The Honorable ROBERT J BRYAN

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

CHRISTI RUST, et al ,

Plaintiffs,

v.

WESTERN STATE HOSPITAL, et al ,

Defendants

NO C00-5749RJB

DEFENDANTS' SUPPLEMENTAL RESPONSE TO PLAINTIFFS' MOTION FOR PRELIMINARY RELIEF

I. INTRODUCTION

This class action on behalf of patients at the Center for Forensic Services (CFS) at Western State Hospital (WSH) was filed on December 20, 2000 On January 3, 2001 Plaintiffs moved for preliminary relief on the claims set forth in the Complaint Defendants opposed the motion and oral argument was held on February 16, 2001 In March 2001, the Court asked the parties to provide supplemental materials on policies, procedures and standards that relate to the requested relief

The parties thereafter entered into extended negotiations in an attempt to resolve as many issues as possible. The schedule for submission of additional materials was modified, with the Court's permission, to reflect the status of these negotiations. On May 25, following a fairness hearing at WSH, the Court approved a partial settlement of many issues in the case, including issues related to patient safety, risk assessment, reporting of alleged abuse and neglect, psychiatric, medical and dental care, and the treatment plan process

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

The parties are in agreement that the only remaining issues in the case are active treatment for mental and psychological disorders and the related issue of adequate staffing to provide that treatment Defendants submit this memorandum to address the propriety of preliminary relief on those issues and to provide the Court with the national standards and hospital policies that relate to those remaining issues.

II. THE STANDARDS

A. JCAHO Standards

WSH, including CFS, is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) Declaration of Cheryl Reis (Reis Decl) ¶ 4 JCAHO awards its accreditation as a result of a triennial survey process that encompasses all aspects of hospital organization, from organizational structure, through recordkeeping requirements, to evaluation and assessment of patients, to provision of treatment and the protection of patients' rights. Reis Decl ¶ 2 The standards by which the survey is conducted are set forth in a proprietary manual entitled "Comprehensive Accreditation Manual for Hospitals " Reis Decl ¶ 2 The manual is divided into various sections, which set forth the standards themselves, the intent of the standards, and examples of performance under the standards The entity is graded on its satisfaction of each standard and then given an overall grade that indicates whether accreditation will be awarded Reis Decl ¶ 4

Defendants have identified several sections of the JCAHO manual that relate, in a general sense, to the issues of active treatment and adequate staffing For the Court's convenience, all of the standards contained in those sections are reproduced in Attachment A hereto In each section, there are specific standards that are related to the remaining issues in this case With respect to those specific standards, Defendants have provided the statement of intent and examples contained in the JCAHO manual

Neither the standards themselves nor the intent sections contain quantitative methods for assessing the adequacy of staff and treatment Ries Decl ¶ 3. For instance, TX.6 4, in the Care of Patients section of the manual, provides that "Rehabilitation services are appropriate to a patient's

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

needs, and severity of disease, condition, impairment, or disability." The related intent is stated as follows "Rehabilitation services are planned to respond to each patient's unique needs (including age-specific needs) and expectations. An essential element in the planning process is assessment of the severity of the patient's disease, condition, impairment, or disability." The examples of performance are listed simply as "policies and procedures defining assessment and care planning requirement," "protocols," and "medical records."

Similarly, in the Human Resources section of the manual, standard HR 2 states "The hospital provides an "adequate number of staff members whose qualifications are consistent with job responsibilities." Neither the standard itself nor the intent nor the examples of performance sets forth a specific number of employees that are required for a particular type of treatment or lists particular types of staff that must be included on the treatment team.

The standards do not provide a convenient checklist for the Court or the parties to use in determining adequacy of treatment. The salient point is that, as a JCAHO accredited institution, WSH, and its forensic component, have demonstrated compliance with all of the standards set forth in the JCAHO manual, including the standards that relate to staffing and active treatment This accreditation creates a presumption that constitutionally adequate treatment is provided at CFS Thomas S by Brooks v Flaherty, 902 F 2d 250, 253 (4th Cir 1990), citing Woe v Cuomo, 729 F 2d 96, 106-07 (2nd Cir 1984)

B. HCFA Standards

CFS has not sought certification by the Health Care Financing Administration (HCFA) Ries Decl ¶ 5 This lack of certification is attributable to a number of factors, including the physical condition of the old CFS building, which is no longer occupied since the February 28, 2001 earthquake Ries Decl ¶ 5 The HCFA standards are not relevant to CFS

C. WSH Procedures

WSH has several policies that are tangentially related to the issues of adequate staffing and provision of active treatment These policies are provided for the Court at Attachment B hereto

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

None of these policies provides objective criteria for assessing the adequacy of staffing and active treatment The steps that WSH has taken pursuant to the general guidance provided by the JCAHO and WSH policies to improve active treatment and staffing on CFS are described in detail in the discussion below and in the Declaration of Rick Mehlman attached hereto .

III. THE REMAINING ISSUES IN THE CASE DO NOT WARRANT PRELIMINARY RELIEF

The basic function of a preliminary injunction is to preserve the status quo pending determination of the merits of the case To obtain a preliminary injunction, a movant must show a likelihood of success on the merits and the possibility of irreparable injury, or the existence of serious questions going to the merits, with the balance of hardships tipping in the movant's favor Children of the Rosary v City of Phoenix, 154 F 3d 972, 975 (9th Cir 1998) These are not separate tests, but are the "outer reaches 'of a single continuum' " Chalk v. United States District Court Central District of California, 840 F 2d 701 (9th Cir. 1989). Thus, the greater the relative hardship to the plaintiffs, the less probability of success must be shown and the reverse is equally true Walczak v EPL Prolong, Inc., 198 F 3d 725, 731 (9th Cir 1999) As discussed below, Plaintiffs fail to meet either standard to support issuance of a preliminary injunction on the remaining issue of active treatment

A. Plaintiffs Cannot Demonstrate a Substantial Likelihood of Prevailing on the Merits.

CFS is JCAHO accredited Ries Decl. ¶ 4. This creates a prima facie showing that the plaintiffs on CFS are living in constitutionally adequate conditions Thomas S by Brooks v Flaherty, 902 F 2d 250, 253 (4th Cir 1990), citing Woe v Cuomo, 729 F 2d 96, 106-07 (2nd Cir 1984)

In addition, the only issues remaining in this case concern active treatment and the adequacy of staff to provide that treatment May 9, 2001, Partial Settlement Order at Appendix B There is no national, objective, standard for determining whether a particular institution has the requisite

number of staff to provide adequate treatment This is a classic situation in which the federal court should defer to the expertise of the professionals who operate the facility.

The United States Supreme Court has long held that federal courts, when reviewing state-run programs, must grant the state great latitude in managing and operating those programs The leading case regarding the limitations on federal courts in reviewing state-run institutions is Youngberg v Romeo, 457 U S 307, 102 S Ct 2452, 73 L Ed 2d 28 (1982) In that case, the Court stated:

> In determining what is "reasonable" –in this and in any case presenting a claim for training by a State – we emphasize that courts must show deference to the judgment exercised by a qualified professional. By so limiting judicial challenges to conditions in state institutions, interference by the federal judiciary with the internal operations of these institutions should be minimized Moreover, there is certainly no reason to think judges or juries are better qualified than appropriate professionals in making such decisions

In the instant case, the professional management team at CFS is exercising its best judgment to improve the conditions for CFS patients. For instance, the partial settlement agreement includes a commitment to hire two new psychologists and two new ward clerks for CFS Appendix A, (G) The settlement agreement also provides that the treatment plan process will be restructured to ensure that treatment is explicitly based on the risk factors that prevent an individual patient from returning to the community Appendix A, (K)(2)-(5) In addition, Defendants have agreed to consult with a developmental disabilities expert in addressing special issues related to the portion of the CFS population with developmental disabilities and borderline intellectual functioning, which CFS has in fact done. Appendix A, (K)(8) Defendants are in the process of developing a program to enhance treatment of developmentally disabled patients who have been committed for competency restoration Declaration of Rick Mehlman, Ph D (Mehlman Decl) ¶ 7

Most significantly, the treatment that is offered on CFS will be enhanced in June 2001 to ensure that all patients will receive two hours of needs based treatment five days a week Mehlman Decl ¶ 3 Each patient will be assigned to a class and attendance will be mandatory Mehlman Decl ¶ 3 CFS staff have been alerted to the changes necessitated by the new plan

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

Mehlman Decl ¶ 4 CFS also hopes to add, over the next few months, an additional hour of recreational time every day Mehlman Decl ¶ 6 In addition, because of the reduction in overcrowding, staff are more available to facilitate active treatment rather than monitor patients

In light of these recent enhancements to CFS services, Plaintiffs cannot show that CFS currently falls below the constitutionally minimal standard in its provision of active treatment If Plaintiffs disagree about the adequacy of treatment, the issue can best be resolved at trial after a full explication of the factual issues and with the aid of expert testimony, not on the basis of pleadings and declarations Plaintiffs' request for preliminary relief encompasses virtually all the relief that Plaintiffs could hope to obtain after such a trial on the merits Preliminary relief should not be allowed to substitute for the trial itself

B. Plaintiffs Have Not Shown That They Would Suffer Irreparable Harm As to The Remaining Issues.

Plaintiff will not sustain irreparable injury if the preliminary injunction is not granted In order to receive injunctive relief from a district court, the plaintiff must show irreparable harm Associated General Contractors of California, Inc v. Coalition for Economic Equity, 950 F 2d 1401, 1410 (9th Cir 1991) Mere allegations of irreparable injury will not suffice Id Instead, the moving party must show an "immediate threatened injury as a prerequisite to preliminary injunctive relief" 634 F 2d at 1201).

Defendants have resolved all issues that conceivably could have resulted in irreparable harm to the Plaintiffs In their original motion for summary judgment, Plaintiffs cited several concerns regarding irreparable harm to patients living on CFS Many of these concerns centered around patient on patient sexual and physical assault, overcrowding, and lack of adequate and timely medical and dental care See Memorandum in Support of Plaintiffs' Motion for Preliminary Injunction at 3, 14. These issues have been resolved by agreement of the parties Currently, female and male long-term patients are housed on separate wards Appendix A, (A)(2)(c) In addition, risk assessments and some competency evaluations are being done in jail

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

in order to protect both females and more vulnerable males from dangerous patients. Appendix A, (A)(2)(a), (3)(a) Risk of harm from patient-on-patient physical and sexual assaults has been greatly reduced. The provision in the partial settlement that requires Defendants to make best efforts to conduct more evaluations in the jail, rather than at CFS, is intended to ameliorate overcrowding on the admissions wards Appendix A. Policies are now in place to significantly reduce the threat of consistent overcrowding Appendix A, (C)(3)-(4) In addition, extra staff have been hired to facilitate the transport of patients for medical and dental appointments Appendix A, E(2) Hence, the likelihood of irreparable harm no longer exists in any of those these areas

Other areas of concern for Plaintiffs were the alleged inadequate treatment and discharge planning. See Memorandum in Support of Plaintiffs' Motion for Preliminary Injunction at 11-14. CFS has been steadily working to eliminate these problems As to treatment and discharge planning, CFS has agreed to implement an auditing system to ensure that treatment plans are being done properly Appendix A, (K)(3)-(9) CFS has also agreed to implement policies ensuring that discharge planning is being suitably addressed. Appendix A, (M) Improvements in staffing levels and active treatment are described in Section A above The patients on CFS simply are not facing irreparable harm as a result of the alleged inadequate treatment

////

////

////

////

////

////

////

IV. CONCLUSION

For the reasons set forth above, Defendants respectfully submit that this Court should deny Plaintiffs' request for preliminary relief on the remaining issues in this action

DATED this 4th day of June, 2001

CHRISTINE O GREGOIRE
Attorney General

PAMELA H ANDERSON, WSBA# 21835
TERRANCE J. RYAN, WSBA# 15205
ALLISON CROFT, WSBA# 30486
Assistant Attorneys General
Attorneys for Defendants

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

The Honorable ROBERT J BRYAN

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

CHRISTI RUST, et al , Plaintiffs, v WESTERN STATE HOSPITAL, et al , Defendants	NO C00-5749RJB DECLARATION OF RICK MEHLMAN

I, RICK MEHLMAN, being over the age of eighteen years of age and competent to testify to the matters herein, do hereby declare and state as follows

1 I am the Acting Co-Clinical Director of the Center for Forensic Services (CFS) at Western State Hospital (WSH) My curriculum vita is attached hereto as Exhibit 1 My job responsibilities concern the administrative and programmatic matters on the four long-term treatment wards and the three acute wards on CFS I am responsible for developing and implementing changes that would enhance active treatment for the patients and which would provide a more effective system for providing for those services I am also responsible for supervising the RN4, the Forensic Therapist Supervisor, the Social Worker Supervisor, the Rehabilitation Therapy Supervisor, and the lead administrative staff

2 Since the beginning of the above captioned lawsuit, CFS has hired two new psychologists CFS is also advertising an open position for two additional ward clerks This equals four additional full time employees

3 In June 2001, CFS will begin implementing a new plan for active treatment See Exhibit 2 The new plan for active treatment includes two hours of active treatment, five days a week, for every patient on the long-term treatment wards Each patient will be assigned to a treatment group addressing his/her individual needs These groups will be mandatory

4 Staff was alerted to the implementation of this plan several weeks ago Treatment teams were asked to consult in order to decide which class would be best for their patients, what types of therapy groups should be offered and to coordinate their schedules with other staff and programs in order to not conflict with the new classes being offered Staff was also alerted to the fact that they would need to fill out Program Objectives Forms for each new activity being offered at CFS

5 CFS is working on modifying its current treatment plan format to focus treatment on risk management based on comprehensive risk assessment data The new format will be piloted using a computerized program in the next two months

6 In addition, the hospital is hoping to implement one hour of recreational activity every day for the long-term treatment wards within the next couple of months This will include playing games, going for walks, going to the gym, etc This one-hour will be in addition to the one hour yard out time already provided

7 CFS is also working towards a more integrated program for the developmentally disabled competency restoration patients Based on consultations with Dr Gardner, CFS has developed a plan to provide more effective competency restoration treatment for this subset of CFS patients See Exhibit 3

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

DATED this 4 day of June, 2001

RICK MEHLMAN
Acting Co-Clinical Director
of the Center for Forensic Services (CFS)

RICK CORY MEHLMAN
8601 58th Street SW
Tacoma, WA 98467
(253) 756-2671

EDUCATION

Ph D	University of Kansas, Lawrence Clinical Psychology, September 1983
M S	San Diego State University Clinical Psychology, November, 1978
B A	University of California, Santa Cruz Psychology, June, 1975

AWARDS

David Schulman Award for Excellence in Clinical Psychology, University of Kansas, 1982
1996 DSHS Statewide Outstanding Employee
1998 DSHS Statewide Outstanding Employee

PROFESSIONAL LICENSES

Washington Psychology, #1339
California Psychology, #PSY 10511
Missouri Psychology, 1985-1988

PROFESSIONAL MEMBERSHIPS

Washington State Psychological Association
American Psychological Association

CLINICAL EXPERIENCE

February 2001 to Present

Co-Director, Center for Forensic Services (CFS)
Western State Hospital, Steilacoom, Washington
Direct an 8-ward , 203-bed hospital unit for pre-trial evaluation defendants and post-trial NGRI and conditionally released patients Responsibilities include administrative and programmatic management of treatment for forensic patients, program development to meet HCFA certification requirements, and direct supervision of line supervisors

EXHIBIT 1

CLINICAL EXPERIENCE (continued)

September 2000 to February 2001	***Director, Program for Adaptive Living Skills (PALS)*** Western State Hospital, Steilacoom, Washington Directed a 140-bed community rehabilitative transitional program for persons who have been residing at Western State Hospital and who require supervised opportunities to recover from mental illness and develop the skills, supports, and resources necessary to prepare for reintegration to the community Responsibilities include program development, including clinical, psychosocial rehabilitation, and case management components, working with community mental health representatives (RSNs) to facilitate community reintegration, direct supervision of the unit managers (MSWs), rehabilitation staff, psychologists, and nursing director
August 1990 to September 2000	***Psychology Supervisor***, Adult Psychiatric Unit, Western State Hospital, Steilacoom, Washington Supervise licensed psychologists and psychology residents on nine extended care inpatient units *Program Director*, Adult Psychiatric Unit Oversee programmatic duties and responsibilities of interdisciplinary staff on adult psychiatric wards, develop policies and procedures to ensure consistency in treatment programs, oversee unit training programs, responsible for program development, maintenance, and evaluation
Winter Quarter 1991 and 1992	***Instructor***, Adjunct faculty, Central Washington University Taught senior-level Abnormal Psychology
April 1990 to present	***Psychologist***, Private Practice, Tacoma, Washington Part-time private practice, specializing in self disorders, depression, and personality disorders
January 1989 to July 1990	***Admissions Psychologist***, Western State Hospital, Steilacoom, Washington Evaluation and treatment of acute adult inpatients Responsibilities include individual and group psychotherapy, team consultation, and preparing petitions and expert witnessing for civil commitment hearings Program Coordinator responsible for treatment and program coordination of a multidisciplinary staff on a psychiatric admissions ward

CLINICAL EXPERIENCE (continued)

December 1987 to December 1988	***Senior Clinical Psychologist***, County Mental Health, San Diego, California Individual and group psychotherapy in an acute adult inpatient psychiatric facility Duties included psychological assessment, crisis intervention, team consultation, research, and expert witnessing for conservatorship hearings and 14-day certifications Developed and led a weekly multi-family psychoeducational group for family members of inpatients
April 1984 to December 1987	***Psychologist***, Western Missouri Mental Health Center, Kansas City, Missouri Inpatient Care Individual psychotherapy and case management, inpatient group therapy, psychological assessment, and team consultation Outpatient Care Individual, family, and group psychotherapy, weekly multifamily group for family members of inpatients Teaching Adjunct Assistant Professor, University of Missouri, Kansas City, Medical School Lectures to psychiatric residents and medical students on psychological testing, interviewing, and treatment planning Supervision (APA accredited internship) Psychology interns on inpatient rotation, social workers in practica for inpatient and outpatient group therapy
September 1982 to September 1983	***Psychology Intern***, Palo Alto Veterans Medical Center, Palo Alto, California Inpatient Program Individual and group psychotherapy, intellectual, personality, and neuropsychological assessment, consultation, and treatment planning Family Therapy Program Outpatient family psychotherapy, individual and group psychotherapy, and neuropsychological assessment
August 1981 to June 1982	***Clinic Coordinator***, Psychological Clinic, University of Kansas, Lawrence, Kansas Supervised intake and crisis intervention program for clinical practicum students, case assignment of clients to student therapists, coordination of in-house and interagency referrals
June 1978 to August 1978	***Counselor***, Gateways Hospital MDO, Silverlake, California Individual counseling and crisis intervention at a live-in facility for mentally disordered offenders

