Plan for the Provision of Care

Women's Services - Inpatient - Family Maternity Center

Scope of Service:

The Family Maternity Center 2Blue is a 36-bed labor, delivery, recovery and post partum (LDRP) unit, along with 4 OB ED bays, 2 procedure rooms, supported by a communication center. There are three designated operating rooms. The fourth room adjacent to OR suites is for infant stabilization. Support services are Neonatal Intensive Care, Pediatrics, Breastfeeding Center, Postpartum Care Center, Maternal-Fetal Medicine, Pre-admit clinic, and Community Education Program. We provide in room newborn care.

The Women’s Antepartum Unit on 4 Blue is a 13 bed unit designed for long-term inpatient antepartum care, post delivery care, gynecological services. All patient rooms are equipped to be converted to LDRP rooms for care of labor and post partum patients. Areas are supported by a medication room, linen room, nourishment room, family lounge, waiting room and procedure room.

In the event of overflow placement of patients; FMC, Gyn, Antepartum will be located throughout the facility that will meet the needs of those patients. Women's services may bed medical surgical patients if necessary.

Types and ages of patients served:

Adolescent, adult and neonates.

Hours of operation:

Twenty-four hours per day, seven days per week.

Staffing:

Staffing needs are determined based on an analysis of healthcare consumer status (e.g., degree of stability, intensity, and acuity), and the environment in which the care is provided. The following nurse characteristics should be taken into account when determining staffing: • Licensure • Experience with the population being served • Level of experience (i.e., novice to expert) • Competency with technology and clinical interventions • Professional certification • Educational preparation • Language capabilities • Organizational experience

The Women's Services unit is staffed according to the patient care needs as assessed by the scheduler or designee, following AWHONN guidelines. The staffing on 2 Blue would include three managers, an educator, registered nurses, certified nursing assistants, licensed or certified scrub techs, stocking techs and health unit coordinators. The minimum staffing would be 1 HUC and 3 RNs who could provide labor & delivery, recovery & postpartum care. Active labor patients receive one to one care. One RN may take care of 2 non-active labor patients. Antepartum patients are cared for one-to-one, one-to-two, one-to-three depending on acuity. Minimum staffing on 4 Blue would include one registered nurse and one CNA who could provide all services to the antepartum patient. Healthy postpartum mothers and babies are cared for by the same nurse who may have three to four “mother/baby couplets”/gynecological patients. RN qualified to perform labor & fetal assessment will be assigned
as to obstetrical patient who resides elsewhere from FMC. The Staffing is based on the AWHONN 2010 STAFFING Guidelines.

Strategies to enable staff breaks include;

a. The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break
b. RN can cover for each other during rest and meal breaks
c. The unassigned mentor nurse on nights can also assist with staff breaks upon request
d. Staff is educated to escalate to leadership if unable to take breaks

Skills of Personnel:

RN and CNA staff are required to have Basic Cardiac Life Support, Neonatal Resuscitation and Breastfeeding education (for nurses). The antepartum and labor & delivery registered nurses also maintain fetal heart rate monitor competency. RN certification is recommended.
I, the undersigned with responsibility for EvergreenHealth, attest that the attached staffing plan for the provision of care was developed in accordance with RCW70.41.420 for 2019 and includes the inpatient-nursing units covered under our hospital license under RCW 70.41. This plan was developed with consideration given to the following elements (please check):

- Capacity, average daily census, including total numbers of patients on the unit on each shift and activity such as patient discharges, admissions, and transfers;
- Level of intensity of all patients and nature of the care to be delivered on each shift;
- Skill mix;
- Level of experience and specialty certification or training of nursing personnel providing care;
- The need for specialized or intensive equipment;
- The architecture and geography of the patient care unit, including but not limited to placement of patient rooms, treatment areas, nursing stations, medication preparation areas, and equipment;
- Staffing guidelines adopted or published by national nursing professional associations, specialty nursing organizations, and other health professional organizations;
- Availability of other personnel supporting nursing services on the unit; and
- Strategies to enable registered nurses to take meal and rest breaks as required by law or the terms of an applicable collective bargaining agreement, if any, between the hospital and a representative of the nursing staff.

