

Hospital Plan for Provision of Collaborative Patient Care Services FY 2022

I. INTRODUCTION

Patient care services at the University of Toledo Medical Center ("UTMC") are based on its mission, vision and values, as well as the needs of the community it serves. A collaborative approach to patient care is followed to achieve positive outcomes for patients.

Collaboration among all disciplines promotes a multidisciplinary, integrated approach that impacts the quality and safety of care. Physicians, nurses and ancillary department members are active and critical participants in the collaborative patient care model. The Hospital Plan for Collaborative Patient Care Services (the "Plan") is organized, developed and implemented in order to maximize participation in the provision of patient care from all levels of staff.

The Plan for collaborative patient care services considers the following:

- The areas of the organization in which care is provided;
- The mechanism(s) used in each area to identify patient care needs;
- The environment that establishes an integrated patient safety program;
- The number and mix of staff members in each area to provide for patient needs;
- The process used for assessing and acting on staffing variances; and
- The interdisciplinary plan for improving the quality of care.

This Plan has been linked to the organization's planning process and considers the following:

- The organization's commitment to improve patient safety and reduce risks to patients;
- Patient/customer needs, expectations, and satisfaction;
- Patient requirements and their implications for staffing;
- The organization's determination of the essential services necessary to meet the needs of its patient population.
- The planning for the provision of those essential services, either directly or through referral or contract;
- The organization's ability to recruit and/or develop appropriate staff.
- Relevant information from staffing variance reports;
- Information from performance improvement activities;
- The provision of a uniform level of care throughout the organization; and
- Opportunities to improve processes in the design and delivery of patient care.

MISSION

The mission of UTMC is to improve the human condition by providing patient-centered university quality care.

LEADERSHIP

The leadership of UTMC takes responsibility for providing the foundation and support for planning, directing, coordinating, providing and improving health care services. These services are based on assessed and identified needs and are designed to improve patient health outcomes and protect patient safety. They are also designed to be in accordance with the organization's mission, vision, values and strategic plans. The Chief Nursing Officer represents Nursing Services in the functional and strategic planning process.

PATIENT SAFETY

UTMC has developed an organization-wide philosophy that has patient safety as our number one goal in providing patient care. The hospital recognizes that to be effective in improving patient safety there must be an integrated and coordinated approach to reducing errors. To such an end, UTMC has a patient safety program that includes, but is not limited to, the following:

- An integrated safety program that includes medical staff, clinical leaders, staff, patients, and visitors;
- An environment that fosters blame-free reporting of errors.
- Procedures for immediate response to medical/health care errors.
- Mechanisms for intensive analysis of various types of occurrences; and
- Mechanisms for proactive risk-reduction activities.

II. UTMC SCOPE OF SERVICE

UTMC is licensed for 319 tertiary acute care referral beds. Several hospitals located within the complex include a Psychiatric Hospital housing 18 Child and Adolescent beds and 18 Senior Behavioral Health beds, and the acute care hospital (209 staffed beds). Ambulatory care clinics serve over 200,000 physician office visits per year. The patient populations served support the medical teaching mission of the hospital.

UTMC provides patient care services for medical, surgical, and behavioral health, patients for care needs that are diagnostic, urgent, acute, critical, and/or chronic, in settings that are inpatient or ambulatory. We are an American College of Surgeons Verified Level III Trauma Center. Stroke Specialty Program (Adults). We have a Joint Commission certified Primary Stroke Center. We also provide renal transplants. We do not provide inpatient services for Obstetrics, Newborn and Pediatric Intensive Care.

Nursing care is delivered in the following areas:

Cardiovascular Unit	Hemodialysis Unit	Post Anesthesia Care Unit
Cath Lab	Eleanor N. Dana Cancer Center	Outpatient Infusion Area
Recovery Services (inpatient detox)	Intermediate Surgical Care Area	Operating Room
Emergency Department	Kobacker Psychiatric Hospital	Pre-Operative Education Center
Endoscopy Unit	Medical Intensive Care Unit	
	Medical/Surgical Units	

Clinics:

Geriatrics	Interventional Pain	Endocrinology
Eleanor N. Dana Cancer Center	Rheumatology	Ryan White
Pain Clinic	Family Medicine	Orthopedic Clinic
Heart and Vascular Center	Internal Medicine	Pediatric Clinic
Cardiac Rehabilitation	Gastroenterology	Rehabilitation Medicine Clinic
Nephrology	Dermatology	Pulmonary Clinic
Obstetrics/Gynecology	Infectious Disease	