CLINICAL EXPERIENCE (continued)

August 1979 to June 1981	***Teaching Assistant***, Department of Psychology, University of Kansas, Lawrence, Kansas Lectures for Human Sexuality and Child Psychology undergraduate classes

ADDITIONAL EXPERIENCE

February 1979 to August 1979	***Director*, Teen Program**, San Francisco Jewish Community Center, San Francisco, California Developed, coordinated, and directed recreational and cultural heritage program for adolescents
January 1977 to January 1978	***Research Assistant***, Department of Psychology, San Diego State University, San Diego, California Participated on a research team in the development of a behavioral self-control program to teach cognitive skills to moderately retarded children
July 1978 to December 1978	***Researcher***, Naval Research Center, Point Loma, California Participated on a research team responsible for evaluating various facets of the naval training program
August Months 1973 to 1977	***Director***, Camp JCA Sierra Trips, Los Angeles, California Directed and supervised backpacking camp for adolescents in the Sierra-Nevada mountains

PUBLICATIONS AND PRESENTATIONS

Zurawski, R M , Mehlman, R C , & Karpowitz, D H (1986) Nonspecific therapeutic factors in the prediction of termination status Paper presented at the meeting of the Southwestern Psychological Association, Fort Worth, Texas

Mehlman, R C , & Snyder, C R (1985) Excuse theory A test of the self-protective role of attributions *Journal of Personality and Social Psychology*, Vol 49, No 4, 994-1001

Mehlman, R C (1979) Differential effects of model gender on self-reinforcement patterns Paper presented at the meeting of the Western Psychological Association, San Diego, California

Rickter, M , Mehlman, R C , Markey, R , & Larson, J (1979) Reactivity and accuracy of self-monitoring as a function of outcome or target valence Paper presented at the meeting of the Western Psychological Association, San Diego, California

Rick C Mehlman

ADJUNCT FACULTY POSITIONS

March 1991 to present	*Clinical Instructor*, University of Washington, Department of Psychiatry and Behavioral Sciences
January 1991 to 1993	*Psychology Instructor*, Central Washington University, Department of Psychiatry
December 1987 to December 1988	*Assistant Professor*, University of California, San Diego, and San Diego State University
July 1985 to December 1987	*Assistant Professor*, University of Missouri, Kansas City, Medical School

REFERENCES

Available upon request

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

WESTERN STATE HOSPITAL

W27-19 • 9601 Steilacoom Blvd SW • Tacoma WA 98498-7213 • (253) 582-8900

May 14, 2001

TO: CFS Staff, Treatment Wards

FROM. Rick Mehlman, PhD
Acting Co-Clinical Director

SUBJECT: PREPARATION FOR JUNE 4 NEW PROGRAM IMPLEMENTATION

As you know by now, starting June 4, 2001, we will be structuring our treatment programs differently. We have set as one interim goal to moving into the new building the assignment of a minimum of two hours of needs-based treatment per day per patient for five days a week. To accomplish this goal by June 4, we will be restructuring our programs to allow maximum use of treatment resources.

For S-7 and S-9, this entails a two-hour treatment block period from 9.00 am to 11:00 am. The first treatment block hour, 9:00 am to 10:00 am, is reserved for group therapy to be provided by forensic therapists, social workers, psychologists, and psychiatrists Psychosocial Rehabilitation treatment modules will be during the second treatment block hour, 10.00 am to 11 00 am.

For S-3 and S-8, this entails a two-hour treatment block period from 1.00 pm to 3:00 pm. The first treatment block hour, 1:00 pm to 2:00 pm, is reserved for group therapy. Psychosocial Rehabilitation treatment modules will be during the second treatment block hour, 2:00 pm to 3:00 pm.

The following steps need to be completed by ***Friday, May 25, 2001*** in order to implement this new program.

- Treatment teams to decide on the types of therapy groups to be offered patients based on treatment need,
- Treatment teams to identify rehab treatment modules to meet rehabilitative needs of patients, i e , what psychosocial rehabilitation groups/modules are needed for the 10 00 to11:00 am (S-7/9) and 2 00 to3 00 pm (S-3/8) treatment block times?,
- Treatment teams to coordinate resources and schedules with Rehab Services, Educational Services and other inter-ward programs;

(OVER)

EXHIBIT 2

- Program Objectives Forms to be completed for each new activity offered, including therapy groups; POFs submitted to Tami Collins (Ext.2507) to be entered into computer treatment tracking/scheduling program (TTS).
- Assignment of patients to two hours of active treatment activity per day (S-7/9 for 9:00-11:00 am treatment block and S-3/8 for 1:00-3.00 pm treatment block), patient assignments/schedules submitted to Tami Collins (Ext 2507) to be entered into TTS.
- Treatment teams to reschedule weekly meetings (ETCs, Team Meetings, Community Meetings) so they do not conflict with treatment block times.

In addition, please be aware of the following changes currently being planned:

- During treatment block hours, bedrooms will be locked. Exceptions to locked bedrooms will include:
    - Medical concerns (e.g., flu, other illness, severe medication side effects). A MD order is required;
    - A chronic medical or psychiatric condition requiring access to quiet area, bed rest, etc. Documentation of a standing order for unlocked bedroom during treatment block time includes a strategy in the treatment plan, or a treatment plan addendum;
- S-7 and S-9 will have weekly "Open Rec" on Fridays, from 1:00 to 2:30 pm;
- S-3 and S-8 will have weekly "Open Rec" on Wednesdays, from 10:00 to 11:30 am.

As we all are aware, the changes we are and have been making in CFS are significant and, at times, quite challenging. The program changes mentioned above will require good communication among ward staff, unit staff, and CFS management, effective inter-ward and inter-program coordination, and, most of all, teamwork. I understand that this process will be disruptive to staff and, indirectly, to patient care in the short run. I am confident, however, that we will succeed in further developing a comprehensive treatment program that will provide individualized and needs-based services to all our clientele.

If you have any questions, or would like to discuss your ideas, please feel free to contact me

cc Darrell Hamilton, MD
CFS Management
Ira Klein, MD

Memo

Date: May 29, 2001

To: Ira Klein, MD
Medical Director

From: Joe M. Burnett, Ph.D.

Re: Re/Habilitation of competency to stand trial

I have reviewed relevant literature, meet with Dr. Gardner and discussed competency training with materials providers I believe that the hospital can put together a single training package to address the diverse learning capacities and preference of the relevant patient populations in CFS and APU To accomplish this task I suggest that we include four components

These components may be used independently but may have greater value if used in conjunction with one another The combination offered for each individual will depend on an initial assessment of his or her learning style/preference and his or her cognitive skills Combinations may be modified during the training sequence as the individual's progress, comfort and motivation is further assessed

The four components listed below are ranked in order of independence required to perform the learning task. In general, the cognitive requirements of the initial task are greater than the requirements of the latter task

1. Written assignments designed for higher functioning individuals These assignments require a 6th grade reading level There will be a review and, as necessary, revision of the material that is currently used by CFS
2. Training tapes of courtroom proceedings will be viewed with group discussion The existing CFS's tapes will be used Two tapes developed by the Cuyahoga County Board of Mental Retardation & Developmental Disabilities will likely supplement the current tapes.
3. The "Fitness Game" is a board game developed to teach competency to stand trial to dual diagnosed (DD/MH) individuals Although it was developed for the DD population, the state of Illinois is now using this game to teach competency skills to all its adult mental health population statewide Use of this game requires a ratio of one trainer to four students
4. Groups providing the opportunity to role-playing court vignettes is proposed as a final component of the training package The training strategies in these groups will be similar to those used in interpersonal skills groups being developed on APU DD wards. Vignettes would be developed as part of the training materials and experienced trainers may develop supplemental scenes

As it relates to competency to stand trial training, I believe that this individually tailored approach could elevate the need to identify individuals with borderline intelligence. This package can be tailored to fit each individual's needs

EXHIBIT 3

The Honorable ROBERT J. BRYAN

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

CHRISTI RUST, et al., Plaintiffs, v. WESTERN STATE HOSPITAL, et al , Defendants.	NO. C00-5749RJB DECLARATION OF CHERYL REIS

I, CHERYL REIS, being over the age of eighteen years and competent to testify to the matters herein, do hereby declare and state as follows:

1. I currently hold the position of Acting Director of Quality Assurance at Western State Hospital (WSH). I have held this position for nearly two years. My job responsibilities include monitoring the hospital's compliance with both Joint Commission on Accreditation of Health Care Organizations (JCAHO) and Health Care Financing Administration (HCFA) standards. My job responsibilities also include providing input for major policy decisions on patient services. Additionally, I provide supervision for the Administrative Review Team that reviews security reports, and selected administrative incident reports from all wards at the hospital including the Center for Forensic Services (CFS)

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

2. JCAHO conducts scheduled surveys triennially. JCAHO may also make random unannounced surveys and conduct focus surveys as needed. JCAHO's last triennial survey of WSH occurred on December 7-11, 1998 and the last focus survey took place on March 21, 2001 following the February 28, 2001 earthquake. JCAHO surveys the hospital in various categories including patient rights, assessment and care of patients, performance improvement, leadership, management of information and human resources. The standards that JCAHO uses to survey the hospital are found in the Comprehensive Accreditation Manual for Hospitals.

3 JCAHO manuals are designed to provide guidelines for care and treatment of patients The manuals lack specificity in order to allow individual facilities to design programs for specific patient needs. Specific requirements for staff numbers and active treatment hours are absent.

4 Institutions are scored on the standards using a scale from 1 to 5, 1 indicating substantial compliance, 5 indicating non-compliance. Institutions then receive an aggregate score for each chapter of the standards manual as well as an overall score. WSH, including CFS, is JCAHO accredited.

5. At this point in time, CFS is not HCFA certified. WSH has not requested HCFA certification for CFS. This is due, in part, to the physical limitations of North Hall, where CFS was formerly located. WSH is currently considering seeking HCFA certification for the CFS facility.

///

///

///

///

///

///

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia WA 98504-0124
(360) 459-6558

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

DATED this 4 day of June, 2001.

CHERYL REIS
Acting Director of Quality Assurance

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

ATTACHMENT A

ASSESSMENT OF PATIENTS

Assessment of Patients

Overview

The **goal** of the patient assessment function* is to determine what kind of care is required to meet a patient's initial needs as well as his or her needs as they change in response to care.

To provide patients with the right care at the time it is needed, qualified individuals in a hospital assess† each patient's care needs throughout the patient's contact with the hospital. The standards in this chapter address the following processes and activities:

- Collecting data ‡
  The hospital collects data about each patient's physical and psychosocial status and health history.
- Analyzing data
  The hospital analyzes data to produce information§ about each patient's care needs, and to identify any additional information required.
- Making care decisions
  The hospital bases care decisions on information developed about each patient's needs.

Hospitals meet the goal of this function by performing these processes and activities well.

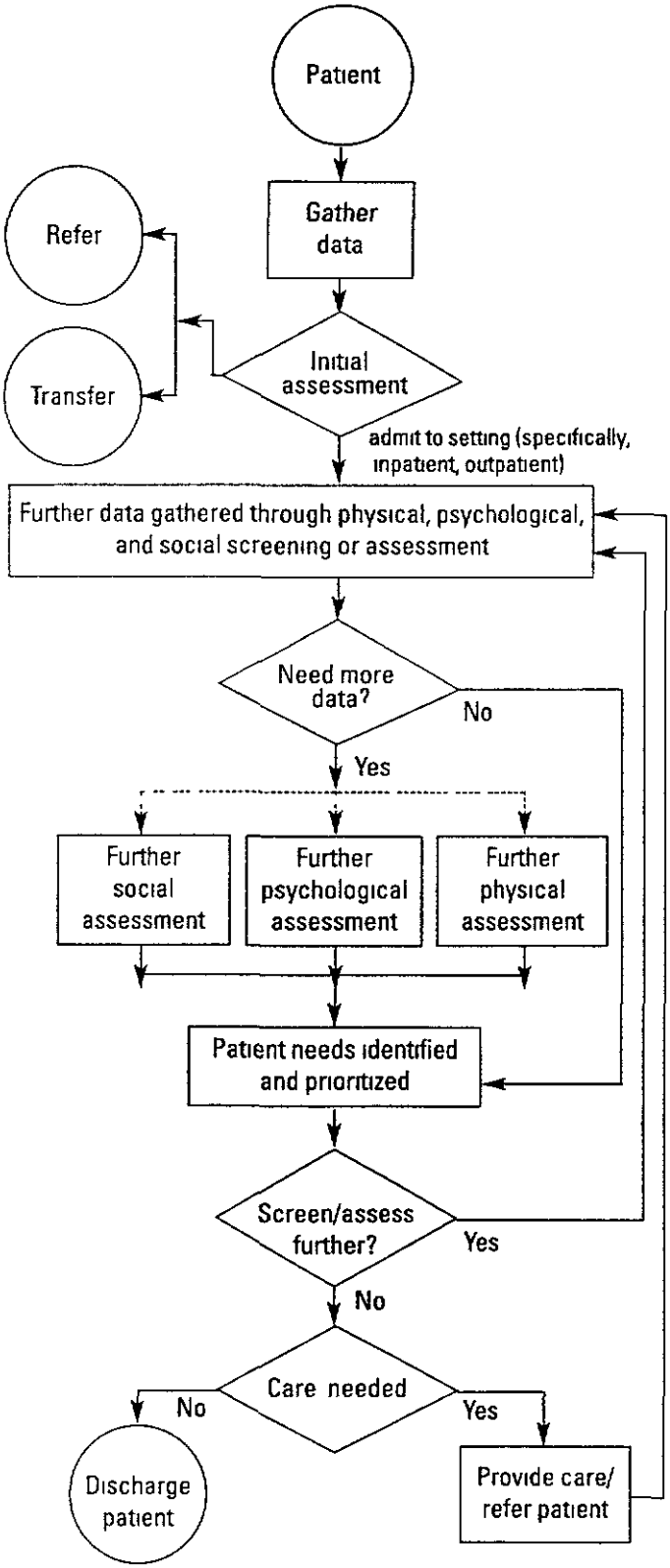
* **function** A goal-directed, interrelated series of processes, such as continuum of care or management of information

† **assess** To transform data into information by analyzing it

‡ **data** Uninterpreted material, facts or clinical observations

§ **information** Interpreted set(s) of data that can assist in decision making

Assessment of Patients Function



This flowchart represents most of the important processes and activities, particularly the risk points, in the assessment of patients function

Practical Application

The following example illustrates three processes essential to effective, efficient patient care: gathering data (initially and continuously), analyzing the data, and using the information to make decisions about the best course of treatment.

A 4-year-old girl is severely injured by an automobile At the accident site, emergency medical technicians assess the child's physiological status, stabilize her, and try to determine her name and her parents' names and address While they transport her to the hospital's emergency room, the technicians continue to assess the child's status

When the child arrives in the emergency room, hospital staff conduct a full head-to-toe assessment, including laboratory tests and x-rays, to identify all injuries They get additional psychological and social information from the child's father, who has met up with her in the emergency room

Hospital staff give the child emergency treatment and further stabilize her in the emergency room, then admit her to the pediatric intensive care unit (PICU) There, her condition is further assessed, including additional physiological data from continuous monitoring of intracerebral pressure The patient is too critically ill for her current nutritional or functional status to be assessed, that will be done later in her hospital stay.

The admitting physician prescribes a course of treatment, based on a review of the child's history, her response to the treatment given so far, and a complete physical examination. Staff nurses complete the nursing assessment and develop an individualized plan of care based on three PICU protocols care of patients with severe head trauma, care of patients with multiple rib fractures and lung laceration, and psychological plan of care for children ages 3 to 6 years

Standards

The following is a list of all standards for this function They are presented here for your convenience without footnotes or other explanatory text If you have a question about a term used here, please check the Glossary, page GL-1 Terms that are critical to the understanding of the standard are defined in the margin adjacent to the term as it appears in the next section of this chapter—Standards, Scoring, and Aggregation Rules

PE.1 Each patient's physical, psychological and social status are assessed

PE.1.1 The scope and intensity of any further assessment are based on the patient's diagnosis, the care setting, the patient's desire for care, and the patient's response to any previous care

PE.1.2 Nutritional status is assessed when warranted by the patient's needs or condition

PE.1.3 Functional status is assessed when warranted by the patient's needs or condition

PE.1.3.1 All patients referred for rehabilitation services receive a functional assessment

PE.1.4 Pain is assessed in all patients *

* Effective January 1 2001

PE.1.5 Diagnostic testing necessary for determining the patient's health care needs is performed

PE.1.5.1 When a test report requires clinical interpretation, any relevant clinical information is provided with the request

PE.1.6 The need for a discharge planning assessment is determined

PE.1.7 Each admitted patient's initial assessment is conducted within a time frame specified by hospital policy

PE.1.7.1 The patient's history and physical examination, nursing assessment, and other screening assessments are completed within 24 hours of admission as an inpatient

PE.1.7.1.1 If a history and a physical examination have been performed within 30 days before admission, a durable, legible copy of this report may be used in the patient's medical record, provided any changes that may have occurred are recorded in the medical record at the time of admission

PE.1.8 Before surgery, the patient's physical examination and medical history, any indicated diagnostic tests, and a preoperative diagnosis are completed and recorded in the patient's medical record

PE.1.8.1 Any patient for whom moderate or deep sedation or anesthesia is contemplated receives a presedation or preanesthesia assessment.

PE.1.8.2 Before anesthesia, the patient is determined to be an appropriate candidate for the planned anesthesia

PE.1.8.3 The patient is reevaluated immediately before moderate or deep sedation use and before anesthesia induction

PE.1.8.4 The patient's postoperative status is assessed on admission to and discharge from the postanesthesia recovery area

PE.1.9 Possible victims of abuse are identified using criteria developed by the hospital.

