



Manual: Administrative

Section: Leadership

Number: B205v6

☒ Policy ☒ Procedure

Title: Plan for the Provision of Care

Current Content Expert: [REDACTED], DNP, MHA, RN	Committee Approval(s) P&P Coordinating Committee Patient Safety Committee Joint Leadership Committee	Date(s) 01/10/23 03/13/23 04/06/23
Department Head: [REDACTED], Vice President Patient Care Services and CNO		
Executive Management Team Member: [REDACTED], Vice President Patient Care Services and CNO <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Reviewed (no changes) Track: <input type="checkbox"/> A <input checked="" type="checkbox"/> C Replaces: 05/05, 12/06, 11/09, 07/11, 01/13, 09/14, 07/17, 09/20	Medical Executive Committee Approval Date: 04/13/23 Board of Directors Approval Date: 04/27/23 Effective Date: 04/27/23	

I. PURPOSE:

This plan provides a framework for the hospital management team, medical leadership, and associates, as appropriate, to identify, develop, implement, evaluate, and improve health care services. This plan identifies the organizational components essential to respond to the needs of the CHOC patient population in providing effective quality patient care including meeting our customer requirements of care that is safe, timely, effective, efficient, equitable, and patient centered. The plan incorporates the hospital's network of integrated and collaborative processes, and is supported by the strategic plan, annual budget, and policies and procedures. The plan serves as a basis to:

- A. Identify opportunities for improvement in the services provided;
- B. Identify new patient care services;
- C. Ensure the delivery of the appropriate level of care throughout the continuum, in an environment committed to patient safety;
- D. Direct the integration of patient care services throughout the organization; and
- E. Direct the sufficient allocation and use of qualified and competent staff members.

II. MISSION, VISION, AND VALUES:

- A. **Mission Statement:** To nurture, advance, and protect the health and well-being of children.
- B. **Vision Statement:** To be the leading destination for children's health by providing exceptional and innovative care.
- C. **CHOC Core Values:**
 - 1. Excellence – Setting and achieving the highest standards.
 - 2. Collaboration – Working together to achieve our Mission.
 - 3. Compassion – Caring with sensitivity and respect.
 - 4. Service – Understanding and exceeding customer expectations.

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5. Innovation – Advancing care through new ideas and technology.
6. Accountability – Serving as dedicated stewards of the lives and resources entrusted to us

III. DESCRIPTION/DEMOGRAPHICS:

- A.** CHOC Hospital is a 334-bed tertiary pediatric facility that provides care to Orange County and surrounding area residents. With a medical staff of approximately 665 physicians, CHOC Hospital offers nearly every pediatric specialty.
- B.** CHOC Hospital plays a vital role in the community through organizational leaders, physicians, and associates participation in community programs and activities. Examples of involvement include: Primary Care Clinics throughout the region, CHOC Nurse Advice Program, CHOC Clinica Para Ninos and serving on community Board of Directors such as the Santa Ana Boys and Girls Club and Ronald McDonald House.
- C.** Our patient population is described below as percent distribution by race (data based on pediatric discharge information for FY2022):
 1. Hispanic 53%
 2. White 25.6%
 3. Asian 8.4%
 4. Black 2.4%
 5. American Indian/Alaska Native 0.01%
 6. Native Hawaiian 0.00%
 7. Other 10.5%
 (Source: Performance Analytics)
- D.** The age distribution of CHOC patient population is described below by percent (data based on pediatric discharge information for FY2022):
 1. 0 days to 24 months 37.3%
 2. 2 to 5 years 11.5%
 3. 6 to 7 years 5.5%
 4. 8 to 12 years 15.2%
 5. 13 years and older 30.5%
 (Source: Performance Analytics)

IV. ORGANIZATIONAL CHART:

See Administrative Policy B200: Organizational Functions Leadership Chapter, Organizational Chart.

V. SCOPE OF SERVICES:

- A.** As a tertiary children's facility, CHOC provides the following health care offerings for patient care services in accordance with federal and state regulations, professional practice standards and codes, and incorporates the needs of our patients and community.
 1. CHOC Disciplines/Departments providing Patient Care Services
 - a. Nursing

