce is allowed as needed.

4.7 For needs that are exceptions to this policy, contact the dietitian or diet technician.

5/98; 10/00; 02/02; 2/05; 4/07 medjuice.pol
Chapter 10: Coordination of Care
Section 22: Dietary Services--NPO Orders

Policy

Nursing notifies Food Services of all NPO (nothing by mouth) orders.

Purpose

To inform the dietitian of patients not receiving food by mouth so nutritional monitoring can be maintained to safeguard the nutritional health of patients.

Procedure

1. The NPO order is written by a physician on the physician's order form in the patient’s chart.

2. Nursing services notifies food services of any patient with an NPO order. The order is called to dietary and a notifying verification e-mail is sent to the dietitian. This notice includes the duration of the NPO order. A hard copy is maintained in Food Services’ office.

9/88; 2/89; 3/91; 1/92; 3/93; 2/95; 5/98; 8/01; 2/05; 4/07
Chapter 10: Coordination of Care
Section 23: Neurology & EEG Clinics

Policy

Neurology and EEG clinic are readily accessible to Utah State Hospital patients.

Procedure

1. Physician's orders are required for all referrals to Neurology and EEG clinic.

2. A consultation form is filled out by the Physician or Registered Nurse based upon the physician’s progress note and includes rationale for visit and/or suspected pathology.

3. The unit clerk or designee sends the consult to radiology to request an appointment.
   3.1 The scheduler calls or e-mails the unit to make the appointment for neurology or EEG.

4. On the date of the appointment, the unit clerk sends a copy of the physician’s order with the patient to the clinic.
   4.1 If no physician’s order is present, the technician may refuse to have the patient seen until an order is written.

5. Dictation of the assessment is entered into E-chart.

6. All recommendations by the neurologist are reviewed by the unit psychiatrist and the unit medical physician.
Chapter 10: Coordination of Care
Section 24: Physical Therapy

Policy

Utah State Hospital Physical Therapy Department and nursing services work closely to help patients in need of physical therapy obtain their treatment goals and maintain their maximum physical health.

Procedure

1. Unit nursing personnel may make preliminary recommendations to the unit physician regarding a patient's possible need for physical therapy treatment. The patient is referred to medical services after the Registered Nurse has made a progress note reflecting recommendations, assessment.

2. The physician writes an order as needed for a physical therapy consultation.

3. A unit clerk informs the Department of Physical Therapy (by phone or E-mail) with information concerning the referral.

4. The Director of Physical Therapy calls the unit and arranges for an appointment time for the PT assessment. The patient is escorted to the PT Department at the appointed time.

5. The Registered Physical Therapist (RPT) completes the PT assessment and enters the results into E-chart. The PT assessment includes baselines, goals and PT treatment plan.

6. If PT is recommended by the RPT, the patient's name is added to the PT schedule which is updated weekly and sent to all units. If PT is not deemed worthwhile, the unit medical staff are notified and the PT order is withdrawn.

7. The patient is treated in PT according to the posted schedule.

8. Monthly progress notes by PT staff reflect progress or status of patients in PT.

9. RN weekly and monthly progress notes should reflect a review of the patient's treatment progress in physical therapy, any physical problems, patient compliance, etc. Much of this information may be seen in the patient's progress notes entered by physical therapy staff.

10. Physical therapy staff and unit nursing personnel are in close communication regarding the patient's condition, follow up and care, especially on the proper use of braces, crutches, or canes including any device that could restrict circulation.

11. If the patient is unable to attend his/her physical therapy appointment, unit nursing personnel contact the Physical Therapy Department and record reasons for missing the appointment in E-chart.

12. During inclement weather, special arrangements may be made for transportation to physical therapy or PT staff may come to the unit. Please consult with the Physical Therapy Department.
13. Unit nursing personnel assist in keeping NP /MDs aware of patient's progress in PT and RPTs continuing recommendations for treatment.

14. Monthly medication reviews in the physician's orders reflect the continuing orders for physical therapy including type and frequency. The patient's Integrated Care Treatment Plan and nursing care plan must always include current physical therapy problems, goals, and modalities.

15. If the treatment is discontinued by the physician, the unit RN noting the order notifies physical therapy, the patient, and unit nursing personnel.

9/98; 10/00; 1/05; 4/07 pt.pol
Chapter 10: Coordination of Care
Section 25: Podiatry and Optometry Clinics

Policy
Podiatry and optometry are readily accessible to Utah State Hospital patients.

Procedure
1. Physician's orders are required for all referrals to podiatry and optometry.
   1.1 All diabetic patients are scheduled for a baseline Podiatry appointment and then a repeat appointment every 3 months thereafter.
   1.2 All diabetic patients are scheduled for a baseline Optometry appointment and then a repeat appointment every year thereafter.

2. A consultation form is filled out by the Physician or Registered Nurse based upon the Physician’s progress note and includes rationale for visit and/or suspected pathology.

3. The unit clerk or designee e-mails to CLINIC to request an appointment.
   3.1 The Clinics Coordinator e-mails the unit with the appointment for the podiatry or optometry visit.

4. On the date of the appointment, the unit clerk sends a copy of the physician’s order with the patient to the clinic.
   4.1 If no physician’s order is present, the Clinics Coordinator may refuse to have the patient seen until an order is written.

5. When the need to see the podiatrist is emergent, the unit clerk or designee calls the clinic at ext 44622.
   5.1 The Clinics Coordinator makes the appointment for the podiatry visit.
   5.2 If there is no response to the phone call, the RN may make the decision to send the patient to the clinic without an appointment.
      5.2.1 A physician’s order must be sent with the patient to the clinic.

6. Results of the appointment and recommendations are entered into E-chart.

7. All orders written or recommended by the podiatrist or optometrist are reviewed and ordered by USH medical services.

8. Unit nursing personnel may assist clinic’s coordinator by providing information regarding patient’s ability to pay for such items as glasses, etc.

12/87; 4/94; 5/98; 10/00; 06/03; 4/07 podoptom.pol
Chapter 10: Coordination of Care
Section 26: Purchasing Dentures, Orthotics, or Other Appliances

Protocol

1. After the patient has been seen in the clinic and there is a need for dentures, orthotics or other dental work such as crowns, the Clinics Coordinator e-mails the Unit Administrative Director the results of the exam and whether the patient need is optional or required.

2. The Unit AD responds back to the Clinics Coordinator within 48 hours with approval or rejection of the procedure.

3. The unit physician writes an order for the necessary appliance.

4. The Clinics Coordinator completes the Purchase Order as the initiator and sends it to the AD for an approving signature.

5. The AD sends the PO to the Business Office who routes the white copy of the PO back to the clinic and the pink copy to the unit.

6. If the unit and the patient decide that the patient will pay for the appliances, then the Unit Environmentalist sets up a contractual agreement between the patient, the unit, and the Business Office.

7. The contractual agreement for the patient to pay back the appliance costs is kept and maintained by the Cash Receipts Technician in the Business Office.

7.1 When patient funds are received, the Cash Receipts Technician codes the appropriate amount from the patient funds to a Refund of Expenditure account in the Off Grounds Medical Cost Center.

5/98; 1/01; 06/03; 2/05; 4/07
Chapter 10: Coordination of Care
Section 27: Purchasing Eyeglasses

Protocol

1. After the patient has been seen in the clinic and there is a need for eyeglasses, the optometrist provider writes a prescription for the eyeglasses and includes whether the need is immediate or optional.

2. The Clinics Coordinator e-mails the Unit Environmentalist and the Unit Administrative Director of the results of the exam, the patient need, (immediate or optional), and the estimated cost of the eyeglasses.

3. The Clinics Coordinator orders the eyeglasses from the Utah Valley Optometrics and notifies the Business office of the order placed and the cost of the eyeglasses.
   
   3.1 If the patient, upon returning to the unit, decides he does not want the eyeglasses, the Unit Environmentalist will notify the Clinics Coordinator within 24 hours so the order can be cancelled.

   3.2 The Clinics Coordinator picks up the eyeglasses and delivers them to the pharmacy.

   3.3 The Clinics Coordinator e-mails the unit to let them know the glasses can be picked up when the unit picks up medications.

   3.4 If the eyeglasses don’t fit the patient properly, the patient and the eyeglasses are taken to the clinic and the Clinics Coordinator fits the patient with the eyeglasses.

4. The Business Office pays the Utah Valley Optometrics directly for any eyeglasses purchased.

   4.1 The Unit Administrative Director and the Unit Environmentalist work with the Business Office to obtain funds for the eyeglasses.

   4.2 The Business Office will take money out of the patient's account if it is available.

      4.2.1 Funding may come from insurance, the patient’s family, the hospital quilters, rehabilitation, or any other available source.

      4.2.2 The Business Office may bill the patient unit if other sources of funding are not acquired for the eyeglasses.

1/01; 08/02; 1/05; 4/07


**Chapter 10: Coordination of Care**

**Section 28: Care of Contact Lenses**

**Purpose**

To monitor the proper use and care of contact lenses worn by patients at Utah State Hospital and to prevent complications that can occur from improper wear and maintenance of the lenses.

**Protocol**

1. The Unit Registered Nurse identifies the use of contact lenses when the admission assessment is done.
   
   1.1 The RN notifies the physician that the patient wears contact lenses and the physician orders an admission eye exam.

2. The optometrist performs an eye exam and determines the type and prescription of the lenses worn.

3. The optometrist does patient teaching as needed for patients wearing contact lenses.
   
   3.1 The optometrist teaches the proper use, care, and problems to look for when a patient receives contacts for the first time.
      
      3.1.1 If the patient is non-compliant with the proper use and care of the contact lenses and does not follow hospital policy, the contact lenses will be placed in the patient's medication box. The RN documents the assessment and the patient's name is put on the medical list for further evaluation.

   3.2 The optometrist provides all supplies needed when a patient receives their first pair of contacts.
      
      3.2.1 Additional supplies are ordered from the pharmacy as needed.

4. The optometrist orders a 6 month to 1 year supply of contact lenses for patients wearing disposable or extended-wear contacts.
   
   4.1 The Clinics Coordinator picks up the order of contact lenses from the eye clinic and delivers them to the hospital pharmacy.

   4.2 The Clinics Coordinator notifies the unit that their patient has contact lenses to be picked up at the pharmacy.

5. The Unit Licensed Practical Nurse or designee maintains records that indicate dispensing or disposal of contact lenses as outlined by the optometrist.
   
   5.1 The LPN or designee makes sure the patient has the required solution for care and needed supplies. He/she re-orders them as needed.
5.2 Patients wearing contact lenses remove them and give them to the LPN/designee at night before going to bed.

6. Patients wearing contact lenses are checked every six months by the optometrist.

2/03; 4/07 contactlens protocol .pol
Chapter 10: Coordination of Care
Section 29: Radiology

Policy

Utah State Hospital Radiology Department serves Utah State Hospital patients exclusively who are generally acute and chronic psychiatric patients including some participants in USH criminal and drug offender programs. Radiology services for Utah State Hospital employees are limited to chest radiographs for follow up on positive Tuberculosis testing, according to Utah Department of Public Health Regulations. Radiology services are performed when ordered by a Utah State Hospital authorized physicians including psychiatrists, nurse practitioners, and medical doctors.

Procedure

1. Radiology services does not provide for exams using contrast media or invasive techniques.

2. General radiography exams such as skull, extremity, spine, chest, abdomen, facial bones and ribs are provided.

3. Procedures requiring contrast media, invasive or special procedures such as CAT Scans, MRIs and other such procedures are referred to contracted radiology services at Utah Valley Regional Medical Center (UVRMC) and American Fork Hospital (AFH).

4. Emergency exams can be performed by Utah State Hospital Radiology during regular office hours, (0900-1300) week days only. All other emergency and weekend exams are referred to UVRMC or AFH.

5. Radiology exams are performed by a Registered Radiological Technologist. Films are interpreted by Board Certified Radiologists who have clinical privileges at a JCAHO accredited medical hospital.

