



Hackettstown Regional Medical Center
Nursing Department Structure
And
Plan for the Provision of Nursing Care
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I. **PURPOSE**

The purpose of the Department of Nursing Plan of Care is to describe the framework by which nursing management and nursing staff plan, direct, coordinate and improve nursing care provided to the patient. This plan defines how the hospital plan for Hackettstown Regional Medical Center (HRMC) is carried out within the Nursing Department.

A. **Definition of Nursing Care**

Professional nursing practice is defined as diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling and provision of care supportive to or restorative of life and well-being, and executing medical regimens prescribed by a licensed or otherwise legally authorized physician or dentist. The delivery of nursing care requires specialized knowledge, judgment and skill encompassing disease and health, patient-family teaching, patient advocacy and research.

B. **Philosophy of Nursing Care Services**

The Department of Nursing adheres to the mission of Hackettstown Regional Medical Center. We acknowledge that the primary responsibility of nursing is to the patient and family. Nursing care is rendered to the patient in a holistic manner. We believe this responsibility is fulfilled by acknowledging the individuality and uniqueness of each person. We will collaborate with other disciplines to address the unique health needs of each patient. Nursing assists the patient and family in planning the patient's care to enable the patient to return to the community.

A patient/family centered focused approach to nursing care is essential to the delivery of high quality care. The professional nurse is accountable and responsible for astute assessment, planning, intervention and evaluation. The professional nurse will act as a role model by promoting collegiality and exemplary patient care. Patients can expect the nurse to be an advocate for them in the care setting. The interactions and relationships between peers and patients will honor confidentiality in all matters.

We acknowledge the differences in patient population and acuity on each nursing unit. The scope of services will be defined and care delivered accordingly. Professional practice will be evaluated through the continuous quality improvement process and resultant recommendations will comply with nursing standards.

The Department of Nursing commits to a model of interdisciplinary shared governance as the mechanism for creating an environment which encourages continuous innovation, ongoing education and a commitment to excellence. We uphold the basic tents of shared governance:

- Accountability Based Practice
- Open Communication
- Mutual Respect and Trust
- Coaching and Mentoring
- Collaboration
- Team Building
- Therapeutic Humor

We uphold the basic philosophy and tenets of a patient/family focused delivery system which is incorporated ongoing to improve services. We support nursing research and the utilization of same in the advancement of professional practice.

The Department of Nursing accepts responsibility to monitor current social and economic trends; therefore, the Department of Nursing specifically acknowledges its fiscal responsibility to manage resources creatively to benefit patients and the organization as a whole.

MISSION

The Department of Nursing believes that a mission statement is essential to create the culture. This statement creates for employees a universal belief system whereby consistent behavioral outcomes would be expected in care for patients.

OUR MISSION

“We believe that patients and their families are the focus of our care and we are committed to meeting their needs and exceeding their expectations. We will accomplish this mission through mutual respect, open communication and collaboration with our colleagues.”

The Department of Nursing will promote the achievement of this philosophy and mission. The Department of Nursing has also adopted the philosophy and many tenets of a patient/family focused delivered model since 1993.

VISION

The Department of Nursing believes that the vision statement creates the dream, as in the journey to reach a different place in the process than where one is in the present. It is toward this ultimate goal that we strive to become what is the vision.

“Touching Lives with Expert Nursing Competence and Compassion”

II. THE EXTENT TO WHICH THE LEVEL OF CARE OR SERVICE MEETS PATIENT CARE NEEDS

A. Authority and Responsibility

The Chief Nursing Executive (CNE) for the hospital directs the Nursing Department and has ultimate clinical responsibility and oversight of nursing practice throughout the organization.

The CNE reports to the President and has delegated authority to provide and coordinate nursing care delivery in accordance with the Hospital's and Medical/Dental Staff's policies and practices, so that reasonable, achievable, quality nursing care is delivered. The CNE is accountable for all aspects of nursing care provided within the organization including in-patient and outpatient. Further, he/she is accountable for Wound Care, Infusion Center, Professional Development, Emergency Services, Surgical Services, Women's Services and the Patient Satisfaction program. The CNE represents patient care services at the following: hospital's Medical Executive Committee, Board of

Trustees meetings, Performance Improvement Committee, Medical Surgical Committee and Staff Support Committee. He/she is part of Senior Leadership Team and accordingly, has input into the short/long term strategic plans for the Hospital.

