

**UT-Harris County Psychiatric Center
Patient Care - Patient Focused Support**

*Plan for the
Provision of Care*

September 2006-2007

Plan for the Provision of Care
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Plan for the Provision of Care

MISSION:

The University of Texas Harris County Psychiatric Center is dedicated to excellence and leadership in the provision of treatment of persons with mental illness residing in Harris County. UT-HCPC has the unique additional missions of the University of Texas Health Science Center at Houston (UTHSCH), which include conducting research into the treatment of mental illness, educating professionals in the care of the mentally ill and providing the resources and knowledge of our staff to the local community.

VISION:

The University of Texas Harris County Psychiatric Center will be a premier psychiatric provider in the delivery of treatment, education, and research. UTHCPC faculty and staff will promote clinical excellence.

PHILOSOPHY OF CARE:

UT-Harris County Psychiatric Center (UT-HCPC) has been mandated by the Texas legislature to provide patient care, education and research. UTHCPC has an additional commitment to community involvement. It has been recognized that continuous improvement in the care of the chronically mentally ill in Texas will require both research into the course and treatments of mental illness. The production of more well-trained mental health professionals is also a vital contribution to the continued improvement of mental health in our community. Within the context of the mission of patient care, education, research and community involvement, the hospital's philosophy of care has been developed.

UT-HCPC focuses on acute intervention for in-patients with major psychiatric disorders who require hospitalization. For outpatients who are seeking continued stabilization, patients either elect treatment or are court ordered for mental health services. Each patient receives treatment based on the diagnosed mental illnesses as well as his or her individual needs. Because of the chronic nature of serious mental illness, patients can be expected to be re-hospitalized periodically.

The basic goal of the hospital's philosophy of care is assessment, treatment and discharge of patients in a short period of time that allows for the treatment objectives to be met. Specific objectives include:

- 1) *Establishment of accurate diagnosis*
- 2) *Improvement and stabilization of presenting psychiatric symptoms, allowing patients to return as rapidly as possible to a less restrictive setting*
- 3) *Involvement of patients in their own treatment*

4) *Incorporation of patients and their families or guardians in aftercare planning*

These goals are applied to the care provided for all patients at UT-HCPC, child and adolescent, adult services and non-inpatient programs.

UT-HCPC is sensitive to patients and families in the development of treatment programs. Treatment is centered around the least restrictive intervention, while honoring patients' rights, and is based on a medical model of psychiatrist-led, multidisciplinary treatment teams. Each physician-led team includes a psychiatrist (M.D.), at least one nurse (R.N.), and a case manager (LMSWp-LCSW, or LPC), social worker (M.S.W.). Other team members may include: pharmacists, licensed psychologists (Ph.D), master prepared therapists, music therapists, a chaplain, a dietitian consultant, and medicine consultant (M.D.). Trainees such as psychiatry residents, psychology residents, medical students/social work students, and nursing students are adjunctive members of a team under appropriate supervision and without independent assessment/treatment capability.

UT-HCPC believes that to ensure excellence in patient treatment, care providers must not only work together as a team to search for new knowledge, they should also display a willingness to continuously improve quality patient care. To support improvements in patient care, UT-HCPC continuously emphasizes education as part of its mission through staff development, as well as student training in numerous vocations. The Performance Improvement Program uses research-like approaches such as data-based decision making to improve quality throughout the hospital. UT-HCPC leaders implement patient safety initiatives to prevent occurrence of errors and to minimize blame. The hospital responds promptly to sentinel event alerts and is proactive in risk assessment efforts. Education, through community involvement, is also recognized as being vital in determining the needs of community and allowing appropriate patient care to be provided after discharge.

THE VALUES OF UT-HARRIS COUNTY PSYCHIATRIC CENTER **"WE CARE"**

Working as a team to provide quality care in a safe environment

Excellence in the service of care

Culturally competent staff

Accountability in our commitment of excellence

Respect and compassion

Ethical and fair treatment for all

ORGANIZATION:

UT-Harris County Psychiatric Center reports to the President of University Of Texas Health Science Center at Houston, who is the delegated representative of the governing body, being the Board of Regents of The University of Texas System. Hospital and patient care services matters are reported to the Governing Body Representative on a quarterly basis through the Hospital/Governing Body Liaison Committee. UT-HCPC members of the committee include the Executive Director, the Hospital Administrator, the Medical Director, the President of the Medical Staff, the Assistant Administrator for Clinical/Nursing Services and the Hospital Fiscal Director. UTHHSC members include the President who is the Governing Body Representative, the Senior Executive Vice President and Chief Operating Officer. In accordance with the Medical Staff Bylaws, Rules and Regulations, the HCPC Medical Staff Executive Committee, which represents and acts on behalf of the Medical Staff, is responsible to the Governing Body Representative for the general quality of care rendered to patients in the hospital. The Medical Staff Executive Committee is also responsible for making recommendations to the Governing Body Representative pertaining to performance improvement activities and matters that ensure the enforcement of hospital and medical staff rules in the best interest of patient care on the part of all persons who hold appointment to the Medical Staff. The Executive Committee is authorized to evaluate the quality of medical and health care services provided, including evaluation of the qualifications of professional health care providers and of patient care rendered by those practitioners.

The Management Team functions as the organizational planning body for budget matters, staffing, programmatic direction and patient care. Organizational support and decision-making are provided to all departments at the Governing Body Liaison Committee level by representation of the Administrator, Medical Director, President of the Medical Staff, Assistant Administrator of Clinical/Nursing Services on the Joint Conference Committee which interfaces with the Governing Body Liaison Committee. Formal reports from Department Directors are presented quarterly at the Joint Conference Committee.

University of Texas - Harris County Psychiatric Center utilizes the "medical model" for patient treatment with a strong emphasis on multidisciplinary input in terms of screening, evaluation, diagnosis and treatment of patients. Staff members providing treatment as part of the multidisciplinary team which includes the psychiatrist, nurse(s), social service clinicians/case manager(s), group therapist(s) and individual therapists as ordered. Teachers participate as members of the treatment team as appropriate. All team members are responsible to the team leader, who is the attending physician. General functions of team members are described for employees by their respective job descriptions. Physicians, psychologists, and nurse practitioners provide treatment consistent with clinical privileges as defined through the medical staff credentialing process. Clinical practice guidelines are used by the organization and are adopted for use by the Clinical Practice Committee.

Treatment teams are organized in accordance with the services provided. The attending psychiatrist supervises the clinical work of his or her team members. Nurses are also responsible to the Director of Nursing or Outpatient Nurse Manager for competency and supervision. Mastered prepared Clinicians, Recreation Therapists, Chaplains, and Residential Treatment Staff are clinically supervised by the Director of Social Services.

The organizational relationship of the programs, channels of staff communication, responsibility, authority and supervisory relationships are depicted in the UT-HCPC organizational chart. In addition, each department has an organizational chart, which depicts reporting structure and supervisory relationships relative to the overall philosophy and goals of UT-Harris County Psychiatric Center.

ENVIRONMENT OF CARE

The hospital environment is designed for patient safety, security and comfort in accordance with the standard seven plans. Units are designed to treat up to 25 patients. A dayroom is available on each unit. Each patient care unit has a patient galley from which snacks are served. The bedrooms are designed for two patients. Handicap accessible rooms and bathrooms are available on each unit. All patients have access to the outdoors. A basketball court and jogging track are available for patient use. Staff members escort patients to the outdoor area on a regular basis throughout the day. A gymnasium is available adjacent to the building. Patients may engage in volleyball, basketball, and other gym activities during their stay. Conference rooms and therapy rooms are available on and/or off the units for patient and family use. Patient privacy is considered in the design of the units.

PROGRAMS BASED ON TYPES OF PATIENTS SERVED AND THEIR NEEDS

The staff of UT-Harris County Psychiatric Center believes in, and strives to maintain, a therapeutic environment through an individualized treatment approach for each patient and family. Each program is designed to provide services appropriate to the scope and level of care required by the patient population served. Patients range from age 3 through adulthood. Adults have primary psychiatric diagnoses and many are in the acute stages of severe chronic illness. Some are at risk for complications to treatment caused by their physical status and many abuse alcohol or drugs. Children and adolescents served are in acute or subacute stages of a severe emotional disorder. Many youth are also involved with other agencies like Children's Protective Services and Juvenile Probation. Since indigent care is provided as well as care to patients with resources, some patients have grave deficits in social support systems. Patients served as part of the public mental health system are afforded the same care as resource patients with available services or referrals to meet their needs.

Comprehensive treatment-oriented activities are provided by a multi-disciplinary staff. Clinical staff members provide skilled nursing care, group therapy, family counseling, and educational groups. All clinical services are delivered by qualified professional staff including, but not limited to, psychiatrists,

registered nurses, psychiatric technicians, clinical social workers, psychologists, teachers, dietitians, pharmacists, master level licensed counselors, recreational therapists, music therapists, and chaplains. Clinical services that are not available within the facility may be provided through referral, consultation or contractual agreements with area professionals and other health care facilities.

The goal of treatment is to assess, treat, and discharge patients as rapidly as possible to a less restrictive setting. The patient's symptoms, strengths, family support and discharge needs provide the basis for care from admission to discharge.

ADULT PSYCHIATRIC PROGRAM

The adult psychiatric program is designed for the acute inpatient treatment of adult patients, ages 18 and over, with primary psychiatric diagnoses. Some patients may have a primary substance induced diagnosis such as mood or psychotic disorders, delusions or withdrawal. A majority of patients have a co-occurring diagnosis of chemical dependency. Both voluntary and court committed patients (who meet admission criteria) are accepted for treatment. Excluded are those patients who are so medically unstable that their safety requires treatment in a medical surgical hospital.

The program is based in the acute-care setting, in unit(s) containing up to 25 beds. The facility is in operation 24-hours per day, seven days per week. Clinical programs are offered seven days a week.

AREAS OF CARE

Psychiatric Evaluation
Psychosocial Assessment
Nursing Assessment
Medical Consults
Dietary Consults
Psychological Screening and/or Testing/
Neuropsychological Evaluation
Diagnostic Testing: Lab, X-Ray, EEG/EKG
Group Therapy & Counseling

SERVICE PROVIDERS

Physicians (Psychiatrists)
Social Services/Case Management
Registered Nurses
Physicians (Internists)
Registered Dietitian
Psychologists

Ancillary/Contract Staff
Group Therapy Social Workers, Counselors,
Recreational Therapists,
Music Therapists and Chaplains

CHILD & ADOLESCENT TREATMENT PROGRAM

The Child & Adolescent Program has been developed in recognition that this population requires services that are separate and distinct from those provided for adults. The program is designed to meet developmental needs as well as the demands of the disorders. The Child & Adolescent Program is designed for the treatment of children and adolescents, aged 17 and younger, with

Primary psychiatric diagnoses and who meet the criteria for medically-supervised, inpatient acute treatment. Chemical dependency or mental retardation is present as a secondary diagnosis in many of these patients. Excluded are those patients who are so medically unstable that their safety requires treatment in a medical surgical hospital. The program is designed to identify and resolve interpersonal and family conflicts, stabilize psychiatric conditions, and identify specialized education and living needs as well as identify ongoing treatment needs. The orientation is biopsychosocial and developmental in approach. Major issues considered include: patient developmental issues, family relationships, peer group relationships, cognitive limitations and educational needs. A structured treatment milieu incorporates a milieu management program and additional therapeutic program elements. The program is designed to promote healthy emotional growth, adaptation and prosocial behaviors. This program is designed with the recognition that inpatient hospitalization is only a part of the ongoing treatment process that requires coordination with families, community agencies, child protective services and the juvenile justice system as well as with outpatient service providers.

The program operates 24-hours per day, seven days per week on distinct units, in an acute setting. Areas of care provided by identified service providers are the same as for Adult Psychiatric Treatment with the following additions:

AREAS OF CARE

Education Assessment
Developmental History
Pediatric Consults

SERVICE PROVIDERS

Teachers
Social Services/ Case Management Staff
Physician (Pediatrician)

ADOLESCENT SUBACUTE TREATMENT PROGRAM

The Adolescent Subacute Program has been developed in recognition that many youth in the juvenile justice system have psychiatric diagnoses and that this population requires services that are separate and distinct from those provided to adolescents in acute care settings, and services that are separate and distinct from those provided for adults. This program is designed to meet the developmental needs as well as the demands of a range of psychiatric disorders for youth who are in the custody of the Harris County Juvenile Probation Department. Youth in this program are not allowed outside of the secure area of the unit or supervised hospital grounds unless advance authorization is obtained from the Juvenile Probation Department (except for emergency medical care, in which case they will be supervised by UT Harris County Psychiatric Center staff). The program is designed for the treatment of adolescents, ages 13 through 17, with primary psychiatric diagnoses who meet the admission criteria. Chemical dependency or mental retardation may be present as secondary diagnoses in some of these patients. Excluded are those patients who are so medically unstable that their safety requires treatment in a medical surgical hospital.

