Hackettstown Regional Medical Center
UNIT/DEPARTMENT LEVEL STRUCTURE, PLAN OF CARE AND STAFFING PLAN
Department of Nursing – 2015

Name of Patient Care Service or Unit: Labor/Delivery/Childbirth Maternal Child Division

Chief Nursing Officer: Mary Ann Anderson MSN, RN, NEA-BC

Director: Yvetale Lauture-Jerome RN, BSN, MAS,

I. PURPOSE

A. AUTHORITY AND RESPONSIBILITY
The Nurse Manager/Director is responsible for the effective organization and management of the Maternal Child Division which consists of the Labor/Delivery and Obstetrics Units. She is accountable for the administration of operations, finance, staff development, and performance improvement activities of the unit. The Nurse Manager/Director provides leadership to Registered Nurses, Obstetrical Technicians and Secretaries by utilizing avenues of open communication. She will collaborate with both administrative and clinical staff to provide and maintain patient care standards. She will support efforts, to continually improve the quality of the nursing care delivery system. RN's are expected to demonstrate authority, responsibility and accountability for their individual nursing practice in addition to utilizing educational opportunities for professional growth.

B. GOAL, VISION, MISSION, KEY VALUES
The Maternal Child Division encompasses the care of patients within the full health/illness continuum providing optimal obstetrical nursing care for low risk patients and their families. The mission, vision and values flows from HRMC's strategic direction. The unit goals are developed from the Department of Nursing goals and are framed in reference to the ANA Standards of Practice, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) standards. The scope of obstetrical nursing practice is enriched through the commitment to excellence in clinical practice, education, administration and participation in evidence based practice. Practice is evaluated by competencies, on orientation and annually.

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS
The units in the Maternal Child Division focus on providing optimal medical/surgical and nursing care for low risk obstetrical patient. Labor and Delivery is an 7 bed unit with a Non-Stress evaluation room and a two bay recovery room. The unit also contains an operating room suite in which the Caesarian Sections are performed. Four (4) South is a 19 bed unit postpartum with 9 private rooms and 10 semiprivate rooms. In times of low census the postpartum patient remains on the labor and delivery unit thus creating a modified LDRP unit.

B. TYPES AND AGES OF PATIENTS SERVED

Labor and delivery and postpartum staff members provide for the nursing care of Antepartum, Intrapartum, Postpartum and GYN patients, from child bearing age up to geriatrics. In addition, staff members provide for the nursing care of Newborn Infants without complications. Infants less than 7 days of age maybe admitted for phototherapy.

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

All patients will receive nursing care based on the nursing process. Each patient is assigned a primary nurse who is responsible for planning, implementing, and evaluating care. The initial nursing assessment and evaluation will be performed by a Registered Nurse within one hour of admission to the nursing unit or upon arrival to the treatment area/department. Reassessments are performed as warranted by patient condition and according to policy/procedure. Nursing care provided to patients is individualized and based on the nursing assessment. Patient problems/nursing care needs are identified and prioritized. A variety of providers implement the care plan. Nursing care assignments are based on the anticipated needs of patients, patient acuity and skill level of staff. The care delivery model on the unit is a modified LDRP. All newborn infants, who are stable, post-delivery, remain in the room with the mother. Unstable infants are transferred out of HRMC to a higher level of care as needed.

III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

Standards of Care are established for the nursing care of the patient and are consistent with the goals and philosophy of the Division of Nursing. Standards of practice are developed based on the ANA Standards of Practice, the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) standards and the American College of Obstetricians and Gynecologists (ACOG) clinical guidelines. Unit Standards of Practice are encompassed in the interdisciplinary plans of care that provide up to date individualized care which correlates with the medical plan of care. The Nurse Practice Act of New Jersey also guides the registered nurse's practice.

IV. THE APPROPRIATENESS, CLINICAL NECCESSITY, AND TIMELINESS OF SUPPORT SERVICES

A. KEY INTERDEPARTMENTAL RELATIONSHIPS

The Nurse Manager is responsible for the development of ancillary department relationships to assure the effective and efficient accomplishment of mutual goals or the resolution of identified problems. The communication with the Administrative Coordinator facilitates the appropriate placement of our patients. The collaboration between the primary nurse and other members of the interdisciplinary team facilitates the coordination of patient care. Nursing, Pharmacy, Physicians and Anesthesiologists work together to timely and accurately manage the patient's pain. Pastoral Care provides counseling and support to patients, families and staff. Emphasis on multidisciplinary relationships is demonstrated by staff involvement on interdisciplinary collaborative relationships; i.e., Shared-Governance, department meetings and committees.

B. HOURS OF OPERATION

Maternal Child Division consists of a Labor and Delivery and Obstetrical unit that provides care 24 hours a day.