Signature

Amy Beiter, MD & CEO

Printed Name

12/19/2018

Date
Plan for the Provision of Care

Children's Services - Neonatal Intensive Care Unit III-B and Pediatrics

Scope of service:

The Neonatal Intensive Care Unit (NICU) is comprised of 23 rooms with a capacity of 43 beds located on 4-Blue. Each room is designed to host a parent that may stay with their infant throughout their hospitalization, contingent on space and census. Some rooms are double and triple occupancy. The multiple rooms may be used to cohort unrelated singletons. We carry an average daily census of 16-22 patients.

The NICU specializes in providing care of premature infants with moderate to intensive care needs, including stabilization at birth, respiratory and feeding support. The interdisciplinary patient care team has responsibility for planning, implementing, and achieving the patient’s daily care. The plan of care includes interfacing with the patient’s family, physicians, support services, and other health care professionals in the Hospital.

Children’s services also includes the general pediatric care area contiguous with the NICU space. The Pediatric Care unit is comprised of 9 rooms, two of which are negative air flow isolation rooms, located on 4-Blue. The Pediatric unit provides general medical and post-operative care for newborn to age 18 (and >18-year-old developmentally delayed patients as appropriate). The interdisciplinary patient care team has responsibility for planning, implementing, and supervising the patient’s daily care. The plan of care includes interfacing with the patient and family, physicians, support services, and other health care professionals in the Hospital. The pediatric patient may be placed on 4B Women’s and staffed with pediatric nurses. Pediatric patients may be placed elsewhere in the facility as appropriately matched to services, age and weight. Adult medical surgical patients may be placed on the unit as the need arises.

Types and ages of patients served:

Premature infants to current periviable limits, sick term neonates, and infants up to four weeks post discharge at the neonatologist’s discretion. NICU Patients requiring acute surgical services and other subspecialties would be transferred to a higher level of care.

Pediatrics is a general care unit. Patients are transferred to a higher level of service based on medical need determined by the care provider. The population served is from birth to 18 years of age.

Hours of operation:

Twenty-four hours per day, seven days per week.

Staffing:

Staffing needs are determined based on an analysis of healthcare consumer status (e.g., degree of stability, intensity, and acuity), and the environment in which the care is provided. The following nurse characteristics should be taken into account when determining staffing: • Licensure • Experience with the population being served • Level of experience (i.e., novice to expert) • Competency with technology and clinical
interventions • Professional certification • Educational preparation • Language capabilities • Organizational experience

• Children's Services Team consists of 1 manager, educator, registered nurses, Health Unit Coordinator, and Unit Technician. Lactation Consultant, Physical, Occupational Therapist, Nutritionist, and Respiratory Therapists are scheduled as needed to support the registered nurse staff in patient care.

• We staff a flex RN as needed to assist with rest and meal breaks.

• The Children's unit is staffed according to the patient care needs as assessed by the manager or designee. Minimum NICU staffing would include three registered nurses. The Pediatric area is staffed according to the patient care needs as assessed by the manager or designee or Charge Nurse. Minimum Pediatric RN staffing would be two registered nurses per shift within the department when pediatric patients are present.

• We utilize perdiem staff and overtime to cover planned and unplanned leaves.

• NICU is generally staffed with the RN to patient ratio ranging from 1:1 to 1:2 for critical infants, and from 1:3 to 1:4 for stable infants. Pediatrics is generally staffed with the RN to patient ratio ranging from 1:1 to 1:4.

• The manager, with input from the charge nurse and staff, adjust these guidelines for acuity changes and according to patient care needs based on AWHONN staffing guidelines (2010).

• For those pediatric patients who are >40kg and or <18 years of age that are placed on a unit outside the pediatric unit will have a pediatric nurse assist the primary nurse in care planning, addressing age-related concerns and consult with the primary care team as needed. The Pediatric Unit will provide unit developmentally-appropriate resources needed for care.

• Strategies to enable staff breaks include;
  • The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break
  • RN can cover for each other during rest and meal breaks
  • The staff is educated to escalate to leadership if unable to take breaks

Skills of personnel:

The unit is staffed by registered nurses with additional training and/or experience in Level II or Level III NICU. The NICU nurses maintain current Neonatal Resuscitation Provider and Basic Life Support Provider status. Pediatric Clinical staff hold current Pediatric Advanced life support training. RN certification is recommended.
Scope of service:
The Hospice Care Center (HCC) is a 15 bed inpatient hospice center. It serves EvergreenHealth hospice patients who are in need of acute symptom management related to complex symptoms from a terminal illness as well as hospice eligible residential status patients. Admissions are generally short-term with discharges to home or long-term care facilities (such as nursing homes or adult family homes) after the patient's symptoms have stabilized, unless the patient chooses to stay under residential status.