The program is designed to identify and resolve interpersonal and family conflict, diagnose and stabilize psychiatric conditions, and identify specialized education and living needs as well as define ongoing treatment needs. The orientation is bio-psychosocial and developmental in approach. Major issues to be considered in treatment include: patient developmental needs, family relationships, peer group relationships, level of cognitive functioning and educational experiences.

The program is designed with the recognition that treatment on the subacute unit is only a part of the ongoing treatment process that requires coordination with families, community agencies, child protective services and the juvenile justice system.

The program operates 24-hours per day, seven days per week on a distinct patient care unit. Areas of care provided by identified service providers are the same as for Adult and Child and Adolescent Psychiatric Treatment.

RESIDENTIAL: Treatment Program

The UTHCPC Residential Treatment Center (RTC) provides an additional component within the hospital's continuum of care, providing long-term therapeutic interventions for children, ages 12 thru 17 with emotional or behavioral issues. These children do not require hospitalization but are assessed at the Intensive and Specialized levels of care as defined by the Texas Department of Family and Protective Services and do not require 24-hour nursing care and assistance with activities of daily living, nor do they meet criteria for Determination of Mental Retardation or autism. The residents will be referred through Children's Protective Services and Juvenile Probation departments within and outside of Harris County.

OUTPATIENT PROGRAM:

UT-HCPC's Outpatient Program provides comprehensive care for those who suffer from psychiatric disorders and provides an alternative to traditional hospitalization. Patients ages 18 and over receive care from a multidisciplinary team of mental health professionals. Under the direction of a psychiatrist, members of this team include: psychiatric/mental health nurses, advance practice nurses, social workers and licensed professional counselors. The Treatment Team assesses the patient's needs, develops an individual treatment plan and involves the patient in the therapy program. In addition to medication management, individual therapy sessions and group participation is stressed in the program and patients are encouraged to participate fully in the program. Group members are encouraged to share personal feelings, ideas, and problems and develop an awareness of how their patterns of behavior affect themselves and others. Group and individual therapy sessions are provided according to individual patient needs. The level of care provided is based on the patient's clinical need and ranges from daily to monthly visits. When identified by

assessment, patients are assisted with obtaining medical care or special consult needs through primary care in the community. Program staff responds to medical and psychiatric emergencies according to hospital and departmental policies. Community Outreach Services are provided within various community settings for children ages 3 through 17.

ASSESSMENT OF PATIENT

Services:

Assessment Screening

(Voluntary Admission) The Mental Health Mental Retardation Authority of Harris County screens and refers patients for admission to UT-HCPC. In addition, UT-HCPC accepts referral from the professional community (physicians, community agencies, education system, psychologists and counselors), as well as by self or significant others. Assessment screenings are performed by registered nurses and psychiatric residents supervised by attending members of the Medical Staff, 24 hours per day, seven days a week. If admission criteria are not met or if UT-HCPC does not offer a program to meet the patient's need, recommendations are made for available assistance elsewhere in the community. As needed, provision for a safe transfer to an accepting facility and physician will be arranged.

(Involuntary Admission) Admission to the facility may be by an involuntary process as defined under the Texas Mental Health Code. Approximately 50% of admissions are UTHCPC patients who are committed through probate courts.

ADMISSION PROCESS

Inpatient and Outpatient Hospitalization Programs:

Upon receipt of physician's orders and after signing a consent for treatment (as appropriate), patients meeting admission criteria will be admitted to the appropriate unit/program. Outpatient referrals are made from HCPC and from the community. Outpatients will be instructed on when to arrive for the next program day to be evaluated for admission. An initial nursing assessment will be completed by a registered nurse. The physician's admission orders and the nursing assessment then guide the preliminary treatment plan.

The patient's family or significant other, if available, will be interviewed by a member of the staff to obtain information for collateral family information. Patient rights will be explained during the admission process.

The patient and belongings will be searched for unsafe items. All dangerous items will be secured, labeled and placed for safekeeping in the patient registration office if not taken home by the family

at the time of admission. The patient will be oriented to the unit to which he or she is admitted, and will be introduced to staff and peers. The patient will also be introduced into the unit/program activity in progress at the time of admission, as appropriate.

ADMISSION ASSESSMENT AND EVALUATION PROCEDURES FOR INPATIENT PROGRAMS:

Assessment of all patients begins on admission and is integral to the treatment process. Treatment planning is individualized according to individual needs identified through assessments. Primary assessments include the following:

Initial Psychiatric Examination: Performed by an attending psychiatrist or psychiatric resident who is supervised by an attending psychiatrist within 24 hours of admission (may be done by the attending). The initial psychiatric examination includes a history of the present disorder, brief psychiatric history, history of substance abuse, brief family history, brief medical history, mental status exam, diagnostic impression, strengths and weaknesses, and an initial plan of care.

Nursing Assessment: Performed by a registered nurse within 8 hours of admission and includes the patient's physical/mental health, a nutritional screening, a functional screening, a pain assessment, and the immunization status of children/adolescents. The nurse initiates the preliminary treatment plan based upon the findings of the assessments.

Psychosocial Assessment: Performed with the patient and, when possible, family members/significant others by Social Services/Case Management staff within 72 hours of admission and includes a complete family history, interpersonal relationships, medical/psychiatric history, ethnic/cultural and religious issues affecting treatment, abuse history, substance abuse history with screening, initial discharge planning and an integrated summary.

Patient/Family Educational Needs Assessment: Performed by the Registered Nurse at the time of the nursing assessment. This section includes information on any limitations or disabilities that may impact learning ability as well as learning preferences.

OUTPATIENT HOSPITALIZATION ASSESSMENT EVALUATION: Previous assessment information is utilized for patients who are admitted within 30-days of HCPC-Inpatient or HCPC-Outpatient care.

Initial Psychiatric Examination: Performed by the attending psychiatrist within 24 hours of admission, with the assistance of the Advanced Practice Nurse. The psychiatric evaluation includes a medical history and physical assessment, and psychosocial information. A patient

care summary document is also initiated within 24 hours of admission by the registered nurse and updated as necessary.

For patients admitted directly from an accredited inpatient service; the current psychiatric examination is abbreviated (if conducted within 30-days prior to admission.)

Nursing Assessment: Performed by a registered nurse within 8 hours of admission and includes the patient's physical/mental health, a functional screening, a nutritional screening, and a pain assessment. The nurse initiates the preliminary treatment plan based upon findings of the assessment.

Additional Assessments: As indicated by patient need, physicians may order the following assessments:

Psychological Assessment: Performed by a psychologist as ordered by the physician to assist the treatment team in understanding the nature of the illness. The evaluation may include assessment of personality, intellectual functioning, school achievement; adaptive functioning, and neuro-psychological testing based on referral questions of the physician.

Nutrition Consult: Performed by the Registered Dietitian within 72 hours of written order by the physician or notification by nursing that nutritional screening criteria established by the medical staff has been met. (Includes dietary needs, assessment of lab results, preferences, habits, and recommendations.) Outpatients are referred to their primary care physician for nutritional assessments and recommendations.

CARE OF PATIENT:

The Treatment Team: Individualized treatment is based on the findings of the completed assessments and is provided by a multi-disciplinary team of professional staff. This team may include, but is not limited to, the psychiatrist, nursing staff members, social services clinicians, (and a dietitian, as needed). The primary objective of the treatment team is the assessment and treatment of the patient allowing for discharge to a less restrictive setting for continued care. This may include, but is not limited to, the following therapeutic modalities:

Group Therapy: Diagnostic, symptom and function-related groups are offered on each unit each day. Diagnostic related groups focus on providing information about patients' primary diagnoses and techniques for management of mental illness. Symptom related groups focus on processing issues around anger, stress and triggers for relapse. Function related groups present activities and skills for adaptive daily functioning and promote application of skills to the individual's particular life circumstances.

Family Counseling: Parental and family involvement is an important part of treatment and discharge planning. Families are also offered educational opportunities every Thursday evening.

Pastoral Care: Certified chaplains provide pastoral consults, assessments, and counseling through individual consultation, groups and worship services. The patient care includes spirituality groups, provision of religious materials/sacraments, individual pastoral counseling upon consult and worship opportunities. Pastoral care also acts as a source of contact between patients and their pastors, a liaison with the religious community and cultivates involvement of local ministers, congregations and volunteers. Pastoral services are offered in English and Spanish.

Patient and Family Education: Patient education groups are provided by nursing staff and social services clinicians. Patient and family educational sessions offer informative material about mental disorders and supportive resources. An in-house TV channel provides 7/day/wk educational offerings and therapeutic programming.

Milieu Therapy: Provides a predictable, structured and safe treatment setting. Uniform, supportive, and consistent limits are set by the nursing staff members. Patients are assisted with activities of daily living (grooming, hygiene, mealtimes, and bedtime) as needed. Patients are encouraged to take responsibility for self-care, as they are able. Nurses and psychiatric technicians' role model appropriate interaction each shift.

Community Meetings: The nursing staff members meet daily with patients in community meetings to review individual treatment goals and discuss community concerns. These meetings are also held daily the Outpatient Program. The adolescent and children's units utilize a reward system to provide specific feedback to the patient about how effectively he/she is meeting treatment/behavioral goals.

Recreation Therapy: Therapeutic recreation groups are provided by certified recreation therapists. Groups promote functional independence through treatment, leisure education, and recreation participation.

Nursing Education Groups: These groups are facilitated by a nurse. Lecture topics include medication education, life skills, stress management, leisure education, and relaxation techniques.

Alcoholic Anonymous: Meetings are offered four times a week and facilitated by volunteers from AA. Staff members are present at all meetings to insure safety. Patients are selected by the clinicians and attend on a voluntary basis.

Pharmacotherapy: Medications may be used for the treatment of severe emotional disturbance or chemical abuse/addiction upon written order of the physician. The use of medication is individualized for each patient. Medications may be administered only by physicians, registered nurses, and licensed practical nurses in the inpatient, and outpatient programs. The Pharmacy and Therapeutics Function of the medical staff monitors utilization of medication through ongoing monitoring and evaluation activities, which may include peer review.

Treatment Planning: Each program has a multidisciplinary approach to treatment planning. Those involved in the treatment planning process include the patient's physician, nursing staff, and social service clinicians. The team may also include licensed therapists, psychiatric technicians, teachers (and others as needed). The team is responsible for development of the individualized treatment plan and the review and evaluation of ongoing treatment.

Multidisciplinary Problem Aggregation (MPA): The MPA is initiated upon admission by the admitting nurse and the social service clinician and within 72 hours by physician or designee. The MPA is based on the physician's initial evaluation, the nursing assessment, the psychosocial assessment, and physician's orders. It includes the following:

- Identification of initial problems, symptomatic behavior associated with the problem and assessment of the cause of the problem.

Integrated Summary/Problem List

- The physician, in collaboration with other disciplines, evaluates and aggregate information captured on the MPA to formulate clinical impressions through creation of a problem list.
- The integrated summary/problem list is prioritized by the physician.

Master Treatment Plan

The master treatment plan is formalized no later than 72 hours after admission. The treatment plan reflects the multidisciplinary input and collaboration of all team members. It includes the following;

- Identification of physical, psychological and social problems the patient is experiencing
- Identification of patient strengths
- Prioritization of patient needs and care
- Goals of treatment stated in behavioral terms
- Measurable short-term goals stated in behavioral terms that will reflect progress toward the goal achievement
- Therapeutic (interventions) to be used by each discipline to assist the patient in meeting the treatment goals
- The individual or discipline accountable for assisting the patient with therapeutic approaches

- Patient progress in meeting the treatment plan goals is documented in the progress notes, and in the weekly treatment plan review form.

The physician supervises the prioritization of problems and interventions. MDs, nursing staff members, and social service staff members are responsible for documenting treatment, interventions, and revisions in the plan of care.