   5.1 Radiology exam reports are entered into E-chart.

1/98; 8/01; 1/05; 4/07 radiol.pol
Chapter 10: Coordination of Care
Section 30: Patient Condition Report

Policy

When a patient from Utah State Hospital is admitted to an acute care facility for medical reasons, a daily report is obtained and passed on to the patient's treatment team.

1. Each time a patient from Utah State Hospital (USH) is sent to an acute care facility for medical reasons, a yellow Continuity of Care form is sent with them.

   1.1 The yellow Continuity of Care form indicates the SSRN (Shift Supervising Registered Nurse) from USH calls the hospital daily for a condition report on any/all patients admitted to an acute care facility.

2. The SSRN calls the acute care facility daily to obtain a detailed condition report on all patients from USH who have been admitted for medical care.

3. The SSRN sends an e-mail to the UND (Unit Nursing Director) of the unit where the patient was transported from.

   3.1 The SSRN also includes this report in their daily report log and the report is given in Administration Morning Meeting.

4. The UND forwards the e-mail from the SSRN concerning the patient's condition to the unit psychiatrist, AD (Administrative Director), and medical physician caring for the patient.

11/05; 4/07 hospcondrept
Chapter 10: Coordination of Care
Section 31: Patient Preps for Procedures at Utah Valley Regional Medical Center – Colon (Barium Enema) or Colon with Air

Procedure

Age 15 and older

1. Light lunch - NOON the day before the exam.
2. Clear liquids from 2 pm - 4 pm day before exam.
3. Begin drinking Colyte at 4 pm (8 oz. glass every 10 minutes until the bottle is empty)
4. Take 4 Bisacodyl tablets directly after drinking bottle of Colyte.
5. Maintain clear liquids until 10:00 pm.
6. NPO morning of exam--may have an 8 oz. glass of water if thirsty.

12/98; 8/01; 2/05; 4/07 preps.pro
Chapter 10: Coordination of Care
Section 32: Patient Preps for Procedures at Utah Valley Regional Medical Center – Renal, Visceral, or Pelvic Angiogram

Procedure

1. At 2 PM, the day before the examination, take two ounces of castor oil. The castor oil can be mixed with fruit juice, such as orange juice.

2. At 2:30 PM, drink a full 8 oz. glass of water, at 3:00 PM drink a full 8 oz. glass of water, and at 3:30 PM drink a full 8 oz. glass of water.

3. Clear liquids only for supper.

4. No breakfast, except water or coffee without cream.

5. Take medications as usual. If you are a diabetic, do not take morning medications. Bring them with you, or talk to the nurse in radiology for instructions.

12/98; 8/01; 2/05; 4/07 preps.pro
Chapter 10: Coordination of Care
Section 33: Patient Preps for Procedures at Utah Valley Regional Medical Center - Upper GI Preparation

Protocol: Upper GI Preparation

Procedure

CHILDREN: 1-12 years old
1. Fast from midnight until the exam is done in the morning.

ADULTS:
1. The day before exam, eat lunch between 12:00 Noon and 1:00 PM.
2. Clear liquids until 10:00 PM. (Clear liquids: coke, seven-up, water, black coffee, tea, Jell-O, Jell-O water, apple juice, popsicles, and bouillon.)
3. Nothing to eat or drink until the exam on the following morning.

12/98; 8/01; 2/05; 4/07 preps.pro
Chapter 10: Coordination of Care
Section 34: Patient Preps for Procedures at Utah Valley Regional Medical Center - I.V.P. (Adult)

Protocol: I.V.P. (Adult)

Procedure

1. Clear liquid diet day before examination. (No milk or cream)
2. Three (3) Bisacodyl tablets at 4:00 pm the day before the examination.
3. The patient may drink clear liquids until the time of the examination.
4. 1 Rectal Bisacodyl suppository 6:00 AM the morning of the examination.

IF IVP AND BARIUM ENEMA ARE DONE THE SAME DAY, FOLLOW BARIUM ENEMA PREP.

12/98; 8/01; 2/05; 4/07 preps.pro
Chapter 10: Coordination of Care
Section 35: Patient Preps for Procedures at Utah Valley Regional Medical Center

Protocol: Barium Enema or Intravenous Urogram

Procedure

For children under 14 years of age

1. On the day before the examination at 1200 noon the child eats only the following: 1 cup of bouillon soup with crackers, 1 chicken or turkey white meat sandwich (no butter, mayonnaise, lettuces or other additives), ½ glass of clear apple juice or clear grape juice, 1 serving of plain Jell-O, and 1 glass of skim or non-fat dry milk.

2. At 1 pm the day before the exam, the child drinks one full glass of water, if possible.

3. At 3 pm the day before the exam, the child drinks one full glass of water, if possible.

4. At 4 pm the day before the exam, the child drinks the amount of Magnesium Citrate (cold) appropriate for the child's age.
   
   4.1 5 and 6 years old - 3 ounces of Magnesium Citrate
   
   4.2 7 and 8 years old - 4 ounces of Magnesium Citrate
   
   4.3 9 and 10 years old - 5 ounces of Magnesium Citrate
   
   4.4 11 and 12 years old - 6 ounces of Magnesium Citrate
   
   4.5 13 years old - 8 ounces of Magnesium Citrate
   
   4.6 14 years and older - 10 ounces of Magnesium Citrate (adult dosage)

5. At 5 pm the child eats only the following: 1 cup of bouillon soup, 1 glass of clear apple juice or clear grape juice, 1 serving of plain Jell-O.

6. At 7 pm the child drinks one full glass of water, if possible.

7. At 8 pm the child takes with a full glass of water the number of Bisacodyl tablets appropriate for the child's age. Tablets MUST be swallowed whole.

   7.1 5 or 6 years old - 1 tablet

   7.2 7-12 years old - 2 tablets

   7.3 14 years or older - 3 tablets (adult dose)
8. On the day of the exam at 7:00 am the child drinks 1 ½ glasses of water, if possible. A Bisacodyl suppository is administered as follows:

8.1 1-9 years of age - ½ suppository  
8.2 9 years or older - 1 whole suppository  

12/98; 8/01; 2/05; 4/07 preps.pro
Chapter 10: Coordination of Care
Section 36: Speech and Language Assessments

Procedure

1. When a physician’s order is written for a speech and language assessment, the unit clerk follows the protocol for off grounds appointments.

2. The Speech and Language Assessments are completed at Utah Valley Regional Medical Center and the appointment is made by calling 357-2497.

3. Speech and Language Assessments DO NOT include audiology assessments. These assessments are arranged via e-mail to the Radiology department at Utah State Hospital.

3/98; 10/00; 2/05; 4/07 speechlang.pro
Chapter 10: Coordination of Care
Section 37: Access to Warehouse Supplies

Policy

The warehouse is stocked with many of the supplies that are used consistently by all treatment units and departments in the hospital. Access to the warehouse is limited due to the inventory present in the warehouse. (See USH: OPP Fiscal Management Chapter Section 8: Access to Warehouse Supplies)

Procedure

1. The warehouse is open from 0800 to 1630 Monday through Friday with the exception of state and national holidays. Orders are submitted to the warehouse by Friday at noon of each week and are delivered to the designated area on Monday of the following week.

   1.1 The Unit Environmentalist orders the supplies needed for the unit.

2. Walk-in orders can be made during the week if arrangements are made in advance.

3. Supplies needed in an emergency from 1700-0800 Monday through Friday or on weekends or holidays are obtained by calling the Shift Supervisor Registered Nurse (SSRN).

4. The SSRN determines whether the supplies can be obtained from other units of the hospital.

5. When the supplies cannot be obtained from other areas of the hospital, the SSRN contacts the Security officer on duty and together they obtain the emergent supplies.

   5.1 The SSRN fills out a form indicating the quantity and type of items removed.

3/98; 8/01; 2/05; 4/07 supplies.pol
Chapter 10: Coordination of Care
Section 38: Accessing Medical Supplies and Pumps

Procedure

1. When a physician's order is written for a medical procedure which requires special medical supplies or a feeding pump or an intravenous pump, the unit clerk or designee notifies Central Supply between 0900 and 1300 Monday through Friday via e-mail or telephone concerning the required supplies.

2. The Central Supply Technician works with the unit staff to provide the necessary supplies.
   
   2.1 The day shift (Monday through Friday) unit staff are responsible to have the necessary supplies for evenings, nights and weekends, except in emergencies.

3. If a feeding pump or intravenous pump is required and the hospital does not have a pump, Central Supply contacts the Purchasing Agent in the business office to arrange rental of the necessary equipment i.e., the pump and the corresponding tubing.

4. If the supplies are required after 1700 Monday through Friday or on weekends or holidays, the unit Registered Nurse contacts the Shift Supervising Registered Nurse (SSRN) to arrange for the supplies.

5. The SSRN obtains the necessary supplies from Central Supply.

6. If a feeding pump or intravenous pump is required and the hospital does not have the pump available, the SSRN assists the unit RN to arrange for rental of the pump and corresponding tubing from Central Processing at Utah Valley Regional Medical Center (UVRMC) or another contracted provider.
   
   6.1 When Central Processing at UVRMC or the other provider is contacted concerning rental of the necessary equipment, arrangements are made to pick up the needed items.

7. When a pump or supplies are obtained from UVRMC or other providers, the unit RN MUST notify the Purchasing Agent in the business office of the rental via e-mail to Wendy Mickelson.
   
   7.1 The Unit renting the equipment initiates the purchase order.
   
   7.2 The purchase order is sent to Wendy Mickelson in the business office to complete and send to Accounts Payable.
   
   7.2.1 Accounts Payable sends the payment to the provider.

8. The Unit renting the equipment makes arrangements to return it to the provider upon completion of its use.

10/98; 10/00; 2/05; 4/07 pump.pro
Chapter 10: Coordination of Care
Section 39: Volunteers

Policy

The nursing personnel on each unit are responsible for volunteers who are involved in direct patient care on the specific unit.

Procedure

1. See USH: OPP section on Volunteer Services.

2. Volunteers who work directly with patients report to the Unit Nursing Director (UND) or unit charge nurse when planning to be on the unit and their Area Coordinator is not present.

3. Volunteers communicate specific patient problems and/or complaints to the Area Coordinator on the unit.

4. Volunteers who are involved in direct patient care are under the direct supervision of the Area Coordinator while working with a specific patient. When the Area Coordinator is not present, the volunteer is under the direct supervision of the unit charge nurse.

5. The UND and/or unit charge nurse are members of the treatment team who decide upon the volunteer-patient programs on the specific units.

6. The UND reports any problems with volunteers involved in direct patient care to the Director of Nursing, who then works closely with the Volunteer Coordinator to assess and correct these problems.

12-87; 4-94; 5/98; 8/01; 1/05; 4/07 volun.pol
Chapter 10: Coordination of Care
Section 40: Retention and Destruction of Nursing Services Documentation

Policy

Documentation gathered and kept by Nursing Services of the Utah State Hospital are maintained, retained, and destroyed on the following schedule:

- Nursing Services Logbook: One day
- Nursing Meeting Minutes: Three years
- Time Sheets/Schedules: Three years
- Controlled Substances Checksheets: Three years
- Refrigerator Temperature Checksheets: One year
- Glucometer Checksheets: One year
- Med room door locked/Narcotics counted checksheet for UND's: One year
- Patient Assignment Sheets: Three years
- Medication Room Checklists: One year
- Crash Cart Checklists: One year
- Patient Rolls/check sheet: Three months
- Medication Summary Reports: One year

9/98; 8/01; 02/02; 01/03; 06/03; 2/05; 4/07 reten.doc
Chapter 10: Coordination of Care
Section 41: Facility Planning and Administration

Policy

The Nursing discipline plays a significant role in Utah State Hospital facility planning and administration in an assessment and advisory capacity.

Procedure

1. Unit nursing concerns are continually expressed to the Unit Nursing Director who assesses unit nursing needs regarding therapeutic environment, equipment, safety, and treatment.

2. The UND expresses needs to the Unit Administrative Director with viable options, plans, and ideas for the improvement of patient care.