Clinics without nursing care include:

Adult Psychiatric Clinic	Child Psychiatric Clinic	Recovery Services
Allergy Clinic	Psychiatry	Transplant
Surgery Clinic	Behavioral Health	Urology
Hyperbaric Treatment and Wound		

Ancillary patient care areas include:

Clinical Nutrition	Outcome Management (Social Work)	Radiation Therapy
Laboratories Cardiology	Perfusion	Radiology (CT, MRI, IR, Ultrasound)
Neurodiagnostic	Pharmacy	Respiratory Therapy
Pulmonary Function		

Support services are provided to all patient care areas on a regular basis. These services are integrated with the patient care areas of the hospitals.

Support services include:

Admitting and Patient Registration	Infection Control	Safety and Health
Dining and Food Services	Integrative Therapies	Spiritual Support
Campus Police	Laboratories	Survivor Shop
Central Distribution	Laundry and Linen Services	Technology Support
Clinical Informatics	Outcomes Management	Transplant Services
Employee Health Services	Medical Staff Office	Transport Services
Environmental Services	Nursing Administrative Services	Integrative Therapies
Facilities Management	Patient Advocacy	Trauma Services
Financial Counseling	Patient Financial Services	Volunteers
Health Information Management	Pharmacy Services	Transplant Coordination
Human Resources	Quality Management	Sterile Processing
	Resource and Materials Management	

III. COLLABORATIVE PATIENT CARE:

Patient care is defined as the systematic implementation of specialized knowledge and skills encompassing physiological, biological, psychosocial, and technical principles of alterations in the health state, and coping with illness, injury or disability. Implementation of collaborative patient care focuses on assessment, planning, delivery, evaluation, and coordination of care. Collaborative Patient Care delineates a system of care delivery that coordinates the efforts of the health care team to provide safe, seamless, and effective services in a fiscally responsive manner. Collaborative Patient Care is a global philosophy and structure for enhancing efficient delivery and utilization of services for patients.

COLLABORATIVE PATIENT CARE TEAM: PROFESSIONAL ROLES & FUNCTIONS

A collaborative multidisciplinary team approach considers the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes. The Health Care Team is accountable for the patient's assessment, prioritizing patient needs, determining the patient's health care outcomes, planning treatment, ensuring the implementation of the treatment plan, and periodic patient reassessment. The following grid identifies key members of the Health Care Team and their areas of responsibility:

Staff	Assessment	Planning	Intervention /Treatment	Invasive Procedures	Patient Rights	Discharge Planning	Nutritional Care	Patient Teaching
Chaplains	X	X	X		X	X		X
Clinical Nurse Specialists	X	X	X		X	X	X	X
Nurse Practitioners	X	X	X	X	X	X	X	X
Pharmacist	X	X	X		X	X	X	X
Physical Therapist/OT/ST	X	X	X		X	X		X
Physician Assistant	X	X	X	X	X	X	X	X
Physicians	X	X	X	X	X	X	X	X
Psychologists	X	X	X		X	X		X
Registered Dietitians	X	X	X		X	X	X	X
Respiratory Therapists	X	X	X	X	X	X		X
Resource Utilization Coordinator	X	X	X		X	X	X	X
RNs	X	X	X		X	X	X	X
Social Workers	X	X	X		X	X		X

Patient services and patient care are provided primarily by licensed personnel. Unlicensed assistive personnel may perform patient care activities as determined by the treatment plan and as delegated by a professional.

The medical staff is responsible for the medical plan of care and has the responsibility to assess and improve patient care services and processes within the institution. The medical staff's role in policy development and performance improvement is pivotal within the organization. Practitioners with clinical privileges provide medical services in accordance with the Bylaws and Rules and Regulations of the medical staff.

PATIENT CARE GOALS

UTMC strives to create an environment which supports continuous improvement and innovation in patient care which recognizes the complexities presented by the current health care environment.

We believe that The Joint Commission's functional standards are fundamental framework for providing quality health care. We believe carrying out these important functions requires interdisciplinary teamwork involving many hospital departments and services. Our goals in meeting the intent of the eleven functions are as follows:

1. **Patient Rights and Organizational Ethics:** It is our goal to be respectful and responsive to individual patient preferences, needs and values. We believe the staff must function as patient advocates and participate in problem identification and resolution to ensure a high level of quality care. Business relationships with patients and the public are conducted in an ethical manner. Care is equitable and should not vary in quality because of patient characteristics, such as age, sex, race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sex, sexual orientation, and gender identity or expression.