The patient, and family or guardian, when appropriate, are encouraged to participate in the treatment planning process by providing input and acknowledging agreement with the plan in writing. Conflicts in care decisions and resolutions of dilemmas about care decisions are addressed cooperatively by the team members and the patient and/or family.

Treatment Plan Review: Treatment plans are reassessed by the treatment team on an ongoing basis. After the initiation of the plan, treatment plans are formally reviewed and updated weekly. Changes in interventions are reflected on the weekly treatment plan review form. Outpatient treatment plans are reassessed by the Nurse Practitioner or Physician at least monthly and documented in the treatment planning section of the progress note, or in the on line treatment plan review document.

CONTINUUM OF CARE

UT-HCPC provides care across the continuum. Services are offered in inpatient and outpatient hospital settings. Coordination of care continues after discharge through the connection with UT-HCPC's Outpatient Program, MHMRA and other health care providers.

Consideration of discharge plans begins at the time of admission. The focus on discharge planning needs continues throughout the treatment stay.

Discharge and Post-Discharge Planning Process

Treatment is a multi disciplinary effort. Discharge criteria are established during the initial treatment planning session. These criteria are reviewed and revised as necessary during treatment.

UT-HCPC provides for consistent levels of service across the continuum. Continuity is provided between inpatient and outpatient services through the communication of verbal and written information. Online documentation provides continuity between inpatient and outpatient services.

The physician and social service clinicians coordinate the post discharge treatment plans including continuing treatment with MHMRA, residential facilities, the Mental Sciences Institute, private hospitals, Rusk State Hospital, and UT-HCPC Outpatient Program. Medical follow-up

needs and transportation are also considered during discharge planning as well as housing and referrals for future resource needs. Coordination occurs with other agencies as indicated.

UT-HCPC ensures that appropriate patient care and clinical information is exchanged when patients are referred, transferred, or discharged. Information included at discharge includes: reason for transfer, referral or discharge, patient's physical and psychosocial status, summary of care provided and progress toward goals, and community resources and referrals provided to the patient. Transitions between levels of care are coordinated by multidisciplinary team members to ensure that family members, and others are involved in the care of the patient are kept informed of changes in the patient's level of care.

Utilization Review

The University of Texas-Harris County Psychiatric Center Utilization Management Plan's objective is to monitor quality patient care and effective utilization of available health facilities and services in support of the hospital's mission, vision, values and strategic goals.

The Utilization Management Program strives for appropriate allocation of the hospital's resources by provision of quality patient care in the most cost-effective manner. It provides for timely review of the medical necessity for admissions, continued stays and services rendered. The Utilization Management Committee addresses over-utilization, inefficient scheduling of resources and denials of service from external agencies.

Findings and recommendations of the Utilization Review Committee are reported to the Performance Improvement Committee, Performance Improvement Coordinating Committee, Medical Executive Committee, and Governing Body, and to department directors/managers for review and appropriate action.

The Performance Improvement Committee may, as appropriate, refer problems to the Utilization Review Committee in order for the Utilization Review Committee to conduct reviews of appropriateness and medical necessity of admission, continued stays, supportive services and the provision of discharge planning.

Patient Relations Department

Serves as a liaison between patients, their families, and/or their representatives_(consumers), and the Harris County Psychiatric Center. The patient relations department enables patients and families to obtain solutions to problems by acting on their behalf and recommending alternative policies and procedures in order to improve services to all patients. The patient relations advocate assists UT-HCPC in meeting requirements of regulatory organizations such as the Joint

Commission of Accreditation of Health Care Organizations, Centers for Medicare and Medicaid Services. Areas identified as opportunities for improvement are reported to the Performance Improvement Committee, Performance Improvement Coordinating Council and the Governing Body.

DESCRIPTION OF CLINICAL SERVICES

Community Education and Relations – Members of the professional staff are active participants in an on-going community education service developed to meet the needs of the professional community, as well as the lay public. Those staff members with expertise in public speaking, teaching and/or group facilitating work closely with the Director of Public Information and the Manager of Hospital Wide Education (who are responsible for the coordination of the community education program).

Consultations and Referrals -The attending medical staff are responsible for requesting consultations when indicated. Members of the consulting staff are used for these services unless the services are not immediately available or additional outside expert opinions are needed. A consultation includes an examination of the patient and documentation of findings and follow-up in the medical record.

Diagnostic Testing and Procedures – UT-HCPC provides for limited diagnostic tests and procedures within the facility. Other diagnostic tests, including radiology, and laboratory services, are provided by contracted services.

Dietary Services – Dietary services are available to all patients' seven days a week. Three meals per day are provided during regularly scheduled hours for all inpatients. Dietary services to PHP and IOP are program specific. Nutritious snacks are provided in unit galleys.

Patients are served nutritionally balanced meals planned under the supervision of a registered dietician and in accordance with the written orders of the attending psychiatrist. Individual patient food preferences and nutritional needs are taken into consideration. Consultation and education for patients on special diets is provided by the dietitian.

Dental Services – On-site dental services are not available, but emergency services are available as the need arises.

Education Services – Education services are provided to children and adolescents in a classroom or study room environment. The Department is staffed by Harris County teachers. Educational assistance is provided with a goal of maintaining the patients' school level and improving study skills. Patients receive individualized instruction with certified teachers in small

classroom settings. If needed, a comprehensive evaluation of abilities and aptitude, as well as an assessment for academic deficits or learning disabilities is completed.

Emergency Services – Emergency psychiatric and medical services are provided by the medical staff 24 hours per day. Policies for management of medical and psychiatric emergencies have been developed to guide treatment for those patients requiring immediate medical evaluation and treatment:

UT-HCPC utilizes local medical hospitals including Ben Taub Hospital for medical treatment for any patients in need of transfer for an urgent medical condition that cannot be treated at UT-HCPC.

UT-HCPC has a contract with an ambulance service for non-emergency transport. Any patient in need of urgent medical care will be transported to the nearest facility as determined by EMS. The attending physician or on-call physician shall authorize the use of emergency services and secure an accepting physician at the receiving facility.

The nursing supervisor/designee supervises completion of the Memorandum of Transfer and notification of the accepting facility and the patient's family or significant other. The physician is responsible for the diagnostic work-up and the evaluation of any detected or suspected medical disorders, as well as their clinical management. Qualified medical specialists may be requested by the attending to consult on the care of any patient with identified medical needs.

Medical Services – A relevant laboratory work-up may include a drug screen, blood chemistry, and glucometer testing. Other clinically appropriate diagnostic tests will be provided as indicated upon admission based on data gathered from the medical history and clinical evaluation.

Nursing Services – Nursing care services are organized under the direction of the Director of Nursing. Nursing care is provided by registered nurses, licensed practical/ vocational nurses, and psychiatric technicians who are qualified by education and experience to assume the responsibilities for patient care. The primary goal of nursing service is to provide planned, comprehensive, therapeutic, safe and consistent nursing care 24 hours a day, seven days a week.

Psychiatric nursing is a specialized area of professional nursing practice, which employs theories of human behavior and interpersonal relationships. One of the primary activities of the nursing staff is the establishment of a trusting, therapeutic relationship with patients.

Additional responsibilities of nursing staff include, but are not limited to: providing a safe and therapeutic (milieu) treatment; providing a positive model for interpersonal relationships; providing

opportunities for patient learning; patient assessment and observation; encouraging proper nutrition and appropriate sleep patterns; assessment and care for medical problems, monitoring responses to medication; providing therapeutic activities. Nurses are active participants in the multidisciplinary treatment team. Nursing staff members maintain on-going contact with the patient's family, as appropriate.

Psychiatric Services – The clinical program is directed by the Center's Medical Director, who is chief of staff of UT-HCPC. The medical director works with other medical staff members who directly treat, supervise, participate in management and/or staffing conferences and work in conjunction with the multidisciplinary team responsible for the patient's care.

The attending physicians provide clinical supervision for the clinical staff that renders direct services to patients. Each attending psychiatrist directs treatment planning meetings and the development and updating of treatment plans of his/her patients. The attending physician is responsible for the total medical management of the patients on his/her team. The attending physicians are responsible directly to the Medical Director for clinical care provided.

Psychological Services – Psychologists may function as members of the multi-disciplinary clinical team. They are licensed by the State and credentialed through the medical staff privileging process as independent practitioners. Psychologists contribute to the diagnostic, therapeutic and aftercare efforts of patients and are credentialed to perform Psychological Assessment and Neuropsychological Screening. Psychological testing is performed upon written order of the attending physician. Testing must be initiated within two (2) working days, followed by a written report within three (3) days subsequent to completion of testing. Individual therapy is also provided as ordered by the attending physicians. Affiliated Ph.D. level psychologists report directly to the Medical Director.

Social Services – Social service clinicians assume a responsible role in the delivery of clinical services as described elsewhere in this plan. These services include but are not limited to: assessment, discharge planning, group therapy, adjunctive family sessions, and patient and family education. These services are offered as a component of core treatment team which is led by the attending physician. The Clinicians are under the supervision of a Masters prepared Social Worker.

Social service clinicians assign a schedule of groups that are congruent with the individual's treatment goals. Groups are conducted by licensed master's level counselors or social workers, a chaplain and certified recreation. Groups focus on diagnostic, symptomatic and functional issues.

Pharmacy Services – Pharmaceutical services are provided by a licensed pharmacist through a contractual agreement with a pharmacological company. The dispensing of medication is performed by the licensed pharmacist.

Pastoral Services – Pastoral services are provided at UT-HCPC by Pastoral Counselors.

MANAGEMENT OF INFORMATION

Capture and use of information according to HIPAA requirements- clinical, financial, personnel, performance, strategic - is critical in providing quality healthcare. To this end, annual information needs assessments and plans are conducted at UT-HCPC, evaluating the current status of information flow and availability. Confidentiality and security of information is an inherent part of UT-HCPC's ongoing practices and training. Procedures are in place to prevent information from being lost, destroyed, or tampered with. Staff are trained and monitored for appropriate controls on access, use and release of information. Education is provided in a number of information areas - confidentiality, privacy, performance improvement, financial controls, and software usage - to enhance the knowledge base of staff.

Patient-specific information is carefully documented and organized into a medical chart for every patient in the inpatient and outpatient programs. All entries are dated and signed by authorized individuals; telephone orders are taken only by registered nurses and appropriately authenticated in a timely manner by physicians. UT-HCPC maintains a low delinquency rate on completed charts, as this is a high-priority for the organization. Chart reviews are done on an ongoing basis by a multi-disciplinary team, including physicians, to ensure that quality documentation standards are maintained.

UT-HCPC has an electronic medical record, capturing assessments, progress notes, orders, discharge prescriptions, medication administration, lab results, treatment plans and discharge summaries. UT-HCPC has a continuity/disaster recovery plan in place to provide patient information. (See Disaster Recovery Plan on next page for more information).

CONTINUITY /DISASTER RECOVERY PLAN

DEPARTMENTS	CRITICAL NEEDS	FAILURE MODES	PLAN
Attending and Nursing	Information needed: (1) Allergy's (2) Medications (3) Abnormal or positive labs as follow: (a) CBC with differential (b) Thyroid test (c) Pregnancy (d) BUN Creatinine (e) LFT (Liver Function Test) (f) Physical exam diagnosis Axis III (g) Blood Glucose (h) Emergency Contact (i) Demographic Sheet (j) Prescription Pads	Computer System down due to the following: Natural Disaster, Unscheduled emergency (ie. cut cable, software problems) and Scheduled	(1) Eleven to seven shift will print medication summary sheets on a daily basis. Outpatient nurse prints medication summary on admission and with any changes in medication orders. This record of the patient's medication history is kept in a binder in the nurses office. (2) This sheet gives a history of the active medications for the past 24 hours. (3) The summary sheet will be placed in the front of every chart. (4) A PRN report will be printed daily. (5) A shift report will be maintained from the previous 24 hours. (6) Physicians will write an order on physician's order form. (7) Glucometer maintains a history of each patient's results; therefore, the results can be reprinted. (8) Information is entered When system is functional again.
Admissions	Bed count		(1) Manual bed count is done. Count is entered when computer system is functional again.

UT-HCPC ensures that knowledge resources are available to staff in a number of ways which include provision of electronic and psychiatric literature accessible through the reading room and paper resources, located on the patient units.

GENERAL STAFFING

Staffing patterns are determined by core staffing level based on ADC, attendance expectations in Outpatient Programs and a patient acuity system, with consideration given to individual patient needs in each program. A core staff level is determined for each inpatient unit consisting of nurses, psychiatric technicians, and social workers. Core staffing for services will be determined based on the scope of services offered, attendance, and program size.