3. Problems, concerns, or issues that cannot be resolved or acted upon on the unit level or involve Hospital policy and procedure are brought to Nursing Administration by the UND and/or the unit AD.

4. Nursing Administration provides knowledgeable assessments and concerns to USH administration in the appropriate area.

   4.1 This occurs in Executive Staff Meeting, Administrative Staff Meeting, Medical Executive Committee, or on an individual basis.

5. Nursing Administration may initiate working drafts of policies and procedures, new ideas, programs, etc. at any time with input from sources hospital-wide for approval by the administrative staff and then governing body.

6. The Nurse Executive may also submit proposals regarding personnel policies, FTE distribution, requirements for quality nursing care, wages, nurse recruitment, etc. to the Utah State Hospital Administration and Division of Personnel Management for consideration.

7. Nursing Administration may be assigned to complete further assessment or to do follow up on implemented policies with subsequent evaluation.

12/87; 4/94; 8/98; 8/01; 2/05; 4/07 facipla.doc
Chapter 10: Coordination of Care
Section 42: Ethical Concerns

Policy

Nursing services provides its staff with a mechanism to handle questions concerning ethical decisions at Utah State Hospital.

Procedure

1.  If a nursing services employee has concerns or questions of an ethical nature concerning aspects of patient care, the employee may discuss the concerns with the Unit Nursing Director, Shift Supervising Registered Nurse, Nursing Administration, the Employee Advocate, or the Patient Advocate.

   1.1  The employee may also choose to formalize the concerns in writing.

2.  When an employee voices ethical concerns, the UND, SSRN, a member of Nursing Administration, or the Employee Advocate notifies the Director of Nursing of the concerns as soon as possible.

3.  The Nurse Executive is a member of the hospital Ethics Committee and can include the stated concern on the agenda of that meeting.

4.  If the ethical concern requires immediate attention, the Director of Nursing and/or Employee Advocate can bring the concern to the attention of the Executive Staff.

5.  Resolution of major ethical concerns is the responsibility of the Executive Staff and/or the hospital Ethics Committee.

1/91; 4-94; 8/98; 8/01; 2/05; 4/07 ethics.pol
Chapter 10: Coordination of Care
Section 43: Utah State Hospital Statement of Patient Rights

Taken from USH: OPP

Policy

Utah State Hospital supports and protects the fundamental human, civil, constitutional, and statutory rights of each patient.

Procedure

1. Statement of Patient Rights. The Utah State Hospital Patient Rights Statement describes the rights of patients and the means by which these rights are protected and exercised.

   1.1 A copy of this statement is posted in various areas of the hospital.

2. Informing Patients of Their Rights. Each patient is informed of his rights in a language the patient understands.

   2.1 Each patient receives a written statement of his/her rights.

3. Access to Treatment. Patients have access to treatment regardless of race, religion, sex, ethnicity, age, or disability.

   3.1 Each patient is entitled to considerate and respectful care.

4. Admission. Patients have the right to an explanation of admission status and the provision of the law pertaining to their admission.

5. Notice of Right to Release. Involuntarily civilly committed patients are informed of their right to release and are assisted in making requests for release.

   5.1 Civilly committed patients may petition the court for release within 30 days of the original commitment date and every six months thereafter.

6. Personal Dignity. Personal dignity is recognized and respected in the provision of care and treatment of each patient.

7. Personal Privacy. The personal privacy of each patient is assured and protected within the constraints of the individual comprehensive treatment plan.

   7.1 Staff respect a patient's right to privacy by knocking on the door of his/her room before entering.

   7.1.1 In an emergency situation, or during night checks, staff may not knock on the door before entering.
8. **Legal Counsel.** Patients have the right to legal counsel and an attorney of their choice.

   8.1 If the patient has no attorney or is unable to afford private counsel, legal services are provided through a contract attorney and/or through the Disability Law Center.

   8.2 Patients have the right to contact a legal representative by phone or sealed mail.

9. **Patient Advocate.** Patients have access to the patient advocate provided by the hospital.


   10.1 Each patient has the right to collaborate with his/her physician in making decisions involving his/her treatment.

   10.2 Each patient is provided an individualized comprehensive treatment plan.

11. **Review of Treatment Plan.** Patients may request an in-hospital review of their individual comprehensive treatment plan.

12. **Participation in and Access to Information Regarding Treatment.** Patients may exclude relatives, friends, and others not officially connected with the hospital from participating in and having access to information regarding their treatment.

13. **Access to Contents of Medical Records.** Patients may meet with a member of the hospital clinical staff, at a scheduled meeting, to discuss the contents of his/her medical records.

14. **Opinion of Consultant.** Patients may request the opinion of a consultant of their own choosing at their own expense.

15. **Medication Treatment.** Patients are informed of the risks, side effects, and benefits of all medications and treatment procedures used.

   15.1 Patients are informed of alternate treatment procedures available.

   15.2 Patients have the right, to the extent permitted by law, to refuse specific medications or treatment procedures.

   15.3 The Utah State Hospital has the responsibility to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice.

16. **Pain.** Patients have the right to be assessed and treated appropriately for pain complaints.

17. **Advance Directives.** Patients have the right to receive information regarding the completion and execution of advance directives. (See: Patient Rights, Section 6: Advance Directives/Personal Choice/Living Will)

18. **Informed Consent.** A written, dated, and signed consent form is obtained from the patient or the patient's legal guardian for participation in research projects and for use or performance of:

   18.1 surgical procedures;

   18.2 electroconvulsive therapy;
18.3 unusual medications;
18.4 hazardous assessment procedures;
18.5 audiovisual equipment; and
18.6 other procedures where consent is required by law.

19. Confidentiality. Utah State Hospital staff are responsible for maintaining the confidentiality of communications between patients and staff and of information recorded in patient records.

19.1 A patient may refuse student access to his/her medical record.

19.2 Patients may not record or photograph other patients.

20. Communication by Mail. Patients have the right to communicate by sealed mail or otherwise with persons, including official agencies, inside and outside the facility.

21. Communication by Telephone. Patients have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated.

21.1 Telephone access is within each unit's guidelines.

22. Visitors. Patients have the right to receive visitors in accordance with the hospital's visiting policy. (See Patient Management, Section: Visitors)

22.1 In no event is a patient's legal counsel or legitimate clergy denied a visit.

23. Exercise of Religious Beliefs. Patients have the right to exercise their religious beliefs and to participate in religious services at the hospital.

23.1 This right may be modified according to clinical indication as determined, documented, and approved by the clinical staff responsible for the patient's treatment and by the hospital Chaplain.

23.2 Patients are not coerced or forced to engage in religious activity.

24. Possession of Personal Items. Patients may wear their own clothing, keep personal possessions, and keep enough personal funds for small day-to-day purchases.

25. Voting. Patients have the right to vote in accordance with Utah State Code.

26. Contractual Relationships and Purchasing. Patients have the right to enter into contractual relationships and to make purchases, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.

27. Personal Property. Patients have the right to dispose of personal property, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.

28. Citizen Participation. Patients have the right to citizen participation, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.
29. **Disposition of Body After Death.** Patients have the right to determine the disposition of their body after death.

30. **Ethical Issues.** Patients have the right to participate in the consideration of ethical issues that arise in their care.

31. **Suggestion/Grievance Program.** Patients have the right to initiate a complaint, grievance, or suggestion procedure and the appropriate means of review of the complaint or suggestion. (See Patient Rights, Section: Suggestion/Grievance Program)

32. **Communication with Mental Health Centers.** Civilly committed patients have the right to periodically speak to a representative of the mental health agency to which they are committed.

33. **Writ of Habeas Corpus.** A patient is entitled to the writ of habeas corpus upon proper petition by himself or a friend to the district court in the county in which he is being detained.

34. **Rights of Patient's Guardian.** To the extent permitted by law, a patient's legal guardian may exercise the rights delineated on behalf of the patient if the patient has been adjudicated incompetent or is a minor.

35. **Industrial Assignments.** Patients may work for the hospital, as part of the Industrial Program, under the following condition:

   35.1 any wages paid to the patient who is working within the program are in accordance with applicable laws and regulations;

   35.2 the work is part of the patient's individual treatment plan; and

   35.3 the work is performed voluntarily.

   35.4 Patients are encouraged as part of the therapy process to engage in tasks that will help them in their skill development. Patients have the right to perform or refuse to perform the tasks in or for the hospital.

36. **Denying or Limiting Rights.** Patients are informed immediately when a right is taken away or limited and are given an explanation of why the right was taken away or limited.

   36.1 Rights may be limited or taken away for "good cause" reasons which include:

      36.1.1 it poses a danger to self or others;

      36.1.2 it would seriously infringe on the rights of others;

      36.1.3 it would pose serious damage to the facility; and/or

      36.1.4 it is determined to be therapeutically contra-indicated.

   36.2 When any right is limited or denied, the nature, extent, and reason for that limitation or denial is entered into the patient's treatment record.

      36.2.1 When applicable and legal, the family member(s) are informed of the restriction and documentation is made.
37. **Discharge.** Patients have the right to be discharged from the hospital when they and their treatment team feel it is appropriate and when adequate services are available in the community.

38. Policies concerning patient limitations and the review of those limited are addressed in USHOPP Chapter: Special Treatment Procedures, Section: Restrictions and Limitations of Patient Rights.

8/98; 10/00; 11/01; 2/05; 4/07 Taken from USH: OPP p.rights.pol
Chapter 10: Coordination of Care
Section 44: Common Definitions

ABNORMAL Contrary to normal.

ABSCESS A collection of pus in any part of the body.

ABUSIVE Inclined to mistreat others or to use insulting language.

ACUTE Sharp; an acute illness means one with sudden onset of symptoms and a short course.

ADDITION Strong emotional and physiological dependence upon alcohol or a drug which has progressed beyond voluntary control.

AFFECT Feeling tone; mood.

AGGRESSION In psychiatry, forceful attacking action, physical, verbal, or symbolic tension.

AGITATION State of chronic restlessness; a major psychomotor expression of emotional tension.

ALCOHOLIC PSYCHOSIS A group of severe mental disorders associated with brain damage or dysfunction resulting from excessive use of alcohol.

ALCOHOLIC ANONYMOUS (AA) The name of a group composed of former alcoholics who collectively assist alcoholics through personal and group support.

ALCOHOLISM The overuse of alcohol to the extent of habituation, dependence, or addiction.

ALLERGY An over sensitivity of the body to a particular substance.

AMBIVALENCE Feeling opposing emotions such as love and hate for the same person or thing at the same time.

AMNESIA Pathological loss of memory.

AMPUTATION The cutting off of a part of the body such as a leg.

ANAL EROTISM Pleasurable part of the experience of anal function. In later life anal eroticism usually appears in disguised and sublimated forms.

ANALYSIS A common synonym for psychoanalysis.

ANOREXIA Lack of appetite.

ANTI-CONVULSANT A remedy that counteracts the effects of a poison.