In the planned absence of CNE, overall department responsibility is vested as delegated by the CNE. The Administrative Supervisor on duty remains the on-site administrative authority for nursing, with provision available for access to the Hospital Administrator on call. The Director of Nursing, as delegated by the CNE, assumes 24-hour responsibility for administrative/clinical/programmatic development and the implementation of departmental goals, objectives and related programs initiatives. The Chief Nursing Officer has responsibility and authority for nursing systems, collaborative practice, and financial components of the Nursing Department. The Nurse Managers and Directors assume 24-hour responsibility for the administrative and clinical operations of the units. The Administrative Supervisors (evenings, nights) assume managerial/clinical, hospital-wide responsibility on a 12-hour basis, as delegated through.

III. **STRUCTURE**

The Nursing Department organizational structure is designed to provide an environment that promotes professional nursing practice and supports collective and individual efforts to continuously improve the quality of nursing care delivered.

Nursing care is accomplished through the implementation of the nursing process, as well as through the performance of diagnostic and therapeutic procedures, and the completion of medical orders under the direction of a Registered Nurse. Each nursing unit is managed by a Nurse Manager or Director who is accountable to the Chief Nursing Executive. The Nurse Manager/Director is accountable for effective leadership of the staff assigned to her/his unit, which may be composed of Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Monitor Technicians and Unit Secretaries.

The Education Department coordinates' orientation provides in-service and continuing education in order to maintain/develop competency. In addition, Educators serve as consultants to support the professional nurse at the bedside.

The decision-making model of preference for the Department is the interdisciplinary shared leadership councilor model. The channels for success in this system are open communication, consensus decision-making, group goal-setting, and shared responsibility. The desired outcomes are group accountability, group loyalty, cohesiveness, and individual identification with group goals. The authority, responsibility, and accountability for nursing practice rest with the professional practitioners at the operational level. Each patient has a Registered Nurse who is responsible for planning, evaluating, and communicating her/his care plan.

Professional nursing personnel function in a collaborative and collegial relationship with each other and with other health professionals and providers. The nursing personnel function in a reciprocal relationship with patients and significant others, safeguarding the rights of individuals and serving as advocates for these rights.

Leadership

The organizational structure of the nursing division is designed to support an effective delivery of patient care. Nursing leadership at HRMC is transformational and it is

decentralized to facilitate decision making at the point of care. The departmental organizational chart delineates areas of responsibility (see following pages).

» Refer to Department of Nursing Organizational Chart (Attached)

The following people make up the leadership Nursing Executive Team. This group meets bi-weekly to discuss matters of concern to the Nursing Division and to plan future long and short term plans. The Nursing Leadership is responsible for financial, personnel and operational management of designated service areas.

Director of Professional Practice and Innovative Practice

Reports directly to the CNE, and is responsible for professional and organizational development, Nursing Performance Improvement, Education Department, Patient Education, Stroke Program

Nurse Managers

The Nurse Managers/Directors at HRMC has 24-hour responsibility for his/her designated units, clinical quality management, staff performances, clinical resource management, patient satisfaction and day-to-day operations.

Assistant Nurse Managers

The Assistant Nurse Managers at HRMC are responsible for the day-to-day operation of the patient care unit he/she is assigned to. He/she also participates with the scheduling process and has input into performance appraisals. The assistant Nurse Manager functions as a clinical resource person ensures appropriate orientation for new staff members and addresses all resource issues as they occur.

Administrative Supervision

The Administrative Supervisor(s) is/are responsible for quality and coordination of safe patient care on a designated shift, 24/7.

Care Delivery

- **Registered Nurse**

The Registered Nurse (RN) is the primary coordinator of patient care activities. The RN is responsible for implementing and providing continuity of care in performing assessments, planning care, teaching, providing complex care or delegating less complex care, evaluating outcomes and applying the Nursing Process.

- **Licensed Practical Nurse**

The Licensed Practical Nurse (LPN) functions under the direct supervision of a Registered Nurse. In accordance with NJ State regulations, the LPN may "perform tasks and responsibilities within the framework of case finding, reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care under the direction of an RN or licensed or otherwise legally authorized physician or dentist." Licensed Practical Nurses are qualified to give medications after have completed an advanced 20 hours of theory and additional practice

- **Certified Nursing Assistant**

The Certified Nursing Assistant (CNA) is an individual who maintains their Certification or is a Nursing Student who has completed one year of Nursing Education, who performs delegated nursing tasks. The CNA provides support to the RN in the provision of patient care. The role is an essential component to the success of the Professional Model of Care.