COMPETENCY/QUALIFICATIONS OF STAFF

UT-HCPC maintains on-going processes to assure that only qualified and competent staff provides care, administrative or support services. Before hire, prospective employee must pass background check, validation of licensure and degree occurs pre-employment.

Each employee performs his duties according to a criteria-based job description that reflects age and population specific needs and defines required qualifications and competency standards. A performance appraisal is conducted for each employee upon completion of the probationary period and at least annually thereafter. Clinical staff members are also required to complete a competency assessment during orientation and annually thereafter in selected areas to assure that ongoing competency requirements are met. Ongoing competency is monitored and recorded using online competency management program.

Credentialing for members of the medical staff and affiliate staff is provided through the medical staff credentialing and privileging and process for appointment as previously noted. This process is defined in the Medical Staff By-Laws.

All staff members receive mandatory training in patient rights, patient ethics and fire safety. Clinical staff members receive training in pain management, fall reduction strategies, seclusion and restraint reduction, and aggression prevention.

PERFORMANCE IMPROVEMENT

The Performance Improvement Program at UT-HCPC is responsible for providing centralized accountability for organization wide performance improvement activities as they relate to UT-HCPC's mission, vision, values, strategic goals and regulatory body requirements.

Monitoring and evaluation of the effectiveness of patient care and support services are maintained on an on-going basis through the hospital's Performance Improvement Program, the Performance Improvement Committee, Performance Improvement Coordinating Council and Governing Body. The Program emphasizes the analysis of the administrative and clinical processes, identification of problems and opportunities for improvement of services and patient care. These activities provide a mechanism to effectively assure a comparable level of care for all patients.

The overall goal of the Performance Improvement Department is assure continuous and incremental performance improvement in the delivery of safe quality care to our patients and excellent service to our customers and community.

PROGRAM EVALUATION

In order to ensure that we are tracking our patient's improvement in a systematic manner, the physicians and nurses rate the patients within 24 hours of admission and 24 hours prior to discharge, using symptom-rating scales in both inpatient and outpatient setting. Also, those patients who are willing to do so, complete self-report symptoms and functional measures in the same time periods. These are stored in data files, and reports are provided to the clinical areas. Outcome ratings are also collected in Spanish. These reports will help inform regarding the effectiveness of existing treatment and any changes that need to be made to clinical care for specific patients.

RESEARCH

Research is part of our mission. As such, research studies are conducted at UT-HCPC. These include pharmaceutical studies, behavioral studies, imaging studies, computerized studies, retrospective studies and others. All research studies are approved by the University's IRB, known as the Committee for the Protection of Human Subjects, and by the UT-HCPC Research Committee. Only voluntary patients who are assessed (by the attending physician) to have the capacity for informed consent, are included in medication and other invasive research studies at UT-HCPC. Patients who convert to voluntary status after admission may participate in non-invasive and nonpharmacological research such as computerized studies. All research participants are free to leave the study at any time. Apart from their involvement in research, patients involved in research receive the same clinical care as it is provided for all other patients at UT-HCPC.

EVALUATION

This plan for provision of patient care is reviewed and revised as necessary, but not less than annually. The following elements are taken into consideration in conducting the annual review:

- The UT-HCPC mission;
- Strategic goals and budgetary planning process;
- Findings from performance improvement, risk management, utilization review and other evaluation activities;
- Changes in patient care needs/community needs;
- Patient requirements and implications for staffing;
- Relevant information from staffing variance reports; and
- Adequacy of staff recruitment and development activities.

Findings from the annual review will be reported to the Performance Improvement Committee, Medical Executive Committee and Governing Body Liaison Committee.

APPROVED:

Medical Director

Date

President, Medical Staff

Date

Chief Administrator

Date

Executive Director

Date

**SCOPE OF SERVICE
FY 2006-2007**

LEVEL OF CARE

Access to care at HCPC is determined by patient need as determined by acuity assessment performed by the registered nurse. Patients with the same care needs receive the same level of care throughout the hospital. Access to care does not depend on the patient's ability to pay or source of payment. The hospital provides increased monitoring for patients with identified medical needs, patients who are considered at risk for self harm or harm to others. The hospital adjusts staffing to meet specific patient needs. One to one supervision staffing is available on all units of the hospital.

DIETARY DEPARTMENT

This department operates 12 hours a day seven days a week. The Dietary Department is responsible for the following services:

- Serving 3 meals a day plus meal supplements on a 24 hour a day basis
- Menu development based on age, nutritional needs and cultural appropriateness
- Modification of diets as ordered by physician
- Nutritional assessment, consultation and education on patients whose admission assessments trigger a need for additional evaluation and on patients with specific physician orders for these services. These services are available Monday-Friday from 8:00 A.M – 5:00 P.M. and on an on-call basis after hours, holidays and weekends.
- Breakfast, lunch and off-hour grill services for employees
- Monitoring of service through patient and staff satisfaction surveys
- Catering services for hospital events

Staffing Plan for Dietary Department:

- 1 Manager
- 1 Assistant Manager
- 1 Full Time Registered Dietitian
- 1 Half-time Registered Dietitian
- 31 Dietary Support Staff

**FACILITIES MANAGEMENT/
HOUSEKEEPING**

Types and ages of patients served:

Services provided are all-inclusive and apply to all types and ages.

Methods used to assess and meet patient's care needs:

Department does not provide direct patient care.

There are several methods that the department follows to respond to patient and staff needs:

1. Direct request from physicians, nursing or clinical staff.
2. A preventative maintenance program (QUBIC) that automatically generates work orders based on HV/AC, electrical and other life safety components i.e. smoke detectors, fire alarms, or systems that require periodical maintenance and upkeep.
3. Should the request be for furniture for patient use, we provide the requesting department with options that range from safety to comfort to durability.

Scope and complexity of patient's needs:

1. The scope of work includes all maintenance and housekeeping needs.
2. The complexity varies according to the job requests. In the case of outside vendors, who are called to perform work beyond those that we provide safety is the number one concern.

The appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contracts:

The appropriateness is determined by patient needs, coupled with the appropriate safeguards for safety. The timeliness of services provided is dependent upon the nature of the job. While preventive maintenance work is of a routine nature, a request for a clogged up commode, HV/AC requests, safety or other related on-unit, patient related request, is given top priority.

The availability of necessary staff.

Staff for both maintenance and housekeeping services is provided on a 24/7 basis. For special requests, such as modification of existing space that requires construction work, carpet replacement, large electrical additions or renovations, the department relies on pre-approved UT-H procurement services list of vendors.

Staffing Plan

Facilities Operations:		Housekeeping:	
Director	1	Manager	1
Maintenance Supervisor	1	Linen Supervisor	1
Maintenance Leader	1	Floor Tech	6
Maintenance Worker II	4	Housekeeper	12
Maintenance Worker I	1	Housekeeper Lead	1
Staff Assistant	1	Trash Tech	1
Job Coordinator	1		
Stores Clerk	1		
Painter	1		

FINANCIAL OPERATIONS

Types and ages of patients served

Financial Operations does not directly serve patients of HCPC.

Methods used to assess and meet patients' care needs

Financial Operations does not assess and meet patients' care needs.

Scope and complexity of patients' care needs

Not Applicable

The appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contracts

Not Applicable

The availability of necessary staff

Not Applicable

The extent to which the level of care or service provided meets patients' needs

Not Applicable

Recognized standards or practice guidelines, when available

Not Applicable

Staffing Plan

- 1 Director
- 1 Administrative Services Officer I
- 1 Administrative Coordinator
- 1 Accounting Clerk
- 2 Accountant I

HEALTH INFORMATION MANAGEMENT (HIM)

Types and ages of patients served: HIM serves patients of all ages, assisting them in obtaining needed information from their medical records.

Methods used to assess and meet patients care needs: HIM hours are Monday thru Friday 4:30 pm to 8:30 pm. Patient information can be assessed after hours from the electronic portion of the Medical Record (discharge summary, medication orders, etc.)

Scope and complexity of patient's care needs: The goal of HIM is to provide the clinicians with a patient's previous medical record to aide them in providing better and more efficient medical care.

The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contacts: The goal of HIM is to provide support to the clinical staff, and monitor the completeness of the medical chart. HIM provides coders who abstract codes from patient's charts for billing. HIM is responsible for providing information to the various contracted MHMRA clinics. The department releases information when provided with the adequate authorization. HIM staff transcribes assessments and EEG's.

The Compliance function is staffed by the Director of Medical Records. The Director serves as liaison to UT-HSC Compliance department.

Availability of necessary staff. HIM is staffed with 9 employees to meet the needs of their customers. The staff is available seven days a week to provide the necessary support needed

Recognized standards or practice guidelines, when available: HIM practices the guideline of confidentiality. All patient information is kept in a secure area. HIM abides by the Health and Safety Codes of the State of Texas.

Staffing Plan:

1 Director	
1 Medical Records Tech III	1 Senior Staff Assistant
5 Medical Records Tech II	2 Senior Coding Specialist

HOSPITAL-WIDE EDUCATION DEPARTMENT

Description of Department:

The Hospital Wide Education Department serves as a hub for all educational endeavors, acting as both a liaison and gatekeeper for training information. The department is mandated with the mission of assessing on-going competency needs of all sectors of the hospital and continuing education. Provided

within the scope of service is the provision of knowledge and the skills necessary for all staff to remain competent as outlined in perspective job descriptions. Additional areas of responsibility include educational opportunities through community out-reach, tele-education, co-ordination of medical student orientation to UT-HCPC and annual mock exams. Recently added to departmental responsibilities is the supervision of in-house psychiatric library services. The department and it's clinical staff supports evidence-based clinical practice through the provision of the Psychiatric Research web site.

Staffing:

Re-evaluation and continued restructuring of work-related responsibilities within the department proved effective in delineating individual staff responsibilities, while maintaining the multi-tasked expectations and job-sharing responsibilities during absence of a colleague. All also have a primary focus within the department and shared responsibilities with MSI of technical aspects at UT-HCPC TV:

Director (1.0 FTE) - Curriculum Development, Budget management, strategic planning, Tele-Health & Tele-Education, day-day and overall supervision of department.

Clinical Nurse Specialist (1.0 FTE) – Increased clinical focus with integration of practice guidelines, co-ordination of Nursing School education, curriculum implementation, clinical consultation.

Staff Trainer I (1.0 FTE) – Co-ordination of Patient Management Courses, Registrar (Record keeping) and with assistance from CNS, Clinical Preceptor, P.T. educational endeavors.

Clinical Nurse Preceptor I (1.0 FTE) – Increased clinical focus to facilitate integration of HWE training into clinical area in support of new employees CEU endeavors, clinical practice issues, non-mandatory educational offerings, SAMA, CPR, on-unit consultation, Channel 7 co-ordination.

Staff Trainer II – Major focus on software/hardware and related training, Non-clinical CEU endeavors, NEO, SAMA, CPR, Customer Service and Registrar (record keeping).

Support Specialist - (1.0 FTE) Provision of all clerical, scheduling and overall office responsibilities in support of HWE staff.

Departmental Goals:

- a. The on-going development of curriculum based on individual needs of all disciplines within the hospital and related campuses.
- b. The provision of hospital wide need assessments in the identification of learning needs identified the individual department's focus and those learning needs identified by regulatory agencies.
- c. To provide education for the community at large, with emphasis on the communication of available services, the mission and vision, and our role in educating the community about mental illness.
- d. To provide direct education to all disciplines at the level they are needed.
- e. Increased continuity in the delivery of all educational endeavors.
- f. Increase use of available technology in the delivery of educational services via web site:
 - Blackboard - On-line MTR, non-facilitated training
 - Web site
 - Streaming video
- g. Provision of improved delivery of community focused educational endeavors via joint facilitation of Speakers Bureau with Public Information.
- h. Increase partnering with area Nursing Schools in support of quality nursing education. Masters Prepared Nursing staff will partner with nursing schools in the delivery of nursing education at HCPC.
- i. Increase in revenue enhancing educational endeavors.

Description of Internal and External Customers

- a. All direct and indirect patient care staff of HCPC.
- b. Houston Recovery Campus
- c. Facilities Management
- d. Out Patient Services
- e. Contract Services
 - Housekeeping
 - Dietary
 - Pharmacy
- f. UT Police – SAMA Training
- g. Community Outreach
- h. Medical Staff
- i. Nursing Schools (Orientation & Scheduling)

Scope and Complexity of Customer Needs and Services:

All staff is included at some level in hospital wide education endeavors and actively participates in mandatory and on-going training. Mandatory training rates are calculated to assess staff competency in addition to quarterly safety rates.