Types and ages of patients served:
Patients of any age who have been diagnosed with an illness that is expected to limit their life to 6 months or less.

Hours of operation:
24 hours per day, 7 days per week.

Staffing:
The HCC is staffed 24 hours per day with registered nurses and certified nursing assistants. Additional staff includes RN and medical social worker case managers who assist with admissions, ongoing case management needs and discharge planning; chaplains, HUCs, volunteers, ARNPs, a physician and a pharmacist. Outpatient hospice staff can also be called in to assist with admissions to the hospice benefit. Patient ratios are assigned at charge nurse and manager direction according to patient care needs.

Skills of personnel: Hospice staff members are highly skilled related to end of life care, including medical and psychosocial expertise to assist patients and families in managing their symptoms of discomfort, which may be physical, emotional, or spiritual in origin. Certification in hospice and palliative care is desired. Hospice staff members must also maintain a BLS CPR certification and remain current on assigned learning modules and process updates.

Strategies to enable staff meal and rest breaks:
   a. The assigned Charge RN is responsible for facilitating staff breaks and covering breaks as needed. The Charge RN has a reduced assignment whenever possible.
   b. RNs can cover each other’s assignments. The RN case manager and HCC manager can also assist in break coverage.
   c. Staff are educated to escalate to leadership if unable to take breaks.
Plan for the Provision of Care

KIRKLAND EMERGENCY SERVICES (LEVEL III TRAUMA CENTER)

Scope of service:

The Emergency Department (ED) provides safe and effective emergency medical care to all individuals of any age. Emergency Department patients are screened for identification of a medical emergency condition and triaged according to acuity. Patients are provided treatment and stabilization. Appropriate disposition is determined after screening, treatment, and need for follow up care. Emergency Department patients are screened for identification of a medical emergency condition and triaged according to acuity. Patients are triaged using the Emergency Severity Index (ESI) from 1-5 with 1 being the most acute to 5 being the least acute.

Emergency Physician staff provide evaluation, initial assessment, treatment, and required referrals or transfers for follow up care to an appropriate physician or facility.

There are 32 beds in the main emergency department. Additionally, there is a 10 bed unit that is open during peak hours or surge.

The ED is designated as a Level III Trauma facility.

Types and ages of patients served:

Care is provided to all ages from newborn to geriatric. Patients presenting to the ED can be treated, but not limited to, all conditions related to acute injuries, cardiac concerns and/or multiple body system concerns (i.e. GI, GU, Respiratory, etc.). Patients can arrive via POV, Aid Car or Medic transport. Women in labor who present to the ED have their care coordinated with Women’s Services.

Hours of operation:

The Emergency Department is a full service Level III Trauma Center operating 24 hours per day, 365 days per year.

Staffing:

The Kirkland Emergency Department is staffed according to the patient care needs. The nurse/patient ratio is generally 1:4 for emergency department patients and adjusted for more acutely ill patients. Discretion of RN and patient ratios are that of the Charge Nurse and based on acuity of patients in the department.
Breaks will be dependent on availability of float personnel and daily circumstances. The Charge Nurse will be responsible for facilitating staff breaks and can assist with coverage for staff on break. RNs will cover for each other during rest and meal breaks. Technicians will be covered by an RN or secondary Technician. Staff is educated to escalate to leadership if unable to take breaks.

Emergency Department is staffed with Physicians and Nurses who specialize in emergency care. The care team is comprised of a Charge Nurse, a Triage Nurse, RN’s, Emergency Department Technicians, Health Care Unit Coordinators, Sitters and Social Workers. Core staffing for nursing, technician, and physician staff is reviewed and varied to match the department visits and acuity patterns.

The Emergency Department Management Team consists of a Medical Director, a Nursing Director, Two Nurse managers, and a Trauma Manager.

**Skills of personnel:**

All ED physicians are board certified in emergency medicine by the American College of Emergency Physicians. The ED maintains a current roster of on-call specialty physicians available to ED patients 24 hours a day. All specialty physicians listed on the on-call schedule maintain medical privileges in good standing at Evergreen Hospital Medical Center.