C. MEDICAL STAFF – COMMUNICATION

The hospital's administration or medical staff, or both as appropriate, approve departmental documents defining goals, scope of service, policies and procedures. The Nurse Manager/Director is an active member of the OB standards committee, Pediatric committee and Clinical Standards Board, Nurse Leadership and Leadership committees. Internal communications to physicians via these committees is ongoing

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

A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS

In recognizing the importance of our patients and family, we make the commitment to provide specializes nursing care that is compassionate and professional. Together we will develop a nursing plan of care that meets your expectations and respects your individuality.

B. PERFORMANCE IMPROVEMENT PLAN

All patient care areas participate in reporting nursing quality improvement activities quarterly. This data is aggregated by the Director of Professional Development and Innovative Practice into a house-wide nursing quality improvement summary report and distributed quarterly to the Hospital Performance Improvement Committee and Nursing Management. The Performance Improvement Process methodology used is an adaptation of the Plan, Do, Check, Act Improvement cycle and Lean methodology. Lean methodology and tools are used at HRMC and are part of the Nursing Quality Assessment and Performance Improvement Program. Lean empowers staff to address issues discovered in their work areas.

C. QUALITY MEASURES CRITERIA FOR PROCESS AND OUTCOME IMPROVEMENT:

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

D. DEPARTMENT SPECIFIC QUALITY IMPROVEMTENT ACTIVITIES

The indicators outlined below are routinely monitored:

- Patient falls,
- Infection control, Hand Hygiene
- Primary C/S rates
- Induction rates

E. PATIENT SATISFACTION

Patient satisfaction surveys are administered by "HealthStreams". A telephone call is made to a random sampling of discharged patients within one to six weeks after discharge to gain insight in patient/customer expectations of care received. Information from these surveys may be incorporated into process improvement activities. Additional phone calls are made to discharge patient by the OB staff within 72 hours.

F. ANNUAL PLAN EVALUATION

The department specific Quality Improvement activities are evaluated at least annually for:

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

VI. AVAILABILITY OF NECESSARY STAFF

A. STAFF GUIDELINES

1. Skill Level of Personnel Involved in Patient Care

The Labor/Delivery and Postpartum units are staffed with enough professional and non-professional staff members to provide the required hours of nursing care for its average daily census as outlined in the annual budget. Patient care is delivered by the following levels: RN, OB Tech, nursing students. Unit Secretary/OB techs are ancillary personnel that also provide patient care under the supervision of the RN. All students are co-assigned with an RN under the direct supervision of the clinical instructor. All RN staffs are cross trained to provide care to both the LD patient and the postpartum patient. An RN is responsible for making patient assignments and delegating appropriate aspect of nursing care to ancillary nursing personnel.

2. Staff Development

The purpose of staff and nursing education is to assure that staffs are competent to perform their responsibilities and have relevant opportunities for personal/professional development. Activities are generally categorized as follow: orientation, in-service and continuing education. Staff will maintain clinical competence by attending continuing education program self-development opportunities and completion of annual mandatory requirements.

3. Staff Evaluation

Initial 90 day, annual, and as needed.

B. STAFFING PLAN

To ensure that an adequate number of competent RN's are available to meet patient care needs, a staffing plan based on AWHONN guidelines has been developed. Staffing will be sufficient at all times to ensure that a registered nurse assesses plans, intervenes, evaluates, and supervises the care of all patients. Staffing patterns for professional and non-professional staff are developed at the unit level by the Manager/Director. This is reviewed annually to include: preferred/minimum coverage for established HPPD for a 24 hour period and each

shift, ratio of professional to non-professional staff, weekend/holiday considerations and specific unit scheduling practices. Staffing patterns vary according to patient acuity, work load, amount of supervision needed by nursing employees and specialization of the unit. Assignments of patient care are commensurate with the competencies of nursing personnel and are designed to meet care needs of the patients. A sufficient number of qualified Registered Nurses are on duty at all times to give patients the care that requires the judgment and specialized skills of a registered nurse, including planning, supervising, and evaluating the nursing care of each patient. OB technicians and secretarial staff members are available to support the RN. The Nurse Manager/Director may use part-time staff, per diem staff, agency staff, or use overtime in order to meet recommended staffing levels.

C. STAFF - COMMUNICATION

Staff meetings will be regularly scheduled to meet the needs of the department. Written communications are posted and emailed for all staff to read. 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

Nursing staff members are representatives on the Interdisciplinary Shared Governance Councils. Council members obtain information from their co-workers prior to Shared Governance Meetings. Minutes from the Councils are then brought back to nursing staff. This way all nursing staff members have the availability of information presented at the Councils.