

# **The University of Texas - Harris County Psychiatric Center**

## **Mission, Vision, and Values**

### **Mission**

The University of Texas Harris County Psychiatric Center is dedicated to excellence and leadership in the provision of patient care and the growing need for treatment of persons with mental illness residing in Harris County. UTHCPC has the unique additional missions of UT Health- The University of Texas Health Science Center at Houston, which includes 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 provided in the delivery of treatment, education, and research. UTHCPC faculty and staff will promote clinical excellence.

### **Values**

“WE CARE”

**W**orking as a team to provide quality care in a safe environment

**E**xcellence in the service of Care

**C**ulturally competent staff

**A**ccountability in our commitment to excellence

**R**espect and compassion

**E**thical and fair treatment for all

## **SCOPES OF SERVICE**

**FY 2011-2012**

### **Medical Staff Services**

#### **ORGANIZATION:**

UT-Harris County Psychiatric Center (UTHCPC) 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.

UTHCPC 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), psychologist, group therapist(s) and individual therapists as ordered. Teachers participate as members of the treatment team when 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 and psychologists provide treatment consistent with clinical privileges as defined through the medical staff credentialing process. Clinical practice guidelines as published by the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry are used by the organization and are adopted for guidance by the Executive Committee.

#### TREATMENT PROGRAMS:

The medical staff of UTHCPC 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 childhood through adulthood. Adults have primary psychiatric diagnoses and many are in the acute stages of a severe chronic mental 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, sub-acute, and residential levels of care and commonly exhibit stages of a severe emotional disorder. Many youth are also involved with other agencies like Children's Protective Services and Harris County Juvenile Probation. Since care is provided to patients with and without resources, some have grave deficits in social support systems. Patients served as part of the public mental health system are afforded the same care as patients with other resources 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, 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 clinically indicated 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 a primary psychiatric diagnosis. 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 units 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 Service Providers

Psychiatric Evaluation Physicians (Psychiatrists)  
Psychosocial Assessment Social Services/Case Management (Social Workers)  
Nursing Assessment (Nurses)  
Medical Consults Physicians (Internists)  
Dietary Consults (Dietitian)  
Psychological Screening, Neuropsychological Evaluation and/or Testing (Psychologists)  
Diagnostic Testing: Lab, X-Ray, EEG/EKG (Ancillary/Contract Staff)  
Group Therapy (Social Workers, Counselors, Recreational Therapists' and Chaplains)

### Centers of Excellence in Adult Services:

Adult services offer three units with specialized services designed to focus treatment on a specific diagnosis. The goal is to provide focused, evidence-based care for these diagnoses as well as to contribute to the knowledge base in these treatment areas. These services include treatment of patients with schizophrenia, bipolar disorder and co-occurring substance abuse/dependence disorders.

## 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 patients with these disorders. The Child & Adolescent Program serves children and adolescent patients, 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 Service Providers

Education Assessment for those enrolled in school (Teachers)  
Developmental History (Social Services/ Case Management Staff)  
Pediatric Consults (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 UTHCPC 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 the 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.

## **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
- 2 Admission Nurses to cover 10hours/day six days a week
- 8 Admissions Coordinator Support Specialists to cover 24 hours/day seven days a week
- 1 Admission Coordinator Property Control
- 2 Financial Counselors

## **NURSING SERVICES**

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.

Nursing Care is provided to patients on 16-25 bed inpatient units. There are seven adult inpatient units and two Child and Adolescent Units.

UTHCPC provides inpatient psychiatric services to patients with most primary psychiatric diagnoses. A large percentage of patients have a co-morbid diagnosis of chemical dependency. The child & adolescent programs treat children and adolescents, ages 3 through 17, who have a 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, although some medical issues can be addressed in conjunction with psychiatric care (i.e., hypertension and diabetes).

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.