The HWE education staff provides for new employee orientation, general education in the principles of crisis intervention, CPR and on-going in-services as they relate to unit/ department or practice specific concerns. Staff also accommodates requests for education and consultation on specific areas of interest to direct and indirect caregivers.

The department creates policies and procedures in tangent with the hospital competency committee for the specific purpose of supporting the education mission of the hospital and participates in the on-going assessment of department specific training needs.

Methods Used To Assess And Meet Educational Needs:

- Annual Needs Assessment
- Department specific training requests
- Competency Committee
- Yearly Curriculum
- Focused surveillance of mandatory training rates
- Employee Self Assessment of Needs
- HWE Menu of Services
- Education Referral Form
- Continuing Educational Credits/Hours

Appropriateness, Necessity and Timeliness of Support Services

The lack of ongoing education and assessment of competency could result in serious negative outcomes. Employees are the most valuable assets to the facility and HWE training activities are designed to emphasize the organization's mission, governance, policies and procedures.

These activities specifically address the individual's responsibilities and how to fulfill them within the assigned area of service.

The Director of HWE, Clinical Nurse Specialist, Clinical Nurse Preceptor and Staff Trainers oversee NEO and ongoing training for the facility as a whole. Competency rates, Deficiency of training needs and upcoming training dates are communicated in a timely manner. New educational protocols are created upon recommendations from the clinical areas and as mandated by regulatory agencies in the support of compliance. Departments are also encouraged to make recommendations to HWE and the Competency Committee.

Effectiveness of Services:

The number of employees trained and the compliance rates attained show the effectiveness of Hospital Wide Education. The department continues to update, through both written and verbal assessment, the general center orientation to reflect changes in institutional structures, operational philosophies and treatment protocols.

Standards of Practice or Professional Practice Guidelines:

The department adheres to and promotes standards, which are in compliance with the federal, state, and university regulations and practice standards of JCAHO, CMS, APNA, and Texas BNE.

Availability of Necessary Staff:

Hospital Wide education staff members are available as needed on a 24-hour basis for educational endeavors. Normal hours of education are 7AM- 5:30 PM with staff members staggering arrival time to accommodate the above hours. Staff is also available via phone and pager.

LIBRARY

Effective September 12, 2006, the scope of service for the library is modified in the following manner: Hours of operation will be from 11am to 1pm, Books available will be current within the past four years. Older books will be stored off site, Access to information not in the library can be assessed from TMC Library from any computer. Seating will be available in the reading room.

Recommendations for FY 2005-2006:

- a. Increased use of available Technology in the delivery of educational endeavors.
 - 1. On-line Training
- b. Improved integration of HWE NEO training and education to clinical area.
- c. Increase in delivery of CEU activities for all disciplines.
- d. Completion of work began towards creation of Speakers Bureau and Community Outreach.

- e. Implementation of programs to enhance nursing empowerment and professionalism in support of future magnet status.
- f. Creation of HWE Media Center in support of hospital-wide presentation creation.
- g. Advancement of efforts to increase utilization of Tele-Health/Tele-Education internally, externally and as supported by present budgetary restraints.
- h. Increase patient education endeavors through in-house Closed Circuit television
- i. Additional responsibility of facilitating educational endeavors for other disciplines.

NURSING SERVICES

Nursing Care is provided to patients on 16-25 bed inpatient units. There are Adult inpatient units, a separate Adolescent and Children's Unit, and Outpatient Services.

UTHCPC provides inpatient psychiatric services to patients with primary psychiatric diagnosis. A large percent of patients have a co-morbid diagnosis of chemical dependency. The child & adolescent programs treat children and adolescents, ages 3 through 17, with primary psychiatric diagnosis. Chemical dependency or mental retardation are present as a secondary diagnosis in many of these patients. UT-Harris County Psychiatric Center does not treat patients with primary medical conditions.

Each unit's schedule is designed to meet specific needs of the population served. Nursing care is provided 24 hours a day on all inpatient units. The outpatient program is staffed by Masters prepared RNs.

Scope of Service:

Nursing functions as a member of the Multidisciplinary Team. The patient/family/significant other are integral partners with nursing staff and other multidisciplinary team members in the planning and evaluation of the treatment process.

All members of the nursing staff are responsible and accountable for the safety and well-being of every patient, and for the provision of a therapeutic milieu. Ultimate accountability and responsibility for nursing care rests with the Registered Nurse. The Registered Nurse is responsible and accountable for clinical decision-making regarding the nursing care needs of individuals/groups of patients, which comprise of general adult, and child/adolescent patients.

Registered Nurses are accountable for planning, providing, coordinating, delegating and monitoring nursing care delivered to assigned patients. Other staff members, who are Psychiatric Technicians, and

Licensed Vocational Nurses, assist the Registered Nurse in carrying out delegated nursing care. Based on education, experience and expertise with each job classification, nursing care provided by nursing staff includes, but is not limited to the following:

- formulation of the MTP
- health maintenance
- milieu management
- patient/family teaching
- patient activity groups,
- psycho-educational groups,
- discharge planning, and
- consultation with community agencies.

Effectiveness of Services:

Evaluation focuses on patient outcomes within specified time frames. Continual reassessment provides information to determine if nursing interventions are appropriate and effective.

Nurse Staffing Plan

The Nursing Services Department of UTHCPC supports the provision of quality patient care in a safe, cost-effective manner by appropriately using qualified and skilled personnel. The staffing plan is determined during the budgetary process based on historical data; projections for future program development and expansion; analysis of physician practice patterns; and staff input into the needs of the patients, unit and staff.

There will be adequate numbers of Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and other personnel to provide nursing care to all patients. Staffing is designed to ensure provision of a safe environment while supporting the principles of a therapeutic milieu.

An RN will be immediately available to assist and supervise patient care as well as to respond to emergency situations.

- A.** A Staffing Advisory/Performance Improvement Board is established under the Health and Safety Code to solicit and receive input from nurses on the development, ongoing monitoring and evaluation of the staffing plan. The records and review relating to evaluation of these outcomes and indicators are confidential and not subject to disclosure.

The committee is comprised of:

- RNs who are involved in direct patient care at least 50% of their work time; these RNs shall comprise one-third of the members
- At least one (1) RN from infection control, quality assurance, or risk management
- Representatives from multiple areas of nursing, to the extent possible

The committee shall meet regularly but no less than every 6 months.

- B.** The staffing plan will be:

- a. Consistent with standards established by the Texas Board of Nurse Examiners
 - b. Developed based upon a review of the codes of ethics developed by the nursing profession through national nursing organizations
 - c. Utilize outcomes evaluate the staffing plan. At least one from each of the following three types of outcomes will be considered and correlated to the adequacy of staffing.
 1. Patient outcomes known to be nurse sensitive
 - a. Patient falls
 - b. Adverse drug events
 - c. Injuries to patients
 - d. Skin breakdown – occurring while in the hospital
 - e. Cardiac arrest
 - f. Length of stay
 - g. Patient readmission
 2. Outcomes that are personnel related
 - a. Work-related injury or illness
 - b. Vacancy and turnover rates
 - c. Nursing care hours per patient day
 - d. Overtime rates
 - e. Agency use
 3. Validated patient complaints related to staffing.
2. The committee will evaluate the patient and operational-related outcomes, the validated patient complaints, and nurse-sensitive indicators on at least an annual basis. The evaluation and any recommendations will be documented in committee minutes.

- C.** At a minimum, the staffing levels are based on the following factors:
1. Patient characteristics and number of patients for whom care is being provided, including the number of admissions, number of discharges, and number of transfers
 2. Intensity of care provided
 3. Scope of services provided (includes treatment modalities and programs)
 4. Consideration of:
 - Architecture and geography of the unit (*required*)
 - Availability of technology (*required*)
 - Availability of supplies and equipment (*optional*)
 - Availability of support personnel (lab, housekeeping, patient registration, central transportation, etc.)
 - Other appropriate factors that affect patient care (*optional*)
 - (*specific unit functions necessary to support delivery of quality patient care*)
 5. Staff characteristics including: Tenure, preparation and experience, and number and competencies of clinical and non-clinical support staff the nurse must collaborate with or supervise.
- D.** Staffing levels will be set by taking into consideration the factors outlined in Section C. A standardized process for developing the staffing levels will include:
- Presumptive or initial staffing levels recalculated as necessary, but no less than annually
 - Staffing set on a per unit basis or other basis appropriate to the hospital
 - A process for adjustments made on a shift-by-shift basis based on the intensity of patient care and other factors (number of admissions and discharges)
- E.** Patient care assignments will take into consideration:
- The training, experience and capability of the person to whom the task is delegated.
 - The degree and availability of supervision required for the staff member. The condition of the patient, identified needs, complexity of assessment and care required by each patient. (*optional*) Patient safety and infection control issues. (*optional*)

ADULT
STAFFING PLAN
FY 2006/ 2007

7A – 7P	7P – 7A
RN	RN
RN	RN
HA	HA (1.0)
HA	HA (.50)
	11P – 7A
	RN (1.0)
	RN (.5)
	HA (1.0)
	HA (.5)

CHILD/ADOLESCENT/
SUBACUTE
FY 2006/ 2007

7A – 7P	7P – 7A	} Until 11:00 PM
RN	RN	
RN/LVN	RN/LVN	
HA	HA	
HA	HA	
	11P – 7A	
	RN	
	HA	

OUTPATIENT BEHAVIORAL HEALTH SERVICES

The UT/HPCP Outpatient Behavioral Health Services are comprised of the Outpatient Programs and Community Outreach Programs.

Purpose:

To define the role of the Behavioral Health Services Outpatient and outreach Programs, within Harris County Psychiatric Center's mission and structure.

Policy:

The Behavioral Health Services Outpatient Programs and Outreach Programs, are an integral component of the University of Texas, Harris County Psychiatric Center (HCPC). The programs support and advance the mission of HCPC through professional practices. These practices include the provision of psychiatric assessments and treatment, preventative efforts, therapeutic and empathic approach, restorative intervention and adjunctive services. The Programs' direct charges are to enable patients and their families, through empowerment, to make optimal use of psychiatric care and treatment in order to maximize the patient's physical, emotional and social adjustments. This process encompasses a clinical engagement of patients and their families, dispositional planning and daily adjustment to community living.

Program and Clinical Description

The Programs are staffed by attending Psychiatrists, Nurses, Nurse Practitioners, Masters prepared Social Workers and Licensed Professional Counselors, who assist patients and families in coping with psychosocial, emotional and economic problems associated with their mental disability. Spanish speaking staff enables patients to be served more effectively. Clinicians' in concert with other professional disciplines, provide assessments, time limited problem focused individual and group intervention, case management and referral to appropriate community agencies for aftercare. Patients aged 3 and older are served onsite and in community outreach programs. Administrative staff assistants/ support specialists assist with a variety of non-clinical and administrative needs and processes. The Programs are staffed Monday-Friday from 8:30 a.m. to 6.00 p.m. Patient care and safety issues are administratively covered after program hours seven days a week, 365 days a year.

Program Content:

The Behavioral Health Services Outpatient Programs develop some variation of the "therapeutic community" or "therapeutic milieu." Most of the therapy is carried out in a group setting against a fundamental concept that the experiences and therapeutic activities can be used by the same patient to strengthen ego functions. The staff/patient community develops values, traditions, expectations and pressures that reflect the program's treatment philosophy. The "community" is an ongoing agent of therapeutic change and a context of belonging for each patient. The "community" encourages progressive involvement through group participation, task responsibility, risk taking and self-disclosure.

The therapeutic milieu promotes acceptance, support, clarification, validation, confrontation and problem solving. Individual Therapy focuses on specific individual needs. Personal problems can be explored and new perceptions and perspectives developed.

The Behavioral Health Services Outpatient Program provides an environment where patients can address treatment issues in a structured program that is least disruptive to daily life. Patients who are experiencing moderate impairment due to mental/emotional functioning and/or family relational problems have the opportunity to engage in individual, groups and family therapy. The frequency and length of treatment visits are scheduled due to individual treatment needs.