ANUS The outer opening of the rectum.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANXIETY</td>
<td>Inner fear and emotional uneasiness. The person feels fear but doesn't know of what he/she is afraid. The cause seems to come from within the person rather than from the environment.</td>
</tr>
<tr>
<td>APATHY</td>
<td>Lack of emotional feeling.</td>
</tr>
<tr>
<td>APHASIA</td>
<td>Loss of the ability to make vocal sounds.</td>
</tr>
<tr>
<td>APOPLEXY</td>
<td>Illness following a brain hemorrhage; a stroke.</td>
</tr>
<tr>
<td>APPREHENSION</td>
<td>Undue fear of expected events, either real or imaginary.</td>
</tr>
<tr>
<td>ARTERY</td>
<td>A blood vessel which carries the blood from the heart to various parts of the body.</td>
</tr>
<tr>
<td>ASPIRATION</td>
<td>Sucking in; withdrawing fluids from a cavity by suction.</td>
</tr>
<tr>
<td>ASSAULTIVE</td>
<td>Threatening to harm another person without actually doing harm; may be expressed by words or gestures.</td>
</tr>
<tr>
<td>ASTHENIA</td>
<td>Weakness, loss of muscular energy.</td>
</tr>
<tr>
<td>ATARACTIC</td>
<td>Any agent or drug intended to induct ataraxy.</td>
</tr>
<tr>
<td>AURA</td>
<td>A momentary warning to the patient just preceding an epileptic seizure.</td>
</tr>
<tr>
<td>AUTISTIC THINKING</td>
<td>Pleasure thinking which brings imaginary fulfillment of wishes or desires (daydreaming).</td>
</tr>
<tr>
<td>AUTOCLAVE</td>
<td>Sterilization of articles by steam heat at high pressure.</td>
</tr>
<tr>
<td>BELLIGERENT</td>
<td>Quarrelsome; inclined to fight.</td>
</tr>
<tr>
<td>BENIGN</td>
<td>Not harmful.</td>
</tr>
<tr>
<td>BLOCKING</td>
<td>A sudden stoppage in the stream of thought.</td>
</tr>
<tr>
<td>BUTTOCKS</td>
<td>The prominences of muscle and fat covering the part of the body at the hip line; the rump.</td>
</tr>
<tr>
<td>CAPSULE</td>
<td>A small shell or case made of gelatin to hold a dose of medicine.</td>
</tr>
<tr>
<td>CARBON DIOXIDE (CO2)</td>
<td>A by-product of respiration.</td>
</tr>
<tr>
<td>CATATONIA</td>
<td>A type of schizophrenia characterized by immobility with muscular rigidity or inflexibility. Alternating periods of physical hyperactivity and excitability may occur, and generally there is marked inaccessibility to ordinary methods of communicating. See schizophrenia.</td>
</tr>
<tr>
<td>CATHARTIC</td>
<td>A medicine which causes a bowel movement.</td>
</tr>
<tr>
<td>CENTRAL NERVOUS SYSTEM</td>
<td>The brain and spinal cord.</td>
</tr>
</tbody>
</table>
CEREA FLEXIBILITAS  The way flexibility often present in catatonic schizophrenia in which the patient’s arm or leg remains passively in the position in which it is placed.

CLONIC  Muscular spasm with jerky movements caused by alternating contraction and flexion of the muscles.

COMA  A state of unconsciousness so deep the patient cannot be aroused.

COMBATIVE  Inclined to fight.

COMPENSATION  A mental mechanism in which a special ability or trait is developed to make up for real or imagined inadequacy. Example: A high school student with no ability in athletics may compensate by becoming the outstanding scholar in his class.

COMPULSION  An uncontrollable urge to think or act against one’s better judgment.

CONVULSIVE DISORDERS  Primarily grand mal, petit mal, Jacksonian, and psychomotor epilepsy. May occur in any organic cerebral disease. See epilepsy.

CONFABULATION  The filling in of memory gaps with made up episodes.

CONFLICT  A state of emotional tension due to the presence of opposed or contradictory urges.

CONFUSED  Unable to think clearly.

CONGENITAL  Present at birth.

CONSTIPATION  Difficulty in bowel movement.

CONTRAINICATION  A condition in which a certain treatment or medicine is not advisable.

CONVERSION  A mental mechanism by which repressed urges are converted into physical symptoms. Example: A person who has a frequent urge to strike at others may develop a paralysis of the arm to prevent doing this.

CORTEX  The outer layer of an organ, as of the brain.

CUSTODIAL  Applying to simple detention or guarding, usually contrasted with therapeutic care.

CYANOSIS  A condition in which skin areas such as the lips, finger tips, and face become blue due to a lack of proper amount of oxygen in the blood stream.

DEFECATION  A bowel movement.

DEHYDRATION  Loss of water from the body tissue.

DELIRIUM  A temporary mental disturbance with confusion and illusions, hallucination, excitement, and disorientation.
| **DELUSION** | A fixed false idea. No amount of reasoning changes the patient's idea. For example, delusions of grandeur: "I am Queen Ann," or "I am the Governor of this state." Delusions of persecution: "I was put here by gangsters," or "You're all F.B.I. members out to get me." |
| **DEPRESSED TYPE** | Characterized by depression of mood with retardation and inhibition of thinking and physical activity. |
| **DEPRESSION** | Unshakable feeling of sadness. |
| **DETERIORATION** | A progressive failure of the intellectual processes. |
| **DISORIENTED** | Unable to concentrate on one thing; thought or behavior very changeable. |
| **DYNAMIC** | In psychiatry, an interest in people extending beyond a description of behavior to the "why" people behave as they do. |
| **EGO** | The portion of our personality that has to make the decisions. It says "I will" or "I will not." Most of the ego is conscious and represents the thinking, knowing, feeling part of the person. |
| **EGOTISTICAL** | Filled with self love, abnormally self-centered, conceited. |
| **ELATION** | Joyful excitement. |
| **ELOPER** | One who escapes or wanders away from a mental institution. |
| **EMESIS** | Vomiting. |
| **EMETIC** | A drug which causes vomiting. |
| **EMOTION** | A subjective feeling (of which one may or may not be specifically aware) such as fear, anger, grief, joy or love. |
| **EMPATHY** | The emotional appreciation of another's feelings. Unlike sympathy it is not entering into or sharing another's feelings. It allows one to identify with a patient's problems but not be encumbered by them. |
| **EPILEPSY** | A disorder characterized by periodic motor or sensory seizures of their equivalents and sometimes accompanied by a loss of consciousness or by certain equivalent manifestation. May be idiopathic (no known organic cause) or symptomatic (due to organic lesions). |
| **JACKSONIAN EPILEPSY** | Recurrent episodes of localized convulsive seizures or spasms limited to a part or region of the body without loss of consciousness. |
| **MAJOR EPILEPSY** | Characterized by gross convulsive seizures with loss of consciousness. (Grand Mal) |
| **MINOR EPILEPSY** | Minor non-convulsive epileptic seizures or equivalents; may be limited to only momentary lapses of consciousness. (Petit Mal) |
| **E.S.T. (Also E.C.T.)** | See electroshock therapy. |
ETIOLOGY  The cause or causes of a disease.

EUPHORIA  An exaggerated sense of well-being not warranted by circumstances.

EXCRETA  Waste material cast out of the body.

EXHIBITIONISM  Commonly, "showing off." Psychiatically, body exposure usually of the male genitals to females. Sexual stimulation or gratification usually accompanies the act.

EXHILARATION  High spirits, enlivened state of activity.

EXTROVERT  A person whose interest is turned outward toward external values.

FANTASY  Day dreaming; building for oneself things which does not exist in one's real situation.

FEAR  Emotional response to consciously recognized and external sources of danger, to be distinguished from anxiety.

FEBRILE  Pertaining to fever.

FECES  Waste discharged from the rectum.

FEEBLEMindedness  Intelligences and mental capacity considerably lower than normal (100 IQ). Usually refers to cases of moron level (IQ 50 to 69). See mental deficiency.

FLATUS  Gas in the intestines or stomach.

FLIGHT OF IDEAS  A rapid succession of ideas which are related only superficially; and the goal idea is never reached.

FREE ASSOCIATION  In psychoanalytic therapy, unselected verbalization by the patient of whatever comes to mind.

FREE-FLOATING  Anxiety  Pervasive anxiety which the patient cannot explain to his own satisfaction. See anxiety.

FRENZY  Violent mental agitation; delirious excitement.

FRUSTRATION  Being hindered or prevented from accomplishing a purpose.

FUGUE  An episode of seemingly conscious behavior which is not remembered afterwards.

FUNCTIONAL PSYCHOSIS (or Illness)  A psychiatric disorder in which no diseased or abnormal tissue can be found in the body.

FUROR  Rage, great outburst of excitement.

GANGRENE  Death of body tissue.

GENERAL PARESIS  A psychosis associated with organic disease of the central nervous system resulting from chronic syphilitic infection.

GLUCOSE  A form of sugar.
GRAND MAL
See epilepsy.

GRANDIOSE
In psychiatry, refers to delusions of great wealth, power or fame.

GROUP THERAPY
Psychotherapy carried out with a group of patients.

HALLUCINATION
An imaginary sense of perception.

1. AUDITORY
Hearing something when nothing is there.

2. VISUAL
Seeing something when nothing is there.

3. OLFACTORY
Smelling something when nothing is there and no odor.

4. TACTILE
Feeling something touching the skin or affecting the internal organs when nothing is really occurring.

5. GUSTATORY
Tasting something when it is not present and nothing is present to suggest the taste.

HEBEPHRENA
See schizophrenia.

HETEROSEXUALITY
Sexual attraction/relationship between members of the opposite sex.

HOARDING
Collecting and saving articles often for no purpose.

HOMOSEXUALITY
Sexual attraction or relationship between members of the same sex.

1. ACTIVE
Homosexuality marked by overt activity.

2. LATENT
Unconscious homosexual desires or conscious desires, consistently denied expression.

HOSTILE
Unfriendly.

HYDROTHERAPY
Treatment by use of water, baths, packs, etc.

HYPERACTIVE
Abnormally overactive.

HYPNOSIS
An altered state of conscious awareness induced in a suggestible subject. Under hypnosis a person manifests increased receptivity to suggestion and direction.

Hysteria
A form of psychoneurosis which includes a wide variety of physical symptoms without organic pathology and toward which the patient shows relative emotional indifference.

I.Q.
See Intelligence Quotient.

ID
The unconscious part of the personality which contains the primitive instinctual urges.

IDENTIFICATION
A mental mechanism by which a person incorporates into his own personality the ideas, actions, and feelings of another person.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDIOPATHIC</td>
<td>Term applied to disease of unknown cause, such as idiopathic epilepsy. See mental deficiency.</td>
</tr>
<tr>
<td>IDIOT</td>
<td></td>
</tr>
<tr>
<td>ILLUSION</td>
<td>Misinterpretation of a real sensory image.</td>
</tr>
<tr>
<td>IMBECILE</td>
<td>See mental deficiency.</td>
</tr>
<tr>
<td>IMPULSIVE</td>
<td>Inclined to sudden changes of behavior that cannot be predicted.</td>
</tr>
<tr>
<td>INACCESSIBLE</td>
<td>Not easy to reach psychologically, withdrawn.</td>
</tr>
<tr>
<td>INCOHERENT</td>
<td>Rambling conversation marked by ideas that are not naturally related.</td>
</tr>
<tr>
<td>INCOMPETENT</td>
<td>A legal term for a person who cannot be held responsible for his actions because of serious mental illness or mental deficiency.</td>
</tr>
<tr>
<td>INCONTINENCE</td>
<td>Inability to retain urine or feces.</td>
</tr>
<tr>
<td>INHALATION</td>
<td>The act of breathing air into the lungs.</td>
</tr>
<tr>
<td>INSANITY</td>
<td>A legal term implying that the individual does not know right from wrong and is not responsible for his behavior.</td>
</tr>
<tr>
<td>INSIGHT</td>
<td>The ability of the patient to realize the nature and extent of his illness</td>
</tr>
<tr>
<td>INSULIN TREATMENT</td>
<td>See shock treatment.</td>
</tr>
<tr>
<td>INTELLIGENCE QUOTIENT</td>
<td>An arithmetic figure determined by psychological testing indicating the relation of a person's intellectual performance to the statistical norm of his age group (I.Q.).</td>
</tr>
<tr>
<td>INTROVERT</td>
<td>A person whose interest is directed toward his own inner life rather than toward the external world.</td>
</tr>
<tr>
<td>INUNCTION</td>
<td>The act of rubbing an ointment into the skin.</td>
</tr>
<tr>
<td>INVOLUTIONAL PSYCHOSIS</td>
<td>A psychotic reaction taking place during the involutional period, climacteric or menopause, characterized most commonly by depression and occasionally by paranoid thinking. The course tends to be prolonged, and the condition may be manifested by feelings of guilt, anxiety, agitation, delusional ideas, insomnia, and somatic preoccupation.</td>
</tr>
<tr>
<td>JACKSONIAN EPILEPSY</td>
<td>See epilepsy.</td>
</tr>
<tr>
<td>KLEPTOMANIA</td>
<td>Compulsive stealing, largely without regard to any apparent material need for stolen objects.</td>
</tr>
<tr>
<td>LATENCY</td>
<td>In psychoanalysis, a phase between the oedipal (or phallic) and adolescent periods of psychosexual development. It is characterized by a marked decrease of sexual behavior and interest in sex.</td>
</tr>
<tr>
<td>LETHARGIC</td>
<td>Slow in thought or movement; dull</td>
</tr>
<tr>
<td>LIBIDO</td>
<td>Psychic energy that motivates living; desire for pleasure or satisfaction.</td>
</tr>
<tr>
<td>LOBOTOMY</td>
<td>See psychosurgery.</td>
</tr>
</tbody>
</table>
LUCID
MALINGER
MALNUTRITION
MANIC-DEPRESSIVE PSYCHOSIS
MANIC TYPE
MANNERISM
MASOCHISM
MASTURBATION
MEGALOMANIC
MELANCHOLIA
MENARCHE
MENTAL DEFICIENT
MENTAL MECHANISM
MESMERISM
MIGRAINE
MONGOLISM
MORON

