

**SECTION- MEDICAL/ NURSING SERVICES
ADMINISTRATIVE DIRECTIVE NO. 518
(Replaces A.D. No. 518 dated 2/15/06)**

Effective Date: February 16, 2007

SUBJECT: NURSING SERVICE

I. PURPOSE

- A. The mission of the nursing service is to provide safe, therapeutic, and competent professional nursing services based on individual patient care needs to the population served at Coalinga State Hospital (CSH).
- B. The Nursing Service at CSH is committed to delivering quality and appropriate nursing care to the patients and to maintaining optimal professional nursing conduct and practice of its members.

II. AUTHORITY

California Code of Regulations Title 22, 73307-73321, Division 5. Board of Registered Nurses and the Board of Vocational Nurses and Psychiatric Technician, Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

III. POLICY

Nursing Actions are designed to meet identified biophysical and psychosocial nursing needs for actual or potential health/illness conditions. Nursing care is delivered by practitioners, within the scope of their practice acts/law, based upon the utilization of the nursing process. Nursing Services are provided to the patient population on the units within the treatment programs. Individuals at CSH will receive nursing care within the framework of the nursing process. Nursing Care will be congruent with the overall medical/ psychiatric treatment plan formulated by Wellness and Recovery Model Support System (WARMSS).

IV. METHOD

- A. Organizational Relationship:
 - 1. The Coordinator of Nursing Services (CNS) assures licensed staff in adequate numbers to meet the identified needs for providing patient care.
 - 2. The CNS has clinical and organizational authority on nursing care matters in all work areas where nursing staff are assigned.

3. Nursing Services maintains a systematic approach for monitoring the quality and appropriateness by:
 - a. Establishing and reviewing nursing procedures which are consistent with hospital, professional, licensing, and accreditation standards.
 - b. Promoting the reporting of nursing care issues by developing and implementing performance improvement indicators.
 - c. Identifying areas for improvement of performance.
 - d. Formulating specific recommendations for implementing change or corrections.
 - e. Monitoring and analyzing the outcomes of indicator findings and/or implementation of further recommendations.

B. Clinical Organization Structure:

1. The CNS reports directly to the Executive Director and collaborates with the Medical Director and/or Clinical Administrator on matters of patient care needs.
2. The CNS is responsible for defining, directing, and evaluating nursing services. Also provide clinical supervision to program Nursing Coordinators to ensure appropriate clinical administration of program level nursing services.
3. The Assistant Coordinator of Nursing Services (ACNS) reports to the CNS.
 - a. An ACNS provides consultation on nursing services issues and is involved in all facets of the administration of nursing services.
 - b. An ACNS acts as the CNS in the absence of the CNS and in other capacities as directed by CNS.
 - c. ACNS staff is assigned to all shifts. In the absence of the CNS, they carry out the administrative and clinical supervision functions of nursing administration.
4. Nurse of the Day (NOD) are Registered Nurses (RN) who report to and are under the administrative direction of the ACNS.
5. The NOD provides clinical review and coordination functions, staffing review and reassignment of nursing personnel, and may act as ACNS in their absence.

6. NOD in the absence of ACNS is responsible for assuring that quality and appropriate patient care services are provided hospital wide.
7. Health Services Specialists (HSS) are RNs who are assigned to Central Nursing Services. They are under the administrative and clinical direction of the CNS. HSSs are responsible for:
 - a. Addressing and reporting nursing concerns regarding patient care and treatment.
 - b. Reporting nursing policy and/or procedure concerns concurrently to the CNS office and program management.
 - c. Completing all RN and Shift Lead criteria based clinical performance evaluations and participating in annual (or probationary) evaluations for employees.
 - d. Assessment of RN coverage for the oncoming shift and making recommendations for coverage based on clinical needs.
 - e. Participating in quality improvement activities under the coordination of the Nursing Services Quality Improvement Coordinator.
 - f. Developing a daily twenty-four hour HSS report.
8. RNs provide medical and psychiatric nursing assessment and intervention on assigned units. RNs are under the administrative direction of Central Nursing Services. They receive clinical supervision from the HSS, ACNS, and CNS. RN responsibilities include:
 - a. Assess, plan, implement, and evaluate nursing care at the unit level on assigned shift.
 - b. Collaborate with unit Shift Lead on daily basis to provide input during the change of shift report and specific nursing assignment of patient care needs.
 - c. Work conjointly with the Unit Supervisor or designee to affect the resolution of nursing problems. Unresolved issues are to be referred to the HSS/NOD and/or Central Nursing Services program management prior to the end of the shift.
 - d. Complete all criteria based clinical performance evaluations, and competency evaluations on Licensed Vocational Nurses (LVN), Psychiatric Technicians (PT), and Unlicensed nursing staff.