All ED nurses are required to maintain a current Washington State nursing license and have successfully completed BLS, trauma education, ACLS, and PALS or ENPC training. TNCC is required after the first year of employment. All emergency department nurses are encouraged to obtain the Certified Emergency Nurse certification. All ED technicians are required to have current BLS training and certification as a MA-P, and are either Certified Nursing Assistants or Registered Nursing Assistants. All sitters are required to have CPR certification.
CRITICAL CARE UNIT

Scope of service: 16218

The Critical Care Unit (CCU) is composed of twenty private patient rooms for the intense care of adult and adolescent patients.

The purpose of the Critical Care Unit (CCU) is to provide the critically ill patient safe, focused, highly concentrated care and services when conditions require, and whose clinical situation will benefit from continuous comprehensive observation. This care is rendered by skilled, critical care trained registered nurses, physicians and ancillary staff. The complex needs of the critically ill necessitate a multidisciplinary approach, involving nursing and physician input, as well as pharmacy, dietary, respiratory, social services, case management and the rehabilitation therapies. Evergreen supports the concept of patient/family centered care and encourages participation of the family on a daily basis. Multidisciplinary rounds are conducted daily by the intensivist and team.

Types and ages of patients served:

Adults through geriatrics age groups may be cared for in CCU. Adolescents sixteen years old or greater than 40 kg may also be cared for in CCU.

Hours of operation:

Twenty-four hours per day, seven days per week.

Staffing:

The Critical Care Unit is staffed according to the patient care needs as assessed by the Manager or designee, generally the unassigned shift charge nurse. Minimum Critical Care staffing would include two registered nurses. The nurse/patient ratio generally varies from 1:1 to 1:2 for the critically ill patient. Patients may be assigned 1:3 or 1:4 nurse/patient ratio when patients are stable and preparing to transfer to Progressive Care Unit or medical unit. A 1:1 patient may be defined as a hemodynamically unstable patient requiring 1:1 monitoring and care, for example, an Intra Aortic Balloon Pump or Continuous Renal Replacement patient. Certified Nursing Assistants and Health Unit Coordinators are scheduled each shift when needed to support the registered nurse.

Staffing needs are determined based on an analysis of healthcare consumer status (e.g., degree of stability, intensity, and acuity), and the environment in which the care is provided. The following nurse characteristics should be taken into account when determining staffing: • Licensure • Experience with the population being served • Level of experience (i.e., novice to expert) • Competency with technology and clinical interventions • Professional certification • Educational preparation • Language capabilities • Organizational experience. Progressive Care Unit staffing is generally 1:3 or 1:4. Monitor techs, health unit coordinators, and certified nursing assistants are scheduled 24 hours per day to support the registered nurse staff in providing care to the patients. Transporting of monitored patients is accomplished through remote telemetry observation or a registered nurse in attendance, depending on the acuity of the patient.

Break Strategies to enable staff breaks include:

1. The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break,
2. RN who can cover for each other during rest and meal breaks
3. Staff are educated to escalate to leadership if unable to take breaks.
Skills of personnel:

The Critical Care Unit is staffed at all times by registered nurses. Support staff includes health unit coordinators (HUC) and certified nursing assistants (CNA). Respiratory therapists, social workers, physical, occupational and speech therapists, pharmacists, dietitians also provide support, but are not unit based. CCU personnel are carefully selected for their technical skills in cardiac rhythm analysis, handling emergency and procedural equipment, and in carrying out procedures; for their ability to make accurate observations and interpretations of patient conditions; and for their ability to work with the families of critically ill patients. Basic Life Support (BLS) is required for all patient care providers. Advanced Cardiac Life Support (ACLS) certification is required for the RN staff. CCRN certification is preferred. If an adolescent is cared for in the CCU a pediatric nurse will complete a growth and development assessment once a shift.
Plan for the Provision of Care

PROGRESSIVE CARE UNIT

PURPOSE:
This policy outlines the plan for providing care on the Progressive Care Unit (PCU).

POLICY:

SCOPE OF SERVICE:
The Progressive Care Unit (PCU) is a 31 bed unit for the care of adult and pediatric patients requiring cardiac monitoring and frequent observations.

The Progressive Care Unit provides specialized intermediate level care. This care is rendered by skilled progressive care nurses and other personnel under the supervision of these nurses.

