

SJH ICU

Patient Population & Nursing Scope of Service

Nursing care is provided for Intensive Care patients.

- Total Beds: 30
- Top 5 DRGs
 - Septicemia or Severe Sepsis without Mechanical Ventilation > 96 Hours with MCC
 - Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with CC
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 - Respiratory System Diagnosis with Ventilator Support > 96 Hours
 - Coronary Bypass without Cardiac Catheterization without MCC

Services Not Provided

Neuro-interventional patients, transplant candidates, trauma requiring services beyond the scope of a level IV Trauma Center

Leadership of Unit

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

Professional Standards

- Qualifications and Competencies
 - Charge Nurse: BLS and ACLS
 - RN: BLS/ACLS
 - CNA/PCT: BLS
- Nurse Practice Organization:
 - Progressive Care : 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 develop competencies by the same methods including but not limited to Skills Fair and other assigned learnings
- Caregivers additionally are educated in CRRT, Impellas, ECMO, Cardiac Surgery and IABP

Unit Staffing Personnel

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

- Registered nurses
- Certified Nurse Assistants/Patient Care Tech
- Resource Nurse

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 align with the nationally recognized professional organization for the area of specialty as applicable. 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 Charge Nurse uses a staffing plan/matrix to establish staffing for the shift. Factors considered include (but not limited to)
 - Acuity of patients on unit
 - Skill mix
 - Behavioral needs
 - SEWS or other protocols requiring frequent VS, assessments or O2 needs, etc.

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)