

Saint Mary's Unit Staffing Plan OB/Gyn

Nursing Scope of Service

Patient Population & Nursing Scope of Service

The OB/GYN Unit, also known as the Mother/Baby unit and Well Nursery, provides care for stable mothers and stable infants (couplets) after birth, as well as patients recovering from gynecological surgeries. The unit also provides care for pregnant women (antepartum) that need additional monitoring and increased care. The primary population includes postpartum couplets, antepartum women, and patients recovering from gynecological surgeries including but not limited to hysterectomies and sacrocolpopexies. There is a collaborative relationship among the perinatal interdisciplinary team that delivers quality health care. Med/Surg overflow patients will be admitted to the OB/Gyn Unit on a case-by-case basis, making sure the patient is an appropriate fit for the unit and staff skill set. This unit cares for patients of all ages and cultures.

- Total Beds: 24
- One nursery used for routine newborn tests and procedures
- Primary Nursing Services Provided Include but are not Limited to:
 - Couplet care
 - Antepartum assessment and fetal monitor
 - Gyn post-operative care
 - Lactation support
- Services Not Provided
 - Patients requiring an Intensive Care Unit
 - Ventilator support
 - Titration of vasoactive drugs
 - Cardiac monitoring
 - Insulin drips
 - Continuous fetal monitoring greater than 2 hours

Leadership of Unit

- Director
- Unit Manager
- Clinical Shift Supervisor
- Unit Educator

Professional Standards

- Qualifications and Competencies
 - ☞ Charge Nurse: BLS, NRP, fetal monitoring training, charge nurse classes

- ∅ RN: BLS and NRP, fetal monitoring training
- ∅ CNA/Unit Secretary: BLS
- ∅ Lactation Nurse: BLS, NRP, CLC or IBCLC
- Nurse Practice Organization:
 - ∅ AWHONN, AAP

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.

Unit Staffing Personnel

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

- ∅ Registered nurses
- ∅ Certified Nurse Assistants/Unit Secretaries
- ∅ Lactation Nurses

Shift by Shift Staffing

- Minimum staffing on the unit will include one RN and one other nursing personnel when one patient is present.
- 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 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.

- The Charge Nurse establishes staffing for the shift. Factors considered include (but not limited to):
 - Acuity of patients on unit
 - Skill mix
 - Admissions/Discharges
- 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 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:
 - Bring in extra staff or limit the number 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
- € Women's & Children's Shift Supervisor
- € House Supervisor
- € Unit Nurse Manager
- € Director
- € Administrator On Call
- € Chief Nursing Officer/ACNO
- € 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 staffing committee on: 7/18/2024

Next review due on 8/2025

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