

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

**Name of Patient Care Service or Unit: 3 North**

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

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

**I. PURPOSE**

**A. AUTHORITY AND RESPONSIBILITY**

The Nursing Manager is accountable for the administration of operations, staff development, and 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/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**

Medical Surgical nursing on 3N 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 Med-Surg 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 North is a medical/surgical unit with telemetry capability. Using evidence-based practice and a multidisciplinary approach, nurses deliver efficient, high quality care to clients with a variety of acute and chronic medical/surgical conditions. 3N is a 32 bed unit with 16 semiprivate rooms.

**B. TYPES AND AGES OF PATIENTS SERVED**

3 North provides care to adult patients, primarily geriatric, who are acutely ill or injured in varying stages of recuperation from therapeutic interventions.

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

All patients will receive evidence based nursing care. The initial assessment and evaluation will be performed by the registered nurse within 8 hours of arrival to the nursing unit. Reassessments are performed as warranted by patient condition and according to policy/procedure. Nursing care provided to patients is individualized and based on 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 multidisciplinary team 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 plan 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. Collaboration with the Administrative Supervisors 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. Multidisciplinary relationships are enhanced through staff involvement on shared governance councils.

#### **B. HOURS OF OPERATION**

3 North 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 and/or medical staff approve departmental documents defining goals, scope of services, policies and procedures. The nurse manager participates in interdisciplinary rounds, and is an active member of the pediatric committee, joint replacement team and nursing leadership team. Internal communication 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 families, 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 patient and family expectations and respects 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 Leadership Team.

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:**

### **High Risk**

- a. High Volume**
- b. Problem Prone**
- c. 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 North is staffed with an adequate number of 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 provided 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. These educational activities will be based on routine and new responsibilities of nursing staff, identified learning needs and data from patient case review activities.

## **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.