

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

Name of Patient Care Service or Unit: 3 South

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

**Approved by: Cynthia Camacho-Ruiz, BSN, RN
Manager**

I. PURPOSE

A. AUTHORITY AND RESPONSIBILITY

The Nursing Manager is accountable for the administration of operations, staff development, finance and performance improvement activity of the unit. The Nurse Manager provides leadership to **RN's, LPN's, NA's, PSA's and US's** by utilizing avenues of open communication. 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 opportunity for professional growth.

B. GOAL, VISION, MISSION, KEY VALUES (EXAMPLES)

Medical Surgical nursing on 3S encompasses the care of patients within the full health/illness continuum from prevention of disease to terminal care. Medical Surgical nursing is the nursing care of patients, individuals, families, significant others, and communities with potential or actual diagnosis using the Standards of Medical Surgical Nursing Practice. The scope of nursing practice includes clinical practice, education, administration and participation in clinical research.

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

3 South is a Medical/Surgical Unit with a focus on the care of patient with various degrees of ontological disease processes. 3 South is a 19 bed unit with 5 private rooms and 7 semiprivate rooms. 3 South has telemetry units available at any one time. The monitoring done on this floor is for medical patients stepping down from ICU, PCU, post-op orthopedic and transfers from the emergency department. 3S also makes their private rooms available for end of life patients and families.

B. TYPES AND AGES OF PATIENTS SERVED

3 South provides care to adult patients who are acutely ill or injured in varying stages of recuperation from therapeutic interventions. We also provide care and support to the dying patient and family. 3South also provides care to non-critically ill pediatric patients who range in age from 2yrs-18yrs.

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

All patients will receive nursing care based on the nursing process. The initial assessment and evaluation will be performed by the Registered Nurse within 8 hours of admission to the nursing unit or upon arrival to treatment area/department. Reassessments are performed as warranted by patient condition and according to policy/procedure. Nursing care provided to patients is individualized and are based on the nursing assessment. Patient problems/nursing care needs are identified and prioritized. The med-surg unit is arranged in districts. Each patient is assigned a primary nurse who is responsible for planning, implementing, and evaluating care. A variety of providers implement the care plan. Assignments are based on the anticipated needs of patients, patient acuity and skill level of staff.

III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

Standards of Care are established for the nursing care of the patient consistent with the goals and philosophy of the Division of nursing, requirements and functions under the Nurse Practice Act and his/her license.

Unit Standards of Practice are established by Multidisciplinary care plans that provides up to date personalized care plans which correlates with the medical plan of care.

IV. THE APPROPRIATENESS, CLINICAL NECESSITY, 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 in 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. Pastoral Care provides counseling and support to patients, families and staff. Networking with Hospice enables a unified plan of care. Through the Performance Improvement Team, Nursing and Pharmacy work together to timely and accurately provide for patient care needs. Emphasis on multidisciplinary relationships is demonstrated by staff involvement on interdisciplinary collaborative relationships; i.e., Unit, Transport Services, Ethics.

B. HOURS OF OPERATION

3 South is a medical/surgical unit that provides care 24 hours a day. Staffing patterns are planned based on acuity projections and a "safety in staffing" assessment made by the Nurse Manager/Administrative Supervisor or charge nurse for that shift.

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 nurse manager is an active member of the Pediatric Committee, Nurse Leadership and Interdisciplinary Rounds meetings. Internal communication to physicians via these committees are ongoing.

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

A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS (EXAMPLE)

What is the expectation of the patient being treated in the unit.

In recognizing the importance of our patients and family, we make the commitment to provide specialized 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 IMPROVEMENT ACTIVITIES

The indicators outlined below are routinely monitored.

Nurse Sensitive indicators:

- Patient falls, Pressure ulcers,
- Infection control, Hand Hygiene
- Catheter Associated Urinary Tract Infection (CAUTI)
- Central Line Blood Stream Infection (CLBSI)

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 patients by med-surg staff.

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

3 South is staffed with enough professional and nonprofessional staff members to provide the required hours of nursing care for its average daily census, as outlined in the annual budget.

Patient care is given by the following levels: RN, LPN, nursing assistant, patient safety attendants and students.

Unit secretaries are ancillary personnel and do not take patient care work loads. All patients will be assigned to an RN. LPN and nursing assistants are assigned to work with an RN.

All students are co-assigned with an RN, under the direct supervision of the clinical instructor.

2. Staff Development

Staff will maintain clinical competence by attending continuing education program self-development opportunities and completion of annual mandatory requirements. Chemotherapy validated RN's must demonstrate competency every two years as per policy.

3. Staff Evaluation

Initial 90 day, annual, and as needed.

B. STAFFING PLAN

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. The Unit Manager may use part-time staff, per diem staff, reassign, or use overtime in order to meet recommended staffing levels. Please submit a copy of your Staffing Guidelines Grid to Mary Dean, Nursing Office.

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.