MONTEVISTA

<table>
<thead>
<tr>
<th>Title: Nurse Staffing Plan and Nurse Staffing Committee</th>
<th>Policy Number: 1300.1A</th>
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<tbody>
<tr>
<td>Function: Care of the Patient</td>
<td>Date Developed:</td>
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<tr>
<td>Developed By: Clinical Services</td>
<td>Page(s):</td>
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<td>Attachment(s) N/A</td>
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PURPOSE

Montevista Hospital Administration and Staff recognize the importance of adequate staffing in providing the highest quality of patient care. The Hospital shall comply with all lawful staffing guidelines and evaluate effectiveness of staffing based on well established and recognized criteria (Joint Commission, CMS). Nursing Services has established a staffing committee. The Staffing Committee established in accordance with NRS449 shall be comprised of no more than one-half appointed by hospital administration and no more than one-half direct patient care nurses. One of the employer’s representatives shall be the CNO. Montevista Hospital is a freestanding healthcare facility that specializes in psychiatric and chemical dependency treatment. In-patient care is provided on a 24-hour basis, seven days a week, in an 80 bed acute care psychiatric setting.

The Hospital recognizes that quality and safe patient care is the first and primary concern of all staff, and that this mutually shared goal is best served by having hospital management and employees working together to examine the most effective and efficient means of providing quality patient care.

STAFFING PLAN

Comprehensive treatment-oriented activities are provided by a multi-disciplinary staff. Clinical staff provides group therapy, activities therapy, recreational therapy, and educational services. All clinical services are delivered by qualified professional staff including, but not limited to, psychiatrists, registered and licensed practical nurses, mental health workers, clinical social workers, teachers, a dietician, pharmacist, substance abuse counselors and activity therapists. Clinical services that are not available within the facility may be provided through referral, consultation or contractual agreements with area professionals and other healthcare facilities.

The goal of treatment is to promote the highest level of functioning for each patient with emphasis on individual, group or family therapy provided at the least restrictive level of care. The patient’s symptoms, strengths, family support and discharge needs provide the basis for care from admission to discharge.
**Adult Inpatient Programs**

The Adult Psychiatric Program is designed for the treatment of adult patients, ages 18 and over, with primary psychiatric diagnoses. Some patients may have a secondary substance abuse diagnosis which meets the criteria for medically supervised in-patient treatment. The following patients are excluded:

1. Primary diagnosis of addictive disease.
2. Disorders caused by chronic organic brain dysfunction.
3. Behavioral, cognitive and/or physical impairment which would render the patient unable to function at a minimally acceptable level within the treatment program, such as a medically unstable patient whose safety requires treatment in a medical-surgical hospital.

The program is based in the acute-care setting with availability of 36 beds in operation 24 hours per day, seven days per week.

**AREAS OF CARE**

<table>
<thead>
<tr>
<th>Psychiatric Evaluation</th>
<th>Psychologists</th>
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<tr>
<td>Psychosocial Assessment</td>
<td>Social Services Staff</td>
</tr>
<tr>
<td>Nursing Assessment</td>
<td>Registered Nurses</td>
</tr>
<tr>
<td>History and Physical Exam</td>
<td>Physicians</td>
</tr>
<tr>
<td>Medical/Surgical Consults</td>
<td>Physicians</td>
</tr>
<tr>
<td>Dietary Consults</td>
<td>Registered Dietitian</td>
</tr>
</tbody>
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**Diagnostic Testing:**

- Lab, X-ray, EKG/EEG
- MRI, CT, etc.

**Therapeutic Recreation**

**Individual/Group Therapy**

**Continuing Care Planning**

**Medical-management**

**Detoxification**

**Chemical Dependency Assessment**

**SERVICE PROVIDERS**

- Physicians
- Activity Therapy Staff
- Counselors and Social Services Staff
- Physicians, Nursing, Social Services & Treatment Team
- Physicians, Registered Nurses
- Physicians, Registered Nurses
- Substance Abuse Counselors

**Chemical Dependency**

The Adult Chemical Dependency/Detoxification Program is provided for patients who have chemical dependency treatment needs and is based in the acute-care setting with availability of 16 beds in operation 24 hours per day, seven days per week.
Patients who are so medically fragile that their safety demands treatment in a medical/surgical setting, or who are so mentally impaired that they cannot reasonably benefit from treatment, or who meet the criteria for treatment in a lesser restrictive setting may be excluded.

The Chemical Dependency Rehab Program provides the structure needed to help the individual who is having difficulty maintaining recovery from chemical dependency without supervision. It reinforces and supports individual recovery plans while strengthening interpersonal communication and coping skills. This program incorporates group counseling, family counseling, spiritual counseling, focus groups, Step groups, support groups and operates 24 hours a day, 7 days per week.