State of being clear, intelligible, and normal in the use of one's faculties. To pretend illness consciously and for a purpose.
Undernourished.
A major emotional illness marked by severe mood swings (elated/depression) and a tendency to remission and recurrence. See psychosis.
Characterized by elation with over-talkativeness, extremely rapid ideation, and increased motor activity.
An assumed peculiarity of gesture, hearing, or walk; an affected manner.
Pleasure derived from suffering physical or psychological pain.
Self-manipulation to arouse sexual feelings.
A syndrome marked by delusions of great self-importance, wealth, or power.
An emotional state characterized by depression.
The onset of menstruation in the female life cycle.
A person lacking intelligence to a degree that he cannot make an average adjustment to life. Emotional conflict usually complicates the condition. The need for institutional treatment and care is proportional to the degree of impairment and the level of emotional adjustment.
Cases have I.Q.'s of 70 to 85
I.Q.'s of 50 to 69
I.Q.'s of 20 to 49
I.Q.'s of 20 and below.
Specific intrapsychic defensive processes operating unconsciously which are employed to seek resolution or emotional conflict and freedom from anxiety.
Early term for hypnosis; named after Anton Mesmer (1733-1815).
An illness characterized by recurrent, severe, and usually one-sided headaches often associated with nausea, vomiting, and visual disturbances. May be due to unconscious emotional conflicts.
A variety of congenital mental deficiency. So called because of the superficial resemblance to oriental facial characteristics.
See mental deficiency.
<p>| <strong>MOTIVATION</strong> | That within the individual which prompts him to action. |
| <strong>MOTOR ACTIVITY</strong> | Activity involving bodily movement. |
| <strong>MULTIPLE PERSONALITY</strong> | See personality, multiple. |
| <strong>NARCISSISM</strong> | Self-love. In a broader sense indicates a degree of self-interest which is normal to early childhood but pathological when seen in similar degree in adulthood. |
| <strong>NARCOTIC</strong> | A drug which produces sleep and at the same time relieves pain. |
| <strong>NARES</strong> | The nostrils. |
| <strong>NAUSEA</strong> | Sickness at the stomach; tendency to vomit. |
| <strong>NEGATIVISM</strong> | Negative attitude or behavior; it is said to be active negativism when the person does the opposite of what he is asked to do, and passive when he does nothing he is expected to do. |
| <strong>NEOLOGISM</strong> | A word coined by the patient; it has meaning for him alone. |
| <strong>NERVOUS BREAKDOWN</strong> | A non-medical, non-specific term for emotional illness, primarily a euphemism for psychiatric illness or psychosis. |
| <strong>NEUROLOGIST</strong> | A physician with postgraduate training and experience in the field of organic diseases of the nervous system and whose professional endeavors are primarily concentrated in this area. |
| <strong>NEUROLOGY</strong> | The branch of medical science devoted to the anatomy, physiology, and pathology of the nervous system. |
| <strong>NEUROSIS</strong> | Emotional maladaptations due to unresolved unconscious conflicts. One of the two major categories of emotional illness, the other being psychoses. A neurosis is usually less severe than psychosis with minimal loss of contact with reality. Thinking and judgement may be impaired. A neurotic illness represents the attempted resolution of unconscious emotional conflicts in a manner that handicaps the effectiveness of a person in living. The Standard Nomenclature adopted by the Psychiatric Association classifies neurotic disorders as follows: |
| <strong>ANXIETY REACTION:</strong> | Characterized primarily by direct experiencing of anxiety, which may have an acute or gradual onset with subjective uneasiness or apprehension out of proportion to any apparent external cause. |
| <strong>DISSOCIATIVE REACTION:</strong> | Characterized by such dissociated behavior as amnesia, sleepwalking, and dream states. |
| <strong>CONVERSION REACTION:</strong> | Unacceptable unconscious impulses are converted into bodily symptoms; instead of being experienced consciously, the emotional conflict is expressed by physical symptoms. |
| <strong>PHOBIC</strong> | Characterized by a continuing, specific, irrational fear out of proportion to |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>REACTION:</td>
<td>apparent stimuli.</td>
</tr>
<tr>
<td>OBSESSIVE-COMPULSIVE REACTION:</td>
<td>Reaction patterns associated with the intrusion of insistent, repetitive, unwanted ideas, or of repetitive, unwelcome impulses.</td>
</tr>
<tr>
<td>DEPRESSIVE REACTION:</td>
<td>A neurotic depressive reaction apparently precipitated by specific traumatic situation loss.</td>
</tr>
<tr>
<td>NIHILISM</td>
<td>In psychiatry, the delusion of non-existence of the self or part of the self.</td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>An attitude stressing reality, not personal feelings; unprejudiced.</td>
</tr>
<tr>
<td>OBSCENITY</td>
<td>Using indecent language or engaging in indecent acts.</td>
</tr>
<tr>
<td>OBSESSION OCCUPATIONAL THERAPY</td>
<td>An unshakable urge to think thoughts that one does not which to think.</td>
</tr>
<tr>
<td>OEDIPUS COMPLEX</td>
<td>Attachment of the child for the parent of the opposite sex accompanied by envious and aggressive feelings toward the parent of the same sex.</td>
</tr>
<tr>
<td>ORAL</td>
<td>Pertaining to the mouth.</td>
</tr>
<tr>
<td>ORAL STAGE</td>
<td>Includes both the oral erotic and oral sadistic phases of infantile psychosexual development lasting from birth to 12 months or longer; both oral erotism and sadism normally continue in later life in disguised and sublimated forms.</td>
</tr>
<tr>
<td>ORGANIC DISEASE</td>
<td>Characterized by demonstrable structural or biochemical changes in the tissue and organics of the body as distinguished from emotional illness.</td>
</tr>
<tr>
<td>ORIENTATION</td>
<td>Awareness of oneself in relation to time, place and person.</td>
</tr>
<tr>
<td>PANIC</td>
<td>A sudden feeling of terror.</td>
</tr>
<tr>
<td>PARANOIA</td>
<td>Rare psychotic disorder which develops slowly and becomes chronic; it is characterized by an intricate and internally logical system of persecutory and/or grandiose delusions. The system stands by itself and does not interfere with the remainder of the personality which continues essentially normal and apparently intact; to be distinguished from paranoid schizophrenic reactions and paranoid state.</td>
</tr>
<tr>
<td>PARANOID</td>
<td>An adjective derived from the noun &quot;paranoia&quot; but prevalently used to describe any grandiose or persecutory delusions.</td>
</tr>
<tr>
<td>PARANOIDAL STATE</td>
<td>Characterized by paranoid delusions but not so internally logically systemized as in true paranoia nor so bizarre or disorganized as in schizophrenic paranoid reactions.</td>
</tr>
</tbody>
</table>
PARESIS  
Slight or incomplete paralysis.

PEDICULI  
Lice.

PERISTALSIS  
Wavelike motion of the intestines.

PERSONALITY  
The sum total of the individual's internal and external patterns of adjustment to life.

PERSONALITY DISORDERS  
A term used to include a broad category of disorders characterized by developmental defects of pathological trends. There is minimal subjective anxiety and little or no sense of distress. See also psychopath.

PERSONALITY MULTIPLE  
A rare type of major dissociative reaction in which the individual adopts two or more different personalities; these are separate and compartmentalized with total amnesia for the one, or ones, not in awareness.

PERVERSION  
Sexual deviation.

PETIT MAL  
See epilepsy.

PHALLIC STAGE  
The period of psychosexual development from the age of about 2-1/2 to six years during which sexual interest, curiosity, and pleasurable experience center about the penis, and girls, to a less extent, the clitoris.

PHOBIA  
An obsessive, persistent, unrealistic fear of an external object or situation such as heights, open spaces, dirt, animals, etc.

PLAY THERAPY  
A psychotherapeutic approach to children's emotional disorders in which the observation and interpretation of the child's use of his play materials and his fantasy in his games and play form part of the therapy.

PRECONSCIOUS  
Referring to thoughts which are not in immediate awareness but which can be recalled by conscious effort.

PROGNOSIS  
A forecast of the outcome of a disease.

PSYCHOSOMATIC  
Adjective to denote the constant and inseparable interaction of the psyche (mind) and soma (body). Most commonly used to refer to illness in which the manifestations are primarily physical with at least a partial emotional etiology.

PSYCHOSURGERY  
Treatment of serious psychiatric disorders by brain surgery. Certain brain nerve fibers are cut to reduce the tension and distress associated with chronic emotional suffering.

PSYCHOTHERAPY  
A general term for any type of treatment which is based primarily upon verbal or non-verbal communication with the patient in distinction to the use of drugs, surgery, or physical measures.

PUERPERAL PSYCHOSIS  
A psychotic episode occurring in the period after childbirth.

PURULENT  
Containing pus.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAPPORT</td>
<td>A relationship of harmony between the patient and the therapist.</td>
</tr>
<tr>
<td>RATIONAL</td>
<td>With good reason; sensible, supported by thought.</td>
</tr>
<tr>
<td>RATIONALIZATION</td>
<td>A mental mechanism whereby the patient substitutes a plausible reason for the real one motivating his behavior.</td>
</tr>
<tr>
<td>REGRESSION</td>
<td>A mental mechanism whereby an individual reverts to patterns of behavior characteristic of an earlier phase of development.</td>
</tr>
<tr>
<td>REJECTION</td>
<td>A refusal to accept a person or thing.</td>
</tr>
<tr>
<td>REPRESSION</td>
<td>A mental mechanism which operates unconsciously to keep from awareness unpleasant experiences, emotions, and ideas.</td>
</tr>
<tr>
<td>RESISTIVE</td>
<td>Inclined to oppose; offering opposition; refusing to comply or agree.</td>
</tr>
<tr>
<td>RETARDATION</td>
<td>Slowing up of reactions (i.e., slowness of movements or thought processes). Slowing down of mental and physical activity. Most frequently seen in severe depressions which are sometimes spoken of as retarded depressions. Also a synonym for mental deficiency.</td>
</tr>
<tr>
<td>RIGIDITY</td>
<td>Psychiatically, refers to an individual's great resistance to change.</td>
</tr>
<tr>
<td>RIGOR MORTIS</td>
<td>Stiffness of the body after death.</td>
</tr>
<tr>
<td>RORSCHACH TEST</td>
<td>A psychological test developed by the Swiss psychiatrist, Hermann Rorschach, which seeks to disclose conscious personality traits and emotional conflicts through eliciting the patient's associations to a standard set of ink blots.</td>
</tr>
<tr>
<td>SADISM</td>
<td>Pleasure derived from inflicting physical and psychological pain on others.</td>
</tr>
<tr>
<td>SCHIZOID</td>
<td>Adjective describing traits of shyness, introspection and introversion.</td>
</tr>
<tr>
<td>SCHIZOPHRENIA</td>
<td>A severe emotional disorder of psychotic depth characteristically marked by retreat from reality with delusion formations, hallucinations, emotional disharmony and regressive behavior; formerly called dementia praecox. Some types of schizophrenia are distinguished as follows:</td>
</tr>
<tr>
<td>CATATONIC TYPE</td>
<td>Characterized by marked disturbances in activity with either generalized inhibition or excessive activity. See catatonia.</td>
</tr>
<tr>
<td>PARANOID TYPE</td>
<td>Characterized predominantly by delusions of persecution and/or megalomania. See delusion.</td>
</tr>
<tr>
<td>SIMPLE TYPE</td>
<td>Characterized by withdrawal, apathy, indifference, and impoverishment of human relationships but rarely by conspicuous delusions or hallucinations. It is slowly and insidiously progressive.</td>
</tr>
<tr>
<td>SECLUSIVE</td>
<td>Remaining apart; tendency to withdraw to solitude.</td>
</tr>
<tr>
<td>SEDATIVE</td>
<td>A drug or remedy that quiets activity.</td>
</tr>
</tbody>
</table>
SEIZURE
A sudden attack; a fit or convulsion.