The patients gain increased life skills, self-esteem, and self control which allow them to reestablish and improve independent function in the community. Essential to the therapeutic community is the group process where each specific therapy group has its own clearly defined, short-term therapeutic focus or goal. These groups act as a safe arena in which the individual can learn, perform, and practice new skills, where realistic and more appropriate patterns of thought and behavior lead to a higher level of personal functioning in relationship to others in an emotionally intimate setting. With this emphasis, the patient's relationships in the therapeutic community are then extended into the patient's relationships with the family, community and job.

Treatment Services:

The Behavioral Health Services Outpatient Program provides short and long-term intensive care and support for those who suffer from psychiatric disorders. The program is a supplement to the inpatient and PHP in the spectrum of the continuity of care as an aspect of an integrated mental health system. Patients receive care from a multidisciplinary team of mental health professionals. Members of this team include the psychiatrist, psychiatric nurse practitioner, and social workers. The treatment team assesses the patient's needs, develops an individual treatment plan, and involves the patient in the therapy program. Discharge plans to the community are developed at the time of admission. The

plans may include discharge to the care of a private psychiatrist. Patients may remain in "maintenance" treatment for as long as required, under the care of the UT/HPCP psychiatrist. Patients in "maintenance treatment" will be seen on average, once monthly, for psychiatric evaluation and medication management.

Community Outreach Programs are provided within various community settings for children ages 3 to 17. These programs are comprised of a variety of preventative, treatment and educational efforts to assist outside agencies in their efforts to maintain the mental health and wellness of their clients.

In order for this outpatient service to be safe and therapeutic for an individual, professional and/or social supports are identified and made available to the individual outside the program hours. Individual group and family therapy are combined in each patient's individualized treatment program based on assessment and needs.

PROGRAM COMPONENTS:

Group therapy involves two major approaches: Educational classes and process group psychotherapy. In educational classes, a specific topic or content of knowledge is imparted by the experienced group leader and processed by the patients. This more didactic approach increases the patient's understanding about certain aspects of their illness, relationships and alternatives to behaviors. Through active participation and skills practice each patient can assimilate this information into new patterns of thought and behavior.

The process group psychotherapy is designed to be more of a spontaneous experience of the patient, to enable them to process their own stresses, thoughts and feelings in a supportive, accepting community, under the supervision of an experienced group therapist.

Individual psychotherapy focuses on specific individual needs and will be conducted confidentially by one of several of the team members depending on the specific therapeutic issues the patient needs to address. The emphasis is on problem solving or resolving any barriers to the patient's full participation in the therapeutic community. Personal problems can be explored and new perceptions and responses developed. The frequency, duration and specific goal of individual treatment area are determined on the basis of individual clinical needs.

Family psychotherapy involves significant members of the patient's family or support system in an attempt to resolve issues related to patient's illness or hindering the therapeutic process.

STAFF FUNCTIONS:

Attending Physician is responsible for providing initial psychiatric assessments and determines the need for admission. He/she provides ongoing psychiatric management and treatment with relative documentation. The lead attending physician provides clinical supervision for the other physicians as well as for the nurse practitioners.

Continuum of Care Director is responsible for the overall functioning of the Behavioral Health Service, Outpatient Program and Outreach Programs. The Program Director's responsibilities include the successful achievement of the department and organization's strategic goals and mission, the development and implementation of a high quality treatment program, fiscal accountability, active organization interface and evaluation and support of new initiatives.

Psychiatric Nurse Practitioner is responsible and accountable for the provision of clinical care to include, initial assessments for patients who have been seen by a psychiatrist within the last 30 days; psychiatric treatment including medication management and individual/family and group psychotherapies. He/She is also responsible for clinical decision-making regarding the clinical/nursing care of individuals/groups required for effective/efficient delivery of care; and for the provision of health care in an area of specialization. This includes mentoring/teaching nursing clinical staff the knowledge and skills necessary to administer professional exemplary care, providing clinical supervision, providing consultation and assistance to Nursing Staff/other disciplines in the assessment, planning, implementation and evaluation of care. In collaboration with hospital leadership and established standards of nursing/clinical practice, evaluates the effectiveness and appropriateness of measures

based on established outcomes. He/She may also be assigned to conduct Utilization Review functions.

Psychiatric Nurse Practitioner and Program Manager is responsible for the above nurse practitioner duties as well as for providing daily staff supervision and management of the programs.

The **PHP Staff Assistant** is responsible for performing various duties involving transcription, typing, computer, record and file maintenance, mail distribution, telephone reception and special projects. The Program Secretary is responsible for performing clerical and secretarial work in support of patient care activity. This position is responsible for courteously and effectively answering all program phone calls, and for participating in the referral development, admission and discharge process of program patients.

The Registered Nurse/Continuum of Care Nurse is responsible for executing comprehensive nursing care and Utilization Review activities as assigned. He/she responds to and assumes responsibility for implementation of physician order, assesses patient needs, plans and implements patient care activities and evaluates the patient's response to treatment. He/she manages activities within the therapeutic milieu and supports the delivery of care by other members of the treatment team. Works towards meeting total patient/nursing care and handling all aspects of routine case management. To provide direct professional care as needed and to provide a multidisciplinary assessment of each patient's psychiatric, psycho-educational and psycho-therapeutic needs to establish the best plan of care possible for each patient. He/she performs nursing educational groups.

The **PHP Senior Clinical Social Worker or Professionally Qualified Clinician** is responsible for providing high quality patient care, displaying good skills in assessment, psycho-diagnosis, treatment planning, group treatment, individual treatment, family therapy and discharge planning towards meeting total patient care. He/She is expected to develop effective relationships and communication with PHP staff, with patients/families and to evaluate the patient's response to treatment. He/She is also expected to make decisions in the areas of crisis intervention, advanced treatment and interpretation of social and environmental factors impacting each assigned case to establish the best plan of care possible for each patient.

Staffing Plan:

The PHP and outpatient staffing plans are based on staff training and licensure requirements, competency, census and regulatory standards. Clinicians are assigned a patient caseload for group and individual therapy.

Outpatient Staffing Plan:

- 1 Director, Continuum of Care
- 2.0 Physicians
- 3.5 Professional Nurse Practitioners
- .5 Senior Social Workers
- 1 Staff Nurse II
- 1 Administrative Assistant II/LVN
- 1 Senior Staff Assistant

PATIENT ACCOUNT SERVICES

Types and ages of patients served

Patient Account Services does not directly serve patients of HCPC.

Methods used to assess and meet patients' care needs

Patient Account Services does not assess and meet patients' care needs.

Scope and complexity of patients' care needs

Not Applicable

The appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contracts

Not Applicable

The availability of necessary staff

Not Applicable

The extent to which the level of care or service provided meets patients' needs

Not Applicable

Recognized standards or practice guidelines, when available

Not Applicable

Staffing plan

- 1 Engagement Director, Contractor
- 1 Insurance Authorization Verification Specialist
- 1 Collections Coordinator

PATIENT REGISTRATION DEPARTMENT

The Patient Registration Department is responsible for the following processes 24 hours a day, 7 days a week:

- Financial screening
- Facilitation of administrative and medical clearance on transferring patients
- Pre-admission and admission of Patients
- Walk-In screening processes and documentation
- Patient property
- Insurance notification and pre-certification of resource patients
- Court documents
- Monitoring, documenting and expediting telephone requests for information and service through the Call Center
- Continuous bed control
- Data aggregation for reports
- After hour emergency detention orders

Staffing Plan for Patient Registration:

- 1 Director, Patient Services
- 1 Clinical Coordinator
- 4 Registered Nurses to cover 16 hours/day seven days a week
- 5 Support Specialists to cover 24 hours/day seven days a week
- 2 Administrative Assistants to support Patient Services and Patient Registration
- 1 Casual Support Specialist
- 2 Casual Hospital Aides

PERFORMANCE IMPROVEMENT DEPARTMENT

The Performance Improvement Department is designed to provide a coordinated, objective and systematic approach to organization-wide performance activities. The Department is based on an integrated and collaborative approach to increase the probability of desired outcomes by assessing and improving those governance, managerial, clinical and support processes that most affect patient outcomes.

The goal of the Performance Improvement Department is to assure continuous and incremental performance improvement in the delivery of quality patient care that is efficient and cost effective and consistent the strategic goals, mission, vision and values of the University of Texas-Harris County Psychiatric Center. The Performance Improvement Manager is responsible for directing and coordinating hospital wide Performance Improvement. The service responsibility of each area includes:

Infection Control (*Infection Control Practitioner/Health Case Manager*)

Scope: To identify and reduce the risks of endemic and epidemic nosocomial infections in-patients and health care workers. Processes are designed for patient care departments and patient care support departments to reduce risks for nosocomial infections in-patients. Also, processes are in place to reduce risks for transmission of infections among patients, visitors and those who serve the institution as well to reduce risks of infection from the environment. The Hospital Infection Control Committee is responsible for implementation of the activities of this area.

The Infection Control Practitioner/Health Case Manager provides a comprehensive occupational health program include case management opportunities involving work-related injuries, managing and participating in the planning, development, and assessment of employee health operations. The health case manager helps identify appropriate providers and facilitates throughout the continuum of services while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source.

Safety Compliance Coordinator

Scope: To provide a physical environment free of hazards and to manage staff activities to reduce the risk of human injury. The Safety Compliance Coordinator is responsible for the development, implementation and monitoring of the safety management program.

Utilization Review (Utilization Nurse)

Scope: To provide an ongoing, systematic process for measurement and assessment of the necessity, appropriateness and efficiency of the use of services and procedures.

Compliance and Planning Coordinator (ORYX):

The compliance and planning coordinator analyzes data and creates necessary reports to identify performance improvement issues. Contributes to the systems applications development required to collect necessary data to monitor performance improvement indicators and submits to ORYX vendor Analyzes Inpatient and Outpatient Satisfaction Surveys and provides reports to Departments and Organizations.

Risk Management

Scope: The Risk Management function is designed to identify, evaluate, and reduce the risk of patient injury associated with care. All individuals who serve UT-HCPC are responsible for monitoring and tracking unusual occurrences in the hospital. The Performance Improvement Department is responsible for trending events as well as identifying / initiating, and coordinating improvement opportunities.

JCAHO

Scope: The Performance Improvement Director is responsible for planning, organizing and the Joint Commission of Accreditation of Hospital Organizations (JCAHO) survey process and to assure that all standards of the JCAHO Comprehensive Accreditation Manual for Hospitals (CAMH) have been reviewed, updated, and implemented for compliance. The purpose of the JCAHO survey process is for the hospital to achieve accreditation by meeting ongoing performance improvement and understanding patient-centered, performance-focused initiatives.

Patient Relations

Scope: To serve as a liaison between patients, consumers and the Harris County Psychiatric Center. The patient relations department enables patients and families to obtain solutions to problems by acting on their behalf and recommending alternate policies and procedures in order to improve services to all patients. The patient relations advocate assists HCPC in meeting requirements of regulatory organizations as the Healthcare Finance Administration, Medicare, and the Joint Commission of Accreditation of Health Care Organizations.

Types and Ages of Patients Served (Ages 3 and above)

This department is responsible for ensuring that Performance Improvement Initiatives, Mental Health Standards, Regulatory Standards, Medicare, JCAHO, are assessed and evaluated and appropriate for all patients (ages 3 through late life) served at the UT-HCPC.

Methods Used to Assess and meet patient care needs

Standards of Practice
Performance Improvement Teams (FOCUS-PDCA)
Assessments
Evaluations

JCAHO Standards, Medicare, Regulatory Bodies, ORXY, NRI, (NASMHPD Research Institute) Internal, external surveys, (Patient Satisfaction, Behavioral Health Care Concepts, Committees, Audits
Patient Relation Reports, Safety Reports

Scope and Complexity of Patients' care needs

Overall responsibility is to ensure that all scopes are related to performance, improvements, strategic goals, mission, vision and values of the hospital as it relates to ensuring quality patient care in all departments at HCPC.

Appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contracts.

This is captured through Utilization Review committees, Patient Relations Committee, Regulatory Body Reports, Performance Improvement Coordinating Council, Performance Improvement Committee, Safety Committee, etc.

The availability of necessary staff.

The extent to which the level of care or service provided meets patients' needs.

Safety Rounds, Infection Control Rounds, Utilization review audits, Patient Satisfaction Surveys, Performance Coordinating Council, and Patient Relations Department. All results are communicated to all levels of employees. (Staff, Managers, Departments, PI, Medical Staff, Governing Body).

Recognized standards or practice guidelines, when available.

