SJH Telemetry 6 West

Patient Population & Nursing Scope of Service
Nursing care is provided for primarily Heart Failure, Stroke, Acute Myocardial Infarction and post percutaneous procedure patients, among a variety of other medical issues.
- Total Beds: 30
- Top 8 DRGs
  1. Heart Failure and Shock with MCC
  2. Septicemia or Severe Sepsis without Mechanical Ventilation > 96 hours with MCC
  3. Respiratory Infections and Inflammations with MCC
  4. Acute Myocardial Infarction, Discharged Alive with MCC
  5. Intracranial Hemorrhage or Cerebral Infarction with CC or tPA in 24 hours
  6. Percutaneous Intracardiac Procedures without MCC
  7. Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without MCC
  8. Cardiac Arrhythmia and Conduction Disorders with CC

Services Not Provided
- Patients requiring Intensive Care Level of Care
- Patients requiring continuous CPAP, BiPAP, or heated high flow.
  - We are able to do CPAP/BiPAP at night if it is a patient's baseline.
- Patients requiring ventilator support.
- Titration of vasoactive drugs.
- Post cardiovascular surgery.
- New seizure activity.
- Immediate post-TPA administration care.
  - These patients require 24 hours of ICU monitoring, and then they can transfer to unit.
- Patients who are hemodynamically unstable.

Leadership of Unit
- Director
- Unit Manager
- SSC/ Lead
- Charge Nurses/Relief Charge Nurses
  - Approval from unit manager to train to charge.
  - Completion of orientation to charge nurse responsibilities.
- Unit Educator

Professional Standards
- Qualifications and Certifications
  - Charge Nurse:
    - BLS and NIH Stroke Scale Certified
  - RN:
    - BLS and NIH Stroke Scale Certified
  - CNA/PCT/Nurse Extern:
    - BLS
- Nurse Practice Organization: American Association of Critical Care Nurses (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 are competencied by float pool leadership.

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, if scheduled
- Nurse Extern/Graduate Nurse
- Licensed Practical Nurse
- Personal Safety Attendant (PSA)

Shift by Shift Staffing

- At least one (1) registered nurse and either one (1) nursing support or (1) registered nurse 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/ to establish staffing for the shift. Factors considered include (but not limited to):
  - Resource nurse availability (Monday-Saturday 0930-2200)
  - Workload of patients on unit
  - Skill mix
  - Frequent VS or CBI (continuous bladder irrigation)
  - 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 workload 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 workload 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 workload 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.

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Reviewed and approved by unit manager on: 6/27/23
Reviewed and/or made available to staff on: (via staff meetings, email, huddles)