- **Surgical, Emergency Department, Obstetrical and Monitor Technicians**

The technological staff members are allied health professionals who are integral to the health care team and patient care.

- **Unit/Department Secretary**

The Unit/Department Secretary provides clerical and business related patient care functions and responsibilities. This includes medical record functions, billing, admission, activities related to discharge and transfer. The major goals of this role are to facilitate patient access to and from units.

IV. SCOPE OF SERVICE

A. Scope and complexity of patient care needs

1. Patient/Customer Description

The Nursing Department is made up of inpatient and outpatient whose primary focus is to provide nursing care to an acute care patient population. The inpatient units provide care for medical, surgical, critical care, obstetric, neonate, geriatric and patients.

- Outpatient units are:
 - The Emergency Department
 - Out-Patient Infusion Center
 - Ambulatory Surgery
 - Wound Care

B. Types and ages of patient served

Nursing care is provided for patients of all ages who are acutely, chronically, or terminally ill or who are receiving diagnostic or therapeutic procedures.

C. Methods used to assess and meet patients' needs

All patients receive nursing care based on the nursing process. The initial assessment and evaluation is performed by the Registered Nurse. Patient's care includes:

- Identification of patient problems
- Patient monitoring and supervision
- Nursing intervention
- Medication/treatment administration
- Teaching and implementation of prescribed treatments
- Management of illness, injury, or disability

- Promotion of wellness

Reassessments are performed within specified timeframes and as warranted by the patient's condition. A description of the patient populations served is included in Hospitals' Plan for the Provision of Care.

D. Patient Care Delivery Methodology

The method of delivering care at HRMC is a modified primary nursing model that is consistent with the goals and philosophy of the Department of Nursing. The RN is responsible for planning and organizing the care of the patient for an 8 or 12 hour time period. Licensed Practical Nurses, Nursing assistants and technicians offer support to the Registered Nurse in delivering care as needed. In addition, each unit bases care delivery on the ANA standards of practice and the standards of each unit specialty where applicable.

V. STANDARDS

A. Standards of Practice

These standards provide the measurable criteria necessary to guide quality nursing care at HRMC. The standards of practice are integrated into our policies and procedures and in the form of nursing practice guidelines. They offer guidelines for the development for an optimum working environment, and the efficient use of human and material resources. Patients admitted to HRMC can expect nursing care based on our Standards of Practice. In addition, specialty Standards of Nursing Practice are used where applicable (e.g. Emergency Department, Critical Care, Surgical Services, Pediatrics, Maternal Child.)

B. Standards of Care

Patients admitted to HRMC can expect the delivery of nursing care based on evidence based standards of care. The standards of care in the ANA nursing: Scopes and Standards of practice (2010) describe a competent level of nursing care. The levels of care are demonstrated through the nursing process. The nursing process is the foundation of clinical decision making and includes all significant actions taken by nurses in providing care to clients. Within these are the nursing responsibilities for diversity, safety, education, health promotion, treatment, self-care, and planning for the continuity of care.

Refer to Appendix A: ANA Standards of Nursing Care/Practice (Attached)

C. Standards of Performance

1. Staffing Qualifications

Qualifications for each position in the Nursing Department are described in the Position Descriptions. These include addenda related to the patient focus and age specifications for each unit. Per Diem staff members are oriented to nursing units where they are expected to meet specified competencies.

2. Staff Development

Nursing personnel assume primary responsibility for their own competence through self-development and continuing education. This is done in part through the utilization of the resources provided through the Education Department. Yearly evidence of the completion of all mandatory requirements plus population/age-related focus on their units is required. Competency is assured

through ongoing evaluation of performance by the Director of Nursing, Nurse Manager, Assistant Nurse Manager or Administrative Supervisor. All staff members are evaluated using Benner's (1984) model of skill acquisition (novice-to-expert). This information allows for planning unit-based education to meet staff needs. Efforts to promote high standards of professional nursing practice also occur through the performance appraisal process. Additionally, an annual competency assessment, based on job activities and responsibilities, is completed for each individual. These competency assessments are reviewed and revised annually.

3. Staff Evaluation

All employees receive an evaluation based on their position description standards at the end of their orientation period and early thereafter. Additional evaluations may be planned to evaluate progress toward goals outlined to improve performance not meeting standards. Corrective action is initiated when necessary through the hospital disciplinary process. Each employee has the opportunity to complete an annual self-evaluation of their performance.

