
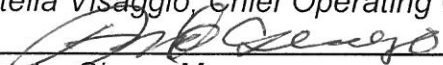


# 2014 PLAN OF CARE

## **CARDIO-PULMONARY DEPARTMENT**

Approved by:

	6/18/14
Stella Visaggio, Chief Operating Officer	Date
	6/13/14
Andre Sirgo, Manager	Date

### **I. PURPOSE**

#### **A. AUTHORITY AND RESPONSIBILITY**

The Manager of the Cardio-Pulmonary Services is accountable for the administration of operations, staff development, finance and performance improvement activity of the service. The Manager of Cardio-Pulmonary Services provides leadership to and/or collaboration with area leads, practitioners, technologists, administrative clerks and physicians by utilizing avenues of open communication. He will support efforts to continually improve the quality of the service's delivery system. Cardio-Pulmonary Services staff is expected to demonstrate authority, responsibility and accountability for their individual practice in addition to utilizing educational opportunity for professional growth.

#### **B. GOAL, VISION, MISSION, KEY VALUES**

It is the goal of Cardiopulmonary Services to provide optimum cardiac and respiratory services to the patient population. These services will ultimately improve the patient's cardiac and respiratory functioning and will provide quality continuum of cardiopulmonary care to our patients and their families. We strive to deliver cardiopulmonary services to our patient population through assessment and treatment of physical needs and psycho-social needs involving patients, their families and significant others, with consideration of cultural and religious aspects and inability to learn and comprehend at an optimal level surrounding the individual patient and to educate patients and their families about how to play a more active role in health care decision making including use of equipment related to Cardiology and the Respiratory departments.

To attain and maintain this goal, we do the following:

- a) Implement, evaluate and monitor standards of cardiopulmonary care and services according to our Quality Improvement and Assurance program.
- b) Continue to improve our system of documentation in order to facilitate appropriate communication of pertinent clinical and patient related facts using our Standard Electronic Medical Record system.
- c) Continue to support our practitioners and other hospital clinical care professionals in their continuing education, in-services, and departmental meetings and acknowledge individual expertise and achievement while fostering a team approach in planning and decision making processes as it relates to patient care and the organizational structure of the Department.
- d) Facilitate and encourage an interdisciplinary team approach to patient care, and encourage patients and their families to be active members of the team.
- e) Ensure the comfort, dignity and respect for every patient throughout his/her life, and at the end of a patient's life.

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- f) Provide community education via our support groups: Better Breathers' Club, Healthy Hearts, Snore Clinics, and additional seminars throughout the region as needed.

#### **II. SCOPE OF SERVICE**

##### **A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS**

**Cardio-Pulmonary department** is comprised of the following areas: Cardiology, Respiratory, Pulmonary Rehabilitation, and the Sleep Disorder Center.

**Cardiology** focuses on a multi-disciplinary approach to meet the needs of cardiac patients. Cardiac diagnostic services offer methodologies for the diagnosis, assessment and determination of prognosis for cardiac disease for inpatients and outpatients. Our Board certified cardiologists, specially trained registered nurses, registered certified cardiac technicians and echo cardiographers form a unique cardiology team capable of providing a comprehensive range of the highest quality diagnostic and therapeutic cardiac services. Diagnostic and treatment activities include, but are not limited to: Electrocardiograms (EKG), Echocardiograms, Bubble Studies, Stress Echos, Transesophageal Echocardiograms, Transcranial Doppler Studies, Holter Monitoring, Stress Testing, Nuclear Stress Testing, Pharmacologic Stress Testing, Electroencephalogram (EEG), Pacemaker Clinic and Congestive Heart Failure Readmission program.

**Respiratory** services provide medically directed treatment, management, control, diagnostic evaluation and care of patients with deficiencies and abnormalities of the cardiopulmonary system and education of the patient, family caretakers and public. Diagnostic activities include, but are not limited to obtaining and analyzing physiological specimens; interpreting physiological data; performing tests and studies of the cardiopulmonary system including but not limited to bubble studies, EKGs and arterial brachial indexes.

Therapy includes, but is not limited to: application and monitoring of medical gases (excluding anesthetic gases) and environmental control systems; mechanical ventilatory support; intubations; artificial airway care; bronchopulmonary hygiene; pharmacological agents related to cardiopulmonary, respiratory care procedures; and hemodynamic cardiovascular support. Education includes, but is not limited to: instructing patient and families on proper use of medications and modalities; in servicing staff on current trends in Respiratory Care, and providing a resource to all other health care workers to insure continuity of care.

**Pulmonary Rehabilitation** provides holistic care by a multidisciplinary team for patients with chronic respiratory diseases. The objective of pulmonary rehab is to relieve shortness of breath, improve exercise tolerance, enhance self care, relieve anxiety, decrease disease exacerbation, enhance social life and improve overall quality of life through support, education and a monitored course of exercise training. The maintenance program continues to support the patient's progress and assist them in maintaining improved health.