**Youth and Adolescent Inpatient Programs**

The Youth and Adolescent Treatment Programs are designed for the treatment of children, ages 5 through 12 and adolescents, ages 13 through 17, with primary psychiatric diagnoses who meet the criteria for medically-supervised, inpatient acute treatment.

The programs operate 24 hours per day, seven days per week, with a 28-bed unit, divided between adolescents and children, in an acute care setting. Areas of care provided by identified service providers are the same as for Adult Psychiatric Treatment with the following additions:

<table>
<thead>
<tr>
<th>AREAS OF CARE</th>
<th>SERVICE PROVIDERS</th>
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<tbody>
<tr>
<td>Education Assessment</td>
<td>Certified Teachers</td>
</tr>
<tr>
<td>Developmental History</td>
<td>Social Services Staff</td>
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<tr>
<td>Lectures</td>
<td>L.A.D.C., other Qualified Staff</td>
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</tbody>
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involved in treatment to address the pertinent issues within the family system. The goal is to restore or maintain as functional and healthy a family system as possible to provide for the continued emotional growth and development and well-being of the identified patient and other family members.

**Nursing Services**- Nursing care services are organized under the direction of the Director of Clinical Services/Nursing as identified in the hospital plan for nursing care. Registered nurses, licensed practical nurses and mental health technicians who are qualified by education and experience to assume the responsibilities for patient care provide nursing care. The primary goal of nursing service is to provide planned, comprehensive, therapeutic, safe and consistent nursing care 24 hours a day, seven days a week.

Psychiatric nursing is a specialized area of professional nursing practice, which employs theories of human behavior and interpersonal relationships. One of the primary activities of nursing staff is the establishment of a trusting, therapeutic relationship with individual patients accomplished through daily, consistent contact. Additional responsibilities of nursing staff include, but are not limited to providing therapeutic contact (milieu) concerned largely with the sociopsychological aspects of the patient’s environment; providing a positive model of interpersonal relationships; providing opportunities for learning about self and exploring patterns of interaction within a safe environment.
environment; on-going patient assessment and observation; support and education for self-care; proper nutrition and appropriate sleep patterns; detection and care for somatic aspects of the patient’s health problems, including responses to medications and other treatments; providing assistance in participating in therapeutic activities concerned with improvement of recreational, occupational and social competence; providing continuity of patient care from admission to discharge; participating in planned and informal group meetings to identify the process of interaction; and active participation in the multi-disciplinary treatment team in cooperative planning for the implementation and evaluation of patient care. The nursing staff maintains on-going contact with the patient’s family, as appropriate. Nursing services provided will be defined according to the patient’s level of care.

**STAFFING/PROCEDURE**

A. **General Staffing**

Staffing patterns are determined by a combination of employees per occupied bed ratio (Inpatient) and a patient acuity system, with consideration given to individual patient needs in each program. A core staff level is determined for each inpatient unit consisting of a charge nurse, mental health workers, social workers and activity therapist. Each addictive disease program also has a chemical dependency counselor. Core staffing for outpatient services will be determined based on the scope of services offered, attendance, and program size.

B. **Nursing Staffing**

Nursing care is prescribed, delegated and coordinated by registered nurses. Members of nursing staff include registered nurses, licensed practical nurses and mental health technicians. Assignments for nursing care are made according to programmatic and patient acuity needs as defined in the hospital plan for nursing care.

Adjustments to the core staffing levels are made on the basis of more severe acuity. Such adjustments for planned staffing are made three times daily by the Director of Clinical Services/Nursing or his/her designee based on the clinical services acuity guidelines. After the staffing has been reviewed, the “Daily Staffing Form” is then posted on each unit prior to the start of every shift.

**EVALUATION**

The Staffing Committee will meet a minimum of four times per year to discuss and review; the current staffing plan, acuity plan, staffing matrix, unit/program changes, methods of improving Patient care, issues related to work loads, issues related to the hospital’s use of per diem staff, issues related to floating including orientation requirements, issues related to nursing recruitment and retention, and measures to be taken to decrease or eliminate the use of overtime. It is the intent of the staffing committee that recommendations made will be implemented.
The Staffing committee will prepare a written report concerning the staffing committee, activities and progress of the staffing committee, and determination of the efficacy of the committee. The report is to be submitted to the Nevada Hospital Association (NHA) prior to December 31st of each even numbered year. The NHA is to submit the reports to the Director of the Legislative Counsel Bureau for transmission to the next regular session of the legislature and in odd numbered years to the Legislative Committee on Health Care.

The staffing committee agrees to handle disputes in a democratic manner of a two thirds majority.