2. **Assessment of Patients:** It is our goal to determine care needs through multidisciplinary assessments of each patient's needs. Individual health care team members' roles in patient assessment are defined by licensure/job description, and/or departmental policy.
3. **Care of Patients:** It is our goal to provide individualized, planned, safe and appropriate care in settings that support the patient's care, treatment and rehabilitation goals.
4. **Education:** It is our goal to educate the patient and/or, when appropriate, person(s) who play a significant role in the patient's life, to improve patient health outcomes by promoting patient safety, speeding recovery, promoting healthy behavior, and appropriately involving the patient in his or her care decisions. Knowledge and information are shared with patients about their health care situation.
5. **Continuum of Care:** It is our goal to provide patient care in an integrated system of services, health care practitioners, and care settings. We match the patient's ongoing needs to the appropriate level and type of care before admission, during admission, while in the hospital, before discharge, and after discharge.
6. **Improving Organizational Performance:** It is our goal to design processes well and systematically measure, assess, and improve our performance to improve patient health outcomes. We strive for safe, efficient, timely and effective care.
7. **Leadership:** It is our goal to provide the framework for planning, directing, coordinating, and improving healthcare services that are responsive to community and patient needs and that improve patient health outcomes.
8. **Management of the Environment of Care:** It is our goal to provide a functional and safe environment for patients and other individuals served by or providing services in the hospital.
9. **Management of Human Resources:** It is our goal to create an environment that fosters self-development and continued learning. We provide appropriate orientation, continuing education, and validation of clinical competency for all clinical personnel.
10. **Management of Information:** It is our goal to obtain, manage, and use information to enhance and improve individual and organizational performance in patient care processes.
11. **Surveillance, Prevention and Control of Infection:** It is our goal to identify and reduce the risk of common cause and special cause nosocomial infections in patients and healthcare workers.

PROCESS OF COLLABORATIVE PATIENT CARE:

Single Level of Care

Patient care is provided in a timely manner to meet the identified needs of the patient. Patients receive comparable level of quality of care throughout the institution for the same condition, regardless of which department provides the care, the discipline of the practitioner, or the setting.

Consideration of Special Patient Populations Based on Age, Language, Cultural Background or Other Factors

The plan for patient care is based upon the patient population served, hospital mission, identified patient care and/or family needs and information obtained from patient feedback. The design of services gives special consideration to growth and developmental milestones for all specialized age populations and to cultural backgrounds including ethnicity and language needs and has been developed with the involvement of appropriate leaders and other disciplines. Information obtained from performance improvement data is utilized to plan, design, measure, assess, and improve services.

The following steps of collaborative patient care may occur across departments and across the continuum of care:

Patient Assessment:

- Identifying patterns of human responses to actual or potential health problems amenable to health care that may include preventive, restorative, and/or health promotion and wellness activities.
- Assessing health status for the provision of care including the collection of data and the review of data via interviewing, observation, and physical evaluation techniques.

Care of the Patient:

- Providing health counseling and teaching.
- Administering medications and treatments, and executing regimens prescribed by licensed physicians, dentists, nurse practitioners and podiatrists.
- Monitoring individual response to interventions and treatments.
- Providing for coordination of services across the continuum of care.

Organization of Services:

- Supervising, delegating, teaching, administering, and evaluating patient care
- Serving as a patient advocate.

Coordinating efficient healthcare services in collaboration with other health care team members.

COLLABORATIVE PATIENT CARE TOOLS:

- Timely, complete, and accurate documentation in the patient's medical record (both written and electronic) serves as a mechanism for communication among patient care providers.
- Benchmarking provides identification of high risk, problem prone populations for clinical protocol development and multidisciplinary coordination.
- Resource Utilization Management tracks patient outcomes and monitors clinical resource utilization to minimize wasting of equipment, supplies, ideas or energy.
- Care Coordination involves nurses, social workers, physicians and other members of the health care team to provide continuity of care.
- Continuous quality and performance improvement processes are utilized to improve patient safety and care outcomes.
- Multidisciplinary teams plan, implement and evaluate patient care services.
- Patient satisfaction survey information is used to direct performance improvement initiatives.
- Patient education resources are provided to facilitate timely and appropriate education to patients and families.

- Clinical Protocols are interdisciplinary orders used for planning clinical practice, developed and utilized by multi-professional groups, interacting with a specific set of patients.