### **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 patients.

Registered Nurses are accountable for planning, providing, coordinating, delegating and monitoring nursing care delivered to assigned patients. Other staff members (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
- medication management
- 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, and as needed, 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.

Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and other personnel will be scheduled (per the staffing pattern) to provide nursing care to all patients. Staffing is designed to ensure the 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.

### **Staffing Advisory Committee**

- A. A Staffing Advisory Committee is established to solicit and receive input from nurses on the development, ongoing monitoring, and evaluation of the staffing plan.

The committee is comprised of:

- 60% of the committee will be comprised of RNs who are involved in direct patient care at least 50% of their work time
- At least one (1) RN from infection control, quality assurance, or risk management
- Representatives from multiple areas of nursing
- The committee shall meet at least quarterly

The committee is charged with:

- A. Participating in the written plan for staffing within the nursing department of the University of Texas Harris County Psychiatric Center (UT – HCPC).
- B. Delineating guidelines for measuring and analyzing data related to staffing effectiveness for nursing.

- C. Promoting appropriate action to improve staffing when analysis of data identifies a need for improvement.
- D. Monitoring to ensure that quality patient care is rendered.
- E. Ensuring that adequate and competent staff are scheduled to meet the nursing care needs of UTHCPC patients.

### **The Staffing Plan**

1. The staffing plan will be consistent with Texas Department of State Health Services (TDSHS) Administrative Code, Title 25, Chapter 133, Hospital Licensing, Subchapter C, Operational Requirements, Rule §133.41, shall designate an advisory committee established in accordance with Health and Safety Code (HSC), §§161.031 – 161.033, Standards of practice established by the Texas Board of Nurse Examiners in rule 217.11 of the Texas Occupations Code
  2. At a minimum, the staffing levels are based on the following factors:
    - A. Patient characteristics and number of patients for whom care is being provided
    - B. The number of admissions and discharges
    - C. Intensity of care provided
    - D. Scope of services provided (includes treatment modalities and programs)
    - E. Consideration is taken regarding the:
      - i. Architecture and geography of the unit (*required*)
      - ii. Availability of technology (*required*)
      - iii. Availability of supplies and equipment (*optional*)
      - iv. Availability of support personnel (physicians/residents; therapists; housekeeping; RTs, etc)
    - F. Staff characteristics (including tenure, preparation and experience)
    - G. Staff competencies
  3. The Staffing Plan and staffing patterns will be established by taking into consideration the factors outlined above.
  4. Staffing patterns will be evaluated with the Staffing Advisory Committee at a minimum of once per year (and more as needed).
- *Refer to the Nursing Services Staffing Plan Policy and Staffing Patterns for additional details*

### **Patient Care Assignments**

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. Patient safety and infection control issues.

## **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 local and throughout the state Children's Protective Services, Harris County Juvenile Probation Department, Texas Youth Commission, Office of Refuge and Resettlement, and self pay referrals. 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 assessment on each patient. This evaluation along with the Initial Psychiatric Evaluation and Nursing Assessment serves as a guideline for the treatment needs of the patient. The Attending Psychiatrist orders that the patient be assessed and involved in group therapy based on identified treatment needs.

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 Attending Psychiatrist.

**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 case managers and residential Clinicians interact on an ongoing basis with CPS, Juvenile Probation, Texas Youth Commission, Office of Refuge and Resettlement, and self pay referral sources.

**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 coping skills, referral 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 facilitates a Family and Friends weekly educational night for the family members of patients. The families are provided time to be given general information about mental health services as well as community resources for support; such as NAMI and other various self help groups.

***Availability of Essential Staff:***

Licensed and/or certified professionals offer clinical services daily from each of the three disciplines (i.e. Clinical Counseling, Recreation Therapy, and Pastoral Care). The Director, Lead Clinicians, and assigned Clinicians provide on call coverage 24 hours, 7days per week.