**Sleep Disorder Center** focuses comprehensive diagnostic services and treatment of Sleep-Related Breathing Disorders, Insomnia, Parasomnia, seizures and/or any other sleep related disorder for outpatients. Diagnostic and treatment services include but are not limited to polysomnography, titration study, multiple sleep latency test and maintenance of wakefulness test.

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#### **B. TYPES AND AGES OF PATIENTS SERVED**

The patient population served by Cardiopulmonary Services consists of infants, pediatric, adolescent, adults and the geriatric inpatients and outpatients requiring cardiac, respiratory care, services, treatment or testing to maintain optimum physiological maintenance of cardiac and respiratory systems. Sleep Disorder Center patient population is outpatients six years old or older who require testing and treatment of sleep disorders.

#### **C. THE METHODS USED TO ASSESS AND MEET PATIENTS' NEEDS**

All patients are assessed individually utilizing objective physical assessment skills and tools through auscultation, laboratory findings, and other testing mechanisms utilized by Cardiopulmonary Services (x-rays, EEGs, EKGs, ABGs, etc.). Treatments and diagnostic testing are conducted following physician orders, and are carried out by the Cardiopulmonary Technicians or Practitioners. Reassessments are made post treatment with documentation of results and evaluation noted on the patient's medical record.

### **III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES**

Standards of Care are established through collaboration with medical staff and hospital administration while being in compliance with state, federal and national accrediting bodies' regulations and/ or laws including but not limited to licensing boards and federal mandates.

Practice guidelines are established by evidence based medicine as supported by the above entities.

### **IV. THE APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT SERVICES**

#### **A. KEY INTERDEPARTMENTAL RELATIONSHIPS**

The Manager is responsible for the development of interdisciplinary department relationships to assure the effective and efficient accomplishment of quality patient care and/or in the resolution of identified barriers. The collaboration between the ancillary department staff facilitates the coordination of patient care. Emphasis on multidisciplinary relationships is demonstrated by staff involvement on interdepartmental committees i.e.: Ethics, Critical Care and Patient Satisfaction.

#### **B. HOURS OF OPERATION**

##### **Cardiology**

The department is open 7 days a week from 6:30am-7:00pm. After these hours, the Respiratory Care Department is on call for Stat Electrocardiograms.

The Pacemaker Clinic is open weekdays 7 a.m. to 3:30 p.m. After these hours, the pacemaker representatives are on-call 24 hours a days, 7 days a week. A list of these telephone numbers is available in the Cardiology Department, OR, ICU and E.R.

##### **Respiratory**

The Department is open 24 hours a day, seven days a week.

##### **Pulmonary Rehabilitation**

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The center is open Monday- Friday and adjusts hours of operation dependent on patient need.

#### **Sleep Disorder Center**

Days and hours of operation are determined by patient scheduling needs and acuity. In general, the Sleep Center is open 7 nights 7:00pm – 7:30am.

#### **C. MEDICAL STAFF – COMMUNICATION**

The hospital's administration or medical staff, or both, as appropriate, approve departmental documents defining goals, scope of services, policies and procedures. The Cardio-Pulmonary Manager is an active member of the Clinical Standards Committee. The Manager maintains ongoing internal communication with medical directors and other physicians.

#### **V. THE EXTENT TO WHICH THE LEVEL OF CARE OR SERVICE MEETS PATIENTS' CARE NEEDS**

##### **A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS**

The Cardio-Pulmonary department will provide the highest quality of services with special attention to the physical, psychosocial and spiritual needs of our patients and their families. Efficient scheduling, minimum waiting time and quick results on tests are the hallmark of our department. Our commitment to optimal patient care is demonstrated by our achievements of zero ventilator acquired pneumonia for the last 5 years, the Quality Recognition Award for Respiratory Care for the last 5 years and being the first Sleep Disorder Center in our region to be accredited by the American Association of Sleep Medicine.

##### **B. PERFORMANCE IMPROVEMENT PLAN**

All areas within the cardio-pulmonary department participate in reporting performance improvement activities at least quarterly. This data is aggregated by the Manager of the Cardio-pulmonary Department into a service-wide performance improvement summary report and distributed quarterly to the Chief Operating Officer and annually to the Hospital Performance Improvement Council.

HRMC utilizes Lean as its foundational performance improvement methodology to support continuous elimination of waste within processes and systems. The Plan, Do, Check, Act improvement cycle is the methodology used for implementing and evaluating process changes of any magnitude.