9. PTs are assigned to units to provide basic physical and psychiatric nursing care to the Individuals. Clinical supervision is provided by the RN. The assignments will be commensurate with the individual qualifications of the employee, the identified needs of the patient and prescribed nursing/medical regimen. Direct supervision is provided by the Unit Supervisor and Shift Lead.
10. Unlicensed Nursing staff: Unlicensed nursing staff includes, Psychiatric Technician Trainee (PTT), Pre-licensed Psychiatric Technician (PLPT), Nurse Interim Permittee (Nurse IP/IPRN). Unlicensed staff that are assigned to the units are under the direct supervision of the Unit Supervisor or designee. Clinical supervision will be provided by an RN. Unlicensed staff's role is expanded to include observation, documentation, and patient group activities. All clinical record documentation must be reviewed and countersigned by a licensed nursing services staff member.

C. Administrative Organizational Structure:

1. The CNS is under the direction of Executive Director and directly supervises the following:
 - a. ACNS;
 - b. Staffing Office Coordinator;
 - c. All assigned to the CNS including clerical staff.
2. The CNS collaborates with Psychiatric Nurse Education Director to provide training for nursing staff.
3. ACNS are responsible for the professional and clinical supervision of all HSSs and hospital-wide staffing.
4. The Staffing Office Coordinator is responsible for coordinating the nursing Staffing pool, post & bid vacation coverage, and coordination of hiring all level of care nursing staff.
5. The CNS collaborates with Standards Compliance Coordinator, Chief of Medicine, Psychiatry, Medical Executive Committee, Pharmacy, Patient's Rights Advocate, Public Health Office, Quality Assessment and Improvement Coordinator, and Chief of Professional Education regarding activities related to the quality of patient care and delivery of nursing services.

D. Administrative Line for Program Staff:

1. The line advances from Shift Lead to Unit Supervisor, to the Nursing Coordinators through the Program Director, Clinical Administrator, and to the Executive Director.
2. The Unit Supervisor will ensure that assessments and recommendations of RN staff are incorporated into nursing care assignments on the unit. They will assure compliance with all hospital nursing policies and procedures in implementing nursing care delivery.

E. Recruitment and Allocation of Personnel:

The CNS in conjunction with the Hospital Recruiter, Clinical Administrator, and Human Resources Department will recruit, appoint, and assign all level of care nursing staff in a manner that facilitates meeting CSH's Mission, Goals, and Objectives.

F. Evaluation:

The CNS, through the use of designated staff, evaluates the quality of each unit's nursing care, efficiency of education of nursing, quality assessment and improvement nursing activities, and makes recommendations for improvement of patient care. Pertinent findings and recommendations are presented to Medical Staff Committees and/or the appropriate Quality Improvement Team Member for further action.



W.T. VOSS
Executive Director

Cross Reference(s):

A.D. No. 262 Nursing Policy and Procedure Committee

A.D. No. 516 Wellness and Recovery Team

A.D. No. 560 Outside Consultants/Therapists, Hospital and Clinic Facilities

A.D. No. 568 Nursing Staff Allocation: Minimum On-Duty Coverage