PE.1.10 Pathology and clinical laboratory services and consultation are readily available to meet patients' needs

PE.1.10.1 The hospital provides for prompt performance of adequate examinations in anatomic pathology, hematology, chemistry, microbiology, clinical microscopy, parasitology, immunohematology, serology, virology, and nuclear medicine related to pathology and clinical laboratory services

PE.1.10.2 While the patient is under the hospital's care, all laboratory testing is done in the hospital's laboratories or approved reference laboratories

PE.1.10.2.1 When organized central pathology and clinical laboratory services are not offered, the hospital identifies acceptable reference or contract laboratory services

PE.1.10.2.2 Reference and contract laboratory services meet applicable federal standards for clinical laboratories

Testing methods classified as waived testing under federal law and regulation must be in compliance with PE 1.11 through PE 1.15.2

PE.1.11 The hospital defines the extent to which the test results are used in an individual's care (definitive or used only as a screen)

PE.1.12 The hospital identifies the staff members responsible for performing and supervising waived testing

PE.1.13 Those performing tests have adequate, specific training and orientation to perform the tests, and demonstrate satisfactory levels of competence

PE.1.14 Policies and procedures governing specific testing-related processes are current and readily available

PE.1.15 Quality control checks, as defined by the hospital, are conducted on each procedure

PE.1.15.1 At a minimum, manufacturers' instructions are followed

PE.1.15.2 Appropriate quality control and test records are maintained

PE.2 Each patient is reassessed at points designated in hospital policy

PE.2.1 Reassessment occurs at regular intervals in the course of care

PE.2.2 Reassessment determines a patient's response to care

PE.2.3 Significant change in a patient's condition results in reassessment

PE.2.4 Significant change in a patient's diagnosis results in reassessment

PE.3 Staff members integrate the information from various assessments of the patient to identify and assign priorities to his or her care needs

PE.3.1 Staff members base care decisions on the identified patient needs and care priorities

PE.4 The hospital has defined patient assessment activities in writing

PE.4.1 The hospital defines the scope of assessment performed by each discipline.

PE.4.2 A licensed independent practitioner with appropriate clinical privileges determines the scope of assessment and care for patients in need of emergency care

PE.4.3 A registered nurse assesses the patient's need for nursing care in all settings where nursing care is provided

PE.5 The assessment process for an infant, child, or adolescent patient is individualized

PE.6 The special needs of patients who are receiving treatment for emotional or behavioral disorders are addressed by the assessment process

PE.7 The special needs of patients who are receiving treatment for alcoholism or other drug dependencies are addressed by the assessment process

PE.8 Patients who are possible victims of alleged or suspected abuse or neglect have special needs relative to the assessment process

Standards, Intents, and Examples for Care Decisions

Standards

PE.3 Staff members integrate the information from various assessments of the patient to identify and assign priorities to his or her care needs

PE.3.1 Staff members base care decisions on the identified patient needs and care priorities

Intent of PE.3 and PE.3.1

A patient may undergo many kinds of assessments from his or her physician and from several other disciplines As a result, there may be a variety of data, analyses, and other information in the patient's record

A patient benefits most when staff members work collaboratively to integrate this information into a comprehensive picture of his or her condition From this collaboration, the patient's needs and their order of importance are identified, and appropriate care decisions are made

Scoring and Aggregation Rules for Care Decisions

1 2 3 4 5 NA

Scoring for PE.3

Do staff members integrate the information from various assessments of the patient to identify and assign priorities to his or her care needs?

Score 1 90% to 100% compliance

Score 2 75% to 89% compliance

Score 3 50% to 74% compliance

Score 4 25% to 49% compliance

Score 5 Less than 25% compliance

1 2 3 4 5 NA

Scoring for PE.3.1

Do staff members base care decisions on the identified patient needs and care priorities?

Score 1 90% to 100% compliance

Score 2 75% to 89% compliance

Score 3 50% to 74% compliance

Score 4 25% to 49% compliance

Score 5 Less than 25% compliance

Aggregation Summary

Enter the worst score after applying the caps.

This is the score for the Care Decisions grid element.

Enter grid element score

Assessment of Patients

Initial Assessment	
Pathology and Clinical Laboratory Services—Waived Testing	
Reassessment	
Care Decisions	
Structures Supporting the Assessment of Patients	
Additional Requirements for Specific Patient Populations	

Standards, Intents, and Examples for Additional Requirements for Specific Patient Populations

These standards address the assessment of patients who have special needs due to their age, disability, or condition. The assessment and reassessment of patients with special needs due to age, disability, or condition focus on data and information specific to the characteristics of each patient population or special situation

Standard

PE.5 The assessment process for an infant, child, or adolescent patient is individualized

Intent of PE.5

The assessment process for an infant, child, or adolescent is individualized to the patient's needs The following are assessed and documented as appropriate to the patient's age and needs

- Emotional, cognitive, communication, educational, social, and daily activity needs,
- The patient's developmental age, length or height, head circumference, and weight,
- The effect of the family or guardian on the patient's condition and the effect of the patient's condition on the family or guardian;
- The patient's immunization status, and
- The family's or guardian's expectations for and involvement in the patient's assessment, initial treatment, and continuing care

Verification of immunization status may be obtained from a third party, such as the family physician, or school records Documentation includes written evidence of immunization history or reliable oral verification that is subsequently documented by hospital staff.

Standard

PE.6 The special needs of patients who are receiving treatment for emotional or behavioral disorders are addressed by the assessment process

Intent of PE.6

The content of the assessment and reassessment of patients receiving treatment for mental and behavioral disorders includes at least the following elements

- A history of mental, emotional, behavioral, and substance use problems, their co-occurrence, and treatment,
- Current mental, emotional, and behavioral functioning, including a mental status examination,
- Maladaptive or problem behaviors, and
- A psychosocial assessment

As appropriate to the patient's age and specific clinical needs, the psychosocial assessment includes information about the patient's

- environment and home,
- leisure and recreation,
- religion,
- childhood history;
- military service history;
- financial status,

- the social, peer-group, and environmental setting from which the individual comes,
- sexual history, including abuse (either as the abuser or the abused),
- physical abuse (either as the abuser or the abused);
- the individual's family circumstances, including the constellation of the family group,
- the current living situation, and
- social, ethnic, cultural, emotional, and health factors

Those responsible for the patient's care determine the need for family members to participate in the individual's care. When appropriate, the following additional assessments are conducted.

- Vocational or educational assessment and
- Legal assessment.

The community resources currently used by the individual (especially for patients with severe and persistent mental illness) are identified

In addition, when indicated by the patient's age and specific clinical needs, the following are performed

- A psychiatric evaluation,
- Psychological assessments, including intellectual, projective, neuropsychological, and personality testing, and
- Other functional evaluations of communication, self-care, and visual-motor functioning

Standard

PE.7 The special needs of patients who are receiving treatment for alcoholism or other drug dependencies are addressed by the assessment process

Intent of PE.7

Patients being treated for alcohol and other drug dependencies have specific needs that are consistently addressed in their assessment and reassessment, regardless of the setting or service in which the assessments take place. These areas include

- the patient's history of alcohol, nicotine, and other drug use, including age of onset, duration, intensity, patterns of use (for example, loss of control over amounts or frequencies of consumption, inability to consistently abstain from use, relapse), and consequences of use;
- the types of previous treatment and responses to that treatment,
- a history of mental, emotional, and behavioral problems, their co-occurrence with substance use problems, and their treatment;
- a history of biomedical complications associated with alcohol, nicotine, or other drug use, and the patient's level of awareness of the relationships between these behavioral conditions and the patient's pattern of substance use, and
- a psychosocial assessment

As appropriate to the patient's age and specific clinical needs, the psychosocial assessment includes information about the patient's

- treatment acceptance or motivation for change,
- recovery environment features that serve as resources or obstacles to recovery, including the use of alcohol and other drugs by family members,
- the patient's religion and spiritual orientation,
- any history of physical or sexual abuse, as either the abuser or the abused, and
- the patient's sexual history and orientation,
- environment and home,
- leisure and recreation,
- childhood history,

CARE OF PATIENTS

Care of Patients

Overview

The **goal** of the care of patients function is to provide individualized care in settings responsive to specific patient needs

Patients deserve care that respects their choices, supports their participation in the care provided, and recognizes their right to experience achievement of their personal health goals The goals of patient care are met when the following processes are performed well

- Providing supportive care,
- Treating of a disease or condition,
- Treating symptoms that might be associated with a disease, condition, or treatment (such as pain nausea, or dyspnea),*
- Rehabilitating physical or psychosocial impairment and
- Promoting health

The standards in this chapter address activities involved in these processes, including

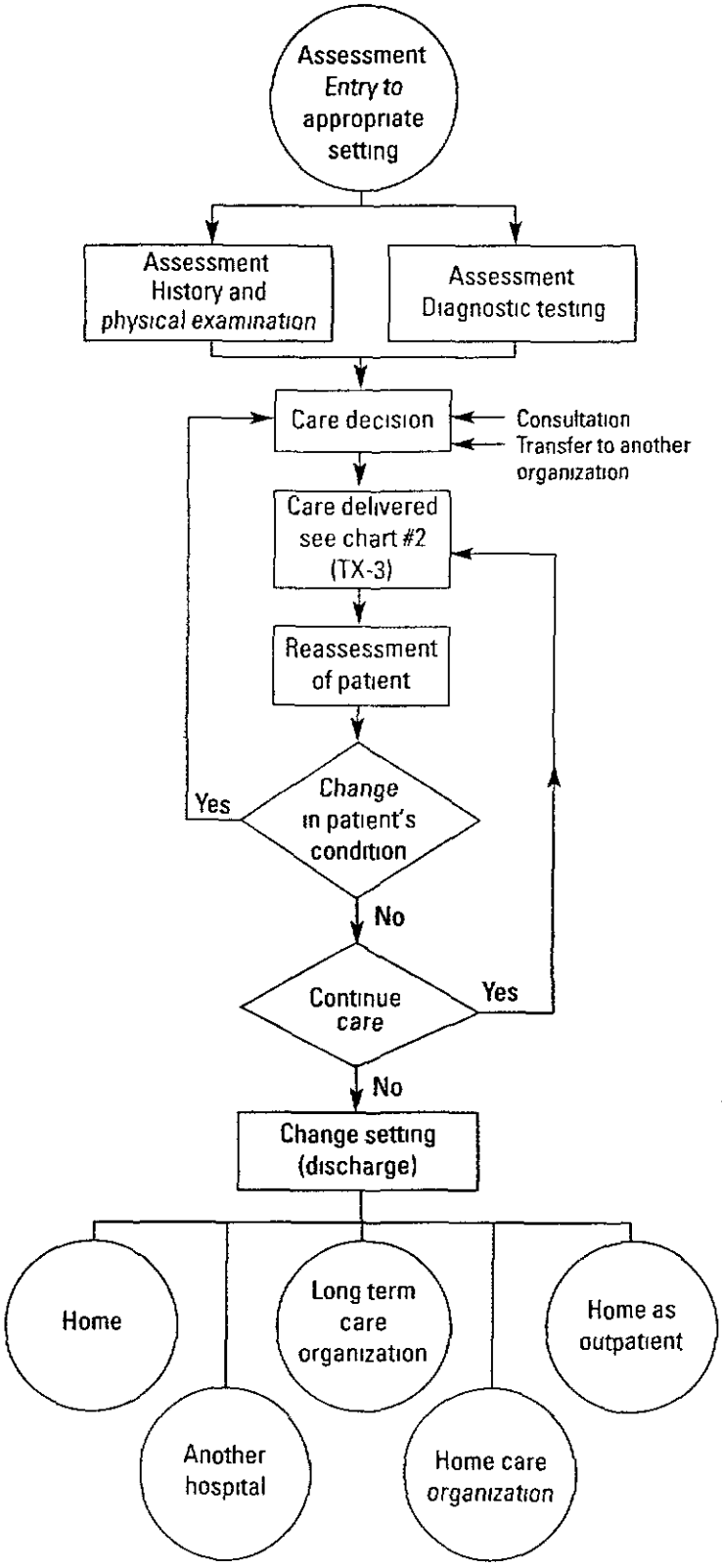
- planning care,
- providing care,
- monitoring and determining the outcomes of care,
- modifying care, and
- coordinating follow-up

These activities may be carried out by medical, nursing, pharmacy, dietetic, rehabilitation, and other types of providers Each provider's role and responsibility are determined by their professional skills, competence, and credentials, the care or rehabilitation being provided, hospital policies, and relevant licensure, certification, regulation, privileges, scope of practice, or job description

Note: *The first standard in this chapter outlines a process common to all patients receiving general care and addresses the core processes (that is, planning, providing, monitoring), thus, it applies to every hospital Succeeding standards (Anesthesia Care through Rehabilitation Care and Services) address issues specific to certain types of care Each standard or group of standards in these sections apply only when a hospital provides the type of care addressed by the standard(s)*

* Effective January 1, 2001

Care of Patients Function



This flowchart and the one on the next page represent most of the important processes and activities, particularly the risk points, in the care of patients function

Practical Application

The flowchart for the care of patients function illustrates care decision making, the primary process in effective, appropriate care. The care planning, orders, and interventions shown result from a decision-making process based on

- ongoing assessment and reassessment of the patient throughout her contact with the organization, and
- ongoing data analysis to determine the patient's needs

For the 4-year-old girl who was severely injured in an automobile accident, on completion of her assessment in the pediatric intensive care unit (PICU), initial care decisions are made according to PICU protocols. Planning to meet the child's critical care needs begins immediately upon her arrival in the PICU and is updated to reflect changes in her condition throughout her stay in the hospital.

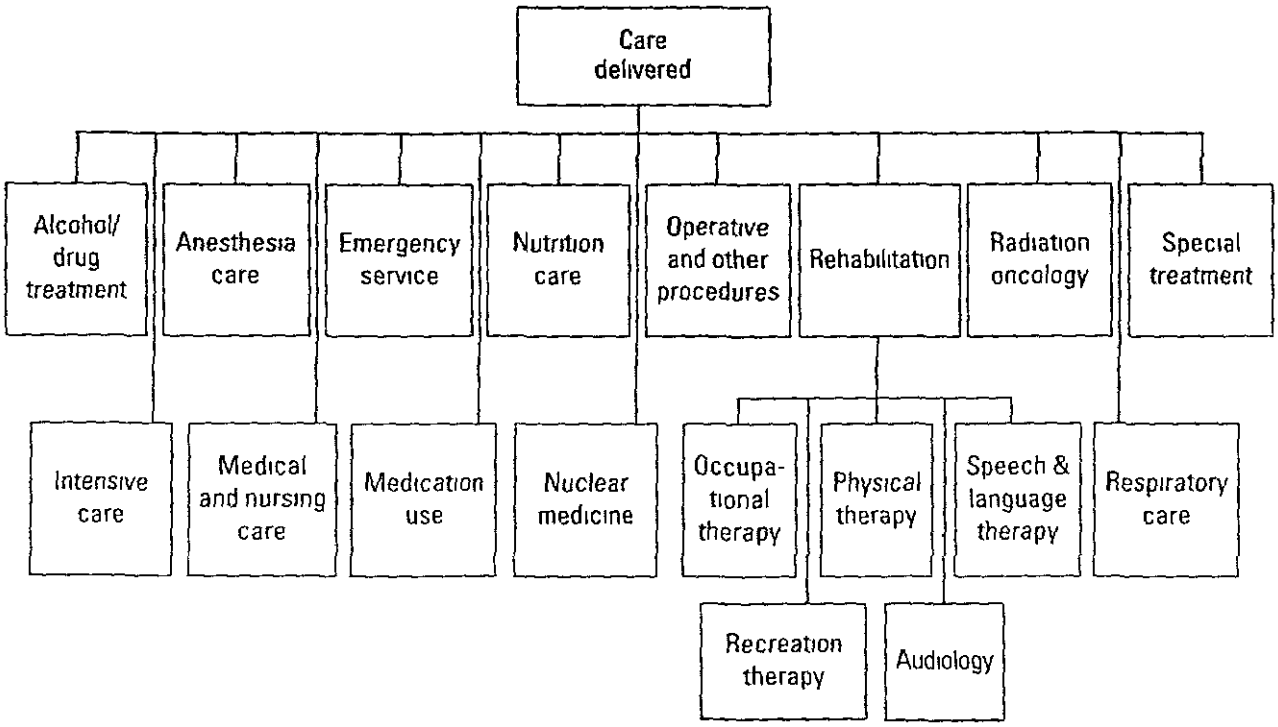
The second chart illustrates provision of a variety of hospital care and treatment services. In addition to medical care, the child received

- emergency trauma services (the full range of services available to any trauma patient),
- operative and other procedures services* (thoracic surgery, insertion of central venous lines, insertion of chest tubes, evacuation of cerebral hematoma, insertion of intracerebral pressure monitoring catheters),
- nutrition care (through central line, gastrostomy tube, and orally),
- nursing care (trauma team, PICU, pediatric unit);
- intensive care,
- rehabilitation (passive range of motion initially in PICU, full range of physical rehabilitation services including chest physiotherapy later), and
- respiratory care (ranging from full ventilatory support, including arterial blood gases in the emergency room and PICU, to incentive spirometry during her stay on the pediatric unit)

Care planning is updated to reflect the child's progress in key areas.

*** operative and other procedures** Includes operative other invasive, and nonintvasive procedures such as radiotherapy, hyperbaric treatment CAT scan and MRI that place the patient at risk. The focus is on procedures and is not meant to include medications that place the patient at risk.

Types of Care Delivered in Care of Patients Function



The child's care is ongoing from one level of care to the next as her status changes Ultimately, the child is discharged from the acute care inpatient setting and treated as an outpatient in the pediatric thoracic surgery clinic and the physical therapy clinic

Standards

The following is a list of all standards for this function They are presented here for your convenience without footnotes or other explanatory text If you have a question about a term used here, please check the Glossary, page GL-1 Terms that are critical to the understanding of the standard are defined in the margin adjacent to the term as it appears in the next section of this chapter—Standards, Scoring, and Aggregation Rules

TX.1 Care, treatment, and rehabilitation are planned to ensure that they are appropriate to the patient's needs and severity of disease, condition, impairment, or disability

TX.1.1 Settings and services required to meet patient care goals are identified, planned, and provided if appropriate

TX.1.1.1 When care is not planned to meet all identified needs, this is documented in the medical record

TX.1.2 Care is planned and provided in an interdisciplinary, collaborative manner by qualified individuals

TX.1.2.1 Patient care procedures (such as bathing) are performed in a manner that respects privacy

TX.1.3 Patients' progress is periodically evaluated against care goals and the plan of care and when indicated, the plan or goals are revised

TX.2 Moderate or deep sedation and anesthesia are provided by qualified individuals.