JCAHO, Medicare, OSHA, Professional Standards of Practice.

Staffing Plans (total # employees - 8)

- 1 Performance Improvement Director
- 1 Infection Control Practitioner / Health Case Manager
- 1 Patient Relations Director
- 1 Safety Compliance Coordinator
- 4 Utilization Review Nurses
- 1 ORYX Compliance Coordinator

The Performance Improvement Department is available Monday through Friday from 9:00am–5:00pm. Voicemail access is available 24-hours a day seven days a week.

PERSONNEL SYSTEMS MANAGEMENT

Types and ages of patients served

Not Applicable

Methods used to assess and meet patients' care needs

Not Applicable

Scope and complexity of patients' care needs

Not Applicable

The appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contracts

Not Applicable

The availability of necessary staff

Not Applicable

The extent to which the level of care or service provided meets patients' needs

Not Applicable

Recognized standards or practice guidelines, when available

Not Applicable

Staffing Plan

- 1 Director
- 1 Administrative Assistant II
- 1 Data Base Specialist
- 3 Support Specialists
- 1 Recruiter (On HR's payroll)
- 1 Staff Assistant (On HR's payroll)

PHARMACY

The Pharmacy Department services are contracted for and provide the following for all in-patients.

- Monitoring of medication orders, narcotic sheets, floor stock and emergency drug boxes.
- Dispensing of all medications
- Supply billing department with drug charges, purchases and inventory
- Education of staff and patients on medications
- Research support for all medication related research
- Licensing requirement compliance
- Physician consultation
- Staffing of Pharmacy and Therapeutics Committee
- Creation of MAR's
- Formulary compliance and update
- Purchase of all pharmaceuticals
- Data analysis related to medication use
- Reports of aggregated data to assist the hospital in its facilitation of efficiencies

A 12-member team of pharmacy employees composed of 3 pharmacists provides these services, one of which is prepared at the doctoral level, and five pharmacy technicians. Services are provided seven days a week, 13 hours a day through on-site staff Monday through Friday and 8 hours a day Saturday and Sunday. There is on-call availability for the hours when the pharmacist is not on site as well as vendor support for emergency staffing.

Pharmacy Staffing Plan:

- 2 Full time Registered Pharmacists
 - 1 PharmD Pharmacist Director
 - 4 PRN Staff Pharmacist - 16 hrs per month
 - 4 Full Time Certified Pharmacy Technicians
 - 1 Part Time Pharmacy Technician - 16 hrs per week

PUBLIC INFORMATION AND EDUCATION

The Public Information and Education Department plays a key role in the definition and support of the hospital's strategic and long-term planning as well as provides administrative oversight and direction for a broad scope of hospital and university activities. The department is responsible for planning and implementing the communication program that supports UTHCPC's mission components of patient care and enhances its image and identity. The department is accountable for organizing and directing UTHCPC's community, public, media, and internal communications program as well as the Center's crisis relations efforts.

Additional areas of responsibility include the development of educational programming for the community as well as the development of publications used to heighten public interest, understanding and goodwill of UT, UTHCPC and mental illness in accordance with the policies and of UT-HCPC and consistent with administrative guidelines. The Public Information Department also oversees the Center's web site, Volunteer Services, community relations and the technical aspects of the Center's in-house television network.

- The public information department serves all patients center-wide and provides support as needed to clinical programs.
- Patient's needs are determined by the various clinical professionals from other departments and passed along to the department's volunteer coordinator
- Information provided by community contacts passed to the appropriate leader
- The Volunteer Department provides volunteers who work on the units, reading to patients, playing games, etc.
- The department responds immediately (on-call) for any items requested by the clinical units.
- The department director is on-call 24/7.
- Every attempt is made to meet patient needs, as identified by the clinical units.
- There are no professional standards or practice guidelines for the volunteer program.

Staffing Plan

Director, Public Information: Responsible for department oversight.

Volunteer Coordinator: .50 FTE - Provides over site for all volunteer services

Executive Assistant: .40 FTE - Provides departmental clerical/secretarial support; supports volunteer services

PSYCHOLOGY SERVICES

Mission Statement:

Psychology Services is dedicated to providing psychological assessment and associated consultation, individual therapy, and behavioral consultation services. Our assessment services may include intellectual, neuropsychological, personality and achievement components and are tailored to assisting the treatment teams with differential diagnosis and discharge-related issues (including MR status, guardianship issues, and residential placement). Individual therapy is provided for higher functioning patients who may benefit from brief interventions. Behavioral consultations are provided for patients with severe behavioral issues.

Populations Served:

Patients at UTHCPC who are referred by the treatment for specific assessment, therapy, or consultation services are included. These referrals are transmitted from the child, adolescent and adult units and serve all ages.

Staffing:

Licensed psychologists provide oversight and supervision of all psychology clinical work conducted at UTHCPC. In addition, there are master's level psychological associates, psychology interns, and practicum students.

In addition to their clinical roles, the two licensed psychologists are involved in administrative activities, within UTHCPC, the Department of Psychiatry, and the Medical School. These include management of a hospital-wide program evaluation system, primary oversight of a federal grant examining a contingency based treatment for dual diagnosis, implementation of an after-school program for children at risk, and participation on committee meetings at the hospital, department, and medical school levels.

RECEPTION/COMMUNICATION DEPARTMENT

The Reception and Communication functions are shared between telephone operators and the reception staff. The Communication services are provided 16 hours a day 7 days a week with HCPC staff and 8 hours a day through the answering service and the Reception Services are provided 16 hours a day 7 days a week. All staff is cross trained to provide for the most efficient services. The following are Reception Processes:

- Greet and acknowledge each visitor to the facility
- Provide visitor name badges
- Log-In each visitor to the facility

- Provide each appropriate visitor with court application papers and instruct them on the process
- Direct applicants to the correct court area
- Refer applicants for court ordered services to both HCPI and Patient Registration
- Provide interpretation from Spanish to English and English to Spanish for visitors needing that service.
- Provide parking validation
- Page appropriate staff for appointments
- Notify each unit of patient visitors in the lobby
- Facilitate question referrals and answers as appropriate
- Accept and log-in package deliveries
- Refer visitors with patient property to Patient Registration Department

The following are the Communication Processes:

- Respond to and refer each telephone call to the appropriate hospital department
- Make long distance telephone calls and faxes and maintain a log of each
- Provides for the paging service and monitors this activity through a log
- Completes the overhead pages
- Monitors special team pages through a log

Staffing Plan for Reception/Communication:

- 2 Lead Support Specialists
- 6 Senior Support Assistants

RESEARCH AND PROGRAM EVALUATION STUDIES

The role of this department is two-fold: to provide administrative oversight and an infrastructure for conducting research at UT-HCPC and to assess the effectiveness of our treatment.

Research Oversight

The research oversight involves keeping Research Policies and Procedures current and in compliance with regulatory standards as well as relevant as the scope of our research broadens. Oversight includes ensuring that patients' capacity for informed consent is documented in the charts on an ongoing basis, and that all clinically relevant information is in the medication records (including labs, emergency telephone numbers, informed consent documents, etc.). Oversight also includes ensuring that the billing department gets the necessary information for billing the appropriate entity

The research department director is responsible for preparing the agenda for the HCPC research committee and ensuring that all employees are educated regarding the procedures for conducting research at HCPC. Also, the director ensures that all research protocols are presented and voted on by the Research Committee and that they receive CPHS approval. The research department director also provides supervision for grant writing that occurs at HCPC (apart from clinical trials, which are written and negotiated by the PI).

Program Evaluation

Program evaluation occurs at admission and discharge. The goal is to assess patients and to develop the most parsimonious means of distinguishing among patients upon admission so as to assist in treatment planning.

Inpatients are assessed within 24 hours of admission and 24 hours prior to discharge. A variety of assessment modalities are used, including rating scales (BPRS, ADRS, GAF) for adults and the Patient Satisfaction Form is administered at the time of discharge. The measures used for assessing adolescents include the BPRS-C, the OAS, the CSI, and the BIS. In Outpatient Services, patients are assessed at admission and on a monthly basis.

Types and ages of patients served: Included are adult inpatients and patients in Outpatient Services.

These patients have the standard range of diagnoses, including Schizophrenia, Bipolar Disorder, or Major Depression, often with co morbid substance abuse. Also the department assesses adolescents, whose primary disorders include mood and behavioral disorders.

Support Services: COPES will not provide support services for patients, but we hope that our data will be helpful in leading others to find the appropriate support for patients.

Availability of necessary staff: We currently are utilizing the expertise of unit clinicians (i.e., psychiatrists, nurses, psych technicians) as well as staff trained in data clinical data gathering and entry.

The extent to which the level of service provided meets patients' need: Generally, patients seem to enjoy the opportunity to discuss their problems; the one-on-one attention afforded them, and the snacks that are provided during the assessment. Ultimately, it is believed that these assessments will have an impact on patient care and will help to "tailor" treatment to their needs.

Recognized standards or practice guidelines: Only measures that have been found to be psychometrically sound in other settings have been selected as part of the assessment package.

In terms of practice guidelines, the facility is currently considering the implementation and use of center-wide practice guidelines.

Current Staffing:

1 Ph.D. level Clinician

2 Data Collectors

SOCIAL SERVICES DEPARTMENT

Mission Statement:

The Social Services Department is dedicated to patient care, education, community service and research through Case Management, Psychotherapy/Counseling, Recreation Therapy, and Pastoral Care for the patients of HCPC. We are dedicated to providing clinical services with integrity and compassion to meet the treatment needs of the patients, conduct ongoing inquiry and evaluation of the therapeutic processes, and offering information and resources to the public as well as patients, through our integration with other disciplines, departments and agencies.

Populations served: Residents of Harris County, Texas who suffer from a diagnosed mental illness are admitted to this acute psychiatric setting for treatment and stabilization of symptoms of a DSM IV diagnosis. There are presently seven general adult units.

Adolescents (ages 13-17) are served on three separate units. One unit is acute for stabilization and short-term treatment. The second unit is Sub Acute and addresses longer-term care for adolescents with a DSM VI diagnosis who have become involved with the Juvenile Criminal Justice System. The third unit is an Adolescent Residential Program that offers specialized and intense levels of care for children, ages 12-18, that are in the care of Children's Protective Services and Juvenile Probation departments throughout the state of Texas. This program operates under permit/licensure through the Texas Department of Family and Protective Services.

Children (ages 3-12) are served on a separate unit, which allows for short term, acute care.

Assessment Process:

The Social Services Department assesses patients upon admission. A Clinician in this department completes a psychosocial, which is forwarded to the treatment unit along with the Psychiatric Evaluation that is performed by the admitting Psychiatrist. These evaluations, along with the Nursing Assessment, serve, as a guideline for the treatment needs of the patient. The admitting Psychiatrist orders that the patient be assessed and involved in group therapy as assessed, per criteria.

The Social Service Clinician makes group assignments based on the initial assessments, group criteria and the patient's problem list. This data involves input from the core Treatment Team. Once the group assignments are made, the Social Services Clinicians, Recreation Therapists, and Pastoral Care integrate the patient into the assigned groups and an ongoing needs assessment continues, along with the group intervention.

Recreation Therapists complete an additional assessment upon the patient's first attendance to group, distinct to their discipline and intervention. Pastoral Care provides a pastoral consult and religiosity assessment as ordered specifically by the physician.

Case Management:

In addition to the delivery of Psychotherapeutic groups, each Clinician carries a caseload of assigned patients. For the assigned patients, the Clinicians provide case management services such as discharge planning, interface with legal agencies including in-house Probate Court, referrals for care after discharge including housing, financial, psychiatric care, transportation, and follow up appointments with appropriate agencies. They are also responsible for coordinating care during the hospitalization with the family, guardian and/ caregiver, preparing for a supportive system once the patient leaves the facility. The sub-acute and residential case managers interact on an ongoing basis with CPS and Juvenile Probation.

Scope and Complexity of Patients' Care:

The goal of the Social Services Department is to provide therapeutic intervention that alleviates the symptoms and returns the patient to their prior level of functioning. Additionally, the clinicians strive to provide the patients with skills, information, and sources of support that were absent prior to their hospitalization.

The Appropriateness, Clinical Necessity, and Timeliness of Support Services Provided Directly by the Hospital or Through Referral Contracts:

The Social Services Department has weekly presentations for the family members of patients. With the patient's permission, family members are called and encouraged to come to the educational presentations. The families are also given community resources for support; such as NAMI and other various self-help groups. Patients are also introduced to NAMI and other community support services during the patient education series.