SENILE
Relating to or characterized by old age.

SENILE DEMENTIA
See dementia, senile.

SENILE PSYCHOSIS
A mental illness of old age characterized by personality deterioration, progressive loss of memory, eccentricity, and irritability.

SHOCK TREATMENT
A psychiatric therapy in which electric current is administered to the patient and result in a convulsive or comatose reaction intended to alter the course of the illness favorably. Convulsive Shock Treatment: Usually carried out by stimulation with an electric current and hence called electro-shock treatment (E.S.T.) or electro-convulsant treatment (E.C.T.). Often used in depressive reactions and most effective in this form of illness.

SIBLING
Children of the same parents.

SOCIAL WORK
The application and use of community resources and management of environmental factors to better the total adaptation and adjustment of a patient.

SOMATIC
Pertaining to the body.

STATUS EPILEPTICUS
More or less continuous epileptic seizures. See epilepsy.

STERILE
Complete absence of germs.

STIMULUS
That which encourages reaction; incentive.

STROKE
Sudden attack of disease or affliction, usually apoplexy.

STUPOR
In psychiatry, a state in which the individual appears to be unaware of an non-reactive to his surroundings. In catatonic stupor, however, it is believed the unawareness is more apparent than real. See catatonia.

SUBCONSCIOUS
That part of the mind which is not immediately focused in awareness but which may be brought to awareness when desired.

SUBCUTANEOUS
Underneath the skin.

SUPEREGO
A psychoanalytic term used to describe the critical aspect of the personality which is usually equated with the popular term conscience.

SUPINE
Lying on the back with face upward.

SURROGATE
A substitute person; in psychiatry usually refers to an authoritarian person (parental).

SUSCEPTIBLE
Easily influenced, unresistive or sensitive, not immune.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMPATHY</td>
<td>Expression of compassion for another's grief or loss. To be differentiated from empathy.</td>
</tr>
<tr>
<td>SYMPTOM</td>
<td>A specific manifestation of an illness, objective, subjective, or both.</td>
</tr>
<tr>
<td>SYPHILIS</td>
<td>A contagious specific venereal disease.</td>
</tr>
<tr>
<td>TACHYCARDIA</td>
<td>Unusually rapid heartbeat.</td>
</tr>
<tr>
<td>TENSION</td>
<td>A feeling of strain.</td>
</tr>
<tr>
<td>TERMINATE</td>
<td>To end.</td>
</tr>
<tr>
<td>THERAPY</td>
<td>Treatment of illness directed toward cure.</td>
</tr>
<tr>
<td>TIC</td>
<td>An intermittent, involuntary, spasmodic movement such as muscular twitch. A tic may be disguised expressed of hidden emotional conflict.</td>
</tr>
<tr>
<td>TONIC</td>
<td>A muscular spasm in which the affected muscles are in continuous contraction.</td>
</tr>
<tr>
<td>TOXIC PSYCHOSIS</td>
<td>A psychosis resulting from the toxic effect of chemicals and drugs, including those produced in the body. See also psychosis.</td>
</tr>
<tr>
<td>TRANQUILIZING DRUG</td>
<td>See ataraxy; ataractic.</td>
</tr>
<tr>
<td>TRANSFERENCE</td>
<td>A mental mechanism whereby the feeling for one person is unconsciously directed toward another person.</td>
</tr>
<tr>
<td>TRAUMA</td>
<td>Injury. It may be physical, as when a wound is inflicted on the body, psychic, as when one receives an emotional shock.</td>
</tr>
<tr>
<td>TREMOR</td>
<td>Involuntary trembling or quivering.</td>
</tr>
<tr>
<td>UMBILICUS</td>
<td>The naval.</td>
</tr>
<tr>
<td>UNCONSCIOUS</td>
<td>That part of the mind which is not accessible to conscious awareness but can be investigated by psychoanalysis.</td>
</tr>
<tr>
<td>VEIN</td>
<td>One of the blood vessels that carry impure blood from various parts of the body to the lungs and heart to be purified.</td>
</tr>
<tr>
<td>VINDICTIVE</td>
<td>Inclined to hold a grudge; motivated by a desire for revenge.</td>
</tr>
<tr>
<td>VOID</td>
<td>Empty the bladder.</td>
</tr>
<tr>
<td>VOYEURISM</td>
<td>Sexually motivated and often compulsive interest in watching or looking at others, particularly at genitals. Roughly synonymous with &quot;peeping Tom.&quot; Observed mostly in males.</td>
</tr>
<tr>
<td>WORD SALAD</td>
<td>A mixture of words and phrases which lack comprehensive meaning or logical coherence, commonly seen in schizophrenic states.</td>
</tr>
</tbody>
</table>
Chapter 11: Plan for Services
Section 1: Philosophy and Framework

Nursing Services at the Utah State Hospital believes in a philosophy of nursing practice that focuses on the interpersonal interactions occurring between nursing personnel and the patients served. A holistic approach is utilized, but the patient is viewed as being a unique, individual system of physical, emotional, intellectual, social and spiritual components.

Nursing follows an interpersonal process that is initiated by the patient's stated, implied, or observed needs or deficits aimed at reducing or removing the causative factors inhibiting the patient's wellness and focuses on returning the patient to his/her optimal level of functioning and prepares the patients, through education, to continue to function at that level after discharge.

Nursing believes in a cooperative, collaborative approach with other professionals requiring frequent, interdisciplinary team meetings to provide quality care. The patient is viewed as an active participant in his/her treatment plan. An emphasis is placed on identifying and utilizing the patient's strengths to achieve the desired outcomes. Health maintenance and prevention are stressed as a means of resolving problems and restructuring lifestyles to ones more conducive to health.

The nursing process is used to implement the conceptual framework. The assessment phase gathers data regarding the patient's behavior, environment, culture, physical status, psychological status, beliefs, values, and adaptation or non-adaptation to his/her illness. Identification of problems is made from the assessment data. Planning for nursing interventions is carried out through identification of nursing goals and objectives decided on with the patient's assistance and through collaboration with the multidisciplinary team. Evaluation is an ongoing process determining the effectiveness of the plan. The nursing process is viewed as a dynamic active facilitator of the nurse-patient relationship.

Service Description

Utah State Hospital's Nursing Department follows a modified decentralized organizational plan for its' three hundred plus members: 78.9 FTE's in direct care Registered Nurses (RNs), 37 FTE's in Licensed Practical Nurses (LPNs), 286.5 FTE's in Psychiatric Technician positions, and 26.2 FTE's in non-direct care such as administrative (i.e. Nurse Administration, Infection Control, Utilization Review, Clinical Risk Management, Unit Nursing Directors) and support positions (i.e Schedulers, Unit Clerks, Office Manager). The Nursing Department is organized to provide the optimal achievable quality of nursing care and to maintain the highest professional conduct and practice of its members.

Scope of Services

The Nursing Department provides direct patient care 24 hours a day, 7 days a week. Shift Supervisors act as the Nurse Administrator on evenings, nights, weekends and holidays.

APRNs (Advanced Practice RNs), RNs, LPNs, Psych Techs, offer a variety of treatment modalities consistent with their education and training, experience, and licensure as detailed in individual job descriptions, performance plans, and clinical privilege statements. These may include, but are not limited to:
Clinical/Technical Nursing Skills

Oxygen administration, infectious disease counseling and education (AIDS, Hepatitis), first aid, CPR, immunization, nasogastric insertion and feeding, catheterization, wound care, intravenous fluids, PICC line fluids, PEG tube feedings, EKGs, Oxygen saturation monitoring, oral suctioning, documentation, assessments, patient acuity, staff education and training.

Psychiatric Nursing Intervention

Education and skills training in the following areas: Family education, sex education, medication education, ADL care, relaxation therapy, stress reduction, nutrition education, exercise groups, music groups, leisure groups, make-up and wardrobe groups, health education, family planning, substance abuse education and therapy, discharge planning, survival skills, current events groups, diabetic teaching and counseling, planning and supervision of on and off campus activities, one-to-one watches, suicide watches, assertiveness training, reading groups, remotivation groups, behavior modification, reality orientation, buddy groups, violence prevention/intervention, activity supervision, and research.

APRNs may also do psychotherapy, family therapy, therapeutic role playing and role modeling, psychodrama, group therapy, individual therapy, and consumer education groups.

Medication Administration

Oral and intramuscular administration; IV therapy, PICC line therapy, NG tube, PEG tube.

Authority, Accountability, Responsibility and Supervision

Nursing Administration at Utah State Hospital consists of the Nurse Executive, the Nurse Administrator, Assistant Nurse Administrator, and the Education Director. This group provides for the determination of long-range objectives and goals; development of hospital-wide policies and procedures, development and revision of job descriptions and performance plans, and provides a sense of direction to the department. Nursing Administration assumes final responsibility to ensure that nursing meets the standards necessary to maintain Joint Commission accreditation and Health Care Financing Administration (HCFA) certification in the areas impacting nursing.

The Nurse Executive directly supervises the Nurse Administrator and the Education Director.

The Nursing Administrator provides clinical and administrative supervision for ten Unit Nursing Directors (UNDs), the Assistant Nursing Administrator, the Infection Control Coordinator, the RN's and LPNs who are in the temporary pool, and the Scheduling Office.

The Assistant Nursing Administrator provides clinical and administrative supervision for the Shift Supervisors (SSRNs), the Acuity Nursing staff, and the Acuity Psych Tech Pool. She also provides administrative supervision of X-ray, Central Supply, and the Clinics.

The Education Director provides clinical and administrative supervision for the Nursing Educators. The Education Director works closely with the APRNs to provide patient education materials as well as nursing staff education materials.
The thirteen UNDs are delegated the responsibility and authority to provide supervision and direction for the RN's, LPNs, Unit Clerks, Environmentalists, and Psych Techs assigned to their respective units.

The Nursing Administrator provides indirect supervision for all RN's, LPNs, Unit Clerks, Environmentalists, and Psych Techs through the UNDs.

The Nurse Executive is responsible to the Hospital Clinical Director and is an integral part of the day-to-day operations of the hospital. The Nurse Executive and the Nursing Administrator are members of the Hospital's Executive Staff and are involved in the short term and long range planning for the hospital.

The Assistant Nurse Administrator is responsible for the supervision and management of the SSRNs, the Acuity Psych Tech Pool, X-ray, Central Supply, Clinics, and the Acuity RN Pool. The Assistant Nursing Administrator is also responsible for writing nursing policy and procedure under the direction of the Nurse Executive and the Nursing Administrator.

The UND is responsible for the provision of nursing care on his/her respective unit. Each UND reports to the Nursing Administrator regarding standards of nursing care and practice, quality improvement, and nursing personnel issues. The UND works closely with the Unit Administrative Director (AD) to provide quality patient care. The UND is a member of the unit Service Management Team which provides the leadership for the unit in administrative functions i.e. environment of care, budgetary issues, personnel issues that impact the unit and programming of the unit.