TX.2.1 *A presedation or preanesthesia assessment is performed for each patient before beginning moderate or deep sedation and before anesthesia induction*

TX.2.1.1 Each patient's moderate or deep sedation and anesthesia care is planned

TX.2.2 Sedation and anesthesia options and risks are discussed with the patient and family prior to administration

TX.2.3 Each patient's physiological status is monitored during sedation or anesthesia administration

TX.2.4 *The patient's postprocedure status is assessed on admission to and before discharge from the postsedation or postanesthesia recovery area*

TX.2.4.1 Patients are discharged from the postsedation or postanesthesia recovery area and the organization by a qualified licensed independent practitioner or according to criteria approved by the medical staff

TX.3 *Medication use processes are organized and systematic throughout the hospital*

TX.3.1 The organization identified an appropriate selection of medications available for prescribing or ordering

TX.3.2 The organization addressed prescribing or ordering and procuring medications not available in the organization

TX.3.3 Policies and procedures support safe medication prescription or ordering

TX.3.4 Preparing and dispensing medication(s) adhere to law, regulation, licensure, and professional standards of practice

TX.3.5 Preparation and dispensing of medication(s) is appropriately controlled

TX.3.5.1 A patient medication dose system is implemented

TX.3.5.2 Pharmacists review all prescriptions or orders

TX.3.5.3 When preparing and dispensing a medication(s) for a patient, important patient medication information is considered

TX.3.5.4 Pharmacy services are available when the pharmacy department is closed or not available

TX.3.5.5 Emergency medications are consistently available, controlled, and secure in the pharmacy and patient care areas

TX.3.5.6 A medication recall system provides for retrieval and safe disposition of discontinued and recalled medications

TX.3.6 Prescriptions or orders are verified and patients are identified before medication is administered

TX.3.7 The organization has alternative medication administration systems.

TX.3.8 Investigational medications are safely controlled, administered, and destroyed

TX.3.9 Medication effects on patients are continually monitored

TX.4 Each patient's nutrition care is planned

TX.4.1 An interdisciplinary nutrition therapy plan is developed and periodically updated for patients at nutritional risk

TX.4.1.1 When appropriate to the patient groups served by a unit, meals and snacks support program goals

TX.4.2 Authorized individuals prescribe or order food and nutrition products in a timely manner

TX.4.3 Responsibilities are assigned for all activities involved in safe and accurate provision of food and nutrition products

TX.4.4 Food and nutrition products are distributed and administered in a safe, accurate, timely, and acceptable manner

TX.4.5 Each patient's response to nutrition care is monitored

TX.4.6 The nutrition care service meets patients' needs for special diets and accommodates altered diet schedules

TX.4.7 Nutrition care practices are standardized throughout the organization

TX.5 The medical staff defines the scope of assessment for operative and other procedures

TX.5.1 *Determining the appropriateness of a procedure for each patient is based, in part, on a review of*

TX.5.1.1 the patient's history;

TX.5.1.2 the patient's physical status,

TX.5.1.3 diagnostic data,

TX.5.1.4 the risks and benefits of procedures; and

TX.5.1.5 the need to administer blood or blood components

TX.5.2 *Before obtaining informed consent, the risks, benefits, and potential complications associated with procedures are discussed with the patient and family*

TX.5.2.1 Alternative options are considered

TX.5.2.2 Discussions with the patient and family about the need for, risk of, and alternatives to blood transfusion when blood or blood components may be needed are considered

TX.5.3 *Plans of care are developed and documented in the patient's medical* record before the operative or other procedure is performed

TX.5.4 The patient is monitored during the postprocedure period

TX.6 Functional rehabilitation status is assessed to determine the current level of functioning, self-care, self-responsibility, independence, and quality of life.

TX.6.1 Qualified rehabilitation professionals determine the scope of the functional rehabilitation assessment, provide rehabilitation services consistent with professional licensure laws, regulations, registration, and certification, and implement the rehabilitation plan with the patient and his or her family, social network, or support system

TX.6.1.1 Discharge planning from rehabilitation services is integrated into the functional rehabilitation assessment.

TX.6.2 Reassessment of the patient receiving rehabilitation services is an ongoing process

TX.6.3 An interdisciplinary rehabilitation plan and goals, developed by qualified professionals, in conjunction with the patient and/or his or her family social network, or support system, and based on a functional assessment of patient needs, guide the provision of rehabilitation services, *appropriate to the patient's environment*

TX.6.4 Rehabilitation services are appropriate to the patient's needs and severity of disease, condition, impairment, or disability

TX.6.5 Rehabilitation outcomes are restoration, improvement, or maintenance of the patient's optimal level of functioning, self-care, self-responsibility, independence, and quality of life

TX.7 The hospital ensures that special interventions are safely and appropriately used

TX.7.1 The leaders establish and communicate the organization's philosophy on the use of restraint and seclusion to all staff who have direct care responsibility

TX.7.1.1 Staffing levels and assignments are set to minimize circumstances that give rise to restraint or seclusion use and to maximize safety when restraint and seclusion are used

TX.7.1.2 Staff are trained and competent to minimize the use of restraint and seclusion, and when their use is indicated, to use them safely

TX.7.1.3 The initial assessment of each patient at the time of admission or intake assists in obtaining information about the patient that could help minimize the use of restraint or seclusion

TX.7.1.4 Nonphysical techniques are the preferred intervention in the management of behavior

TX.7.1.4.1 Restraint or seclusion use is limited to emergencies in which there is an imminent risk of a patient physically harming himself or herself, staff, or others, and nonphysical interventions would not be effective

TX.7.1.5 A licensed independent practitioner orders the use of restraint or seclusion

TX.7.1.5.1 The patient's family is notified promptly of the initiation of restraint or seclusion

TX.7.1.6 A licensed independent practitioner sees and evaluates the patient in person

TX.7.1.7 Written or verbal orders for initial and continuing use of restraint and seclusion are time-limited.

TX.7.1.8 Patients who are in restraint or seclusion are regularly reevaluated

TX.7.1.9 Clinical leadership is informed of instances in which patients experience extended, or multiple episodes of, restraint or seclusion

TX.7.1.10 Patients in restraint or seclusion are assessed and assisted

TX.7.1.11 Patients in restraint or seclusion are monitored

TX.7.1.12 Restraint and seclusion use are discontinued when the patient meets the behavior criteria for their discontinuation

TX.7.1.13 The patient and staff participate in a debriefing about the restraint or seclusion episode

TX.7.1.14 Medical records document that the use of restraint or seclusion is consistent with organization policy

TX.7.1.15 The organization collects data on the use of restraint and seclusion in order to monitor and improve its performance of processes that involve risks or may result in sentinel events

TX.7.1.16 Organization policy(ies) and procedure(s) address the prevention of the use of restraint and seclusion and, when employed, guide their use

TX.7.2 Electroconvulsive and other forms of convulsive therapy are used with adequate justification, documentation, and regard for patient safety

TX.7.3 Psychosurgery or other surgical treatments for emotional, mental, or behavioral disorders are performed with adequate justification, documentation, and regard for patient safety

TX.7.4 Use of behavior-management procedures conforms to the patient's treatment plan and hospital policy

TX.7.4.1 Qualified staff review, evaluate, and approve all behavior-management procedures

TX.7.5 The organization's leaders determine the organization's approach to the use of restraint in the care of nonpsychiatric patients, which limits its use to those situations where there is appropriate clinical justification

TX.7.5.1 Performance-improvement processes seek to identify opportunities to reduce the risks associated with restraint use through the introduction of preventive strategies, innovative alternatives, and process improvements

TX.7.5.2 Organization policy(ies) and procedure(s) guide appropriate and safe use of restraint

TX.7.5.3 *Any use of restraint (to which these standards apply) is initiated pursuant to either an individual order (standard TX 7 5 3 1) or an approved protocol (standard TX 7 5 3 2)*

TX.7.5.3.1 Individual orders for initiation and renewal of restraint are consistent with organization policy(ies) and procedure(s), and are consistent with the patient's needs and clinical condition

TX.7.5.3.2 Protocols for restraint use contain criteria to ensure only clinically justified use

TX.7.5.4 Patients in restraint are monitored.

TX.7.5.5 Each episode of restraint use is documented in the patient's medical record, consistent with organization policy(ies) and procedure(s)

TX.8 Effective resuscitation services are systematically available throughout the hospital

Standards, Scoring, and Aggregation Rules

Following are the standards, scoring, and aggregation rules for this function This section is divided in two ways. First, it is divided by grid element Then, each grid element is divided into two parts. The first part is titled "Standards, Intents, and Examples " The second part is titled "Scoring and Aggregation Rules " Marginal notes further clarify terms and other issues Examples of implementation and examples of evidence of performance accompany many of the standards

Please note: Examples of implementation offer various strategies, activities, or processes that can be used to comply with the standards They are *not* requirements These examples are simply ideas for your organization to consider Scorable requirements are included only in the standards and intent statements

Standards, Intents, and Examples for Planning and Providing Care

Certain activities are fundamental to providing patient care These activities encompass planning and providing care, monitoring its results, modifying or completing care, and coordinating follow-up Care planning is based on an assessment of the patient* who participates in care † Staff members provide care according to their scope of practice, standards of practice, and hospital policies Some care may be carried out by the patient, family,‡ or other caregivers following education Monitoring and determining the outcomes of care involve assessing, or reassessing, the patient's progress throughout treatment, and reassessing to determine care outcomes. Any modifications, including a decision to terminate care, are based on a reassessment and patient need Coordinating follow-up care§ helps ensure that the patient's care needs are met or referred

Standard

TX.1 Care, treatment, and rehabilitation are planned to ensure that they are appropriate to the patient's needs and severity of disease, condition, impairment, or disability

Intent of TX.1

Care is planned to respond to each patient's unique needs (including age-specific needs), expectations, and characteristics with effective, efficient, and individualized care An essential element in the planning process is assessment of the severity of the patient's disease, condition, impairment, or disability

Patients' care, treatment, and rehabilitation goals are identified as much as goals are at the heart of the care planning process Written policies and procedures define when a program of regular dental care is required to meet oral health goals, based on length of stay

Examples of Implementation for TX.1

Care planning may be performed using

- handwritten notes,
- electronic records,
- preprinted forms,

* See the "Assessment of Patients" chapter in this manual

† See the "Patient Rights and Organization Ethics" chapter in this manual

‡ **family** The person(s) who plays a significant role in the individual's life This may include a person(s) not legally related to the individual *This person(s) is often* **referred to as a surrogate decision maker** if authorized to make care decisions for an individual should the individual lose decision-making capacity

§ See the "Continuum of Care" chapter in this manual

- standards of practice,
- decision algorithms;
- care paths or maps, and
- individualized preprinted plans of care.

Examples of Evidence of Performance for TX.1

- Policies and procedures defining assessment and care planning requirements
- System for assigning severity level or risk category
- Clinical practice guidelines
- Protocols
- Other care planning tools
- Medical records

Standard

TX.1.1 Settings and services required to meet patient care goals are identified, planned, and provided if appropriate

Intent of TX.1 1

Acting on care goals requires deliberate planning For most patients, meeting the goals requires a variety of services that often can be delivered in multiple settings For each patient, the most appropriate setting(s) is selected and provided Care begins when settings and services are identified and planned

Examples of Evidence of Performance for TX 1.1

- Policies and procedures defining assessment and care planning requirements
- System for assigning severity level or risk category
- Clinical practice guidelines
- Protocols
- Other care planning tools
- Medical records

Standard

TX.1.1.1 When care is not planned to meet all identified needs, this is documented in the medical record

Intent of TX.1.1.1

Because a patient's condition may be multidimensional and complex, multiple needs may be identified through assessment and reassessment. Qualified members of the patient's treatment team identify treatment priorities that will be addressed in the active plan of care, and may decide that other less urgent needs will not be included Decisions not to address certain needs are justified in patient records

Standard

TX.1.2 Care is planned and provided in an interdisciplinary, collaborative manner by qualified individuals.*

* **qualified individual** An individual or staff member who is qualified to participate in one or all of the mechanisms outlined in Joint Commission standards by virtue of the following education, training experience competence registration or certification or applicable licensure law, or regulation

Intent of TX.1.2

A collaborative, interdisciplinary approach helps coordinate care and planning to meet patient care goals and achieve optimal outcomes The mix of disciplines involved and the intensity of the collaboration will vary as appropriate to each patient Collaborative care planning includes the family, as appropriate *

* See RI 1.2.2 in the "Patient Rights and Organization Ethics" chapter of this manual that addresses the family's involvement in the care of patients function

Examples of Evidence of Performance for TX.1.2

- Policies and procedures defining assessment and care planning requirements
- System for assigning severity level or risk category
- Clinical practice guidelines
- Protocols
- Other care planning tools
- Medical records

Standard

TX.1.2.1 Patient care procedures (such as bathing) are performed in a manner that respects privacy

Intent of TX.1.2.1

Patients who cannot care for themselves have the right to be cleaned and bathed in private Incontinent patients are cleaned or bathed promptly after voiding or soiling with special consideration for their privacy

Standard

TX.1.3 *Patients' progress is periodically evaluated against care goals and the* plan of care and when indicated, the plan or goals are revised.

Intent of TX.1.3

The frequency of evaluation is appropriate to the services provided and patients' needs

Examples of Implementation for TX.1 and TX.1.3

1 In one scenario, the hospital's chief operating officer (COO) reads an article stating that 57% of 580 hospitals surveyed were developing initiatives for monitoring and managing clinical processes The COO brought the article to the attention of the leadership group. After studying and discussing the article, the leaders selected critical paths in an attempt to standardize patient care in the high-volume, diagnosis-related groups that made up the majority of the hospital's admissions

Because this project was becoming a top management strategic objective, would take several years to complete, and needed at least five full-time personnel, a multidisciplinary project team was appointed to oversee development of critical paths A literature review found that redesigning care was based on rethinking how care should be provided

One article noted that it can take between 2 1/2 and 3 years to cover approximately 50% of an acute care revenue stream, which translates in the reporting hospital to about 40 paths covering key diagnoses and procedures. Lengths of stay in the reporting hospital decreased by as much as 40% for some cardiac surgeries and between 10% and 20% for other surgical procedures or illnesses (using paths-based patient management) Cost reductions averaged between 10% and 20%.

Caregiver teams were selected to create a larger view of patient care to replace what one article called "the piecework mentality" Each team was given a clear mission and objectives, and a facilitator was assigned to help obtain them

2 A second hospital system implemented a standardized critical pathways model to consolidate documentation of patient care Under the new system, all caregiving staff use a single form to document the pathway, thus eliminating separate documentation forms This system allows staff to determine whether the plan of care is being followed and streamlines the amount of paper in the patient's chart

Examples of Evidence of Performance for TX.1.3

- Policies and procedures defining assessment and care planning requirements
- System for assigning severity level or risk category
- Clinical practice guidelines
- Protocols
- Other care planning tools
- Medical records

Standard

TX.6 Functional rehabilitation status is assessed to determine the current level of functioning, self-care, self-responsibility, independence, and quality of life.

Intent of TX.6

The individual's physical status and functional abilities are evaluated before instruction and treatments are initiated.

Examples of Evidence of Performance for TX.6

- Medical records
- Organization policies and procedures

Standard

TX.6.1 Qualified rehabilitation professionals determine the scope of the functional rehabilitation assessment; provide rehabilitation services consistent with professional licensure laws, regulations, registration, and certification, and implement the rehabilitation plan with the patient and his or her family, social network, or support system

Intent of TX.6.1

Rehabilitation services are provided by competent professionals who are qualified by education, professional licensure, regulation, registration, certification, training, and experience

Qualified professionals develop and implement the rehabilitation plan and involve patients, families, and their social support systems. Patients are encouraged to make choices about their participation in rehabilitation and develop a sense of achievement in progress. Patients and members of their support systems participate in implementing the rehabilitation plan, including

a. identifying interventions to reach reasonable goals;
b. coordinating and collaborating on rehabilitation interventions;
c. documenting the patient's treatment choices, response to interventions, progress toward goals and objectives, and changes in the patient's condition; and
d. advocating to enhance patients' social support systems, facilitate environmental modifications, and create new support systems.

Patients and families receive information about potential benefits and risks of rehabilitation services in order to make informed decisions. Their expectations are considered and documented in the rehabilitation plan.

The plan identifies activities, services, and interventions the patient will use to reach rehabilitation goals An interdisciplinary team implements and coordinates planned treatment and services The service provider advocates for patient needs and improvements in the system.

Examples of Evidence of Performance for TX.6.1

- Interviews with rehabilitation services staff
- Medical records
- Policies and procedures addressing *rehabilitation care planning*

Standard

TX.6.1.1 Discharge planning from rehabilitation services is integrated into the functional rehabilitation assessment.

Intent of TX.6.1.1

Discharge planning is initiated early in treatment based on continuing assessments and stated expectations for achieving treatment goals and objectives. Criteria for discharge or termination of services may vary based on age, disability, treatment setting, and the organization's bylaws, rules and regulations, and written plan for professional services

Examples of Evidence of Performance for TX.6.1.1

- Interviews with rehabilitation services staff
- Medical records
- Policies and procedures addressing rehabilitation care planning

Standard

TX.6.2 Reassessment of the patient receiving rehabilitation services is an ongoing process.

Intent of TX.6.2

After the initial assessment and as treatment progresses, the patient is reassessed on an ongoing basis The reassessment provides for recognizing progress towards goals and objectives and allows for revision of goals and objectives as needed. An ongoing reassessment is necessary to arrive at treatment strategies or management decisions.

Examples of Evidence of Performance for TX.6.2

- Interviews with rehabilitation services staff
- Medical records
- Policies and procedures addressing rehabilitation care planning

Standard

TX.6.3 An interdisciplinary rehabilitation plan and goals, developed by qualified professionals, in conjunction with the patient and/or his or her family social network, or support system, and based on a functional assessment of patient needs, guide the provision of rehabilitation services, appropriate to the patient's environment.

Intent of TX.6.3

A collaborative, interdisciplinary approach helps coordinate care and planning to meet patient care goals and achieve optimal outcomes. Based on assessment of the patient's physical, cognitive, emotional, and social status, a written treatment plan is developed that identifies the patient's rehabilitation needs The rehabilitation plan incorporates, at least

a the patient's personal goals for rehabilitation;
b rehabilitation goals and objectives related to activities of daily living, learning, and working,
c. measures and time frames for achievement of rehabilitation goals and objectives; and
d factors that may influence use of services or goal achievement

The rehabilitation plan is designed to provide the skills, support, education, practice, experience, and treatment necessary to help the patient reach reasonable personal rehabilitation goals The plan describes:

- long-term rehabilitation goals and short-term skill development objectives, in functional terms and developed in collaboration with the patient and family;
- strategies and time frames for achieving rehabilitation goals,
- who will help the patient and monitor progress,
- measures of
  - rehabilitation goal attainment,
  - successful role performance,
  - changes in the patient's level of functioning,
  - efficiency of resource supports;
- barriers other than the patient's primary problem;
- criteria for transition to more independent, less restrictive environments and successful adaptation in natural community settings; and
- patient skill and support requirements for living, learning, and working with optimal independence and choice

Rehabilitation services are provided to meet patients' needs according to the plan.