Additionally, staff members arrange for monthly presentations for adolescent, adult and older adult patients by the AIDS Foundation. As they are available, other guest speakers provide education and access to various community based resources.

Availability of Necessary Staff:

Licensed and/or certified professionals offer clinical services daily from each of the four disciplines (i.e. Clinical Counseling, Recreation Therapy, Music Therapy, and Pastoral Care). In regard to weekend coverage, there is an on call clinician for case management. Managerial coverage is provided 24 hours, 7 days per week. A cascade call list is used as an additional source of on call coverage.

Staffing Plan

As a vital component of treatment, the Social Services Department regards the competent clinical staff as vital to the delivery of patient services. Competency of staff is reliant on training, experience, and patient to clinician ratio. The following staffing patterns describe the level needed for quality patient care.

Psychotherapy groups, individual and family therapy, and case management services i.e. discharge planning are provided by Social Services Clinicians. These Clinicians are Licensed Master Social Workers or Licensed Professional Counselors. Each adult unit is assigned two (2) full time Clinicians. The Child and Adolescent Services has five full time Clinicians, and one 50% Clinician.

The Clinicians on all units are responsible for conducting scheduled psychotherapy groups at least two times per week, participating as a part of the treatment team in daily rounds, facilitating the patients discharge placements/referrals to assure continuity of care, provide family meetings, advocacy for the patient with the family and /or the community, providing hospital wide patient education, and family education. One Lead Clinician is assigned to two units, thus supervising a team of four clinicians, compiling performance improvement data, auditing charts, conducting two groups per day, covering for sick and vacation for four clinicians, and participating in planning and implementation of special projects. One team includes the two clinicians who are part of the admission team. The Clinicians on the admission team work an evening shift and complete psychosocial, patient education, obtain needed consents, and meet with significant others, if available. There are two floating clinicians who cover two days a week for clinicians who have worked the weekend. The remaining three weekdays they assist with coverage on various units as needed. The Department Director supervises the two floating Clinicians. All Clinicians and Lead Clinicians (with the exception of the admissions team) rotate the weekend coverage. In addition to the weekend coverage rotation, unit assigned Clinicians have a designated day of the week that they are available until 8:00 p.m. for the families of patients.

Three full-time Certified Therapeutic Recreation Specialists (CTRS) provide recreational Therapy services. The CTRS is responsible for providing patient care services on 2-3 units. Their full workday is assigned to patient care activities (assessment of patient, treatment groups, individual intervention as needed), including documentation of assessment results, master treatment planning, patient progress in treatment and education, group preparation, program planning, departmental and/or hospital-wide meetings and committees. In order to maintain a therapeutic setting, the CTRS will determine the number of patient to staff ratio based on the group activity. One full time Lead Certified Therapeutic Recreation Specialists will provide direct patient care in the form of coverage, as well as scheduled activity. The Lead CTRS will also provide supervision of the three CTRS and two Certified Music Therapists.

Pastoral Care is provided by one Chaplain II and one Chaplain I. The duties of this discipline include scheduled spirituality groups for each unit of the hospital and individual pastoral consults and Religiosity Assessments by physician order. Additional duties are to distribute religious material/sacraments and offer hospital wide worship services (one adult services and one adolescent service weekly). The Spanish-speaking chaplain holds daily groups for the Spanish-speaking patients, one of which is a worship group. Pastoral care also acts as a source of contact between patients and their pastors, a liaison with the religious community and cultivates involvement of local ministers, congregations and volunteers.

ADULT GROUP PSYCHOTHERAPY

Master level Clinicians who are licensed in a clinical capacity by the State of Texas facilitate group therapy. The Clinicians facilitate psychotherapeutic groups throughout the day as an integral part of the patient's treatment. These groups consist of three core groups. Additional groups target specific problems and/or diagnosis. The patient is referred to the assigned Clinician for assessment and involvement in-group as appropriate per criteria. Two levels of group are available with the following criteria:

On Unit Groups:

GAF 20-30
Oriented X3
No overt aggression/psychosis

Off Unit Groups:

GAF 30+
Oriented X3
No overt aggression/psychosis

On Unit groups are more didactic, educational groups for lower functioning patients. Off unit groups are geared to higher functioning patients and are process groups. Patients who are assigned to the higher-level groups are encouraged to participate in the on unit groups as well.

GROUP DESCRIPTIONS: *Management of Mental Illness:* A generic, didactic group that addresses mental illness in general i.e. ways to cope with the symptoms of the illnesses, stigma attached to the illness, importance of attentiveness to physical health, and compliance with treatment.

Resource: An educational group that teaches basic assertiveness skills and the techniques needed to access support in the public assistance system. Assistance resources are also made available to the patients, according to their needs.

Recreation Therapy 1: Development of leisure skills for functioning in the home and the community.

Spirituality 1: Strives to help patients develop an understanding of their spiritual processes and how those processes impact perception of their environment. Seeks to aid in the development of positive spiritual coping skills.

Grief/Trauma: Focus on the needs of patients who are being affected by a significant loss and/or trauma. Topics will include identifying responses to grief and trauma, stages of grief, and methods/resources to promote healing.

Mood Management: Exploring the symptoms for both depressive and manic phases, medication compliance, coping skills to use in the management of the disorders, and community resources specific to affective disorders.

Anger Management: Provide information about anger and techniques for managing anger. Recognition of the stages of anger and strategies to manage through behavioral and cognitive intervention.

Depression: Teaches skills for coping with depressive symptoms, education about depressive disorders, and ways of developing support systems.

Patient Education: Explores symptoms and management of a variety of disorders.

ADOLESCENT PSYCHOTHERAPY GROUPS:

Adolescent group criteria are the same as adult with different age specific content. The groups are as follows:

Coping Skills

This generic group addresses multiple mental health issues. It primarily teaches daily living skills to manage behavior and emotions.

Relapse Prevention

This group is offered twice a week, once for patients who fit the criteria of poly-substance abuse/dependence and once for those who may have experimented with substances or who are abstinent. All patients are enrolled in one of these groups. Groups address the stages of abuse and dependence, dual diagnosis and self-medication, consequences versus benefits of substance abuse, basic principles of the twelve steps, alternatives to substance abuse, identifying triggers and plans to avoid relapse, and what to do if relapse occurs.

Anger Management

Anger Management meets on the same days as Relapse Prevention. The patients not attending Relapse Prevention on that day are assigned to this group. Thus, all patients receive Anger Management as well. This group covers a range of topics related to effectively managing anger and rage. Many of these techniques are also effective in managing impulsivity. Effectively communicating feelings and needs, assertiveness versus aggressive/passive-aggressive/passive styles, managing feelings (stuffing, erupting, etc.), and techniques for managing anger are covered throughout these sessions.

Grief, Loss, and Abandonment

This group is intended for higher-functioning patients who can process and interact well with their peers. Any patient who identifies a significant loss in their life as impacting their life may be assigned.

Issues have included death of a family member or friend, abandonment by one or both parents, and incarceration of a parent or loved one. Patients are encouraged to identify their feelings related to the loss and feelings are normalized through the group experience. Stages of grief are also discussed.

Patients are encouraged to write to the person who is lost from their life and release any guilt, anger, or other feelings associated with the loss. They are also taught reframing techniques and to celebrate the positive memories and their resilience.

Self Esteem

Self Esteem group provides a forum for addressing negative perceptions patients may have about themselves and may also project onto others. Patients are taught how to identify their strengths and create positive affirmations for themselves, and to restructure all or nothing thinking. Patients learn how to set and achieve personal goals for growth and enrichment.

Creativity

This group requires higher functioning patients. Patients learn to harness their creative energy through a variety of activities designed to enhance and strengthen their problem-solving and communication skills. It also provides an alternative outlet for expressing thoughts and feelings. Patients are encouraged to journal, write poetry, draw, create, and participate in a variety of forms of self-expression.

Healthy Relationships

This group teaches the importance of healthy relationships. Relations between peers, lovers, authority figures, and parents are explored. Healthy versus unhealthy relationships are discussed and include issues of codependency and relationships based on power and control. The dysfunctional versus functional family model is explored and patients are encouraged to identify any roles they may play in that system. Topics of common concern for teens are also discussed including dating, sexuality, gangs, and peer pressure.

Abuse: Surviving and Thriving

Patients who have experienced trauma through physical, sexual, and/or emotional abuse and who are higher functioning may attend this group. Patients are encouraged to recognize the abuse that has occurred to them and their innocence in the process. Any shameful feelings are addressed and restructured. Common emotional and behavioral symptoms are addressed. Patients are taught thought-stopping and other techniques for handling flashbacks. They also are encouraged to purge themselves of negative self-talk and replace them with loving and caring thoughts. They are also empowered by learning how to protect themselves and what to do to prevent further abuse in the future.

Management of Mental Illness

This group focuses on managing symptoms of mood disorders, impulsivity/hyperactivity, and psychosis. The importance of medication is explored, as well as the common symptoms of various diagnoses. Patients are taught a variety of cognitive and behavioral techniques to further their recovery efforts.

Family Night

This group is an opportunity for parents and caregivers to meet and discuss the challenges and rewards of parenting. Parents will learn techniques for providing the necessary structure and support for a child with a mental illness. This group will also provide a forum for learning about mental illness and to vent common frustrations. Special emphasis will be placed on positive reinforcement, how to confront oppositional teens, and the unique challenges and opportunities of blended families.

Alcoholic's Anonymous

Meetings are offered for adults four times per week and facilitated by volunteers from AA. The adolescent patients are offered a meeting twice weekly and these are facilitated by volunteers from AA. Staff members are present at all meetings to insure safety. Patients are selected by the clinicians and attend on a voluntary basis.

Children's Groups:

The Children are involved in the Group Psychotherapy when they are able to tolerate the group process, even for brief periods of time.

Coping Skills is designed to assist the children in coping more effectively with their mental disorder and daily living.

Anger Management teaches techniques to express frustrations and manage impulsive behaviors.

Pastoral Care:

There are one Chaplain II position and one Chaplain I position. Each holds a Master of Theology with special certification in Clinical Pastoral Counseling and provides pastoral care and counseling through consultation, groups and worship services. The scope of the service includes Spirituality groups, provision of religious materials/sacraments, individual pastoral counseling upon consult and worship opportunities. Pastoral care also acts as a source of contact between patients and their pastors, a liaison with the religious community and cultivates involvement of local ministers, congregations and volunteers.

Therapeutic Recreation:

Therapeutic Recreation promotes functional independence and reducing the effects of mental illness by providing opportunities through treatment, leisure education, and recreation participation.

Social Skills Group introduces methods for developing social interaction skills, acceptable expression of feelings, and the development of interpersonal communication skills.

Focus:

- Learn interaction skills (encourage interactions),
- Appropriate demonstration of feelings/coping, and
- Communication skills (style)

Leisure Education Group focuses on developing a healthy attitude about recreation and leisure time. To explore with the patient his/her needs, interests, barriers, and values as they relate to leisure involvement. To increase the patients awareness of community and recreational resources.

Focus:

- Self-awareness within leisure involvement,
- Values,
- Barriers to leisure, and
- Discharge planning-leisure resources & community integration

Cognitive Skills Group utilizes leisure modalities and cognitive skills intervention to improve attention span, memory, problem solving, planning, and organizational skills.

Focus:

- Focus on task,
- Reality orientation,
- Problem solving, and
- Planning, organizing, and implementing

Departmental Staffing:

One full time Director, two full time Certified Chaplains, one full time Lead Certified Recreation Therapy Specialists and two full time Certified Recreation Therapy Specialists staff, two full time Licensed Professional Counselors , five full time Licensed Social Workers who serve as Lead Clinicians, sixteen full time Licensed Social Workers and one 50% Licensed Social Workers who serve as Social Service Clinicians. One of the Social Workers is dedicated to full time case management of the Residential Program. In addition, there are ten full time Lead Resident Advisors and ten (10) part time Resident Advisors staff the Residential Unit 24/7. They serve as direct care givers, conducting activities/groups with the residents, and providing mentorship/counsel to the residents.

Extent to which level of care or service provided meets patient's needs:

The services offered far exceed most standards in the capacity of hours of treatment and the variety of modalities in which treatment is based. The services are designed to address individual treatment plans.

The staffing is presently adequate to offer the needed services to the patients. An increase in staff will be necessary if additional units are opened or services are expanded to include other disciplines and/or individual sessions.