The SSRN supervises and coordinates activities of nursing personnel on evenings, nights, weekends, and holidays to maintain continuity of patient care. The SSRN acts in the place of the Hospital Administration during his/her shift. The SSRN is responsible for making decisions concerning policies and procedures and interpreting those policies and procedures. He/She is also responsible to make independent decisions in situations on her/his shift where there is not established policy, routine, or regulation throughout the hospital.

Registered Nurses (RN's) provide direct patient care and supervise the delivery of nursing care by LPNs and Psych Techs. The RNs offer a variety of treatment modalities including clinical/technical nursing skills, psychiatric nursing intervention, and medication administration. LPNs provide medication and treatment administration to patients on each unit. Psych Techs provide direct nursing care under the supervision of the RN. The Environmentalist is assigned job duties by the UND but may also assist in direct patient care as assigned by the RN. The Environmentalist's job duties include the patient industrial program, the unit environment, and other duties as assigned. The Unit Clerk is responsible for the clerical portions of patient care on the unit and is directly responsible to the UND.

All nursing care delivered and nursing care assignments are under the direction and supervision of the RN who utilizes the nursing process and patient acuity system to make assignments. A Psych Tech Pool and an RN Acuity Pool are utilized to meet staffing needs due to changes in patient acuity and to assist in covering staff sick calls. These personnel are assigned shift by shift by the Scheduling office under the direction of the Nursing Administrator.

Nursing personnel follow the hospital guidelines for major and minor infractions. UNDs notify the Nursing Administrator of any nursing personnel requiring a verbal warning or written warning, corrective action or disciplinary action. The Nursing Administrator and Nurse Executive are involved in all disciplinary actions including termination of an employee.

**Goals and Objectives**

The goals and objectives of Utah State Hospital's Nursing Department are decided upon each year by the Nursing Administration in conjunction with the UNDs. These goals are communicated to all nursing personnel through unit meetings and are monitored as a part of the QI plan.
The annual nursing department report is made each year to the hospital's Executive Staff. It contains a review of the previous year's activities and a plan for the next year. It also details the department's success or lack of success in achieving the above state goals and objectives.

Organizational Chart

Staffing

Nursing Staff in Administrative or Support positions:

<table>
<thead>
<tr>
<th>FTE</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Nurse Executive</td>
</tr>
<tr>
<td>1.0</td>
<td>Nursing Administrator</td>
</tr>
<tr>
<td>1.0</td>
<td>Assistant Nursing Administrator</td>
</tr>
<tr>
<td>0.5</td>
<td>Education Director</td>
</tr>
<tr>
<td>2.0</td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>1.0</td>
<td>Infection Control Coordinator</td>
</tr>
<tr>
<td>1.0</td>
<td>Nurse Educator</td>
</tr>
<tr>
<td>0.7</td>
<td>Clinical Risk Manager</td>
</tr>
<tr>
<td>1.0</td>
<td>Utilization Review RN</td>
</tr>
<tr>
<td>4.0</td>
<td>Shift Supervisors–RN</td>
</tr>
<tr>
<td>1.0</td>
<td>Nursing Office Manager</td>
</tr>
<tr>
<td>3.0</td>
<td>Schedulers</td>
</tr>
</tbody>
</table>

16.2 FTE's Total

<table>
<thead>
<tr>
<th>UNIT</th>
<th>UND</th>
<th>RN</th>
<th>LPN</th>
<th>PT</th>
<th>SPT</th>
<th>CLERKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>15</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Youth – GY &amp; BY</td>
<td>2</td>
<td>5.5/6</td>
<td>3/4</td>
<td>14/27</td>
<td>3/3</td>
<td>0</td>
</tr>
<tr>
<td>Forensic</td>
<td>4</td>
<td>21</td>
<td>12</td>
<td>77</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Legacy</td>
<td>1</td>
<td>6.6</td>
<td>4</td>
<td>21</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>LHU</td>
<td>1</td>
<td>8</td>
<td>3</td>
<td>20.5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Adult Services</td>
<td>4</td>
<td>21.5</td>
<td>14</td>
<td>56</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Pool</td>
<td></td>
<td>2.8</td>
<td>1</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>76.4</td>
<td>42</td>
<td>241.5</td>
<td>44</td>
<td>6</td>
</tr>
</tbody>
</table>
Total for all Utah State Hospital staff in Nursing related positions is 439.1 plus 4.0 Nurse Practitioners who are under the Medical Staff.

**Job Descriptions & Performance Plans**

Job descriptions for each level in Nursing are available through the Nursing Department at the time of hire. It is the responsibility of the new employee to become familiar with the job description and to question any areas in which he/she is unfamiliar or feels unqualified. Job descriptions are reviewed by the Nursing Administration on at least an annual basis; changes and necessary revisions are made on an as needed basis and are reviewed by the UNDs and Human Resources prior to implementation. Performance management plans are developed for each member of Nursing. Each plan contains standards for successful performance and competencies. The individual staff member meets to review, discuss, and agree on the plan with his/her immediate supervisor; revisions in the performance plan are made at that time if needed.

Performance appraisals are conducted with each employee at the conclusion of his/her probationary period and on an annual basis. The performance appraisal is done more frequently to monitor performance when necessary. The evaluation is criteria-based and relates to the standards of performance specified in the individual's job description.

Nurse Executive

Nursing Administrator

Assistant Nursing Administrator

Clinical Nurse Specialist/Education Director

Clinical Nurse Specialist

Infection Control Coordinator

Nurse Educator

Shift Supervising RN

Unit Nursing Director

RN

LPN

Psychiatric Technician/Environmentalist

Unit Clerk

Psychiatric Technician/Mentor

Psychiatric Technician

Staffing Coordinator
Professional Behavior

Each member of the Utah State Hospital's Nursing Department is expected at all times to behave in a professional manner toward patients, staff, and visitors. Members of the nursing discipline work with the treatment team in providing optimal patient care within the resources available. Every employee is expected to abide by the Code of Conduct as outlined in USH: OPP. Infractions are handled on an individual basis with the UND conducting a review of the individual's behavior. Risk Management is involved in an investigation when necessary.

Staff and Scheduling

The Nursing Department employs a Central Scheduling Office. The Schedulers work closely with the UNDs to ensure all shifts are covered adequately with RNs, LPNs, and Psych Techs. Pool Psych Techs and RNs are scheduled to meet patient acuity.

Contract Staff

Psych Techs are hired on a temporary basis for their orientation and training program. They are available for hiring into permanent career status eligible positions after they have been hired into the Psych Tech Acuity Pool. RNs and LPNs are hired directly into full time career status eligible positions. Acuity RN's and LPNs are also hired into on-call positions which are used to cover vacancies in the schedule. They are temporary, non-career status employees.

Licensure

All current and prospective employees are required to provide proof of current licensure to Human Resources. All licenses are verified through the Division of Professional Licensure. All licensing data is kept on computer file in the Human Resources office. Psych Techs do not require a license to practice. They practice under the licensure of the RN's.

Budget

Nursing at the Utah State Hospital is a part of the decentralized matrix organizational plan. Nursing personnel are within specific unit cost centers with an Administrative Director (AD) in charge of each unit. The AD administers unit cost centers. The UND is consulted for major unit expenditures and for expenditures surrounding nursing personnel. Nursing Administration is consulted for major expenditures involving patient care equipment and/or other nursing needs.

Personnel salaries are determined by the Division of Human Resource Management of the State of Utah. The Nursing Administrator works directly with Human Resources when hiring nursing personnel to assign the appropriate salary.

Nursing has the responsibility for Central Supply purchasing. The Assistant Nursing Administrator monitors all expenditures in Central supply and works directly with the Business Office in budgetary concerns in this area.

Nursing has the responsibility for expenditures within Radiology and the Clinics. The Assistant Nursing Administrator monitors all expenditures in these areas and works directly with the Business Office in budgetary concerns in this area.

Nursing has the responsibility for expenditures within the Education Department. The Education Director monitors all expenditures in this area and works directly with the Business Office in budgetary concerns in this area.
The Nurse Executive and Nursing Administrator are members of the Executive Staff and are involved in major budgetary issues in the hospital. The budgetary needs of the areas reporting to Nursing are reviewed at least yearly. Major hospital expenditures anticipated for the upcoming budgetary year are also reviewed by Executive Staff.

**Committee Membership**

The Nurse Executive or designee represents Nursing in institutional and department planning or special purpose meetings and provides periodic reports on the status of Nursing to the Hospital Clinical Director and the Hospital Superintendent. The Nurse Executive and Nursing Administrator are members of the hospital's Executive Staff and meet weekly with the other members of that group. The Nurse Executive is the formal liaison between the Medical Staff and Nursing and also interfaces with Administrative Services. There is a Nursing representative on every committee in the hospital impacting patient care: Environment of Care, Emergency Preparedness, Infection Control, Pharmacy and Therapeutics, Medical Records, Research, Clinical Services, Utilization Review, Ethics, Performance Improvement Council, and other committees that may be organized which impact patient care. Nursing Administration meets monthly or more frequently to discuss the needs of the Nursing Department. Nursing Administration also meets at least monthly with the UNDs. This meeting is the planning and decision making body for the Nursing Department. Invitations to attend are extended to other personnel as necessary to discuss and resolve areas of concern. Specific functions include:

1. Recommend standards for personnel management and clinical practice.
2. Identify areas of concern, problems, or issues and implement the decisions made concerning the issue.
3. Ensure nursing and hospital policies, procedures, and standards reflect current nursing practice and management; identify, develop, and/or revise nursing policies and procedures, standards of care, standards of practice and standards of performance.
4. Discuss and review quarterly quality improvement results, trends, and patterns and recommend changes as indicated by the results obtained.
5. Receive and act on information received from representatives on hospital-wide committees.
6. Identify educational needs of staff.
7. Receive and review information on new products and make recommendations on purchasing needs.
8. Review scheduling needs and coverage problems.

The Nurse Executive and the Nursing Administrator meet with the UNDs and the ADs and Service Directors at least monthly. Other scheduled meetings include monthly unit staff meetings: these meetings are to identify unit problems and to gather possible solutions to problems as well as to disseminate information. Education of staff may also occur at these meetings.

Minutes for all meetings held are kept on file and are available for review by members of the Nursing Staff.

**Education**

*Nursing Affiliations:* Various nursing programs through the state--Brigham Young University, University of Utah, Utah Valley State College--use Utah State Hospital as a clinical placement site for RN and
LPN-RN program students. RN students in graduate and undergraduate programs can participate in clinical situations on patient units or in leadership preceptorships. In addition, a one day orientation to Nursing at Utah State Hospital is offered to all colleges and universities in the State with RN or LPN nursing programs. All nursing students are oriented to pertinent USH policies, procedures, and standards. Contracts with Schools of Nursing are reviewed and renewed on an annual basis.

*Staff Development, Training, Orientation, Research:* New employee orientation is coordinated through the Human Resources Office. Staff development and educational programs are coordinated through the Education Office. Computer records are maintained for each staff member and include in-services, new employee orientation, mandatory yearly in-services, and other educational programs that the employee has attended. Educational and training programs for Nursing personnel are on-going and designed to meet the identified educational needs of the employee in an effort to maintain and add to the individual's clinical competency.

Educational needs are identified, at least in part, by employment assessments, quality improvement findings, unit needs, and through employee requests.

CPR certification and re-certification is required of each Nursing employee--records are maintained on the computer.

Attendance at outside presentations is encouraged; employees are requested to go through their supervisors to request approval for educational time off and/or reimbursement for expenses.

All new Psych Techs complete a course of Psych Tech Training as well as on-the-job orientation through working with Psych Tech Mentors on the units. All new RNs and LPNs are required to complete a Nursing Orientation Training Program. All RNs are encouraged to complete the Psychopathology Course for RNs and are also encouraged to become Nationally Certified as a Psychiatric RN.