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- 1) Medical Surgical Units (4th and 5th floors)
- 2) Neuroscience Unit (5th floor)
- 3) Neonatal Intensive Care Units (2nd Floor, 4th Floor and CHOC-SJH)
- 4) South Tower Hematology/Oncology Unit
- 5) Outpatient Infusion Center
- 6) Pediatric Intensive Care Units (3rd and 6th floors)
- 7) Cardiovascular Intensive Care Unit (6th floor)
- 8) Emergency Department
- 9) Trauma
- 10) Perioperative/Surgical Services
- 11) Mental Health Unit
- b. Imaging/Radiology Services
 - 1) PET Scanning
 - 2) Interventional Radiology
 - 3) Nuclear Medicine
- c. Heart Center/Cardiac Catheterization
- d. Case Management
- e. Child Life Service
- f. Patient Placement Center
- g. Diagnostic Services
- h. Extracorporeal Life Support (ECLS)
- i. Emergency Transport Services
- j. Infection Control
- k. Laboratory Services
- l. Occupational Therapy
- m. Pharmacy
- n. Physical Therapy
- o. Primary Care Clinics and Practices
- p. Providence Speech and Hearing Center- Audiology
- q. Psychology
- r. Renal Dialysis
- s. Respiratory Services
- t. Social Services
- u. Specialty Care Clinics and Practices
- v. Specialty Laboratory
- w. General Laboratory
- x. Speech Therapy
- y. CHOC Institutes
 - 1) Cancer Institute
 - 2) Heart Institute
 - 3) Neuroscience Institute
 - 4) Orthopaedic Institute
2. Patient Care Services Purchased Services
 - a. St. Joseph Hospital (purchased services)

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- 1) Radiation Therapy
3. Other Organizational Relationships or Support Departments
 - a. Admitting
 - b. Bio Medical Services
 - c. Community Education
 - d. Environmental Services
 - e. Facilities Management/Plant Operation
 - f. Food and Nutrition Services
 - g. Health Information Management
 - h. Human Resources/Associate Health
 - i. Infection Control
 - j. Information Systems
 - k. Interpreter/Translation
 - l. Materials Management
 - m. Organizational Development
 - n. Tele-Communications
 - o. Visual Communications
 - p. Volunteer Services
4. Administrative Departments
 - a. Academic Affairs
 - b. Administration
 - c. Business Development
 - d. Clinical Education
 - e. Finance
 - f. Financial Planning and Decision Support Services
 - g. Institute Development
 - h. Managed Care Contracting
 - i. Marketing and Communications
 - j. Medical Staff Office
 - k. Quality Management
 - l. Research Administration
 - m. Performance Improvement
 - n. Project Management Office

B. The average length of stay for the following inpatient areas for FY22

1.	Medical/Surgical	3.00
2.	NICU	28.65
3.	NICU SJO	12.3
4.	Hem/Onc	7.53
5.	PICU	11.51
6.	CVICU	10.33
7.	Mental Health	7.25

(Source: HPM)

C. The five most common inpatient diagnoses

1. COVID-19
2. Encounter for antineoplastic chemotherapy

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3. Acute bronchiolitis due to respiratory syncytial virus
4. Major depression disorder, single episode, unspecified
5. Dehydration
(Source: HPM)

D. The five most common outpatient diagnoses were:

1. Encounter for follow-up exam after treatment for condition other than malignant neoplasm
2. Acute upper respiratory infection, unspecified
3. Fever, unspecified
4. Vomiting, unspecified
5. Contact with and (suspected) exposure to COVID-19
(Source: HPM)

E. The most common procedures done under general anesthesia for Procedure Center

1. EGD biopsy single/multiple
2. Dental surgery procedure
3. Remove tonsils and adenoids
4. Create eardrum opening
5. Circumcision age > 28 days
(Source: HPM)

F. The most common procedures done under general anesthesia for inpatients

1. Resection of appendix, percutaneous endoscopic approach
2. MRI of brain using other contrast, unenhanced, enhance
3. Drainage of spinal canal, percutaneous approach, diagnostic
4. Excision of duodenum, endo, diagn
5. Resection of gallbladder, percutaneous endoscopic approach
(Source: HPM)

G. Patients who require inpatient services that are not provided by CHOC Hospital are transferred to appropriate facilities. Conditions of this nature may include, but are not limited to:

1. Burns
2. Obstetrical
3. Organ transplant

VI. INTERDISCIPLINARY PATIENT CARE SERVICES:

A. Each patient's care is coordinated through a multi-disciplinary team approach that prioritizes goals and interventions. Patients are assessed and re-assessed by each discipline according to defined policies and procedures. This collaboration is accomplished through efforts such as multidisciplinary rounds, morbidity and mortality reviews, family care conferences, and group consultations, and documentation of the care processes. Specific examples of regular interdisciplinary collaboration include but are not limited to:

1. Unit Rounds

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2. Early Developmental Assessment Center (EDAC) Case Conferences
3. California Children's Services (CCS) Team Conferences
- B.** Communication among disciplines occurs through both formal and informal mechanisms. These may include but are not limited to:
 1. Verbal communication and consultation
 2. Interdisciplinary rounds
 3. Interdisciplinary plan of care
 4. Medical record progress notes
 5. Reports to food and nutrition services from Pharmacy in reference to TPN and food/drug interactions
- C.** Policies and procedures are developed by health care professionals who maintain current expertise and knowledge in their specialties. Findings from current nursing and patient care research and other sources of evidence are integrated into the policies and procedures that govern the provision of patient care.
- D.** Patient care areas collaborate with the medical staff to provide safe, quality patient care. The medical staff is responsible for the medical plan of care and has the responsibility to assess and improve patient care for CHOC patients. The medical staff's role in the process of policy development and improvement is pivotal within the organization, as addressed in the Mechanism for Improving Organizational Performance [refer to Administrative Policy A102 – Performance Improvement (PI) Plan]. Individuals with clinical privileges provide medical services in accordance with the Medical Staff Bylaws.
- E.** The professional practices of licensed, certified care providers listed as part of the following grid are governed by the respective state practice acts and other relevant state regulations and/or national standards. Decisions to delegate tasks to unlicensed staff are governed by relevant state regulations.

VII. NURSING SERVICES:

As a Magnet designated organization since 2008, CHOC Nursing Operations are designed to support continuous improvement, advance innovation in nursing practice and patient and family centered care. As a systems oriented organization patient safety is a fundamental component to the practice environment as well as an environment consistent with the standards of nursing detailed by professional regulations and professional organizational practice and standards.

A. Practice of Nursing

1. The national Magnet recognition accorded by the American Nurses Credentialing Center advances and recognizes (a) quality in a milieu that supports professional practice, (b) excellence in delivery of nursing services, and (c) dissemination of "best practices" in nursing services. The characteristics that define nursing services in

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a Magnet healthcare environment emphasize high quality patient care, clinical autonomy and responsibility, participatory decision making, strong nurse leaders, two-way communication with staff, community involvement, opportunity and encouragement for professional development, effective use of staff and resources, and high levels of job satisfaction.

2. The practice of nursing is further defined in the California Nurse Practice Act, which is located in the California Business and Professions Code and implementation regulations are in the California Code of Regulations.
3. In accordance with the California State Nurse Practice Act, Business and Professions Code, Article 2. Scope of Regulation, 2725, “the practice of nursing means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill.” Further, Title 16, California Code of Regulations, describes Standards of Competent Performance in Section 1443.5.
4. Other relevant state regulations and professional organizational standards govern the practice of nursing at CHOC Hospital. For example, the Society of Pediatric Nursing and American Nurses Association (2015) document entitled the Scope and Standards of Pediatric Nursing Practice guide the practice of pediatric nurses. This document outlines the standards of professional performance: quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.

B. CHOC Nursing Philosophy

To be nurse leaders committed to partner with patients and families in providing excellent and compassionate care through innovation, evidence-based practice, and research.

C. Areas where Nursing is practiced

Nursing care as defined is performed in the following areas

1. Medical (North Tower 4th)
2. Hematology/Oncology Services (CHOC South 5th Floor)
3. Neuroscience Unit, Oncology Overflow (CHOC North 5th floor)
4. Pediatric Intensive Care Unit, Cardiovascular Pediatric Intensive Care Unit (CHOC North 3rd Floor and 6th Floor)
5. Surgical Unit (CHOC North 3rd Floor)
6. Perioperative/Surgical Services (CHOC South 3rd Floor)
7. Cardiac Catheterization Services (CHOC South 3rd Floor)
8. Neonatal Intensive Care Unit, Small Baby Unit (CHOC North 2nd floor) and CHOC South 4th Floor
9. Emergency Department
10. St. Joseph Hospital Neonatal Intensive Care Unit

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11. Mental Health Unit
12. Associate Health Nurse
13. Outpatient Infusion Center
14. Patient Placement Center
15. Primary Care Clinics and Practices and Mobile Units
16. Specialty Care Clinics and Practices
17. GI Motility Laboratory

D. Nursing Leadership

Patient care and nursing operations are guided by the implementation of the Nursing Administration Scope and Standards of Practice and as directed by the Vice President of Patient Care Services/Chief Nursing Officer. Requirements for this position include licensure with the State of California as a Registered Nurse, advanced education and management expertise, as well as demonstrated experience in nursing practice and administration. This position, in collaboration with hospital leadership, medical and clinical staff, has the authority and responsibility for establishing and approving standards of practice and care, as well as assuring the following four functions are addressed.

1. Development of hospital-wide patient care programs, policies and procedures that describe how patient's nursing care or the needs of patient populations receiving nursing care, treatment, and services, including assessment, evaluation and outcomes.
2. Development and implementation of the hospital's plans for providing nursing care, treatment, and services to those patients requiring nursing care, treatment, and services.
3. Participation with governing body, management, medical staff, and clinical leaders in the hospital's decision-making structures and processes.
4. Implementation of an effective, ongoing program to measure, assess, and improve the quality of nursing care, treatment, and services delivered to patients.