***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 ensured through education, training, and experience. 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 and one Lead Clinician. The Child and Adolescent Services have three full time Clinicians and one Lead Clinician. Included in the staffing plan is one Flexible Clinician who is assigned to direct care responsibilities when staff ratio is reduced due to vacations, sick leave, etc.

The Clinicians on all units are responsible for conducting scheduled psychotherapy groups at least four 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. Two Lead Clinicians are assigned to Adult services and Child and Adolescent services. Their responsibilities include supervising all Clinicians, compiling performance improvement data, auditing charts, conducting a group per day, covering sick and vacation leave for clinicians, and participating in planning and implementation of special projects. All Clinicians and Lead Clinicians rotate the weekend coverage.

Certified Therapeutic Recreation Specialists (CTRS) provide Therapeutic Recreation services. The CTRS is responsible for providing patient care services on 3-4 units per Therapeutic Recreation Specialist. 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.

***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

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.

Included in the staffing structure are two Spanish translators. One of the translators is responsible for coordinating all translating needs hospital wide which may include the Language Line and other outside contract services.

### **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.

### **ADULT 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. It also teaches skills for coping with depressive symptoms, education about depressive disorders, and ways of developing support systems.

***Resource:*** An educational/process 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. This group seeks to aid in the development of positive spiritual coping skills.

**Management of Emotions:** Provide information about anger and techniques for managing anger. Patients will learn to recognize the stages of anger and develop strategies to manage their emotions through behavioral and cognitive intervention. The patient will explore the symptoms for both depressive and manic phases, medication compliance, and coping skills to use in the management of the disorders, and community resources specific to affective disorders.

#### ***Alcoholics Anonymous***

Meetings are offered for adults one time per 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.

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

### **ADOLESCENT GROUPS DESCRIPTION:**

#### ***Coping Skills***

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

#### ***Anger Management***

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.

#### ***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.

#### ***Healthy Relationships***

This group teaches the importance of healthy relationships. Relations between peers, significant others, authority figures, and parents/family members 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.

### ***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.

### **CHILDREN'S GROUP DISCRPTION:**

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**

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

### **Anger Management**

This group teaches techniques to express frustrations and manage impulsive behaviors.

### ***Departmental Staffing:***

One full time Director, two full time Certified Chaplains, one full time Lead Certified Therapeutic Recreation Specialist and three full time Certified Therapeutic Recreation Specialist staff, two full time Licensed Professional Counselors, two full time Licensed Masters Social Workers who serve as Lead Clinicians, seventeen full time Licensed Masters Social Workers.

### **Residential Treatment Center Staffing**

One full time Licensed Masters Social Worker who serves as the Lead Clinician and two Licensed Masters Social Workers that provides case management and therapy for residents. In addition, there is one full time Lead Resident Advisor, ten Resident Advisors, and five Casual Resident Advisors that 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.

## **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

## **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:***

5 Senior Support Specialists

## **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

1 Facilities Manager:  
1 Superintendent  
1 Maintenance Leader  
4 Maintenance Worker II  
1 Maintenance Worker I  
1 Staff Assistant  
1 Painter

### Housekeeping:

1 Manager  
6 Floor Tech  
12 Housekeeper  
1 Housekeeper Lead  
1 Environmental Tech

## **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 Chief Operating Officer  
1 Accounting Manager  
1 Supervisor, Revenue Cycle  
1 Budget Analyst  
1 Financial Analyst  
1 Administrative Coordinator

## **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 7:00 am to 4:30 pm. Patient information can be assessed from the electronic portion of the Medical Record (discharge summary, initial psychiatric examination, 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 provides information to the various contracted MHMRA clinics as needed. The department releases information when provided with the adequate authorization.

**Availability of necessary staff:** HIM is staffed with 7 employees to meet the needs of their customers. The staff is available five (5) 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 Health Information Administrator	1 Senior Coding Specialist
1 Certified Coder	2 Support Specialists
3 Medical Records Tech II	

## **HOSPITAL-WIDE EDUCATION DEPARTMENT**

**Description of Department:**

The Hospital Wide Education Department (HWE) 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 providing general orientation for new employees, assessing on-going competency needs of the hospital, providing mandatory training requirements, and continuing education/training.

