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: EMERGENCY DEPARTMENT

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

Manager: Beth A Waters MSN, RN, CPEN

I. PURPOSE

A. AUTHORITY AND RESPONSIBILITY
The Nurse Manager is responsible for the effective organization and management of the Emergency Department. She is accountable for the administration of operations, finance, staff development, and performance improvement activities of the unit. The Nurse Manager provides leadership to Registered Nurses, Emergency Department 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 works collaboratively with the Medical Director of the Emergency Department as well as the other ED physicians to facilitate the care of all patients who seek emergency care. 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 Emergency Department encompasses the care of all patients and their families, within the full health/illness continuum providing quality medical and nursing care with emphasis on preservation of life, prevention of complication and restoration of the patient's maximum functional capacity. 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 American Nurses Association Standards of Practice and the Emergency Nurses Association standards of practice. The scope of 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 ED is maintained as a community service for the treatment of patients suffering from conditions, which require immediate medical-surgical care. No patient is denied care because of race, sex, age, or financial condition. All patients who present themselves will be seen by a physician. Patients receive such treatment as is required until they are admitted, transferred to another facility, or discharged. The ED staff will provide immediate care to critically ill or

injured patients in a safe environment in which optimal medical and nursing care can be

given. This environment includes specialized equipment and instrumentation which is immediately available for emergency treatment and stabilization. The Emergency Department consists of a 13 bed unit in which 4 of the beds are designated as a Minor Injury Treatment Unit (MITU).

B. TYPES AND AGES OF PATIENTS SERVED

Emergency Department staff members provide for the nursing care of all patients of all ages.

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

All patients will receive nursing care based on the nursing process. All patients presenting to the ED shall be triaged upon arrival and assigned a triage level according to the Emergency Severity Index (ESI) level of 1-5 and will be placed in a bed in the ED whenever there is a bed available. If no bed is available**,** Patients will be treated in order of medical priority. An emergency is any disease or injury which threatens life or limb and must be treated promptly. The RN triaging the patient will obtain a nursing history and assessment including the patient's complaints and information gathered from significant others and/or family members when indicated. The RN triaging the patient will obtain a complete set of vital signs (blood pressure, temperature, pulse, and respirations) including weight on all patients and last normal menstrual period for females of childbearing age (12 through 50). Reassessments and vital signs are based on patient's condition, diagnosis, and response to treatment according to policy/procedure. Nursing care provided to patients is individualized and based on the nursing assessment. 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.

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, and the guidelines set forth by the Emergency Nurse's association. The 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, ED Physicians, Hospitalists and Attending Physicians work together to timely and accurately manage the patient's medical condition as well as 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

The Emergency Department is a unit that provides care 24 hours a day seven days a week.

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 Emergency Department Leadership team, the Emergency Department Patient Experience Committee, The Stroke Committee, Emergency Preparedness Team, Clinical Standards, Critical Care Committee, 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 excellent nursing care to all patients specializing in nursing care that is compassionate and professional. Together we will develop a nursing plan of care that meets our patients and their family's expectations and respects their 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
- Patient and Medication administration scanning compliance

- Blood products administration and documentation
- LWOT and AMA's
- Patient throughput such as door to bed, door to doc, door to admit and LOS
- Specimen labeling at bedside
- Door to EKG
- Median home to Pain Management for long bone pain
- 72 hour return visits

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. Call backs are made to treated and released patients by the ED 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 Emergency Department is 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. The Emergency Department volume is monitored and measured according to time of day as well as day of week and the department utilizes flex-up staffing patterns to staff to demand realizing that there is increased volume during the hours of 11a-11p.During this high volume period the Minor Injury Treatment Unit (MITU) is in operation. This subset is staffed with an ED physician, RN, and tech. Patient care for all ED patients is delivered by the following levels: ED physician, RN, ED Tech, and unit secretaries. Unit Secretary/ED techs are ancillary personnel that also provide patient care under the supervision of the RN. The Charge RN is responsible for making patient assignments, delegating appropriate aspect of nursing care to ancillary nursing personnel, as well as patient through put.

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 ENA and ACEP guidelines has been developed. Appropriately configuring staffing patterns based on volume and acuity is the key to emergency department efficiency, as well as to overall patient satisfaction. 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 will be sufficient to ensure adequate safe nursing practice with appropriate nurse to patient ratios at all times according to established guidelines. 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. ED 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 ratios in accordance with patient volume.

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. An ED communication book is utilized on the unit to convey updates and important information. 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.