VI. AVAILABILITY OF NECESSARY STAFF

A. Staffing Plan (Appendix)

B. Budgetary Process

In preparing salary budgets, Nursing Leadership considers the following:

- Patient requirements for existing nursing care and/or new programs
- Recruitment and retention of the desired numbers and types of nursing personnel
- Information from quality management, risk management, utilization management, and other house-wide activities.
- Defined standards of patient care and standards of nursing practice
- Nursing staff ability to pursue activities designed to promote innovation and/or improvement in the provision of nursing care.

Each Manager will submit in writing requests for operational and capital expenses to the Finance Department during the budgeting process. These requests are reviewed by the Hospital President's Council and are granted on a priority basis.

The budget for the following year is completed as outlined by the Finance Department and submitted to the Board of Trustees and Hospital Executive Team for final approval. Final approval is completed at the Adventist Healthcare level. The fiscal year runs from January 1 – December 31.

Trends indicating the need for adjustments in staffing levels and/or mix are evaluated periodically. Proposed salary budgets, in addition to supply and capital equipment budgets, are submitted to the appropriate nurse leader, the Chief Nursing Executive, and President subsequently for approval. Each month the nursing leaders review budget variance reports and take corrective action as needed.

C. Annual Review

A detailed annual review of staffing plans for all nursing units, services, or departments is performed at the beginning of the budget process. The following elements are considered in the annual review:

- Patient requirements for nursing care.
- Patient care programs or populations that are added or deleted since the last review.
- Information, as available, regarding the nurse staffing plan from patients and/or their significant others, physicians and/or health care providers, and nursing staff.
- Information from staffing variance reports.
- Review of monitoring and evaluation outcomes.
- Census/procedure trend data.

VII. COMMUNICATIONS

A. Nursing Department

The Department of Nursing communicates within the model of Interdisciplinary Shared Governance. The Inpatient/Outpatient Services Council, Surgical Services/Maternal Child Council, Critical Care/Emergency Department Council are the three Councils that make up the Shared Governance model. The Interdisciplinary Communication Council provides leadership and direction to the three Councils. It serves as a clearinghouse for issues being presented and disseminates them to the appropriate council for action.

The CNE meets approximately every six weeks with the Interdisciplinary Communication Council. These meetings constitute the standing committees of the department, responsible and accountable to the CNE. The purpose of these meetings is, among other functions, the review and revision of nursing policies, procedures, practices, and the identification of nursing care concerns and their resolutions. The Interdisciplinary Shared Governance process will, in most cases, be the final decision-making body. The CNE maintains final accountability for all decisions made.

The CNE meets at a minimum of nine times per year with the Nursing Executive Team.

B. Nursing and Patient Care Services

The Interdisciplinary Shared Governance Councils meet regularly to address issues and concerns of professional nursing and clinical staff members throughout HRMC, and to assure provision of the same standard of care throughout the hospital. Members are included from all areas where clinical care is delivered. Nursing will participate on interdepartmental committees as appropriate.

The CNE meets periodically with the evening and night staff through scheduled meetings and administrative rounds. The Director of Nursing, Patient Care Systems and Support will hold meetings with the leadership personnel from nursing units at regular intervals. Department managers meet at least monthly with the units' nursing staff for the purpose of communication pertinent to the activities of the department or the hospital. Communication on clinical, operational, and professional practice is done through e-mail.

The CNE is the formal liaison between the medical staff and the Nursing Department, and will represent the department in institutional planning and the department budget formation.

VIII. THE APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT SERVICES.

Key Interdepartmental Relationships

The Nursing Department integrates its activities with other elements of the hospital through the following mechanisms:

A. Board of Trustees Level

- 1) CNE attends meetings of the Board of Trustees and reports on the status of the Department of Nursing as requested.
- 2) CNE and other nursing representatives participate on an as-need basis on assigned board committees.
- 3) CNE and the Director responsible for Quality Improvement activities in the Department of Nursing participate in the reporting of nursing quality improvement activities to the Performance Improvement Council.
- 4) CNE submits an annual summary of nursing quality improvement activities.