Examples of Evidence of Performance for TX.6.3

- Interviews with rehabilitation services staff
- Medical records
- Policies and procedures addressing rehabilitation care planning

Standard

TX.6.4 Rehabilitation services are appropriate to the patient's needs and severity of disease, condition, impairment, or disability.

Intent of TX.6.4

Rehabilitation services are planned to respond to each patient's unique needs (including age-specific needs) and expectations. An essential element in the planning process is assessment of the severity of the patient's disease, condition, impairment, or disability

Examples of Evidence of Performance for TX.6.4

- Policies and procedures defining assessment and care planning requirements
- Protocols
- Medical records

Standard

TX.6.5 Rehabilitation outcomes are restoration, improvement, or maintenance of the patient's optimal level of functioning, self-care, self-responsibility, independence, and quality of life

Intent of TX.6.5

Consistent with treatment plan goals, rehabilitation services help patients meet skill and support requirements for living, learning, and work activities Patients learn to apply skills gained in rehabilitation to their housing, vocational, educational, recreational, and social environments.

Examples of Evidence of Performance for TX.6.5

- Interviews with rehabilitation services staff
- Policies and procedures addressing rehabilitation care planning
- Medical records

CONTINUUM OF CARE OVERVIEW

Continuum of Care

Overview

The **goal** of the continuum of care function* is to define, shape, and sequence the following processes and activities to maximize coordination of care† within this continuum of care

Over time, patients may receive a range of care in multiple settings from multiple providers For this reason it is important for a hospital to view the patient care it provides as part of an integrated system of settings, services, health care practitioners, and care levels that make up a continuum of care ‡

Before Admission

- The hospital identifies and uses available information sources about the patient's needs
- The hospital communicates with other care settings and organizations

During Admission

- The hospital's services are consistent with its mission, population served, and settings
- The hospital makes arrangements with other organizations and settings to facilitate the patient's admission
- Patients are referred and transferred§ to meet their needs based on intensity, risk, and staffing level.
- Clinical consultants and contractual arrangements are used for referrals and transfers, when appropriate.

In the Hospital

- Services flow continuously from assessment through treatment and reassessment.
- The patient's care is coordinated among practitioners.

Before Discharge

- The patient's status and need for continuing care** are assessed.
- Education prepares the patient for discharge

At Discharge

- The patient is directly referred to practitioners, settings, and organizations to meet his or her continuing needs
- The use and value of continuing care to meet the patient's needs are reassessed
- The hospital provides information or data to help others meet the patient's continuing care needs

A hospital meets the goal of this function by performing these processes and activities well

Note: *While the standards in this chapter address a systematic approach to continuum of care, they do not require a specific way of carrying out the function, such as a department, position, or service. Instead, the standards encourage the hospital to define its individual role in the continuum of health care services available to its patients in its geographic area*

* **function** A goal-directed, *interrelated series of* processes, such as continuum of care or management of information

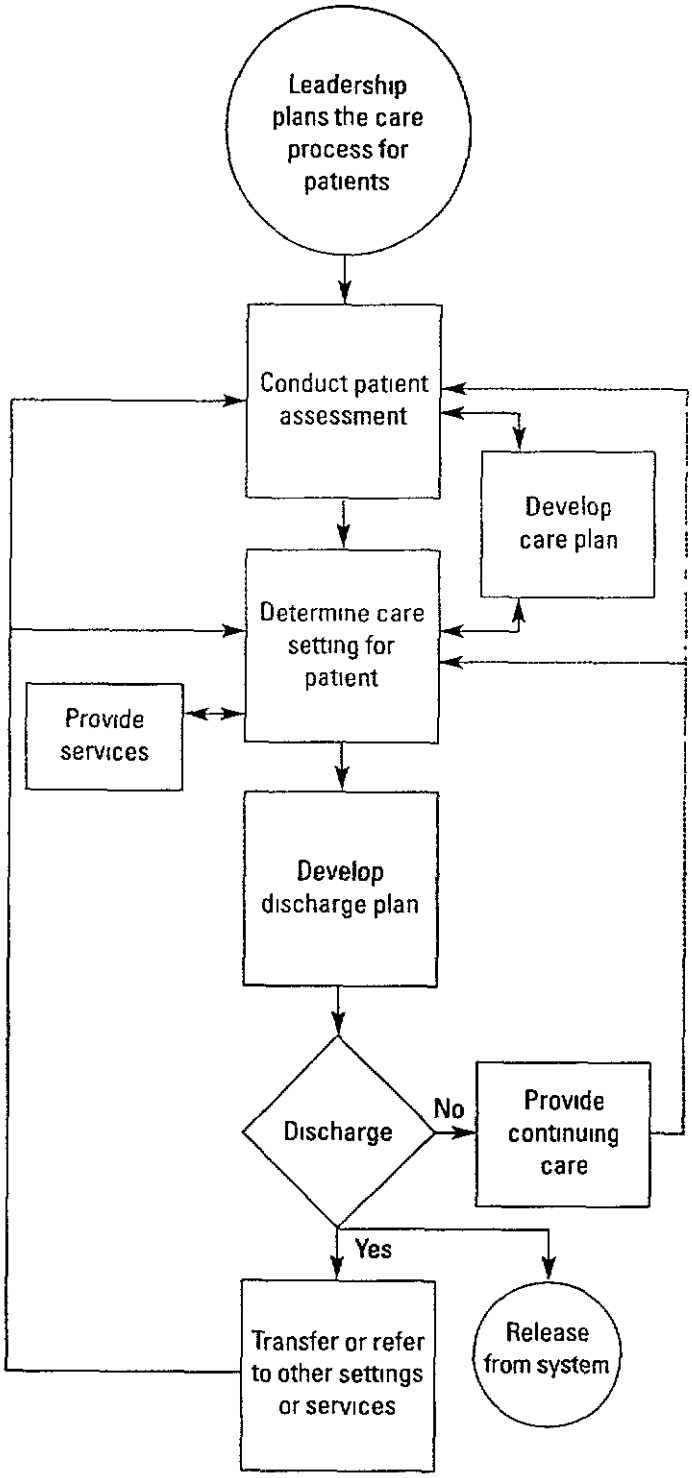
† **coordination of care or services** The process of coordinating care or services provided by a healthcare organization, including referral to appropriate community resources and liaison with others (such as the individual's physician, other health care organizations, or community services involved in care or services) to meet the ongoing identified needs of individuals, to ensure implementation of the plan of care, and to avoid unnecessary duplication of services

‡ **continuum of care** Matching an individual's ongoing needs with the appropriate level and type of medical, psychological, health, or social care or services within an organization or across multiple organizations

§ **transfer (within an organization)** The formal shifting of responsibility for the care of an individual (1) from one patient care unit to another, (2) from one clinical service to another, (3) from the care of one licensed independent practitioner to another, or (4) from one organization to another

** **continuing care** Care provided over an extended time, in various settings, spanning the illness-to wellness continuum

Continuum of Care Function



This flowchart represents most of the important activities and processes, particularly the risk points, in the continuum of care function.

Practical Application

The following example builds on the case of the 4-year-old girl severely injured by an automobile. Her care begins at the site of the accident and continues while the girl is transported by ambulance to the hospital. The example shows the hospital providing different levels of care to the child over a period of time, based on a continuing assessment of her changing needs

When the child arrives at the hospital and is admitted to the PICU, it is not clear whether she will survive For that reason, the discharge planning process is not begun upon admission, as it is for some patients After some time in the PICU, however, the child's condition improves considerably Following a reassessment, she is transferred to the pediatric unit

Since it now appears that the child will survive and will require follow-up care, the hospital begins planning for her discharge Some patients might require subsequent care in another organization, such as a long-term care facility. In these cases, the hospital's department of social services would arrange and coordinate the transfer and notify all involved parties

However, a reassessment shows that this child does not require such an intense level of care She will be followed in two of the hospital's outpatient clinics until she is well enough to be referred back to her parents' health maintenance organization and her primary care physician

Standards

The following is a list of all standards for this function They are presented here for your convenience without footnotes or other explanatory text If you have a question about a term used here, please check the Glossary, page GL-1. Terms that are critical to the understanding of the standard are defined in the margin adjacent to the term as it appears in the next section of this chapter—Standards, Scoring, and Aggregation Rules

CC.1 Patients have access to the appropriate type of care

CC.2 When the hospital accepts a patient for entry into a particular service or setting, its decision to do so is based on the outcomes of its assessment procedures

CC.2.1 Criteria define the patient information necessary to determine the appropriate care setting or services

CC.3 Patients and families receive information about proposed care during the entry process

CC.4 The hospital ensures continuity over time among the phases of service to a patient

CC.5 The hospital ensures coordination among the health professionals and services or settings involved in a patient's care

CC.6 The hospital provides for referral, transfer, or discharge of the patient to another level of care, health professional, or setting, based on the patient's assessed needs and the hospital's capacity to provide the care.

CC.6.1 The discharge process provides for continuing care based upon the patient's assessed needs at the time of discharge

CC.6.1.1 The patient is informed in a timely manner of the need for planning for discharge or transfer to another organization or level of care.

CC.7 The hospital ensures that appropriate patient care and clinical information is exchanged when patients are admitted, referred, transferred, or discharged.

CC.8 An established procedure(s) is used to resolve denial-of-care conflicts over care, services, or payment

Standards, Scoring, and Aggregation Rules

Following are the standards, scoring, and aggregation rules for this function This section is divided in two ways First, it is divided by grid element Then, each grid element is divided into two parts The first part is titled "Standards, Intents, and Examples " The second part is titled "Scoring and Aggregation Rules." Marginal notes further clarify terms and other issues. Examples of implementation and examples of evidence of performance accompany many of the standards.

Please note: Examples of implementation offer various strategies, activities, or processes that can be used to comply with the standards They are *not* requirements These examples are simply ideas for your organization to consider Scorable requirements are included only in the standards and intent statements

Standards, Intents, and Examples for Continuum of Care

Standard

CC.1 Patients have access to the appropriate type of care

Intent of CC 1

Individuals are screened at their first point of contact with the hospital This may occur during emergency transport to the hospital, or when the patient comes in for urgent or elective care (either inpatient or ambulatory), or when the patient is referred or transferred to the hospital The hospital can use various means to match individuals' identified needs with the organization, the available setting, and the services best able to meet the patients' needs The hospital may use various mechanisms to facilitate and support this process, so long as it is carried out in a timely and appropriate manner

The hospital's decision to provide a specific setting and service is based on its mission and capability to provide the requisite staffing, facilities, and services

Example of Implementation for CC.1

A hospital does not offer the following services directly, but provides for their availability and the patient's access to the services Examples of services are

- acute
- adult day
- ambulatory
- basic nursing
- bereavement
- critical
- custodial
- elective
- emergency
- home health
- home life
- hospice
- hospital nursing
- inpatient
- intensive
- intermediate
- intermittent
- long-term
- managed
- medical
- personal
- primary

- rehabilitation
- respite
- secondary
- self
- skilled nursing
- terminal
- tertiary
- transitional
- urgent

Examples of Evidence of Performance for CC.1

- Interviews with hospital leaders
- Hospital plan for the provision of patient care
- Referral and transfer agreements
- Policies and procedures defining assessment requirements

Standard

CC.2 When the hospital accepts a patient for entry into a particular service or setting, its decision to do so is based on the outcomes of its assessment procedures

Intent of CC.2

To facilitate appropriate, effective care, the entry process includes assessment of

- patients' needs,
- the proper care setting, and
- the hospital's ability to provide necessary services and settings

Examples of Evidence of Performance for CC.2

- Interviews with hospital leaders and staff
- Policies and procedures defining assessment requirements
- Patient medical records review

Standard

CC.2.1 Criteria define the patient information necessary to determine the appropriate care setting or services

Intent of CC.2.1

To ensure that patients are cared for in appropriate settings and services, criteria define

- the care provided,
- the specific needs that care meets,
- the patient information that determines eligibility for the setting, and
- acceptance of referrals

When care is provided in a short-stay unit, the hospital also determines

- the scope of services it can provide;
- the patient populations appropriate for admission, based on physiological parameters approved by professional staff, and
- the specific circumstances under which such patients will be admitted

Examples of Implementation for CC.2 and CC.2.1

Policies and procedures governing the assessment procedure for acceptance for admission specify

- information to be obtained on all applicants or referrals for admission, including the existence of any advance directives,
- procedures for accepting referrals from outside organizations,

- procedures to be followed, including alternative referrals, when an applicant is ineligible for admission, and
- initial assessment to be performed on applicants

Examples of Evidence of Performance for CC.2.1

- Interviews with hospital leaders and staff
- Policies and procedures defining assessment requirements
- Patient medical records review

Standard

CC.3 Patients and families* receive information about proposed care during the entry process

* **family** The person(s) who plays a significant role in the individual's life. This may include a person(s) not legally related to the individual. This person(s) is often referred to as a surrogate decision maker if authorized to make care decisions for an individual should the individual lose decision making capacity.

Intent of CC.3

During the entry process, patients and their families receive sufficient information to make a knowledgeable decision about seeking care. Information is also provided about the nature, goals, and availability of care. Costs of care are ascertained and discussed on entry.

Examples of Evidence of Performance for CC.3

- Interviews with patients
- Interviews with hospital leaders and staff—for example, admitting office, emergency department
- Patient medical records review
- Hospitalwide policies and procedures relating to informed consent
- Hospitalwide policies and procedures relating to patient and family education

Standards

CC.4 The hospital ensures continuity over time among the phases of service to a patient.

CC.5 The hospital ensures coordination among the health professionals and services or settings involved in a patient's care.

Intent of CC.4 and CC.5

Care is coordinated throughout

- entry;
- assessment,
- diagnosis,
- planning,
- treatment, and
- transfer or discharge.

Throughout all phases, patient needs are matched with appropriate resources within the continuum (for example, special care units, skilled nursing facility, or community services). Transitions between levels of care are smooth. Coordination of services may involve promoting communication to facilitate family support, social work, nursing care, consultation or referral, primary physician care, or other follow-up. Communication and transfer of information between and among the health care professionals is essential to a seamless, safe, and effective process. †

† Effective July 1, 2001

Example of Implementation for CC.4 and CC.5

The hospital has a process in emergency and ambulatory services for notifying and recalling patients who require additional radiologic, laboratory, or electrocardiographic studies.

LEADERSHIP OVERVIEW

Leadership

Overview

The **goal** of the leadership function* is for the hospital's leaders† to use a framework to establish health care services that respond to community and patient needs

Providing excellent patient care in a hospital requires effective leadership The standards in this chapter provide the framework for planning, directing, coordinating, providing, and improving health care services

Effective leadership depends on the performance of the following processes and their related activities

- *Planning and designing services*
  Leadership provides a collaborative process to develop a mission that is reflected in long-range, strategic, and operational plans, service design, resource allocation, and organizational policies
- *Directing services*
  Leadership provides organization, direction, and staffing for patient care and support services according to the scope of services offered
- *Integrating and coordinating services*
  Leadership communicates objectives and coordinates efforts to integrate patient care and support services throughout the hospital
- *Improving performance*
  Leadership establishes expectations, plans, and priorities, and manages the performance improvement process. It ensures implementation of processes to measure, assess, and improve the performance of the hospital's governance, management, clinical, and support processes

The standards in this chapter address these processes and activities

Leadership is what individuals provide collectively and individually to a hospital, and can be carried out by any number of individuals in the hospital. Building on the hospital's mission, effective leadership creates a clear vision for the future and defines the values that underlie the day-to-day activities carried out throughout the hospital Effective leadership

- is inclusive, not exclusive;
- encourages staff participation in shaping the hospital's vision and values;
- develops leaders at every level who help to fulfill the hospital's mission, vision, and values,
- accurately assesses the needs of patients and other users of the hospital's services, and
- develops an organizational culture that focuses on continuously improving performance to meet these needs.

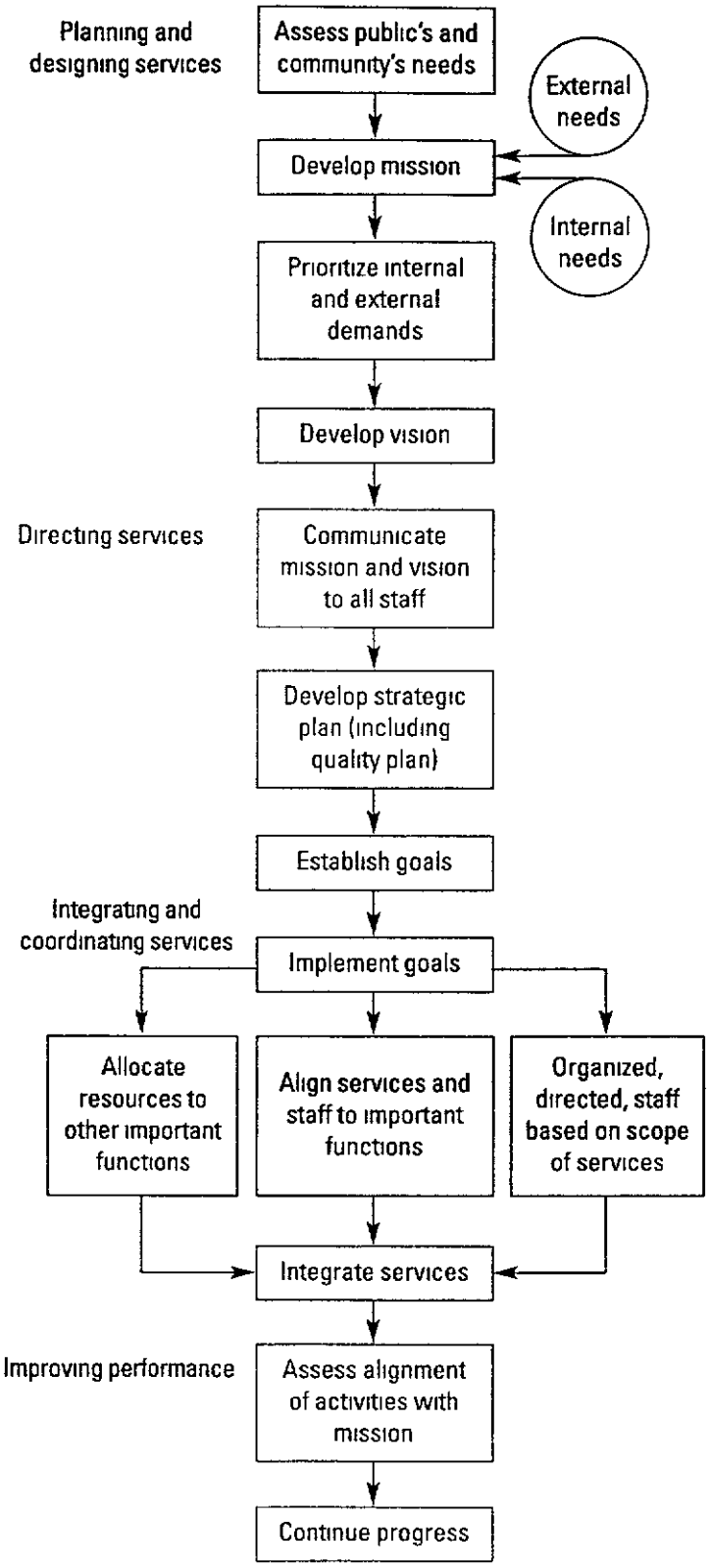
To realize the hospital's vision and values, leadership plays a role in teaching and coaching staff, thus, staff education is an essential leadership function

Note: *These standards do not require or suggest any particular leadership style, structure, or method*

* **function** A goal-directed, interrelated series of processes, such as continuum of care or management of information

† **leaders** The leaders described in the leadership function include at least the leaders of the governing body; the chief executive officer and other senior managers, department leaders, the elected and the appointed leaders of the *medical staff and the clinical* departments and other medical staff members in organizational administrative positions, and the nurse executive and other senior nursing leaders

Leadership Function



This flowchart represents most of the important processes and activities, particularly the risk points, in the leadership function.

