

Hackettstown Regional Medical Center
UNIT/DEPARTMENT LEVEL STRUCTURE AND PLAN OF CARE
SAME DAY SURGERY – 2015

Name of Patient Care Service or Unit: SAMEDAY SURGERY

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

Approved by: Bernadette Cardillo, RN – Assistant Manager
Ron Wallmann, BSN, RN - Director

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, NA'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

Same Day Surgery provides safe, high quality patient care preoperative and postoperative to a diverse population of pediatric and adult patients. Nurses focus on physical, psychological, sociocultural, and spiritual preparation of the patient for the perianesthesia experience. Same Day Surgery nurses provide an environment conducive to healing, prevention of complications, and restorative to the patient's functional capacity.

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

Same Day Surgery (SDS) is a 10 patient unit with stretchers and lounge chairs. It is located in the West Wing on the second floor, with direct access to the Operating Room. Two negative pressure rooms provide accommodations for those patients requiring isolation. Same Day Surgery is for patients having elective surgery and same day procedures that require less than a 24 hour stay. Patients being admitted in the morning for elective surgery requiring more than 24 hours hospitalization are processed through the department and transferred to another department following surgery. The Pre-Admission Testing (PAT) department is an extension of the SDS unit and is responsible for obtaining patient history and collaborating with the physician offices and Anesthesia Department in managing the patient preprocedure.

B. TYPES AND AGES OF PATIENTS SERVED

Patients admitted to Same Day for preoperative and postoperative care can be pediatric to adult. Patients admitted to Same Day Surgery may be:

1. Outpatients – patients who have their procedure or surgery and go home the same day, or
2. Outpatients to be admitted – patients who come to same day the day of their procedure/surgery and are admitted to the hospital after recovery in the Post-Anesthesia Care Unit. (PACU).

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

The Same Day Surgery nurse performs a culturally and developmentally age-specific assessment, formulates a diagnosis, designs individualized interventions and evaluates those interventions within the perianesthesia continuum. Our practice is systematic, integrative and holistic, involving critical thinking skills and clinical decision making.

All patients are scheduled in advance for processing through the Registration and/or Pre Admission Testing Nurse. Patients are scheduled for pre-admission testing as reference on OR scheduler form per physician. Patient orders are faxed to the PAT Department by the physician or physician office staff. Orders will be retained and placed on patient's chart by the PAT department. PAT Nurse will contact the patient to obtain a history and will give pre-op instructions. Patients may be added on to the existing OR schedule and processed on the SDS unit in the A.M., if necessary. The PAT department will contact the patient the day prior to the scheduled procedure to give them their time of arrival to SDS the day of the procedure. Adult and pediatric patients who have been medically cleared for surgery or same day procedure can be processed in this area. The SDS unit includes Same Day Surgery admissions (SDS), patients being admitted the A.M. of surgery and being transferred to another floor from PACU, and Minor Procedure patients.

III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

Same Day Surgery recognizes the standards, practice and guidelines as outlined by The American Association of PeriAnesthesia Nurse (ASPAN), the professional organization for the specialty of perianesthesia nursing. Current standards, practice recommendations and interpretive statements can be found in the 2012-2014 PeriAnesthesia Standards and Practice book published by ASPAN.

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

A. KEY INTERDEPARTMENTAL RELATIONSHIPS

The Director of Surgical Services and Assistant Nurse Manager of Surgical Services are 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. 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., Interdisciplinary Share Governance, Transport Services, Ethics.

B. HOURS OF OPERATION

SDS Unit is open from 6:00 a.m. to 6:00 p.m. Monday through Friday. Pre-Admission Testing is open 7:00 a.m. through 7:00 p.m. Monday through Friday.

SDS Patients requiring care beyond 6:00 p.m. will be sent to the floor as “SDS with extended stay” until Phase II recovery is completed. Patients requiring an “extended stay” or higher level of care may be transferred to an inpatient unit with an attending physician order.