B. Administrative Level

- 1) CNE participates as a member of the administrative staff meetings where institutional planning, day-to-day management issues, and hospital policy and procedure are discussed and formulated.
- 2) CNE participates in developing and monitoring the hospital financial plan. All members of nursing management are responsible for developing and implementing the financial plan with their individual units/areas.
- 3) All members of nursing leadership participate in monthly department directors' and supervisor's meetings.
- 4) Representatives of Nursing Department participate in interdepartmental committees and quality improvement teams as appropriate.
- 5) Members of nursing management are encouraged to deal directly with department managers of various ancillary and service departments for purposes of communication and problem solving. Interdepartmental committees with joint membership are convened regularly.

C. Medical Staff Level

- 1) The CNE and Chief Medical Officer act as the liaisons between the Medical Staff and the Department of Nursing to promote collaborative practice between nursing and the physicians and ensure safe and effective care.
- 2) The CNE attends the Medical Executive Committee.
- 3) Representatives of the Nursing Department participate on committees of the Medical staff as appointed by the Medical Director after consultation with the CNE.
- 4) Representative of the Nursing Department attend selected departmental and joint practice meetings on a regular basis, and others as requested by the Chair or as requested by the Chief Medical Officer

- 5) Representatives of the Nursing Department are invited to attend appropriate continuing education sessions presented by the Medical Staff and its departments.

D. Hospital Departments

Pharmacy

Communication among Nursing personnel and Pharmacy personnel occur on a regular and operational basis, as well as through interdisciplinary teams. The department managers of Pharmacy and Nursing meet on a frequent basis (formal and informal) for the purpose of evaluating the operational effectiveness and quality of joint departmental and individual related activities.

Respiratory Care Services

The Respiratory Care Services Department and the Nursing Department interface for the purpose of meeting the patients' respiratory needs. Written and verbal communication on an operational basis exists between the departments to assure the transfer of information needed to accomplish this. The management staff of Respiratory Therapy and Nursing met on an as-needed basis to evaluate the department's effectiveness in meeting the patient's and staff's needs as they relate to respiratory therapy. Daily operational issues are discussed and resolved among nurse managers and Respiratory Therapy.

Food and Nutritional Service Department

The Nutrition and Dietary Services Department and the Nursing Department work closely to ensure that all patients receive appropriate nutritional support, especially when a patient is receiving dietary supplements or special diets. Members of the Food Service Department prepare and transport food trays to the nursing units. Members of the dietary staff pass food trays to the patients and return them to the food cart. To accomplish this, Nursing staff and the Food Service staff communicate verbally and in writing as well as maintain records. Members of both departments sit on an interdepartmental committee to review effectiveness and to complement changes as needed. In addition, the nurse manager and the registered dietitian work collaboratively to review, maintain, and evaluate the effectiveness of the department's efforts to provide sound, nutritional support to the patients. The Vice Presidents of Operations or their designees meet as needed to ensure effective, appropriate nutritional support is given to all patients.

Facilities Management

The Nursing Department and Facilities Management Departments collaborate for the primary purpose of maintaining a safe and clean environment and an aesthetically pleasant physical plant for the patients, visitors, and staff of the hospital. In addition, the Nursing department assists in the preventive maintenance program and in the identification of equipment needing repair, as necessary. The department Directors and Managers of the Departments meet

frequently to discuss areas of common concern in a continuous effort to improve the staff's ability to maintain a safe and clean environment.

Radiology/Nuclear Medicine/Radiation Safety

The Radiology/Nuclear Medicine, Radiation Safety Departments work in conjunction with the Nursing Department to prepare the patient for any necessary radiology study. Following a specific plan for each exam, members of these departments assist each other to ensure that the patient will be properly prepared and undergo as little discomfort as possible. The Department Directors and Managers work together to discuss common areas of concern to enable staff members to maintain safe, continuous care for patients.

Laboratory

The Laboratory, working together with the Nursing Department, ensures collection of adequate specimens in order to obtain laboratory diagnoses. Laboratory managers, along with members of Nursing Management, meet as needed to plan and evaluate the activities of both departments to ensure and evaluate the operational effectiveness and quality of the departments' joint efforts.

Infection Control

This department oversees the activities of surveillance, prevention and control of infection, and data gathering related to these functions. Members of this department work collaboratively with the nursing unit staff. The staff of this department is in constant communication with the nursing staff members on each floor as well as through the documentation in the medical records. Coordination also takes place at the infection control component of the Clinical Committee where representatives of Nursing, Medical Staff, and other departments meet to analyse data, review cases, and resolve problems.