Research activity is encouraged of all members of the Nursing Department. A research committee coordinates and approves all requests for research. Special projects are approved within the nursing area by the Nurse Executive. Results of the Quality Improvement program drive the development of many research projects and studies.

**Performance Competencies**

All new Utah State Hospital Nursing Department employees receive a general orientation through New Employee Orientation combined with further patient specific training in the Education Department and a unit specific orientation on each unit. General and specific competencies required for each classification of employees are verified during the orientation period and yearly with the performance appraisal.

Each new employee receives orientation on the unit where specific competencies are verified at that time by a preceptor assigned by the unit. The total orientation period for each new employee is dependent upon the level of experience of the employee. The competencies check sheets must be completed no later than 2 months following employment.

**New Employee Orientation**

**Day 1**

Lab work (PPD placement)
Mission, Vision, Ethics
Utah State Hospital History Video
Day 2

CPR
First Aid

Day 3

Employee Health Screen
Defensive Driving Video
Patient Rights Video
Risk Management: Liability Prevention, Reporting Abuse or neglect, Campus Safety, Workplace Violence
Fire Safety
HIPPA
Unlawful Harassment
Diversity
Test

Day 4

Verbal Safety Intervention Techniques
Physical Safety Intervention Techniques

All employees complete the following competencies check list during orientation:

Utah State Hospital
New Employee Orientation

PRINT NAME: ____________________________________________________________
TITLE: ____________________ EIN or SS#_________________ HIRE DATE:____________

_____ Hospital Overview: Mission, Vision, Ethics, History Video

_____ Patient Rights and Confidentiality

_____ Human Resource Policies and Procedures
USH Code of Conduct
DHS Code of Ethics
Drug-Free Workplace
USH Dress Code
Sexual Harassment
Diversity

_____ Risk Management
Reporting Patient Abuse and Neglect
Violence in the Workplace
I have attended the above training and have had the opportunity to have any questions and concerns addressed.

Signature of new employee  Date  Signature of Human Resources  Date

The form is then placed in the employee’s personnel file.

**Psychiatric Technician Orientation**

Psychiatric Technician Orientation continues after New Employee Orientation and consists of 8 days of didactic and clinical experience. The curriculum includes:

- Organizational Structure
- Psych Tech Role
- Tour of the Units
- Environment and Safety
- Psychopathology (12 hours)
- ADL’s
- Vital Signs
- Medical Concerns
- Documentation
- E-chart
- Policy and Procedure Manual
- 4 half days of clinical experience with correlated written assignments
- 2 full days of group process observation on the units
- Test

**RN/LPN Orientation**

RN/LPN Orientation continues after New Employee Orientation and consists of 3 days of didactic and a minimum of 3 days clinical experience. The didactic curriculum includes:

- Organizational Structure
- Roles
- Leadership Skills
- Job descriptions and Performance Plans
- Standards of Care and Standards of Performance
- Infection Control Issues including Occupational Exposure and Hepatitis Counseling training for RN’s
RNs and LPNs are also provided with a 2 day course in Psychopathology and Physical Assessment.

The RN or LPN is instructed to work with the UND for their clinical experience and if they are not comfortable after 3 days of orientation to the unit then more orientation is provided.

**Unit Orientation**

Unit Orientation includes the following:

- Unit Manual
- Training Checklists
- 2 month reviews
- Evaluation forms
- Tests

**Departmental Relationships With Nursing**

**Admissions**

All adult admissions are coordinated through the ADT office and the unit AD. All Forensic, Children and Youth admissions are coordinated through the unit AD. Patients with unusual complicating factors of a medical, psychiatric, or nursing nature are referred to the Hospital Clinical Director who works with the Nurse Executive to facilitate placement. Patient transfers are arranged between the unit ADs who involve the physician and the treatment team.

**Ancillary Services**

Pharmacy, Central Supply, Radiology, Physical Therapy, and Clinics are notified by Nursing when services are required. Inventories of approved items form the Pharmacy and Central Supply are kept on the units. Problems or areas of concern are handled on the unit level whenever possible. Referrals are made to Nursing Administration when indicated by the extent or severity of the problem.

**Security**

Nursing personnel notify Security through the Switchboard or via the two-way radios of any person(s) or condition that could pose a threat or hazard to any staff, patient, or visitor. Security officers provide whatever assistance is required, including referral to the Provo Police Department. Security also provides escort services to staff if needed.

**Dietary**

Dietary requests are made through Nursing on an as needed basis for new or revised diets. Weekly requests are submitted for unit supplies. Periodic examinations of unit dietary needs are made by both
Nursing and Dietary personnel. The dietitian may be requested to provide individual or unit training to staff and patients on dietary issues. Nursing is responsible to provide supervision of patients in the dining room, to identify to servers all special diets, and to monitor patients' dietary intake. On-unit trays are picked up and returned to the kitchens by nursing staff.

**Activity Services**

Nursing staff coordinates all requests for specific activity services--Occupational Therapy (OT), Recreational therapy (RT), Physical Therapy (PT)--requested on the physician's order sheet. Recreational activities occur on or off the unit with the unit's Recreational therapist. Nursing staff provide support for activities and send an RN when there are medications to be given and on overnight activities. The unit RN clears any group of patients who are taken off the unit. OT and PT requests are handled on a referral basis.

**Environmental Services**

Housekeeping staff are assigned to specific areas of the hospital. Each unit has an Environmentalist who is responsible for the overall environment of the unit. The Environmentalist works with Housekeeping personnel to assure cleanliness on the unit. Psych Techs are also assigned specific housekeeping tasks. In-services are provided for unit personnel concerning environmental issues. It is the responsibility of the UND to ensure safe housekeeping practices are followed on each unit. Maintenance requests are made through the computer. Nursing is responsible for ensuring a safe, hazard-free environment is maintained. Laundry services is responsible to see all soiled laundry is sorted, bagged, labeled, and delivered to the truck for transportation to American Fork for cleaning. Clean laundry is retrieved and stored in appropriate areas on the unit. Unit nursing staff are also responsible to ensure patients caring for their personal laundry items on the unit do so in a safe, clean manner.

**Medical Records**

Old records of current patients are kept on the unit; medical records notifies the UND of any nursing deficiencies or delinquencies in discharge charts. The UND is responsible to see that nursing documentation is completed in a timely manner through the chart monitoring system set up on the each unit. Nursing personnel are responsible to complete the patient rolls every shift and to return them to Medical Records daily.

**Human Resources**

Nursing works closely with the Human resource department to ensure hospital and nursing policies and procedures are followed in all actions related to personnel management. The UND notifies Human Resources of all vacancies on the unit. All corrective actions and disciplinary actions and terminations must be approved by the Director of Human Resources prior to implementation.

**Social Work and Psychology Disciplines**

Nursing works closely with the Social Work and Psychology disciplines to implement patient treatment plans and provide optimal patient care.

**Psychiatry**

Nursing works closely with the unit Psychiatrist to ensure quality patient care with a holistic viewpoint toward treatment.
Medical Services

Nursing works closely with the members of Medical Services to ensure optimal medical care of the patients, thus providing quality holistic patient care.

Standards Of Care

Standard I - SAFETY

All nursing staff will provide and maintain a safe environment for patients, staff, and visitors at all times through the use of appropriate safety and intervention methods.

Standard of Practice - Nursing Policy & Procedure Manual, Section VII

The patient can expect a safe environment at all times through staff use of appropriate safety and intervention methods.

Standard II - MEDICATION

Medications will be administered by qualified, licensed personnel as directed by the Physician's Order.

Standard of Practice - Nursing Policy & Procedure Manual, Section III

The patient can expect to receive medication (for his/her specific illness) which is administered by qualified, licensed personnel as directed by the physician's order.

Standard III - EMERGENCY CARE

CPR will be performed immediately by certified hospital employees when a person is recognized to be without respiration and/or pulse.

Standard of Practice - Nursing Policy & Procedure Manual, Section IV

The patient can expect to receive emergency care by hospital employees when it is required. The patient can also expect to receive consultative care in the community in circumstances where the Utah State Hospital cannot provide the necessary care.

Standard IV - NURSING ASSESSMENT

Utilizing the nursing process, initial nursing assessments will be done on all patients on admission (as a part of the Integrated Assessment). Nurses will continuously collect data and assess the psychological and physiological status and progress of patients with reference to identified problems and treatment goals.

Standard of Practice - Nursing Policy & Procedure Manual, Sections I & II

The patient can expect to receive state of the art psychiatric nursing care throughout his/her stay at the hospital through use of the nursing process.

Standard V - INFECTION CONTROL

Utilizing appropriate infection control methods, all patients can expect a safe clean environment where cross-contamination/infection is minimized.
Standard of Practice - Nursing Policy & Procedure Manual, Section V

The patient can expect to live in a clean environment where infection is minimized through utilization of appropriate infection control methods.

Standard VI - PSYCHOSOCIAL NURSING CARE

Utilizing current psychosocial nursing practice, all patients can expect state of the art psychotherapeutic nursing interventions where adequate self-care and physical well-being are fostered.

The patient can expect to live in a therapeutic environment where nursing provides psychotherapeutic interventions to assist the patient in regaining or improving coping abilities and preventing further disabilities; where adequate self-care and physical well-being are fostered.

Standards of Practice

1. The nurse continually collects data that are comprehensive, accurate, and systematic. An initial comprehensive nursing assessment is completed by an RN within eight hours of admission. The patient is reassessed by an RN weekly thereafter as well as incidentally based upon major changes in the patient's medical or psychiatric status. The RN provides nursing input to the patient's ICTP 14 days after admission and every 30 days thereafter.

2. The nurse utilizes diagnoses or standard classifications of mental disorders to express conclusions supported by recorded assessment data and current scientific premises.

3. The nurse develops a nursing care plan based upon the nursing assessments and information obtained from the multidisciplinary team. The nursing care plan is part of the individual comprehensive treatment plan with specific goals and interventions delineating nursing actions unique to each patient's needs. Discharge planning and teaching needs are included.

4. The nurse intervenes as guided by the nursing care plan to implement nursing actions that promote, maintain, or restore physical and mental health, prevent illness, and effect rehabilitation. The RN delegates the nursing component of the ICTP to LPNs and Psych Techs by means of written daily assignments and supervises the nursing staff's implementation of delegated nursing care. The plan of care is continuously evaluated and revised based upon ongoing assessments. The RN ensures that significant changes in the patient's condition are promptly communicated to the physician and documented in the progress notes.

5. The nurse uses psychotherapeutic interventions to assist patients in regaining or improving their previous coping abilities and to prevent further disabilities.

6. The nurse assists patients, families, and groups to achieve satisfying and productive patterns of living through health teaching.

7. The nurse uses activities of daily living in a goal-directed way to foster adequate self-care and physical and mental well-being of clients.

8. The nurse uses knowledge of medication therapies and applies related clinical skills in working with patients.

9. The nurse provides, structures, and maintains a therapeutic environment in collaboration with the patient and other health care providers.
10. The nurse provides and maintains a safe environment for patients, staff, and visitors through the use of appropriate safety and intervention methods. All patients can expect an environment where infection and cross-contamination is minimized.

**Standards of Performance**

1. The nurse participates in peer review and other means of evaluation to assure quality of nursing care provided for patients.

2. The nurse assumes responsibility for continuing education and professional development and contributes to the professional growth of others.

3. The nurse collaborates with other health care providers in assessing, planning, implementing, and evaluating programs and other mental health activities.

4. The nurse participates with other members of the health care team in promotion of the broad continuum of prevention of mental illness in the community.

5. The nurse contributes to nursing and the mental health field through innovative thinking and application of knowledge.

**Quality Improvement Plan**

The Quality Improvement Plan of Utah State Hospital's Nursing Department is decided upon each year by the Nursing Administration in conjunction with the UNDs. The plan is communicated to all nursing personnel through unit meetings and is monitored as a part of the hospital QI plan.

The annual nursing department report is made each year to the hospital's Executive Staff. It contains a review of the previous year's QI plan and a QI plan for the next year.

4/94; 3/98

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