



**Ambulatory Clinic Policy and Procedure**

Title:	<b>Nursing Service Organizational Description and Standardization</b>	Policy Number:	<b>9.23</b>
		Version Number:	<b>2</b>
Regulation Reference:	<b>TJC HR.01.02.07</b>	Effective Date:	<b>2/2016</b>
		Original Approval:	<b>6/2011</b>

**POLICY STATEMENT:**

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) Ambulatory Clinics to promote standardization of nursing care using specific nursing organizational structures.

**SCOPE:**

This policy applies to all TTUHSC Ambulatory Clinics operated through its Schools.

**PROCEDURE:**

**1. Standardization of Nursing Care – HSC School of Medicine, Lubbock:**

- a. The School of Medicine (SOM) Director of Nursing Service has the responsibility to provide professional guidance to the SOM Clinical Departments for the quality of Nursing Practice within the Departments.
- b. Each Department employs a Nurse Manager (Head Nurse) to be responsible and accountable for the nursing practice performed in that Department. (Clinic-specific orientation and competency validation will be conducted/coordinated by the Department.)
- c. Communication will be maintained between nursing staff in the departments through the following:
  - 1) Each clinical area will be furnished or have online access to the Ambulatory Clinics Policy and Procedure Manual.
  - 2) Nurse Manager meetings should be periodically conducted.
  - 3) Department Nurse Managers should conduct nursing staff meetings to disseminate information from the Nurse Manager Committee (points of information, policies, patient care, staffing, needs, issues, etc.).
  - 4) Each clinical area will have a copy of a nursing procedure reference text. Nursing procedures will be carried out using procedures outlined in the text.
- d. Employees in the following areas/positions may be required to be licensed nurses due to the nature of the job.
  - 1) Performance Improvement
  - 2) Infection Control
  - 3) Risk Management

**2. Standardization of Nursing Care – HSC School of Medicine, Amarillo:** Communication will be maintained between the Clinical Departments and the Director of Clinical Administration through the following:

- a. Each clinical area will be furnished or have online access to the Ambulatory Clinics Policy and Procedure Manual.

- b. Office Manager meetings are conducted at least monthly.
- c. Departmental Office Managers will conduct staff meetings to disseminate information from the Office Managers meetings (points of information, policies, patient care, staffing, needs, issues, etc.).
- d. Each department employs a Head Nurse, who is responsible and accountable for the nursing practice performed in that department. (Clinic-specific orientation and competency validation will be conducted/coordinated by the department.)
- e. Each clinical area will have a copy of a current nursing skills text to reference, as needed.

**3. Standardization of Nursing Care – HSC School of Medicine, Permian Basin:**

- a. Communication will be maintained between the Clinical Departments, Director of Clinical Administration, and the Clinic Operations Committee through the following:
  - 1) Each clinical area will have online access to the Ambulatory Clinics Policy and Procedure Manual.
  - 2) Senior RN Nurses and the Director of Clinical Administration will have meetings which are conducted at least quarterly as a Departmental Nursing Committee.
  - 3) Departmental Senior RN Nurses will periodically conduct staff meetings to disseminate information from the Departmental Nursing Committee (points of information, policies, patient care, staffing needs, issues, etc.)
  - 4) Each Clinical Area will have a copy of a nursing skills reference text.
- b. The Departmental Nursing Committee reviews nursing practice policies to assure one level of care is maintained throughout the organization.

**APPROVAL AUTHORITY:**

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

**RESPONSIBILITY AND REVISIONS:**

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

**RIGHT TO CHANGE POLICY:**

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

**CERTIFICATION:**

This policy was approved by the Council of Deans on February 4, 2016.