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 coordination of nursing schools and UT -medical student orientation to UT-HCPC and assistance with the annual mock exams.

**Staffing:**

Re-evaluation and continued restructuring of work-related responsibilities within the department has provided additional responsibilities for the staff. The department consists of:

**Manager (1.0 FTE)** - Curriculum development for orientation, education, and training; budget management, strategic planning, supervision of HWE staff and overall responsibility of department. Increased clinical focus with integration of practice guidelines, co-ordination of nursing school education and clinical site scheduling, curriculum implementation, clinical consultation, student and a training scheduling, policy development, and collaboration with Nursing Leadership team.

***Clinical Nurse Preceptor (1.0 FTE)*** – Increased clinical focus to facilitate integration of HWE training into clinical area in support of new employees, continuing education credit endeavors, clinical practice issues, non-mandatory educational offerings, SAMA, CPR, lectures and in-services, record keeping for licensed staff, and on-unit consultation

***Staff Trainer I (1.0 FTE)*** – Co-ordination of Patient Management Courses (SAMA), CPR, new employee orientation, assistance of training/educational initiatives with the Clinical Nurse Preceptor and Psychiatric Technicians, orientation class for contract employees, and record keeping of all hospital 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:
  - Training and Resource Center On-line MTR, non-facilitated training
  - Essential Learning Library – on line courses for licensed staff
  - Video- based educational training
- g. Provision of improved delivery of community focused educational endeavors via participation in Community Health Fairs
- h. Increase collaboration 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. Facilities Management
- c. Contract Services
  - Housekeeping
  - Dietary
- d. UT Police – SAMA Training
- e. Community Outreach
- f. Medical Staff (Orientation)
- g. Nursing Schools (Orientation & Scheduling)

h. Colleges & Universities (Practicum Student Orientation for Social Worker students, Pharmacy & Psychology)

***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 (Nursing Staff)
- 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 Manager of HWE, Clinical Nurse Preceptor, and Staff Trainer 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 the Joint Commission, 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 - 5:00pm. Staff is also available via phone and pager.

## **PERFORMANCE IMPROVEMENT DEPARTMENT**

### **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 Director 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.

***Quality Improvement Coordinator-Safety Compliance Focus***

*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 and emergency preparedness 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.

### **Quality Improvement Coordinator**

The Quality Improvement 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.

### ***Clinical 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. The Director of Performance Improvement reports high risk/ Sentinel events to the UT Risk Manager.

### ***The Joint Commission***

*Scope:* To serve as a resource for HCPC Joint Commission Teams. To monitor compliance with The Joint Commission Standards, The Director of Performance Improvement develops and coordinates monitoring systems (mock surveys, audits) to ensure that HCPC meets The Joint Commission standards for accreditation 365 days a year.

### ***Patient Relations***

*Scope:* To serve as a liaison between patients, families, advocacy, 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.

### **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, Center for Medicare and Medicaid Services (Conditions of Participation), and The Joint Commission Standards, are assessed, 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

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 to support hospital processes.**

**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.**

The Joint Commission, Texas Department of Health and Human Services (Center of Medicare and Medicaid Services, OSHA, Professional Standards of Practice.

**Staffing Plans**

- 1 Performance Improvement Director
- 1 Infection Control Practitioner / Health Case Manager
- 1 Patient Relations Director
- 3 Utilization Review Nurses
- 2 Quality Improvement Coordinators
- 1 Data Collector
- 1 Senior Support Specialist

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**

Personnel Systems Management does not directly serve patients of HCPC.