##### **C. CRITERIA USED FOR PRIORITIZING PERFORMANCE IMPROVEMENT OPPORTUNITIES:**

- a. High Risk
- b. High Volume
- c. Problem Prone
- d. Cost Impact

##### **D. DEPARTMENT SPECIFIC PERFORMANCE IMPROVEMENT ACTIVITIES**

The following indicators are routinely monitored:

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Hand Hygiene

Cardiology Outpatient Wait Time

Time to Finalized Report for the following tests:

Transcranial Doppler

Nuclear and Non Nuclear Stress Test

Electroencephalograms

Pulmonary Function Testing (with implementation of new scanning procedure-LEAN\*)

Monthly report of Individual Cardiologist Stress Confirmation

Correct and timely oxygen Order Entry

ABG Critical Values Reporting Time

EKG Critical Values Reporting Time

Pacemaker New patient/ Completed Chart

#### **E. PATIENT SATISFACTION**

Patient satisfaction surveys are administered by "Healthstream". A telephone call is made to a sample number of patients within one to six weeks of date of service to gain insight in patient/customer expectations of care received. Information from these surveys may be incorporated into process improvement activities. Voluntary patient surveys are provided to those patients utilizing the Pulmonary Rehabilitation and Sleep Disorder Centers.

#### **F. ANNUAL PLAN OF CARE EVALUATION**

The department-specific Plan of Care is evaluated at least annually for:

1. Effective implementation of performance improvement activities
2. Monitoring of problem resolutions
3. Collaboration in performance improvement activities
4. Establishment of priority processes for review

#### **VI. AVAILABILITY OF NECESSARY STAFF**

Staffing is assessed on an ongoing basis. The Manager may use part- time staff, per diem staff, reassign, or use overtime in order to meet recommended staffing levels.

#### **A. STAFF GUIDELINES**

##### **1. Skill Level of Personnel Involved in Patient Care**

**EKG Technician** - is responsible for performing EKG, EEG, and non-nuclear stress tests per procedure as outlined in policy and procedure manual.

High school diploma or GED is required.

CPR certification is required.

Knowledge of basic arrhythmias

**Cardiology Technician**- is responsible for performing EKG, EEG, nuclear and non-nuclear stress tests and holter monitoring per procedure as outlined in policy and procedure manual.

High school diploma or GED is required.

CPR certification is required.

Basic Arrhythmia course completion is required



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**Cardio-Vascular Ultrasound Technician**-is responsible for performing Echocardiograms, Bubble Studies, Stress Echo, Transesophageal Echocardiograms and Transcranial Doppler Studies per procedure as outlined in policy and procedure manual.

Graduate of CAAHEP approved program in Cardiovascular Sonography  
CPR certification is required.

Registry eligible and willing to obtain registry within first year of full time employment.

**Respiratory Care Practitioners**-provide medically directed treatment, management, control, diagnostic evaluation and care of patients with deficiencies and abnormalities of the cardiopulmonary system and education of the patient and family as outlined in the policy and procedure manual.

Licensed respiratory therapist in the State of New Jersey required  
Graduate of AMA approved respiratory program

CPR certification required

Willing to obtain ACLS, PALS and NRP certification within the first year of full time employment.

#### **2. Staff Development**

Staff will maintain clinical competence by attending continuing education program, self-development opportunities and completion of annual mandatory requirements. Staff is encouraged to ask for additional education and clarification.

#### **3. Staff Evaluation**

Initial 90 day, annual, and as needed.

#### **4. Guidelines based on the following societies' specifications:**

- a. American Association for Respiratory Care
- b. College of American Pathology
- c. American Association for Sleep Medicine
- d. American Registry for Diagnostic Medical Sonography

### **B. STAFFING PLAN**

Staffing patterns vary according to patient acuity, work load, and amount of supervision needed. Assignments of patient care are designed to meet care needs of the patients. A sufficient number of qualified cardio-pulmonary staff is on duty at all times to provide patient care. The Manager may use part-time staff, per diem staff, reassign, or use overtime in order to meet recommended staffing levels.

#### **Cardiology**

Weekdays are staffed by at least three cardiology technicians. On weekends, there is 1 cardiology technician on Saturday and Sunday, from 7:00am-7:30pm. After these hours, the Respiratory Care Department is on call for stat Electrocardiograms.

The Pacemaker Clinic is open weekdays 7 a.m. to 3:30 p.m. After these hours, the pacemaker representatives are on-call 24 hours a day, 7 days a week. A list of these telephone numbers is available in the Cardiology Department, the Operating Room and ICU and E.R.

#### **Respiratory**

The Department is open 24 hours a day, seven days a week.

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#### **C. STAFF - COMMUNICATION**

Mandatory staff meetings will be scheduled at least biannually with additional meetings taking place on a monthly basis. Written communications are posted for all staff to read as well as sent as email to all staff. Bulletin boards are used to post important memos and communications that each staff member is required to read. Each staff member is responsible to use all these tools to keep informed about all pertinent information.

#### **D. SHARED GOVERNANCE**

Cardio-Pulmonary staff members are representatives on the Interdisciplinary Shared Governance Councils. Two individuals are on the Critical Care/ Emergency Department Council. Information and updates are provided at departmental staff meetings and emailed to staff prior to monthly Shared Governance meetings. Minutes from the Councils are then brought back to Cardio-Pulmonary department and placed in a Shared Governance folder in the departmental lounge.