Practical Application

The following example illustrates the essential leadership activities described in the flowchart: planning for services, directing services, implementing and coordinating services, and improving services.

The hospital's leaders regularly assess community needs, then review the hospital's mission and adjust the hospital's plan for services to meet newly identified needs. Twelve years ago, hospital leaders learned from local business and political leaders that the only hospital-based pediatric service within a 100-mile radius was closing due to underuse. The facility was in poor condition, and parents and physicians avoided it.

The hospital's leaders authorized market research, which determined a need for pediatric inpatient and intensive care units (ICU) in the hospital's service area. The leaders modified the hospital's strategic plan to give priority to the development of the new pediatric service and conducted a national search for a pediatric intensivist and pediatric nurse practitioner. The hospital's leaders also ordered staffing studies for pediatric ICU nurses, pediatric unit staff, and support staff.

All relevant departments helped to design and set goals for the new pediatric service, including plans for ongoing performance measurement, assessment, and improvement activities. The nursing and medical leaders used various management tools to monitor progress toward those goals. The leaders appointed a nurse manager to oversee the renovation and construction of the new pediatric service, which opened with all positions fully staffed on January 1, 1990.

Concurrently with the planning process for the new pediatric service, the hospital's leaders established another goal: to integrate the hospital's emergency trauma service with the county-run ambulance service. This goal supported the hospital's mission to integrate all services provided to the community and patients. The hospital provided the clinical facilities to train and educate the emergency medical technicians. An emergency physician radio-telephone management system was also developed to guide patient care en route to the hospital.

The leaders were careful to orient emergency trauma and pediatric staff to the hospital's mission, vision, and values, and to clarify each staff member's role in the hospital's patient care quality assessment program

The leaders regularly assess the success of these and other hospital activities in achieving the hospital's mission They support and participate in leadership training in the principles and methods of continuous quality measurement, assessment, and improvement They also promote staff self-development of the knowledge and skills required to maintain and enhance individual competence

Thus, if the 4-year-old girl described in Practical Applications in other chapters of this manual is severely injured in an auto accident in early 1997, the systems services and skilled personnel are in place to provide her with efficient, effective care En route to the hospital, the girl is managed by the emergency physician staff via radio-telephone Subsequently she spends 8 days in the pediatric intensive care unit, 39 days in the pediatric unit, followed by six weeks of outpatient clinic visits

The hospital's ongoing performance measurement, assessment, and improvement processes monitor the girl's care, compare her outcomes to expected outcomes, and use this data to set new goals for improving overall hospital performance The hospital's leaders also establish criteria for measuring their own contribution to improving hospital performance Based on their review of this data, the leaders develop and implement activities to upgrade their effectiveness The leaders also continue to assess the community's needs and revise the hospital's mission and plans accordingly

Standards

The following is a list of all standards for this function They are presented here for your convenience without footnotes or other explanatory text If you have a question about a term used here, please check the Glossary, pages GL-1 through GL-25 Terms that are critical to the understanding of the standard are defined in the margin adjacent to the term as it appears in the next section of this chapter—Standards, Scoring, and Aggregation Rules

LD.1 *The leaders provide for hospital planning*

LD.1.1 Planning includes defining a mission, a vision, and values for the hospital and creating the strategic, operational, programmatic, and other plans and policies to achieve the mission and vision

LD.1.1.1 Planning addresses at least those important patient care and hospitalwide functions identified by the chapter titles in this manual

LD.1.1.2 The leaders of hospitals that belong to a multihospital system participate in systemwide policy decisions affecting the hospital

LD.1.1.3 The hospital plans for the appropriate care of patients under legal or correctional restrictions

LD.1.2 The leaders communicate the hospital's mission, vision, and plans

LD.1.3 The plan(s) includes patient care services based on identified patient needs and is consistent with the hospital's mission

LD.1.3.1 The leaders, and, as appropriate, community leaders and the leaders of other organizations, collaborate to design services.

LD.1.3.2 The design of hospitalwide patient care services is appropriate to the scope and level of care required by the patients served

LD.1.3.3 Services are designed to respond to patient and family needs and expectations

LD.1.3.3.1 *The leaders are responsible for gathering, assessing and acting on information regarding patient and family satisfaction with the services provided*

LD.1.3.4 The hospital provides services in a timely manner to meet patients' needs

LD.1.3.4.1 Patient care services are provided either directly or through referral, consultation, contractual arrangements, or other agreements

LD.1.3.4.2 *The medical staff approves sources of patient care provided outside the hospital*

LD.1.4 The planning process provides for setting performance improvement priorities and identifies how the hospital adjusts priorities in response to unusual or urgent events

LD.1.5 The leaders develop an annual operating budget and long-term capital expenditure plan, including a strategy to monitor the plan's implementation

LD.1.5.1 The governing body approves the annual operating budget and long-term capital expenditure plan

LD.1.5.2 The budget review process considers the appropriateness of the hospital's plan for providing care to meet patient needs

LD.1.5.3 An independent public accountant conducts an annual audit of the hospital's finances, unless otherwise provided by law

LD.1.6 *The leaders provide for the uniform performance of patient care processes*

LD.1.7 The scope of services provided by each department is defined in writing and is approved by the hospital's administration, medical staff, or both, as appropriate.

LD.1.7.1 Each department provides patient care according to its written goals and scope of services.

LD.1.8 The leaders and other relevant personnel collaborate in decision making

LD.1.9 The leaders develop programs for recruitment, retention, development, and continuing education of all staff members

LD.1.9.1 The leaders implement programs to promote staff members' job-related advancement and educational goals

LD.1.10 Clinical practice guidelines are considered for use in designing or improving processes.

LD.1.10.1 When clinical practice guidelines are used, the hospital leaders identify criteria for their selection and implementation of clinical practice guidelines.

LD.1.10.2 Appropriate leaders, practitioners, and health care professionals in the hospital review and approve clinical practice guidelines selected for implementation

LD.1.10.3 Leaders evaluate the outcomes related to use of clinical practice guidelines and determine indicated refinements to improve pertinent processes

LD.2 Each hospital department has effective leadership

LD.2.1 Directors integrate their department's services with the hospital's primary functions

LD.2.2 Directors coordinate and integrate services within their department and with other departments

LD.2.3 Directors develop and implement policies and procedures that guide and support the provision of services

LD.2.4 Directors recommend a sufficient number of qualified and competent persons to provide care

LD.2.5 Directors determine the qualifications and competence of department personnel who provide patient care services and who are not licensed independent practitioners

LD.2.6 *Directors continuously assess and improve their department's performance.*

LD.2.7 Directors maintain appropriate quality control programs

LD.2.8 Directors provide for orientation, in-service training, and continuing education of all persons in the department.

LD.2.9 Directors recommend space and other resources needed by the department

LD.2.10 Directors participate in selecting outside sources for needed services

LD.2.11 Departments that are not medical staff services that provide patient care are directed by one or more qualified professionals

LD.2.11.1 Responsibility for administrative direction and clinical direction is defined in writing

LD.2.11.2 A qualified professional with appropriate clinical training and experience is responsible for the clinical direction of patient care

LD.2.11.3 When a department has more than one director, the responsibilities of each are clearly defined in writing

LD.3 Patient care services are integrated throughout the hospital

LD.3.1 The hospital's plan for the provision of patient care services describes the organization and functional relationships of departments

LD.3.2 The leaders foster communication and coordination among individuals and departments

LD.3.3 The leaders communicate with the leaders of health care delivery organizations corporately or functionally related to the hospital

LD.3.4 All departments develop policies and procedures in collaboration with associated departments.

LD.3.4.1 The leaders provide for mechanisms to measure, analyze, and manage variation in the performance of defined processes that affect patient safety

LD.4 The hospital's leaders set expectations, develop plans, and manage processes to measure, assess, and improve the quality of the hospital's governance, management, clinical, and support activities

LD.4.1 The leaders understand the approaches to and methods of performance improvement

LD.4.2 The leaders adopt an approach to performance improvement

LD.4.3 Leaders ensure that important processes and activities are measured, assessed, and improved systematically throughout the hospital

LD.4.3.1 All leaders participate in interdisciplinary, interdepartmental performance-improvement activities

LD.4.3.2 Relevant information is forwarded to leaders and coordinators of hospitalwide performance-improvement activities

LD.4.3.3 Responsibility for acting on recommendations generated through performance-improvement activities is assigned and defined in writing

LD.4.4 *The leaders allocate adequate resources for measuring, assessing, and improving the hospital's performance and for improving safety*

LD.4.4.1 The leaders assign personnel needed to participate in performance-improvement activities and activities to improve patient safety

LD.4.4.2 The leaders provide adequate time for personnel to participate in performance-improvement activities and activities to improve patient safety

LD.4.4.3 The leaders provide information systems and data management processes for ongoing performance improvement and improvement of patient safety

LD.4.4.4 The leaders provide for staff training in the basic approaches to and methods of performance improvement and improvement of patient safety

LD.4.4.5 The leaders assess the adequacy of their allocation of human, information, physical, and financial resources in support of identified performance-improvement and safety-improvement priorities

LD.4.5 The leaders measure and assess the effectiveness of their contributions to improving performance and improving patient safety

LD.5 The leaders ensure implementation of an integrated patient safety program throughout the organization

LD.5.1 *Leaders ensure that the processes for identifying and managing sentinel events are defined and implemented.*

LD.5.2 Leaders ensure that an ongoing, proactive program for identifying risks to patient safety and reducing medical/health care errors is defined and implemented

LD.5.3 *Leaders ensure that patient safety issues are given a high priority and addressed when processes, functions, or services are designed or redesigned.*

Standards, Scoring, and Aggregation Rules

Following are the standards, scoring, and aggregation rules for this function This section is divided in two ways First, it is divided by grid element Then, each grid element is divided into two parts The first part is titled "Standards, Intents, and Examples " The second part is titled "Scoring and Aggregation Rules " Marginal notes further clarify terms and other issues Examples of implementation and examples of evidence of performance accompany many of the standards

Please note: Examples of implementation offer various strategies, activities, or processes that can be used to comply with the standards They are *not* requirements These examples are simply ideas for your organization to consider Scorable requirements are included only in the standards and intent statements

Standards, Intents, and Examples for Planning

Standards

LD.1 *The leaders provide for hospital planning*

LD.1.1 Planning includes defining a mission, a vision, and values for the hospital and creating the strategic, operational, programmatic, and other plans and policies to achieve the mission and vision

LD.1.1.1 Planning addresses at least those important patient care and hospitalwide functions identified by the chapter titles in this manual

Intent of LD.1 Through LD.1.1.1

Effective leadership creates a framework for planning the hospital's health care services The leaders develop and implement a planning process for defining timely and clear goals The leaders direct activities to achieve the hospital's goals and ensure the allocation of sufficient human, space, equipment, and other resources

An effective planning process first defines and communicates the hospital's mission and vision In light of the mission, leaders assess patients' needs, plus those of other external and internal customers To meet these needs, administrative and medical staff leaders collaborate on long-range, strategic, and operational plans, budgets, priorities for resource allocation, and policies The planning process continually monitors activities to ensure consistency with the hospital s mission

Planning and design of patient care and support services consider the arrangement and allocation of space to promote efficient and effective patient care Accessibility issues are addressed The leaders conduct planning and design activities in the manner that best meets the hospital's needs The Joint Commission's standards for planning and design do not require a computer-assisted process

The leaders create a written plan for providing interior and exterior space suitable to the clinical services offered and the ages and other characteristics of the patient population served Planning also provides for the safe use, maintenance, accessibility, and supervision of grounds, equipment, and special activity areas

The planning process addresses at least the important patient care and hospitalwide functions that are carried and identified by chapter titles in this manual. (The term *important function* refers to a group of interdependent processes that affect patient health outcomes significantly.)

Standard

LD.1.1.2 The leaders of hospitals that belong to a multihospital system participate in systemwide policy decisions affecting the hospital

Intent of LD.1.1.2

If the hospital belongs to a multihospital system, hospital leaders identify how they interact with corporate levels of the system (for example, with regional staff, the system's governing body, or corporate office staff) in making policy decisions that affect the hospital's patient care services

Regardless of how the relationship between hospital and system leadership is defined, at least the following three patient care policy issues must be addressed:

- The scope and degree of the leaders' involvement, authority, and responsibility in corporate-level policy decisions,
- The mechanism for introducing information from performance-improvement and other activities to improve patient care, and
- How conflicts are resolved between the hospital and the corporate body

Examples of Evidence of Performance for LD.1.1.2

- Interviews with leaders
- Hospital chart (either for the individual hospital or the multihospital system)
- A contract, a written agreement, or a description of the leaders' responsibilities and authority
- A letter or memorandum regarding participation in corporate meetings, planning, or policy development
- Meeting minutes that describe hospital leaders' participation in meetings with corporate levels of the system
- Medical staff bylaws, rules, and regulations
- Governing body bylaws, rules, and regulations

Standard

LD.1.1.3 The hospital plans for the appropriate care of patients under legal or correctional restrictions

Intent of LD.1.1.3

The hospital plans for and addresses in writing those special issues that arise in caring for patients who are prisoners or wards of the legal system. The hospital orients and educates staff working with these patients consistent with standards HR.3 and HR.3.1 in "Management of Human Resources." Leaders develop mechanisms to coordinate administrative and clinical decisions on at least the following issues:

- Use of seclusion and restraint for nonclinical purposes,
- Imposition of disciplinary restrictions,
- Length of stay;
- Restriction of rights,
- Plan for discharge and continuing care

Standard

LD.1.2 The leaders communicate the hospital's mission, vision, and plans

Intent of LD.1.2

Once the hospital develops its mission, vision, and plans, the leaders clearly communicate them throughout the hospital Effective communication guides staff members in their day-to-day activities It also promotes innovation and motivates staff members to implement the hospital's strategic, operational, programmatic, and other plans Communication effectiveness may be measured by the degree to which all individuals throughout the hospital understand the hospital's mission, vision, and plans.

Examples of Evidence of Performance for LD.1.2

- Discussions with leaders and staff
- Staff meeting minutes
- Memoranda
- Education records, including orientation curricula

Standard

LD.1.3 The plan(s) includes patient care services based on identified patient needs and is consistent with the hospital's mission

Intent of LD.1.3

Patient care services, including education, are planned and designed to respond to the needs of the patient population Patient needs are identified as part of the planning process Hospitalwide plans describe the care and services to be provided Care provided is consistent with the hospital's mission As leaders set priorities during the planning process, human and material resources are considered for educational activities The mission and resources (both human and material) also are considered before undertaking research activities

Standard

LD.1.3.1 The leaders, and, as appropriate, community leaders and the leaders of other organizations, collaborate to design services.

Intent of LD.1.3.1

The leaders and staff who are most familiar with service(s) collaborate in service planning Relevant community leaders and provider hospitals are involved in planning of services to respond to community needs.

Standard

LD.1.3.2 The design of hospitalwide patient care services is appropriate to the scope and level of care required by the patients served

Intent of LD.1.3.2

The leaders plan the scope and level of care provided throughout the hospital to satisfy the patient population's particular level of health care needs and accepted standards of practice A systematic process designs services to ensure that patients receive care that meets their projected identified level of needs

Standards

LD.1.3.3 Services are designed to respond to patient and family needs and expectations

MANAGEMENT OF HUMAN RESOURCES

Management of Human Resources

Overview

The **goal** of the management of human resources function* is to identify and provide the right number of competent staff to meet the needs of patients served by the hospital

A hospital needs an appropriate number of qualified people to fulfill its mission and meet the needs of the patients it serves

The hospital's leaders† carry out the following processes and their related activities

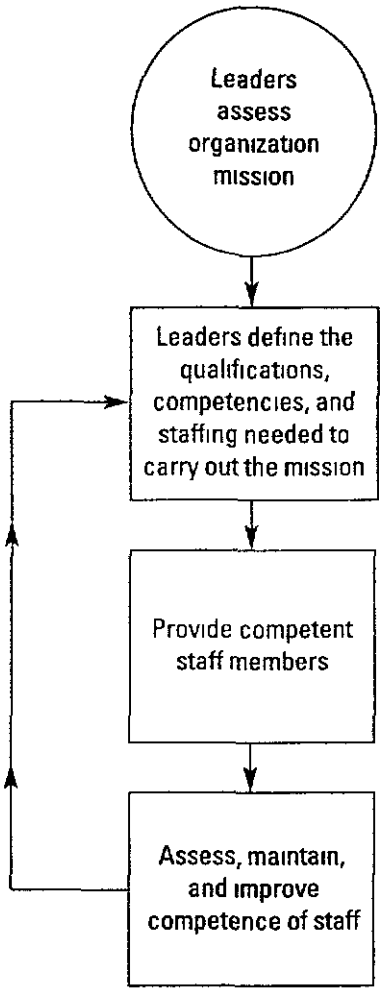
- *Planning*
  The leaders' planning process defines the qualifications, competencies, and staffing necessary to fulfill the hospital's mission
- *Providing competent staff*
  The leaders provide for competent staff either through traditional employer-employee arrangements or contractual arrangements with other entities An initial assessment reviews applicants' credentials and qualifications Experience, education, and abilities are confirmed during orientation
- *Assessing, maintaining, and improving staff competence*
  Ongoing, periodic competence assessment evaluates staff members' continuing abilities to perform throughout their association with the hospital
- *Promoting self-development and learning*
  The leaders create a culture that fosters staff self-development and continued learning Staff members in a hospital are encouraged to provide feedback about the work environment to leaders

Note: *The standards in this chapter address these processes and their related activities, but do not apply solely to a human resources department. All hospital leaders perform the processes and activities in the Management of Human Resources function.*

* **function** A goal-directed, interrelated series of processes, such as continuum of care or management information

† **leaders** The leaders described in the leadership function include at least the leaders of the governing body; the chief executive officer and other senior managers, department leaders, the elected and the appointed leaders of the medical staff and the clinical departments and other medical staff members in organizational administrative positions, and the nurse executive and other senior nursing leaders

Management of Human Resources Function



This flowchart represents most of the important processes and activities, particularly the risk points, in the management of human resources function.