Physical, Occupational and Speech Therapy

The Physical, Occupational, and Speech therapy Department provides therapies in an integrated, coordinated fashion through interdisciplinary teams consisting of Therapists, Physicians and Nursing. The department works with the Nursing Department to restore patients to an optimum level of functioning in a timely manner. Communication between this department and the Nursing Department occurs on a staff member-to-staff member level and between members of Nursing Management and Therapy staff.

Registration Services

The Registration Services provides central registration and reservation services for inpatients, outpatients, and surgeries. Communication between Admitting and the Nursing Department occurs among members of both staffs on an operational basis through the department manager and members of Nursing Management on an informal basis and through interdepartmental meetings. Proper placement of patients is a critical issue between this department and the Nursing Department and is achieved through a collaborative, working relationship.

Case Management/Utilization Management

This department provides Utilization Management and Case Management for the institution. The staff coordinates, collaborates, and cooperates with the members of the multidisciplinary team, most notably the Physician and Nurse caring for the patient. This department may participate in activities related to the Shared Governance function. Communication with the team is ongoing and is accomplished through meetings, memos, and chart documentation.

This department provides social work and discharge planning services in a coordinated manner to hospital inpatients and outpatients. The department also makes arrangements for patients needing placement in nursing homes, as well as home care services. Communication takes place among the Department Director and member of Nursing Management regarding Social Work Services, condoling, and referrals, which are made available to patients in need. This department also serves as chief resource to the Nursing Department for reporting and documenting suspected cases of child and adult abuse.

Health Information Management

The Health Information Management Department and the nursing Department coordinate their activities through the Department Directors and various members of Nursing Management. The Medical Records' component of the Clinical Committee is comprised of representatives of Medical staff, Nursing, and Medical Records Department. In this setting, documentation standards and other requirements are discussed and established in a coordinated manner.

Pastoral Care

Pastoral Care works in a cooperative and complementary manner with the Nursing Department. Chaplains are assigned to each Nursing Unit and make regular rounds. Experience has nurtured a mutual relationship resulting in referrals from the staff for both patients and families. Pastoral Care is called in emergencies and is available in-house 24-hours a day. Educational programs offered by Pastoral Care are attended by member of the Nursing Department.

Materials Management

The Materials Management function includes purchasing; storeroom, and receiving. The relationship between Nursing and Materials Management is considered critical in terms of patient care. Supplies are restocked on the unit daily or every other day, depending on the unit needs and schedule. Medical care supplies are accessible and of acceptable quality or use throughout the hospital. To ensure this, new products are frequently piloted on nursing units and reviewed by the Value Analysis (Product Evaluation) Committee, on which members of both departments sit. The Nursing Department is included in the product selection and standardization process on a formal basis. The Materials Manager strives to ensure the needs of the internal and external customers are satisfied. This is done, in part, through communication on the nursing Unit level with the Nursing Manager, through formal meetings with Nursing Administration, and through membership on the interdepartmental committee.

Human Resources Department

The Nursing Department and Human Resources Department managers meet regularly to confer regarding various topics. Items of discussion include:

- Personnel problems
- Policy and procedure planning
- Selection and retention of staff
- Assistance and development of nursing departmental policies and procedures
- Involvement of the evaluation process
- Necessary disciplinary action

The members of the Human Resources Staff are available to give assistance to all Nursing Department employees (i.e., answer questions on processing payroll, follow-up claims, etc.)

Patient Relations Department

The Patient Relations Department is responsible for the administration of the HealthStream Patient Satisfaction and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys. This department aspires to identify patient (customer) needs and expectations; improve communication between hospital staff and patients (customers⁰ and or visitors; advocate and facilitate problem-solving for patients (customers); and advice administration of any identified or perceived barriers to quality patient care.

Quality Improvement Risk Management

Risk Management works in a cooperative and supportive manner with the Nursing Department. Consultations and services are available 24 hours a day. Educational programs offered by Risk Management are attended by members of the Nursing Department.

Library and Nursing Reference Sources

The hospital library has medical and nursing books and journals available to medical and nursing staff. The library is open from 8:30 a.m.-5:00 p.m. Monday through Thursday and 8:30 a.m.- 3:00 p.m. on Friday. Access during off-hours is through the Administrative Supervisor. Each nursing unit has clinical resource books and journals relating to their clinical/specialty practice. Upon request, specific articles can be obtained through the hospital library by contacting the Medical Staff Office. Online references are available on HRMC networked computers, e.g., LEXI-COMP and the OVID/EBSCO online databases