COMMITTEES TO SUPPORT INTERDISCIPLINARY PLANNING AND COLLABORATIVE PATIENT CARE:

Committee	Membership		Role
Blood Utilization Review	MD's Nurses	Administrators Blood Bank representative	Assure appropriate review of the use of blood and blood products
Cancer	MD's Social Worker Dietitian	Nurses Cancer Data Specialists Administrator Therapy	Promote interdisciplinary care of cancer patients, education to public and health care providers, and oversees Cancer Registry.
Disaster Preparedness	MD's Nurses Security	Administrator Department representatives	Develop and implement plan for disaster preparedness
Infection Control	MD's Nurses Administrator Environmental Safety Representative	Microbiology staff Infection Control Nurse Employee Health Nurse	Oversee practices and measures to prevent and control infections
Institutional Ethics	MD's Social Worker Spiritual Support	RN's Risk Manager Ethics Representative	Protect patient rights
Medical Records	Appointed Physician Chair MD's Residents Nurses	HIM Staff Legal Counsel Clinical Informatics Allied Health Services	Provides enterprise-wide oversight and direction regarding health information management related to the medical record (paper or electronic), laws policies, system designs, organization, data application, searches, capture, analysis and storage.
Operating Room	MD's Administration	Nurses	Develop and oversee policies to promote efficient and safe practices
Quality & Patient Safety Council	MD's CNO RN's Executive Director	Residents Quality Management Staff	Promote patient safety Coordinate hospital-wide performance improvement initiative
Pharmacy & Therapeutics	MD's Nurses	Pharmacists Administrator	Develop and maintain policies for surveillance of drug utilization and practices
Resource Utilization Committee	MD's Nurses	Administrator Care Coordinators	Monitor and guide resource utilization and continuum of care processes
Trauma Committee	MD's Physical therapy	Nursing Administrator	Promote interdisciplinary care of trauma patients, education to public and health care providers, and oversees trauma registry.

IV. CONTRACTED SERVICES

Currently, UTMC provides all essential clinical patient care services except obstetrics, neonatal, pediatric intensive care and intensive burn treatment. Contracted services include, but are not limited to Audiology Services, Hyperbaric Chamber, intraoperative Neuro monitoring, Blood Aphaeresis, Language Interpreter and Lithotripsy which are provided by outside providers, with approval of medical staff leaders.

Contract services are also used to provide some support services. These include organ procurement services, valet parking and off-site environmental and linen services. Written agreements, approved by Administration, are in place for these services.

V. FUNCTIONAL SUPPORT PLANS:

The following functional support plans guide collaborative care teams in providing high quality, cost effective and integrated patient care services.

Community Health Plan: describes process for a health needs assessment of the UTMC-defined community and identifies areas of potential need.

Human Resources Plan: includes the strategic plan for the Human Resource Department, a description of the competency assessment process, leadership development, an overview of volunteer staff processes, identification of employee job description reviews and revision processes, an overview of the performance evaluation process, and the staffing effectiveness process.

Infection Control Plan: a multidisciplinary program encompassing surveillance, education, consultation and continuous quality/performance improvement to ensure a coordinated approach to reducing risk of infection to patients, visitors and employees.

Information Management Plan: provides an historical reference for information planning at UTMC, and identifies information services planning that directly supports the hospital's clinical, strategic and business goals

Quality Assessment, Performance Improvement & Patient Safety Plan: is a description of the organization- wide multidisciplinary, systematic, coordinated approach to performance improvement.

Resource Utilization Plan: describes the multidisciplinary, systematic, coordinated approach used to measure, promote, and maintain the quality of services while assuring effective and efficient resource utilization.

Risk Management Plan: establishes the risk management functions as the operational linkage to the clinical aspects of patient care, patient safety and quality improvement processes. The Risk Management Plan provides for reducing and eliminating the risk of injury to patients, visitors, and staff, as well as protecting the institution's financial resources.

Safety Management Program/Plan: establishes policies and procedures to ensure a physical environment free of hazards. The scope of the program is institution-wide, with a major focus on patient care areas.

The aforementioned documents are considered supporting tools of the Hospital Plan of Care.

VI. STAFF EDUCATION

UTMC values everyone in the organization; therefore, education is a key component of employment. UTMC provides continuing education, in-service education, on-the-job training, and performance improvement facilitation and education. Learning needs of staff are assessed annually, and the findings are utilized to develop appropriate learning opportunities.

