

PVMC ICU

Patient Population & Nursing Scope of Service

Nursing care is provided for critically ill adult patients in addition to overflow Intermediate Care, Telemetry and Medical/Surgical overflow patients.

- 16 Private Patient Rooms, Eight of these rooms are specially designed to meet the needs of our most critical patients to include ample amount of working space, direct patient visualization from nursing stations, and advanced boom technology that allows for agronomical and centralized access to necessary medical equipment and utility services. Partial toilet facilities are available in these rooms to address the needs of patients as they progress towards a lower level of care. The remaining 8 rooms are equipped with full bathroom facilities to include a shower, and have a designated area for families to stay with their loved ones. There are 4 permanent negative air-flow rooms for respiratory isolation and 5 temporary negative air-flow rooms to accommodate a fluctuating number of COVID-19 patients.
- Top 5 DRGs
 - Shortness of Breath
 - Chest Pain
 - Altered Mental Status
 - Abdominal Pain
 - Cardiac Alert

Services Not Provided

- Patients requiring invasive neuro monitoring
- Please review IV limitations policy
- See PVMC Admission Guidelines for diagnosis limitations

Leadership of Unit

- Director
- Unit Manager
- SSC/ Lead
- Charge Nurses/Relief Charge Nurses
- Unit Educator

Professional Standards

- Qualifications and Competencies
 - Charge Nurse: BLS and ACLS, TNCC, NIHSS, TCAR
 - RN: BLS, ACLS, TNCC, NIHSS, TCAR; CNA/PCT: BLS
 - Unit Secretary: BLS
- Nurse Practice Organization:
 - ANCC
 - AACN

Competency of Caregivers

All nursing staff are oriented and trained upon hire to the unit to demonstrate competency in direct care of the aggregate patient population served. This ensures the skill mix of the nursing staff is consistent among all associates.

- This is documented in the individual nursing staff member's orientation packet and kept on file.
- Each nursing staff member also receives skills training and review via education provided through the learning management system and skills fairs.
- Float pool caregivers demonstrate competency by orientation, just in time training, and utilizing permanent unit care givers as a resource when they have not demonstrated competency in a unit specific skill

Unit Staffing Personnel

Our unit staffing plan uses the following licensed personnel to deliver patient care:

- Registered nurses
- Licensed Practical Nurses
- Certified Nurse Assistants/Patient Care Tech
- Resource Nurse shared hospital Resource RN 24/7/365 when available

Shift by Shift Staffing

- At least one (1) registered nurse and one (1) auxiliary personnel shall be on duty at all times in each open inpatient unit and in the emergency department. Additional staffing needs shall be determined by the hospital's master nurse staffing plan
- One registered nurse, qualified by education, training, competency and experience, will be designated as in charge of the unit at all times.
- Nurse-to-patient assignments will vary throughout a patient's length of stay based on a combination of prescribed tasks including education, nursing interventions, demographics, competence, safety measures, coordination of care, and psychosocial needs. Patient assignments will meet the standards of quality care and improve patient outcomes based on the nationally recognized professional organization for the area of specialty. Staffing assignments for patient care will be developed based on the scope of care needed, the frequency of interventions, the volume of admissions and discharges, and the determination of the skill mix of the nursing staff who can provide the most appropriate safe care. Adjustments to the nurse-to-patient assignment will be constantly evaluated and reevaluated based on the information and priority of the patient, competency of the staff, and resources available. All areas have established minimum levels of staffing to be used in catastrophic or unusual circumstances.
- These staffing plans are reassessed annually and/or more frequent if necessary or if any changes are made.
- During surge situations staffing is adjusted to meet patient demand through the use of innovative care models.

The formal process for managing patient flow includes (but is not limited to):

- Overall acuity and workload of the floor with respect to patient turnover (Admission, Discharges and Transfers)
- Charge Nurse/Bedside Nurse/Leadership assessment of ability to safely manage current patient assignment and assume an admission.
- If the acuity of the unit is determined to be high, or admissions are pending, the charge nurse can:

- Use resource nurse to bridge admissions or assume full patient care for appropriate number of patients, based on charge nurse assessment/judgment
- Assess ability for Charge Nurse to take patient(s) assignment
- Bring in extra staff or limit the amount of patients to be admitted until the acuity or volume decreases by coordinating with the Hospital Supervisor and Bed Planning.
- Request to use nursing staff from other units who are cross trained and or otherwise qualified when an additional nurse is needed in the department and no other unit nurses are available.

The RN uses the following chain of command for any concerns or issues related to staffing:

- Charge Nurse
- House Supervisors
- Unit Nurse Manager or Supervisor
- Director
- Administrator On Call
- Chief Nursing Officer
- Regional Chief Nursing Officer

Outcomes and Quality

The unit staffing plan's effectiveness will be evaluated using the following measurements as applicable: patient experience, staffing metrics and nursing sensitive indicators.

Reviewed and approved by unit manager on:

Reviewed and/or made available to staff on: (via staff meetings, email, huddles)