

# Saint Mary's Unit Staffing Plan Cardiac Nursing Scope of Service

### Patient Population & Nursing Scope of Service

#### Cardiac Unit

Nursing care is provided for Cardiac and Vascular patients.

- Total Beds 36
- Top 5 DRGs
  - Congestive Heart Failure
  - Coronary Bypass
  - Permanent Cardiac Pacemaker Implantation
  - o Percutaneous Cardiac Intervention with Coronary Artery Stent
  - Endovascular Cardiac Procedures

#### Services Not Provided

- Pediatric & Maternal Services
- Ventilator support
- Negative Pressure precaution services

## Leadership of Unit

- Director
- Unit Manager
- Shift Supervisor
- Charge Nurses/Relief Charge Nurses
- Unit Educator

## **Professional Standards**

- Qualifications and Competencies
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  - Charge Nurse: BLS, ACLS
  - o RN: BLS, ACLS (within 6 months)
- Nurse Practice Organization:
  - o The Joint Commission
  - American Nurses Association
  - American Association of Critical Care Nurses



# **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.
- Each nursing staff member is to complete ACLS certification within 6 months
- Basic Arrythmia Recognition and 12-Lead EKG is completed in association with EMS Outreach. 12-Lead EKG education is completed every two years by all RNs.
- RNs are to complete the I-Bed education classes offered within the hospital.
- All I-Bed RNs are to be NIH certified.
- All Telemetry Technicians are to complete the Basic Arrythmia class.

### **Unit Staffing Personnel**

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

- Registered nurses
- Certified Nurse Assistants/Patient Care Tech
- Telemetry Technicians
- Student Nurse Externs
- Graduate Nurses

## **Shift by Shift Staffing**

- Minimum staffing on the unit will include two RNs 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.
- The Charge Nurse establishes staffing for the shift. Factors considered include (but not limited to):
  - Workload of patients on unit
  - Skill mix
  - Behavioral needs
  - CIWA/SEWS or other protocols requiring frequent VS, assessments or O2 needs, etc.
- 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 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:
  - 1. Assess ability for Charge Nurse to take patient(s) assignment
  - 2. 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/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 dashboard, and nursing sensitive indicators.

Reviewed and approved by staffing committee on: 07/18/2024

Next review due 8/2025

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