Staff education is also supported through tuition benefits. Educational programs are provided to maintain staff competency and enrich staff knowledge for enhanced patient care quality. The organizational approaches used in training are interactive, focused, experiential and provided in a safe learning environment. To be successful, learners are accountable for learning, participating in learning, and communicating their needs.

Building successful patient care teams includes ensuring that managers are educated and prepared for their roles and responsibilities. Team building and coaching skills development are included in the leadership development plan. The organization commits resources and attention to the developmental needs of all staff.

UT is an approved provider of continuing medical education credits, and an approved provider of nursing contact hours by the Ohio Nurses Association.

VII. SCOPE OF CARE AND SERVICES PROVIDED

Each patient care and support department have a defined scope of care document. The Scope of Service includes:

- Mission
- Description of Department
- Department Integration
- Customers
- Quality Plan
- Population Served
- Sites of Care/Services Location
- Practice Standards
- Staffing Plan
- Availability of Services
- Education Plan

VIII. STAFFING FOR PATIENT CARE

Patient care services are organized, directed and staffed in a manner commensurate with the scope of services offered. Staff members are assigned clinical and managerial responsibilities based upon educational preparation, applicable licensing laws and regulations and assessment of current competence. Classifications of personnel providing patient care are identified in specific Department Scope of Services statements.

In support of improvement and innovation in the delivery of patient care, staffing levels are adequate to support participation of patient care providers, as assigned, in committees, meetings or activities such as performance improvement teams and continuing professional education.

Staffing plans for patient care services are developed based on the level and scope of care that meets the needs of the patient population, the frequency of the care to be provided, and a determination of the level of staff that can most appropriately provide the type of care needed.

Each department has a formalized staffing plan which is reviewed at least annually based on information that includes: performance improvement activities, utilization review, risk management activities, and changes in customer needs/expectations. Data from clinical/service screening indicators in combination with human resource screening indicators are used to assess staffing effectiveness

STAFFING VARIANCES

While staffing patterns are in place for each department, they are designed with average acuity levels and typical patient types in mind. As such, they provide a guideline from which staffing decisions can be made on a day to day, shift to shift, and when needed, on a just-in-time basis. Variances from established staffing patterns are expected given the

nature of fluctuations in patient needs. Reasons for variances can include higher acuity than usual, lower acuity, time to complete job tasks, unexpected admissions, discharges or transfers.

Each department has identified in its Scope of Care and Services how staffing is adjusted to meet patient care needs.

IX. PERFORMANCE IMPROVEMENT ACTIVITIES

All departments are responsible for following the hospital's plan for performance improvement including planned performance assessment and improvement activities, initiating activities designed to follow-up on unusual occurrences or specific concerns/issues, and follow-up as appropriate on patient/family complaints and patient questionnaire results. Proactive initiatives are ongoing to reduce medical/health care errors. Patient safety priorities are integrated into new design and redesign of all relevant processes, functions and services.

Input and feedback from patients, staff and physicians guide the improvement process.

Performance monitoring and improvement are data driven. Undesirable patterns, trends, and sentinel events are intensively analyzed.

X. FINANCIAL PLANNING

The annual budget process provides a mechanism for the provision of resources to ensure high quality and cost-effective patient care services. The process allows for budget variances resulting from increased patient activity. Leaders at all levels of the organization participate in establishing the budget and in ongoing review and monitoring activities. Data from financial reports, Risk Management, performance improvement activities, customer satisfaction surveys, and analysis of staffing trends are considered among others in the budget process.

XI. ANNUAL REVIEW PROCESS

The plan for patient care is reviewed and updated during the budget preparation process.

SUMMARY:

Collaborative, patient focused care is a framework for providing high quality, safe, and cost-effective medical and health care services. The framework is supported by interdisciplinary teamwork and support function planning.

<i>Original Date:</i>	<i>April 1993</i>
<i>Revised:</i>	<i>1994</i>
<i>Revised to Hospital Plan:</i>	<i>1996</i>
<i>Revised:</i>	<i>1997</i>
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	<i>8/2017</i>
	<i>12/2019</i>
	<i>6/2021</i>

/s/ _____ 06/03/2021
Date

Richard Swaine, CPA
Chief Executive Officer - UTMC

/s/ _____ 06/04/2021
Date

Andrew Casabianca, MD
Chief of Staff

/s/ _____ 06/03/2021
Date

Michael Ellis, MD
Chief Medical Officer