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

Name of Patient Care Service or Unit: Critical Care

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

Approved by: Anita Albert, 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, CNA's, Monitor Technician and US's by utilizing avenues of open communication. She/He 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
The Critical Care Services include the Intensive Care Unit (ICCU) and the Progressive Care Unit (PCU) The purpose of ICCU is to provide critically ill patients with the intensive care afforded by a highly trained staff and specialized equipment. The unit is intended to see a critically ill patient through aggressive and intensive therapy until ready for transfer to a lower level of care.
The purpose of PCU is to provide care to the medical-surgical population including the post ICCU patients requiring more intensive nursing therapies and cardiac monitoring than can be provided on the med/surg areas. The unit is intended to monitor patients until ready to be transferred to a lower level of care or discharged home/alternate facility.
Both units provide quality nursing care and continuous monitoring of critically ill patient on a 24 hour bases with emphasis on preservation of life, prevention of complications and to help achieve positive outcomes.

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS
The Intensive Care Unit is located on the third floor in the West Wing. It consists of eight (8) monitored beds, with pressure relief mattresses. Each room is equipped with a cardiac monitor, ambu bag, O2 and suction, and supplies required for the care of the critically ill patient. A central nurses' station is equipped for continuous monitoring and observation of each patient.

The Progressive Care Unit is located on the third floor in the West Wing. It consists of twenty-one telemetry monitored beds. Each room is equipped with O2 and suction. Supplies required for the care of the Progressive Care patients are available in the shared ICCU/PCU clean utility room. A monitor technician will be assigned to this monitored station. The monitor technician is responsible for monitoring the 21 beds of the PCU and any telemetry in use on the medical surgical nursing units.

B. TYPES AND AGES OF PATIENTS SERVED

Critical Care Services are for the adult patient population of 18 years and older.
Patient care services include but are not limited to assessment of patient's status, documentation of treatment rendered and responses to that treatment, performance of specific procedures (EKG monitoring, hemodynamic monitoring and homeostatic maintenance). Critical ill patients include but are not limited too: Any patient hemodynamically unstable, post cardiac arrest, acute MI, Acute Stroke, Ventilator dependent patient, extensive airway management/monitoring and titrations of continuous drips. See Admission Criteria policy.

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 30 minutes or sooner of the critically ill patient being admitted to either nursing unit. Reassessments are performed as warranted by patient condition and according to Critical Care Assessment 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. 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

The Critical Care nurse is responsible for knowing AACN Critical Care Standards, regulatory requirements and function under the Nurse Practice Act and his/her license. Critical Care Nurses also include recommendations from American Heart Association, National Stroke Institute and Center of Disease and Critical Care Society.

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

A. KEY INTERDEPARTMENTAL RELATIONSHIPS

The Critical Care Nurse Manager is a RN with clinical and management experience. The manager assumes responsibility for the effective organization and management of the critical care area. She/ He has a 24-hour responsibility for the effective functioning of the staff including their development and evaluation, the effective functioning of the Critical Care subsystem and the quality of the patient care provided. The communication with the Administrative Supervisor facilitates the appropriate placement of our patients. The collaboration between the primary nurse and other multidisciplinary relationships is demonstrated by staff involvement with interdisciplinary teams.

B. HOURS OF OPERATION

The Critical Care Department (ICCU/CCU and PCU) provides care on a 24-hour basis. Staffing patterns are planned based on census projections, acuity and a "safety in staffing" assessment made by the Nurse Manger and when not available the shift Administrative Supervisor.

C. MEDICAL STAFF – COMMUNICATION

The Medical Director of the unit has the responsibility to oversee the implementation of safe and quality medical and nursing care of the patient in ICCU and PCU. He / She works collaboratively with nurses and physicians in the delivery of appropriate care to the critical patient / intermediate care patient and in evaluation of the appropriate utilization of beds and the triage of patients in the area.

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

A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS

The major focus of care is on adult populations with a wide variety of conditions including but not limited to: CHF,MI, COPD, Stroke / TIA, Sepsis and GI bleed and continuous cardiac monitoring. All patients will be treated with dignity, kindness, and receive compassionate care.

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.

<u>Nurse Sensitive indicators:</u>

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

E. PATIENT SATISFACTION

Patient satisfaction surveys are administered by "Health Streams". 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.

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

Position descriptions, unit specific competency requirements.

2. Staff Development

Staff will maintain clinical competence by attending continuing education program self-development opportunities and completion of annual mandatory requirements (CPR, ACLS, Learning Suite Modules and Stroke education).

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.

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.