**Methods used to assess and meet patients' care needs**

Personnel Systems Management 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 Data Base Specialist
- 2 Senior Support Specialists
- 1 Staff Assistant
- 1 Senior Statistician

**PHARMACY SERVICE**

Pharmacy Service is an integral part of the health care team that works with physicians and nursing staff to provide high quality pharmaceutical care to our patients. Pharmacy oversees all aspects of medication management to ensure that the client/patient gains the most benefit from drug therapy selections made as part of one's care. Pharmacy staff is also responsible for the following:

- Reviews medication orders to ensure appropriateness of indication, dose, and reduce the risk of any potential interactions with medications or nutrients.
- Stock automated medication dispensing machines on nursing units for patient administration.
- Fill and dispense discharge prescriptions that have been reconciled with medication orders patients received as inpatients.
- Provide support to the Pharmacy and Therapeutics Committee
- Maintain the hospital formulary and update medication processes in Sunrise
- Educate patient and staff on medications
- Participate in and support research in the hospital population
- Meet all accreditation and licensing requirements
- Maintain fiscal responsibility with close scrutiny of the budget for pharmaceuticals
- Educate and train pharmacy students from three Colleges of Pharmacy
- Consult with physicians on medication therapies and formulary choices
- Provide clinical services for medication therapy recommendations on the nursing units

Pharmacy is comprised of the following staff:

- 1 Pharmacy Director
- 3 full-time registered pharmacists
- 2 part-time registered pharmacists (=1.4 FTEE)
- 3 full time certified pharmacy technicians
- 1 part-time certified pharmacy technician (0.5FTEE)

- 3 PRN registered pharmacists
- 3 PRN certified pharmacy technicians

Pharmacy Service is available from 7:30AM to 9:00PM Monday through Friday, and 7:30 to 4:00PM on Saturday and Sunday. The Director is on call at any time to consult or resolve pharmacy issues.

## **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

## **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, 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, 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 and participation on committee meetings at the hospital, department, and medical school levels.

## **MANAGEMENT OF INFORMATION SYSTEMS (MIS)**

***Types and ages of patients served:*** MIS does not directly serve patients of HCPC.

***Methods used to assess and meet patient's care needs:*** MIS provides support to users of HCPC electronic systems including the EMR, monitors security and helps to maintain and protect data integrity. IM Steering Committee provides oversight of all projects related to IT. Reporting to various legal entities including Joint Commission, CMS and MHMRA is provided as required in secure formats to ensure patient confidentiality.

***Scope and complexity of patient's care needs:*** MIS does not directly serve patients of HCPC.

***The appropriateness, clinical necessity and timeliness of support services provided directly by the hospital or through referral contacts:*** MIS works to provide HCPC staff with a stable electronic platform on which to enter and access patient information, maintain data integrity and provide quality reporting as needed/required. Patient demographic information can be accessed from Siemens Invision, clinical data can be accessed from the electronic Medical Record (EMR) Sunrise Clinical Manager, and scanned items can be accessed from Documentum and Siemens Document Imaging systems. The Helpdesk 713-486-4848 is the method of support for electronic systems. Requests for new equipment, programs or changes can be submitted via the DPSR (MIS Service Request form) located in Webforms/Intranet.

***Availability of necessary staff:*** MIS is staffed with 11 employees to meet the needs of their customers. MIS hours are Monday thru Friday 6:30am to 5:00pm with on-call coverage after hours/weekends/holidays.

**Recognized standards or practice guidelines, when available:** MIS practices the guideline of confidentiality. All patient information is kept in a secure area. MIS abides by the Health and Safety Codes of the State of Texas including Joint Commission, TAC 202, and CMS

**Staffing Plan:**

1 Executive Director	3 Applications Support Analysts
1 Manager/Systems Support Analyst	1 Interfaces/Applications Support Analyst
2 Systems Administrators (one on site, one at DCOS) Specialist	1 Telecommunications Systems
1 Systems & Applications Specialist	1 Client Support Analyst