Practical Application

The following example illustrates all components of the flowchart for "Management of Human Resources."

During the monthly budget review, the outpatient clinics' nursing leader noticed higher expenditures for temporary secretarial help than ever before. Nurses were asking the hospital's full-time secretaries to do more patient care documentation than was specified in the secretaries' job description. Data from the same period showed increases in both patient encounters and minutes of service per patient, indicating a more acutely ill patient population. The nursing leader compared this data with information from risk management and quality measurement activities but found no correlation.

Through a meeting with nurse managers, the nursing leader confirmed an increasing severity of illness of patients being seen in the clinics. For instance, a 4-year-old girl seriously injured in an accident required numerous visits to the pediatric orthopedic clinic following her discharge from inpatient care. The girl was having difficulty adjusting to her left lower leg prosthesis and required more than the usual amount of time allotted for outpatient services. This type of child was being seen more often in the pediatric orthopedic clinic. The staffing ratio, while appropriate for the previous case mix, had not been changed to accommodate the increased work load.

In addition, a new patient care documentation system had created a competence issue that required attention. The new system had been implemented six weeks earlier with an intensive series of training sessions for the eight nurses on staff. Interviews with the nurses revealed that high patient care demands prevented four of them from attending the classes. These nurses could not access the system because security codes were distributed to nursing staff only upon successful completion of the course.

Those four nurses arranged with two of the clinic secretaries to do their documentation using the secretaries' access codes to get into the system. Since the secretaries had to enter the patient care area to access the system, it was easy for the nurses to persuade them to type what the nurses dictated. This took the secretaries away from their other duties, including patient registration. The unit manager, assuming the secretaries were happy with this situation, decided to hire temporary help to do patient registration work until the manager had time to analyze the situation fully. The manager intended to meet with the nursing leader about revising job descriptions, but work load demands left no time.

A call to the information systems trainer set a plan in motion to correct the knowledge deficit. The staff nurses earned their own computer access codes, and a job-enrichment plan for the unit secretaries

was established The next monthly budget review showed that all parameters had returned to acceptable limits.

The hospital leadership established a multidisciplinary ad hoc group to study and recommend ways to manage the more severely ill children being examined in the clinic. Among other recommendations, this group suggested some staffing and scheduling changes and additional in-service training to support the hospital's mission to provide pediatric services to the community

Standards

The following is a list of all standards for this function They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary, page GL-1 Terms that are critical to the understanding of the standard are defined in the margin adjacent to the term as it appears in the next section of this chapter—Standards, Scoring, and Aggregation Rules

HR.1 The hospital's leaders define the qualifications and performance expectations for all staff positions

HR.2 The hospital provides an adequate number of staff members whose qualifications are consistent with job responsibilities

HR.3 *The leaders ensure that the competence of all staff members is assessed, maintained, demonstrated, and improved continually*

HR.3.1 The hospital encourages and supports self-development and learning for all staff

HR.4 An orientation process provides initial job training and information and assesses the staff's ability to fulfill specified responsibilities

HR.4.1 The hospital orients and educates forensic staff about their responsibilities related to patient care

HR.4.2 Ongoing in-service and other education and training maintain and improve staff competence and support an interdisciplinary approach to patient care.

HR.4.3 The hospital regularly collects aggregate data on competence patterns and trends to identify and respond to the staff's learning needs

HR.5 The hospital assesses each staff member's ability to meet the performance expectations stated in his or her job description

HR.6 The hospital addresses a staff member's request not to participate in any aspect of patient care

HR.6.1 The hospital ensures that a patient's care will not be negatively affected if the hospital grants a staff member's request not to participate in an aspect of patient care.

HR.6.2 Policies and procedures specify those aspects of patient care that might conflict with staff members' cultural values or religious beliefs

Standards, Scoring, and Aggregation Rules

Following are the standards, scoring, and aggregation rules for this function. This section is divided in two ways. First, it is divided by grid element Then, each grid element is divided into two parts. The first part is titled "Standards, Intents, and Examples " The second part is titled "Scoring and Aggregation Rules " Marginal notes further clarify terms and other issues. Examples of implementation and examples of evidence of performance accompany many of the standards.

Please note: Examples of implementation offer various strategies, activities, or processes that can be used to comply with the standards. They are *not* requirements These examples are simply ideas for your hospital to consider Scorable requirements are included only in the standards and intent statements

Standards, Intents, and Examples for Human Resources Planning

Standard

HR.1 The hospital's leaders define the qualifications and performance expectations for all staff positions

Intent of HR.1

A hospital's ability to fulfill its mission and provide for its patients' needs is directly related to its ability to provide qualified, competent staff The leaders track projected staffing needs against qualifications and competencies of current staff to identify any deficiencies to improve staffing levels. Leaders consider the following factors to project staffing needs:

- The hospital's mission;
- The case mix of patients served by the hospital or department, and the degree and complexity of care required by patients and their significant others;
- The care provided by the hospital, including treatment,
- The technology used in patient care, and
- *The expectations of the hospital, its patients, and other customers*

The leaders provide a job description for each position that defines the qualifications and performance expectations in measurable terms

Example of Implementation for HR.1

Human resources (HR) management is every leader's responsibility The hospital recognizes, however, that standards for the management of the HR function apply to all people who manage and supervise people

People management skills are viewed as the skill of the next century The day-to-day, shift-to-shift manager must be the first to understand and translate the hospital's mission, vision, values, and goals to the staff The manager then must understand the behaviors required of them and their staff to turn visions and goals into realities The manager's job is to make certain the behaviors happen, that is people management

Some HR consultants ask their clients whether the HR department is necessary. There certainly are some HR matters that should remain centralized—for example, benefit policies, planning, equal employment opportunity (EEO) hiring, and other basic policies. Compensation issues, however, are now being viewed as one of the profit and loss responsibilities of department-level managers.

Therefore, these standards and the related examples of implementation apply to all hospital department managers both in patient care departments and in all other hospital departments and support services

- Leaders have a published mission statement that is communicated to staff members
- Job descriptions that include the required qualifications and competencies are developed and used in the competence-assessment process. For instance, clinical practitioners and other staff members who provide rehabilitation services have the appropriate knowledge and skills based on education, training, or experience, and demonstrated competence to provide such services
- The hospital's departments study the job that needs to be done and define the qualifications, competencies, and number of staff members needed to fulfill its mission There are master staffing plans for each department. For instance, leaders of the perioperative service have defined how many registered nurses are required for circulating duties, including supervision of other qualified nursing personnel such as qualified licensed practical nurses and surgical technologists
- In a state psychiatric hospital, the leaders define staff qualifications and competencies for a new residential treatment program for children Specific attributes include those related to a staff member's ability to assess and manage behavioral problems, assess the child's ability to interact with peers and adults, and assess and appropriately delegate or manage physical health needs Individual and group management skills are also required, including the ability to work collaboratively with a wide variety of mental health care workers and professionals
- When a hospital decided to reinstitute Nuclear Medicine services, the department's director and hospital's leaders decided to require that all Nuclear Medicine Technologists have formal training in Nuclear Medicine techniques and complete the appropriate training program In addition, staff members would have to be familiar with all current state and federal law relative to receiving and handling radioactive materials and radiopharmaceuticals

Examples of Evidence of Performance for HR.1

- Staff interviews
- Senior and departmental leadership interviews
- Hospitalwide or department-specific staffing plans
- Policy
- Performance evaluations or competency-assessment process
- Contracts
- Employee personnel files
- Job descriptions
- Hospital or department policies and procedures
- Staffing plans
- Staff development plans
- In-service and continuing education records
- Orientation curriculum
- Reports or meeting minutes
- Employee brochures or handbook
- Description of licensure, certificates, privileges, and credentialing verification process

Standard

HR.2 The hospital provides an adequate number of staff members whose qualifications are consistent with job responsibilities

Intent of HR.2

Departments provide an adequate number of staff members with the experience and training needed to serve and fulfill the department's part of the hospital's mission Department leaders compare projected needs to data and information on current staff numbers and qualifications This analysis can support, if

necessary, proposed modifications to each department's staff allocation For each employee or contracted personnel, the department verifies the following elements, a through c, where relevant

a. Education and training are consistent with applicable legal and regulatory requirements and hospital policy;
b The individual is licensed, certified, or registered;
c The individual's knowledge and experience are appropriate for his or her assigned responsibilities

Evidence of these elements is present for each employee or contracted personnel.

Examples of Evidence of Performance for HR.2

- Staff interviews
- Senior and departmental leadership interviews
- Performance evaluations or competency-assessment process
- Contracts
- Employee personnel files
- Job descriptions
- Hospital or department policies and procedures
- Staffing plans
- Staff development plans
- In-service and continuing education records
- Orientation curriculum
- Reports or meeting minutes
- Employee brochures or handbook
- Description of licensure, certificates, privileges, and activities for verifying credentials verification

Standard

HR.3 *The leaders ensure that the competence of all staff members is assessed, maintained, demonstrated, and improved continually*

Intent of HR.3

The hospital assesses staff development needs on a hospitalwide, departmental, and individual level, and uses these assessments to plan continuing staff education For example, when the hospital adopts new criteria for identifying possible victims of abuse, it educates emergency and other relevant staff members accordingly Policies and procedures (and sometimes job descriptions) define performance expectations for each position in objective, measurable terms The hospital measures performance regularly and expects each employee to perform competently

Department leaders instill in staff a sense of ownership of their work processes—that is, they encourage staff members to act with appropriate authority and to take responsibility for their work. In addition, department leaders encourage staff to improve their performance continually, thereby improving the hospital's overall performance

Supervisors contribute to a culture that values employees' human needs for self-respect and growth. Whenever feasible or possible, supervisors provide the staff with the support and encouragement needed to participate in professional associations and continuing education activities within or outside the hospital. Through formal and informal interaction with peers and colleagues from other hospitals and settings, staff competence improves

This page is blank due to revisions through the *CAMH Subscription Update Service*.

A hospital can assess competence objectively in many ways The hospital decides how to structure its assessment, evaluation, or appraisal process If the hospital constructs its own competence-assessment process, it meets the following criteria.

- The hospital uses a combination of ongoing competence assessment and educational activities to maintain staff competence and
- An objective, measurable system is used periodically to evaluate job performance, current competencies, and skills.

For personnel provided through contractual arrangements, the hospital maintains a written job description and a completed competence assessment, evaluation, or appraisal tool for each individual

Examples of Implementation for HR 3

The hospital has many innovative ways to move a performance-evaluation system from an emotional or subjective review of individual performance (for instance, "I didn't like the way you did .") to one that is more rational and objective (for instance, "A review of the refrigerator temperature checks log shows that you met the performance expectation listed in your job description ")

1 Examples of other competence-assessment processes include
   - formal competence-assessment processes,
   - individual development programs,
   - requiring all staff members to complete a self-assessment—based on objective criteria—that is reviewed and validated by an appropriate leader with clinical or managerial competence,
   - measurable standards or criteria that define satisfactory or standard performance, such as "the employee attends at least 80% of the in-services offered",
   - an overall policy that explains general expectations, augmented by unit, area, or departmental policy that further specifies performance standards, for instance, "all admission assessments are conducted within two hours of admission to an inpatient unit, area, or department" or "admission clerks ascertain the existence of advance directives during 100% of interviews conducted",
   - professional advancement systems, such as a career ladder, or statements of expected performance that explain what one must do to progress to another level and how well he or she must perform to retain current status,
   - processes that include positive or negative information gained from formal and informal customer and patient feedback processes,
   - a peer review process,
   - a monetary award system in which teams of staff members are rewarded for achieving goals related to systems improvements or cost savings,
   - agreed-upon objectives for performance (for example, management by objectives techniques),
   - "pay for performance" systems, or
   - for contractual staff, a computerized profile that lists the level of participation of each person in *mandatory in-service activities*
2 Other types of processes include
   - the employee handbook describes the hospital's method of evaluating performance Each job description states the individual performance expectation, and the assessment methodology objectively measures individuals against the expectations stated in the job description
   - the hospital uses a combination of team and individual evaluation processes that address the degree to which the individual staff member has maintained and improved his or her competence, including constructive participation in quality-improvement teams The frequency of evaluations is stated in terms of time, events, or adverse events
   - the hospital conducts an annual employee satisfaction survey that includes questions relating to the needs each employee has identified to maintain and improve his or her competence

- in a hospital with a self-governing professional staff, the competency-assessment process is a combination of activities that includes a series of self-selected patient management records to
  - present for peer review;
  - show as evidence of a specified number of continuing education hours, and
  - document other activities or records determined by the hospital

Standard

HR.3.1 The hospital encourages and supports self-development and learning for all staff.

Intent of HR.3.1

Job performance is the result of both individual competence and the work environment. Besides assessing staff competence, the leaders create a work environment that helps staff members discover what they need to learn and acquire new knowledge and skills. Regular feedback from the staff helps the leaders create this kind of work environment.

Example of Implementation for HR.3.1

Personnel receive feedback on performance. This can be done as part of an annual competency review. Personnel also have a method for providing input on the work environment. This can be accomplished through employee suggestion programs, open meetings with supervisors, and other mechanisms that allow and encourage staff input.

Standards, Intents, and Examples for Orienting, Training, and Educating Staff

Standard

HR.4 An orientation process provides initial job training and information and assesses the staff's ability to fulfill specified responsibilities

Intent of HR.4

The orientation process assesses each staff member's ability to fulfill specific responsibilities The process familiarizes staff members with their jobs and with the work environment before the staff begins patient care or other activities In this way, the process promotes safe and effective job performance The orientation process emphasizes specific job-related aspects of patient safety * When the hospital uses volunteer services, volunteers are oriented to patient care, safety, infection control, and any other activities they are expected to perform competently

* Effective July 1, 2001

Examples of Evidence of Performance for HR.4

- Staff interviews
- Senior and department leadership interviews
- Performance evaluations or competency-assessment process
- Job descriptions and contracts
- Employee personnel files
- Hospital or department policies and procedures
- Staffing plans
- In-service and continuing education records
- Orientation curriculum and other staff development plans
- Reports or meeting minutes
- Employee brochures or handbook
- Description of licensure, certificates, privileges, and activities for verifying credentials verification process

Standard

HR.4.1 The hospital orients and educates forensic staff about their responsibilities related to patient care

Intent of HR.4.1

In forensic services, staff members with no clinical training or experience (for example, correctional officers or guards) may become involved in activities that could support or hinder therapeutic goals for patients The hospital trains these staff members in the following areas

- How to interact with patients,
- Procedures for responding to unusual clinical events and incidents,
- The hospital's channels of clinical, security, and administrative communication, and
- The distinctions between administrative and clinical seclusion and restraint

Standard

HR.4.2 Ongoing in-service and other education and training maintain and improve staff competence and support an interdisciplinary approach to patient care.*

Intent of HR 4.2

The hospital ensures that each staff member participates in ongoing in-service education and other training to increase his or her knowledge of work-related issues Ongoing in-service and other education and training programs emphasize specific job-related aspects of patient safety As appropriate, this train-

ATTACHMENT B

WESTERN STATE HOSPITAL
Department of Social and Health Services
Tacoma, Washington 98498-7213

2.3.2 12/4/80
ASSURING AVAILABILITY OF SERVICE
BY QUALIFIED PERSONNEL 08/01/00

PURPOSE:

Describe the process through which the hospital evaluates and meets the fundamental needs of the hospital and patients

SCOPE:

All hospital staff members

POLICY:

It is the goal of Western State Hospital staff members to adequately evaluate and meet the fundamental needs of patients within the hospital's capability.

When appropriate qualified medical/ professional, administrative and support staff are not available or not needed on a full-time basis, arrangements will be made to obtain sufficient services on an attending, continuing consultative or part-time basis.

Staff shortages will be identified to Accountability Centers and reported to the Chief Executive Officer (CEO) or designee who will verify the requirement and take appropriate action.

Should funding not be available to secure adequate staff, personnel needs will be documented and forwarded to the Governing Body.

RESPONSIBILITY:

The CEO is responsible for implementing and monitoring this policy.

SOURCE:

JCAHO CAMH
Governing Body By-Laws

C Jan Gregg 8/17/00
C. Jan Gregg Date
Chief Executive Officer

2.3.3 12/4/80

PATIENT INFECTION REPORTING 07/15/99

PURPOSE:

Provide a system of identifying infections and/or infestations in the patient population in order to prevent and/or control the spread of infections/communicable disease, infestations and to document infections of epidemiological significance, do concurrent surveillance and to report to county/state health departments as required by law.

SCOPE:

All hospital employees and patients.

POLICY:

The following infections or conditions are required to be reported to Infection Control.

- Any physician diagnosed infection or exposure to a communicable disease. (Refer to WSH Infection Control Manual or the Patient Infection Reporting form) Examples of infection/disease:

  Influenza: lab confirmed or;

  Influenza-like illness (ILI) including temperature over 100.4 and any of the following symptoms during influenza season: 1) chills, 2) new headache, 3) myalgia, 4) malaise or loss of appetite, 5) sore throat, or 6) new or increase cough.

- Sexually transmitted diseases: including, but not limited to, gonorrhea, syphilis, and chlamydia.
- Laboratory confirmed HIV; hepatitis A, B, or C; AIDS (CD4 count).
- Positive PPD - Tuberculosis skin test.
- Scabies
- Lice

The Infection Control nurses gather information about infections, infestations, and communicable diseases through a variety of data sources and mechanisms. These include but are not limited to:

- Patient Infection Reporting form (WSH 14-42-P) completed by ward or clinic nurse. Each case is considered individually on merit of the findings using the CDC Definitions of nosocomial infections and Public Health Protocols for Communicable Diseases.