C. MEDICAL STAFF – COMMUNICATION

The hospital organizational chart informs the staff of the departmental relationships and accountability of each department within the hospital system. The Department of Nursing has an organizational chart, which informs the staff of the Nursing Department relationships and accountabilities within the department. The Surgical Services Department has an organizational chart, which reflects the direct lines of authority responsibility, communications and accountability of the department included within Surgical Services (OR, Minor Procedures, PACU, SDS, Central Services, Anesthesia).

The SDS Assistant Nurse Manager, is an RN with appropriate clinical and managerial experience and/or potential for same. The Assistant Nurse Manager collaborates with the Surgical Services Director for the fiscal budget management, standards development, staff education and PI activities of the Unit. In the absence of the Surgical Services Director, direction and support is obtained from the Administrative Director/CNE,

The staff nurse works co-operatively under the direction of the Surgical Services Assistant Nurse Manager, to facilitate optimum flow of patients through the SDS Unit. The Secretary works under the direction of the Unit Charge Nurses organize the pre-op charts and to assist in the flow of patients through the SDS Unit.

The Surgical Services along with hospitals administration or medical staff as appropriate approve departmental documents, defining goals scope of services, policy and procedures. The Surgical Services Director is an active member of leadership and management teams. The Surgical Services Director or designee, will attend the Department of Surgery and the Department of Anesthesia meetings held quarterly.

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

A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS

- a. Establish a good rapport with SDS patient and family

- b. All pertinent details of care, assessments, interventions, and outcomes documented appropriately
- c. Institute appropriate protocols for pre-and post operative care
- d. Perform the appropriate medical/surgical skills necessary for the pre/port operative patient
- e. Keeping the physician informed of the patient's status and significant changes/possible contraindications to procedure or treatment, or complications by paging him in-house or attempting contact out of the hospital
- f. Documentation of patient's and family's education and understanding acknowledged
- g. Documentation of prescriptions for pain and antibiotic given to patient or responsible designated adult, along with discharge instructions.
- h. Initiates follow-up phone call within 72 hours to include: report of operative site (s/S infection); pain management and comfort measures used; occurrence of nausea, vomiting or dizziness; elimination status; nutritional status and any complications noted after discharge with need for treatment or follow up should be reported to management, the surgeon and, if appropriate the anesthesiologist via monthly statistical report.

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.

- Patient falls
- Pressure ulcers
- Infection control
- SCIP measures

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.

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

SDS is staffed with 5 full time and 2 part time Registered Nurses and one Secretary. Per Diem RN's are utilized as needed. The Assistant Nurse Manager in conjunction with the Charge Nurse will determine needs on a daily basis according to census and acuity.

Staff for SDS will be hired by the Director of Surgical Services Manager and Assistant Nurse Manager. Staff will be selected according to need and qualifications of applicants. Qualifications include BLS, PALS, ACLS, accucheck, and IV certification. New hires have 6 months in which to obtain PALS certification. Other qualifications include: ability to work independently following the nursing process; ability to teach on an informal basis; and evidence of current knowledge and concepts in SDS care.

All new staff members will complete hospital, staff development and unit orientation. Orientation to the unit is structured and individualized. The length of orientation varies with experience and readiness to function independently.

2. Staff Development

All Staff will attend ongoing educational activities based on routine and new responsibilities of nursing staff, identified needs, and from monitoring activities. All staff members will complete online learning suites assignments on a yearly basis. Educational activities include CPR, code review, safety, risk management and infection control review.

All staff is required to attend the yearly hospital competencies.

Staff members will attend 4 to 6 department staff meetings as scheduled per year.

3. Staff Evaluation

Each RN will be evaluated on a yearly basis and will be required to complete all clinical skills in a satisfactory manner according to SDS specific competency and orientation check list. New hires are evaluated after an initial 90 day period and then annually. Evaluation of staff is an ongoing process.

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 Assistant Nurse 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 every other month and 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.