VIII. STRATEGIC PRIORITIES:

The Executive Management Team at CHOC Hospital has created a strategic plan, based on the mission, vision, and values of this organization and input from medical leaders. The understanding of CHOC key organizational challenges and the system for maintaining a sustainable advantage in this healthcare environment has also influenced the strategic plan development. This strategic plan is developed and organizationally aligned to meet CHOC customer key requirements defined as care that is safe, timely, efficient, effective, equitable and patient centered. This has led to the identification of organizational priorities. The priorities are based on the strategic plan and management goals.

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IX. LEADERSHIP RESPONSIBILITIES:

A. Board of Directors Meetings/Communications

The Board of Directors and subcommittees meet at least 10 times per year, and are attended by the President/CEO, Executive Vice President/COO, Senior Vice President/CFO, Vice President of Patient Care Services/CNO, Vice President of Medical Affairs/CMO, and President of the Medical Staff.

B. Structure/Delegation

Leaders, Directors/Managers, and Associates from CHOC collaborate to oversee, review, and improve patient care processes and outcomes. This is accomplished through groups such as the Joint Leadership Committee, ad hoc task forces, and PI teams. The Executive Management Team works closely with the medical staff leadership to provide direction, integration, and coordination of the governance, management, clinical, and support processes for CHOC.

X. DEPARTMENT SPECIFIC PLANS FOR PROVISION OF CARE SERVICE:

A. Each department has a defined scope of service document that serves as an adjunct to the plan for the provision of patient care. These documents include but are not limited to:

1. Department/Unit Location
2. Scope of Service
3. Criteria for Entry/Admission to Service (Patient Care areas)
4. Staffing/Plan
5. Qualification of Staff
6. Communication/Collaborative Relationships
7. Goals of Department/Service
8. Plans to Monitor and Improve Quality of Care
9. Additional Standards of Practice (Patient Care areas)
10. Appropriate Medical Directorship authority or Organizational Chart

B. Criteria have been established for each department to determine when staffing levels are to be adjusted. Patient care departments have established plans in the event supplemental staffing is necessary to meet the needs of the patients. This plan includes the use of per diem personnel, extra shifts, external registry, and traveling nurses. Patient care departments have established a plan to ensure a minimum level of safe staffing to be used in catastrophic or unusual circumstances. Plans also provide for the rapid deployment of staff in an emergency or disaster.

C. The Shared Governance Patient Care Executive Council in the Patient Care Services Department sets the strategic direction for patient care services, including the development and monitoring of a patient care services strategic plan, aligned with the CHOC strategic plan.

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XI. MECHANISMS FOR IMPROVING ORGANIZATIONAL PERFORMANCE:

- A.** The Board of Directors, Administrative, and Medical Staff Leadership support a collaborative, organization wide approach to Performance Improvement. Under the Medical Staff Committee Structure, The Joint Leadership Committee oversees the multi-disciplinary Improving of Organizational Performance (IOP) Committees and performance improvement process. Joint Leadership Committee reports regularly to the Medical Executive Committee and the Board of Directors.
- B.** An integral part of patient care delivery and performance improvement is proactively addressing the need for ethical behavior, the observance of all legal, regulatory and accreditation requirements and all health care delivery risk factors. Ensuring high performance in these areas has led to the establishment of appropriate measure or indicators that the senior patient care leaders track in their organizational performance reviews.
- C.** All leaders, departments, and Associates are responsible for following the hospital's Plan for Improvement of Organizational Performance and the Plan, Do, Check, Act (PDCA) methodology as outlined in the IOP Plan.

XII. REVIEW OF THE PLAN FOR PROVISION OF CARE:

The Plan for the Provision of Patient Care will be reviewed and/or revised at least tri-annually, and as needed, in the strategic planning and budgeting processes under the direction of Executive Management, and with approval by the Medical Staff and Board members.

XIII. EVIDENCE-BASED REFERENCES/BIBLIOGRAPHY:

- A.** American Nurses Credentialing Center (nd). *Magnet recognition program®*. <https://www.nursingworld.org/organizational-programs/magnet/>.
- B.** American Nurses Association (2016). *Nursing Administration Scope & Standards of Practice*. Silver Spring, MD: Nursesbooks.org
- C.** Title 16, California Code of Regulations. Standards of Competent Performance, Section 1443.5
- D.** California State Nurse Practice Act, Business and Professions Code,
- E.** Article 2. Scope of Regulation, 2725.
- F.** American Nurses Association, National Association of Pediatric Nurse Practitioners & Society of Pediatric Nurses (2015). *Pediatric nursing: Scope and standards of nursing practice* (2nd ed.). Silver Spring, MD: Nursebooks.org.

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REVISION HISTORY			
Number	Date	Author	Revision / Updates
B205v6	11/14/2022		Move the following Purchased Services to CHOC Services: <ul style="list-style-type: none"> • Providence Hearing/ Audiology • Renal Dialysis • PET Scanning • Intervention Radiology • Nuclear Medicine Updated references