- Laboratory surveillance· Includes patient's culture and sensitivity reports and serology related in infectious disease. Monthly bacteriology/sensitivity reports, reviewing significant organisms and epidemiological trends.
- Computer· 24 hour nursing reports of medical concerns.
- Public Health Department notifications and contact investigations
- Telephone/oral reports from ward/clinic nurse, physicians, and laboratory technicians.

RESPONSIBILITY:

The Director of Nursing is responsible for implementation and monitoring.

SOURCE

Comprehensive Accreditation Manual for Hospitals (CAMH)

Center for Communicable Diseases

7/23/99

Jerry Lovrien Date

Chief Executive Officer

8/24/99

Rajiv Vyas, M.D.

Medical Director

WESTERN STATE HOSPITAL
Department of Social and Health Services
Tacoma, Washington 98498-7213

3.2.5 12/04/80

LICENSURE/CERTIFICATION *7/19/99*

PURPOSE:

Inform employees of the requirement to maintain current professional licenses/certificates.

SCOPE:

Any employee whose job classification requires a valid Washington State License or certificate in order to practice.

POLICY:

Evidence of current license or certification shall be provided annually during employment by the licensure/certificate renewal date.

Each employee is responsible for maintaining his/her license or certificate in current status, and may be required to provide materials evidencing re-licensure or re-certification to the appropriate supervisor, and Discipline Chief responsible for review and monitoring of credentials. Discipline Chiefs shall establish and maintain a file, which verifies current licensure for those persons practicing within their respective discipline. Failure of the licensed employee to provide documentation of licensure renewal in a timely manner may result in suspension of licensed privileges/functions.

RESPONSIBILITY:

Discipline Chiefs are responsible for implementing and monitoring this policy.

SOURCE:

JCAHO Standards
RCW - Chapter 18 Businesses and Professions

Jerry Lovrien Date
Chief Executive Officer

WESTERN STATE HOSPITAL
Department of Social and Health Services
Tacoma, Washington 98498-7213

3.7.1	1/22/82
TRAINING	05/01/00

PURPOSE:

Establish guidelines and procedures required to equitably allocate staff education funds and time.

SCOPE:

All employees at Western State Hospital (WSH)

POLICY:

It is the philosophy of WSH that investing in education for staff members provides a better level and quality of patient care. Each staff member should be encouraged to maintain a broad current understanding of his/her field Training for maintenance of license, certification, etc is the responsibility of the individual.

DEFINITIONS:

Administrative/Conference Leave (ACL)· Leave granted for training provided during time when employee is scheduled to work must be in conformance with Department of Social and Health Services Personnel Policy 525.

Education Leave: Extended leave of three months or longer granted to be taken without pay for educational purposes (see Merit System Rules, WAC 356-39-130 for eligibility rules).

Inservice Training· Training provided usually by hospital staff on campus. Training is relevant to trainee's duties although may not be specifically identified in job description and may or may not be mandated training. (Examples: CME, RN Inservice, CPE, etc.)

Mandated Training: That training required by the Department of Personnel, DSHS, MHD or WSH (as defined by the Staff Education Sub-committee). May be held off or on campus

Career Development Training· That training normally provided outside the hospital setting designed to prepare staff members for promotion, added responsibility or continuing education.

1 The Staff Education Sub-committee coordinates and integrates staff and student education/training programs designed to promote human resource development. In this capacity, the committee sets limits for Administrative/ Conference leave (ACL) and/or educational funds The current ACL limit for staff is 48-hours (6

days), excluding inservice and mandatory training. Educational fund limits are recommended by the sub-committee and approved by the Chief Executive Officer normally on a biennial basis. Current limits may be obtained from Staff Development. Exceptions to the ACL time/funds limits are submitted to the Sub-committee for approval. ACL time and/or financial support may be curtailed or abolished due to budgetary constraints or priority needs of the hospital. Educational leave is a separate category covered under Merit System Rules (WAC Chapter 356).

2. Registration Process (ACL only). It is the employee's responsibility to act on Hospital/Agency provided or funded opportunities for career development/training This is normally done by applying for training offered using form WSH 19-25 and submitting this document through the supervisor to Staff Development If the request is denied the Supervisor or designee at Staff Development must mark the "Disapproved Time" and return to employee. Requests must reach Staff Development by the announced cut-off date. On written approval of all required parties, Staff Development requests a "slot" in courses provided by the State For other courses, the employee, upon receiving the approval letter, must register and pay fees as required. A leave slip is not required for this training.

3 Payment for Meals, Lodging etc.: Payment shall be made in accordance with Office of Financial Management (OFM) and is authorized for mandatory training only. A claim for meals, lodging, etc. is made on Form A20-A (Travel Expense Voucher) to include receipts and travel authorization documents.

4. Travel: If the training involves travel, DSHS Travel Manual guidelines apply.

5. If requesting training out of the State of Washington, (Portland is not considered out of state) it is necessary to submit a "Request for Out of State Travel" (DSHS 03-337). This form must be submitted to the CEO's office at least 30-days in advance When traveling out of state, approval of training and funds is contingent upon out of state travel approval.

RESPONSIBILITY:

The Accountability Centers shall be responsible for implementing and monitoring this policy

SOURCE:

DSHS Fiscal Policy #570 7
DSHS Fiscal Policy #561
Merit System Rules, WAC Chapter 356-39
DSHS Personnel Policy #561
DSHS Personnel Policy #525
Travel Manual

WSH Policy 3.1.1

Jerry Lovrien — Date

Jerry Lovrien
Chief Executive Officer

(OFM)

WORKSHOP REGISTRATION

JRSE TITLE		HRDIS ACTIVITY CODE	
INING DATE(S)	LOCATION	CHARGEBACK FEE	
ROLL NAME		JOB CLASSIFICATION	
SION	OFFICE		MAIL STOP
RESS	CITY / ZIP		SCAN
E Y BECAME EF R (IF APPROPRIATE)	SOCIAL SECURITY NO		POSITION NO

GV D OTHER INFORMATION REQUESTED ON COURSE ANNOUNCEMENT

SON FOR ATTENDING THIS WORKSHOP

E STATE OF WASHINGTON IS AN EQUAL OPPORTUNITY EMPLOYER . . . IT IS EXPECTED THAT MANAGERS WILL COMPLY WITH AFFIRMATIVE ACTION POLICIES WHEN LECTING PARTICIPANTS

OYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

- ☐ REGISTRATION CONFIRMED
- ☐ NO SLOTS AVAILABLE TO DSHS
- ☐ CLASS FULL, PLEASE REAPPLY
- ☐ ALTERNATE
- ☐ REGISTRATION CLOSED

HRD DESIGNEE SIGNATURE _____ DATE _____

SEE INSTRUCTIONS ON BACK OF THIS FORM

3 160(X) REV 9/80—57—

DISTRIBUTION:
WHITE OPD — PINK EMPLOYEE CONFIRMING COPY
CANARY HRD DESIGNEE CONFIRMING COPY — GOLDENROD, HRD DESIGNEE FILE COPY

STAFF DEVELOPMENT DEPARTMENT
AINING REQUEST

WESTERN STATE HOSPITAL
FORT STEILACOOM, WASHINGTON 98494

Name:_____ Job Title:_____ Dept/Ward:_____
Shift:_____ Days Off:_____ Training Dates:_____ Training Hours:_____

TRAINING ACTIVITY (include title, sponsor & address.) ATTACH COPY OF TRAINING ANNOUCEMENT

I am requesting: Training Leave (hours):___ Registration Fee:_____
Travel (method and estimated cost):_____
Per Diem (meals & lodging):_____ Other:_____

How does this training relate to your current duties or career plan (make reference to your last Employee Performance Evaluation section on work plan for the future)?

How will this training help WSH or the patients?_____

1. ORIGINATOR'S SIGNATURE:_____ DATE:_____

2. RECOMMENDATION OF IMMEDIATE SUPERVISOR:
Supervisor's Signature:
Date:_____
Approve Time: ☐
Disapprove Time: ☐

3. RECOMMENDATION OF UNIT DIRECTOR:
Signature:
Date:_____
Approve Time: ☐
Disapprove Time: ☐

4. RECOMMENDATION/DECISION OF PROFESSIONAL SERVICES:
Signature:
Date:_____
Training Appropriate: Yes ☐ No ☐
Approve Funds: Yes ☐ No ☐

5. DECISION OF SUPERINTENDENT (IF APPROPRIATE):
Signature:
Date:_____
Approve Time: ☐
Disapprove Time: ☐
Approve Funds: ☐
Disapprove Funds: ☐

EMPLOYEE: Initiate Training Request form 14 days prior to training event. Forward all copies for approval in numbered sequence. Attach a copy of the training announcement. If registration fee has been requested and approved, send a copy of this form and a completed registration form to the Supply Officer (Commissary) at least 10 days prior to the date the field order must be mailed. If registration fee, travel costs or per diem are to be reimbursed, an approved copy of the Training Request form must accompany the Travel Voucher when submitted to the Accounting Office.

PROFESSIONAL SERVICES: Return all copies of the Training Request form to the Staff

STATE OF WASHINGTON

REQUEST FOR OUT OF STATE TRAVEL

(TO BE SUBMITTED 10 DAYS IN ADVANCE OF TRIP)

OF TRAVELER(S)

OFFICE(S) OF

ORE THAN ONE TRAVELER FROM THIS ACTIVITY IS ATTENDING THIS PARTICULAR MEETING, GIVE JUSTIFICATION

POSE OF TRIP SPECIFY WHY THIS TRIP IS NECESSARY TO CARRY OUT THE PROGRAMS OF THE STATE.

THIS TRIP

- ☐ WILL RESULT IN OBTAINING ADDITIONAL FUNDS FOR DEPT
- ☐ IS ESSENTIAL FOR ACHIEVING MAJOR GOALS OF DEPT.
- ☐ IS A LEGAL REQUIREMENT

)M CITY	ITINERARY	1ST DESTINATION	2ND DESTINATION	3RD DESTINATION	FINAL (RETURN) DESTINATION
OFFICIAL STATION					
OFFICIAL RESIDENCE		ARRIVAL DATE	ARRIVAL DATE	ARRIVAL DATE	ARRIVAL DATE
P START DATE					

TIMATED COST OF TRAVEL TO BE PAID BY AGENCY
(TRANSPORTATION) (PER DIEM—SUBSISTENCE OR LODGING SUBSISTENCE) (OTHER)

TIMATED COST OF TRAVEL TO BE PAID BY FEDERAL FUNDS
(TRANSPORTATION) (SUBSISTENCE) (LODGING) (OTHER)

- ☐ PRIVATE VEHICLE
- ☐ AGENCY VEHICLE
- ☐ MOTOR POOL VEHICLE
- ☐ COMMERCIAL AIRLINE
- ☐ TRAIN
- ☐ BUS
- ☐ OTHER

HONORARIUM AMOUNT

☐ NO ☐ YES $

LL REIMBURSEMENT BE MADE FROM ANY OTHER SOURCE
(AMOUNT) (SOURCE)

☐ NO ☐ YES $

EXPLANATION IF TRANSPORTATION IS OTHER THAN TOURIST CLASS

EREBY REQUEST AUTHORITY FOR THE OUT OF STATE TRAVEL DESCRIBED ABOVE AND CERTIFY THAT SUCH TRAVEL IS NECESSARY FOR THE OFFICIAL WORK OF THIS AGENCY, THAT IT WILL BE PERFORMED ACCORDANCE WITH STATE TRAVEL REGULATIONS AND THE POLICY OF THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, AND THAT FUNDS ARE AVAILABLE FOR THE PURPOSE

1ST TRAVELER S SIGNATURE	(DATE)	(OFFICE CHIEF S SIGNATURE)	(DATE)
2ND TRAVELER S SIGNATURE	(DATE)	(DIVISION DIRECTOR S SIGNATURE)	(DATE)
3RD TRAVELER'S SIGNATURE	(DATE)	(DEPUTY SECRETARY S SIGNATURE)	(DATE)

S 3 01 (X) (REV 6/74) 843 3

DISTRIBUTION COPY NO 1 (WHITE) TRAVELER
COPY NO 2 (YELLOW) DIVISION DIRECTOR
COPY NO 3 (PINK) ACCOUNTING SERVICES
COPY NO 4 (GOLDENROD) OFFICE CHIEF

WESTERN STATE HOSPITAL
Department of Social and Health Services
Tacoma, Washington 98498-7213

4.1.1	11/15/79
LEGAL RIGHTS	03/01/00

PURPOSE:

Specify the legal rights of patients.

SCOPE:

All patients voluntarily, civilly, involuntarily or criminally involuntarily committed to Western State Hospital.

POLICY:

The following legal rights have been identified by the 1979 Commitment Act and are to be incorporated in the treatment of patients at Western State Hospital (WSH). Copies of these are to be posted on each ward in a prominent place readily accessible for patients to read.

VOLUNTARY PATIENTS: (RCW 71.05)

1. Immediate releases unless involuntary admission procedures are initiated.
2. Access to attorneys, courts, and other legal redress.
3. A review of condition and status at least each 180 days.

INVOLUNTARY CIVILLY COMMITTED PATIENTS: (RCW 71.05)

All involuntary patients have the legal right to:

1. A judicial hearing not more than 72-hours after initial detention to determine whether probable cause exists to detain such person after 72-hours for a further period up to 14-days.
2. Communicate immediately with an attorney appointed to represent them before and at such hearing, and to be told the name and address of the attorney ~~designated~~.
3. Remain silent.
4. Be told that statements they make may be used against them.
5. Present evidence and cross-examine the witnesses who testify against them.

6. Refuse medication beginning 24-hours before a court proceeding.

FURTHERMORE, when taken into custody by a public officer and then placed in a mental health facility, the involuntary patient shall be timely served with a copy of any applicable court petition.

INVOLUNTARY (Criminally Insane) PATIENTS (RCW 10.77)

1. The patient will have the assistance of an attorney for all legal proceedings pursuant to the commitment and if the patient is indigent, the committing court will appoint an attorney

2. Examination by his/her own expert/professional person when an examination is required pursuant to the commitment and if the patient is indigent, that this expert/professional person be compensated by the Department of Social and Health Services (DSHS).

3 The commitment cannot exceed the maximum possible penal sentence for any offense charged for which he/she was acquitted by reason of insanity.

4 Any time the patient is being examined by court appointed experts/professional persons pursuant to the commitment, he/she shall be entitled to have his/her attorney present, and the patient may refuse to answer any questions.

ALL PATIENTS (RCW 71 05 and 10.77) insofar as danger to the individual or others is not created, all patients have the legal right to

1. Adequate care and individualized treatment.

2. Wear their own clothing and to keep and use their own personal possessions, except when deprivation of same is essential to the protection and safety of the resident, or the patient has been transferred temporarily to E-7 for medical treatment.

3 Keep and be allowed to spend a reasonable sum of his/her own money for canteen expenses and for small purchases. (Refer to WSH Policy 1.7.7 for dollar amounts.)

4. Have access to individual storage space for his/her private use.

5. Have visitors at reasonable times

6. Have reasonable access to a telephone, to both make and receive confidential calls.

7. Every person involuntarily detained shall immediately be informed of his/her right to a hearing to review the legality of his/her detention and of his/her right to counsel. If the person so elects, the court shall immediately appoint an attorney to assist him/her

8 Have ready access to letter-writing material, including stamps and to send and

receive uncensored correspondence through the mail. No patient shall be restrained from sending written communications of the fact of his detention, any such communication will be mailed to the person to whom addressed by the physician in charge of the patient and/or person in charge of the facility.

9. To refuse antipsychotic medication unless an appropriate concurring opinion, administrative review or court hearing has been held. (RCW 71.05, WSH Policy 2.4.4, and 2.5 6) A patient has the right to refuse electroconvulsive therapy (ECT) unless ordered by a court pursuant to a judicial hearing in which he/she is present and represented by counsel.

10. Dispose of property and sign contracts unless they have been adjudicated as incompetent in a court proceeding directed to that particular issue

11. Not have psychosurgery performed under any circumstances.

Furthermore, no person shall be presumed incompetent or lose any civil rights as a consequence of receiving evaluation or treatment for mental disorder.

RESPONSIBILITY

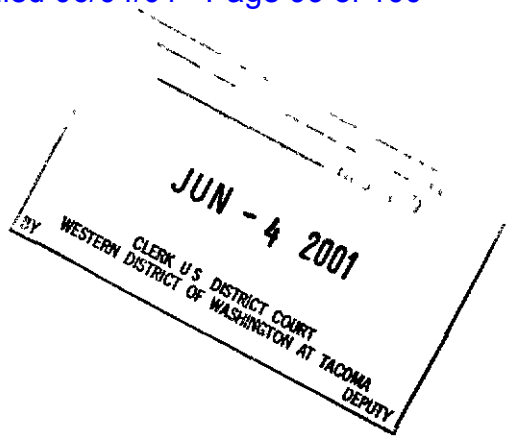
The Director of Social Work shall be responsible for implementation and monitoring

SOURCE

WSH Policy 4.1 2
WSH Policy 4.1.3
RCW 71.05
WSH Policy 4.1.4
RCW 71.05.215
WSH Policy 4.1.8
RCW 10.77
WSH Policy 4.1.10
WSH Policy 2.4.4
WSH Policy 4.1.12
WSH Policy 2.5.6

Jerry Lovrien Date
Chief Executive Officer

Rajiv Vyas, M.D. 3/5/00 Date
Medical Director



The Honorable ROBERT J BRYAN

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

CHRISTI RUST, et al , Plaintiffs, v WESTERN STATE HOSPITAL, et al , Defendants	NO C00-5749RJB CERTIFICATE OF SERVICE

I, Laurie Carley, of PO Box 40124, Olympia, Washington, certify as follows

1. I am, and at all times hereinafter mentioned was, over the age of 18 years,

2. I am a Legal Assistant employed by the Washington State Attorney General's Office, Social and Health Services Division

3 On June 4, 2001, I served on all parties a copy of Defendants' Supplemental Response to Plaintiffs' Motion for Preliminary Relief, and Certificate of Service to the following parties as set forth below

///

///

///

///

ORIGINAL

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558

DEBORAH A DORFMAN STACIE SIEBRECHT WASHINGTON PROTECTION & ADVOCACY SYSTEM, INC 180 West Dayton, Suite 102 Edmonds, WA 98020	[ ] United States Mail [X] Overnight Delivery [ ] Hand Delivery [X] Fax (425) 776-0601

Note: Attachments to Supplemental Response were mailed only

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

Executed on June 4, 2001, in Lacey, Washington

Laurie Carley
Legal Assistant

ATTORNEY GENERAL OF WASHINGTON
670 Woodland Square Loop SE
PO Box 40124
Olympia, WA 98504-0124
(360) 459-6558