Patients admitted to this unit include (but are not limited to) those with acute and chronic cardiac conditions including acute coronary syndrome, congestive heart failure, arrhythmias, and those that have undergone percutaneous cardiac interventions. PCU also cares for the majority of stroke patients. The PCU also cares for other medical and surgical patients with neurological, respiratory, gastrointestinal, orthopedic and renal disorders requiring specialized monitoring as well as those experiencing the toxic effects of drugs and alcohol.

TYPES AND AGES OF PATIENTS SERVED:
Adults through geriatrics age groups may be cared for in the PCU. Children sixteen years old or greater than 40 kg may also be cared for.

HOURS OF OPERATION:
Twenty-four hours per day, seven days per week.

STAFFING:
Staffing needs are determined based on an analysis of healthcare consumer status (e.g., degree of stability, intensity, and acuity), and the environment in which the care is provided. The following nurse characteristics should be taken into account when determining staffing: • Licensure • Experience with the population being served • Level of experience (i.e., novice to expert) • Competency with technology and clinical interventions • Professional certification • Educational preparation • Language capabilities • Organizational experience. Progressive Care Unit staffing is generally 1:3 or 1:4. Monitor techs, health unit coordinators, and certified nursing assistants are scheduled 24 hours per day to support the registered nurse staff in providing care to the patients. Transporting of monitored patients is accomplished through remote telemetry observation or a registered nurse in attendance, depending on the acuity of the patient.

Break Strategies to enable staff breaks include:
1. The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break,
2. RN who can cover for each other during rest and meal breaks
3. Staff are educated to escalate to leadership if unable to take breaks.

SKILLS OF PERSONNEL:

The Progressive Care Unit is staffed at all times by registered nurses. Support staff includes health unit coordinators (HUC) and certified nursing assistants (CNA). The CNAs assist the RN in providing direct care to the patients. Cardiac monitoring is done remotely by monitor technicians who watch the telemetry monitors and alert the RN's to any changes in rhythm. RNs also monitor the patients rhythms at the bedside and via courtesy monitors at the charting stations. Respiratory therapists, social workers, care managers, physical, occupational and speech therapists, pharmacists, dietitians, also provide support but are not unit based. PCU personnel are carefully selected for their technical skills in cardiac rhythm analysis, handling emergency and procedural equipment, and in carrying out procedures; for their ability to make accurate observations and interpretations of patient conditions; and for their ability to work with the families of critically ill patients. Basic Life Support (BLS) is required for all patient care providers. Advanced Cardiac Life Support (ACLS) certification is required for registered nurses. PCCN certification for the registered nurses is preferred.
Acute Rehabilitation Unit

Plan for the Provision of Care

Acute Rehabilitation Unit

Scope of Service:

The Acute Rehabilitation Unit (ARU) is a 14 bed nursing unit. All are private rooms. The ARU provides care for patients who require intensive rehabilitation care for orthopedic conditions, neurological disorders (degenerative or traumatic), and complex medical problems with functional impairments. The goal of the rehabilitation team is to provide an interdisciplinary, caring and safe environment in which patients and their families can recover from and learn to cope with disability.

Types and ages of patients served:

Ages 18 years and older with functional impairment, as described above.

Hours of Operation:

Twenty-four hours per day, seven days per week.

Staffing:

a. The unit is staffed at all times by registered nurses and/or certified nursing assistants who are under the direction of the assistant clinical nurse manager/unit manager. Registered nurses and nursing assistants assist with administrative tasks as delegated by the assistant clinical nurse manager/unit manager.

b. ARU is generally staffed with the RN to patient ratio of 1:5 on day shift and 1:6 ratio on night shift. Certified nursing assistants are under the direction of the registered nurse. The manager/assistant clinical nurse manager, with input from charge nurses and staff, adjusts these guidelines for acuity changes and according to patient care needs.

c. The unit nurse(s) make daily assignments using predetermined guidelines for adding or low censusing staff in response to patient census. He/she facilitates bed placement and acts as a patient advocate and problem solver.

d. Personnel for this unit are selected for skill in triage of patient care needs, knowledge of and experience with special acute rehab procedures and equipment, ability to handle emergencies, ability to accurately assess and interpret patient’s condition and to work positively with families.

e. Strategies to enable staff breaks include
   a. Staff can cover for each other during rest and meal breaks
   b. Staff is educated to escalate to leadership if unable to take breaks

Skills of Personnel:

Personnel for this unit are selected for skill, knowledge and experience in the rehabilitation of patients, ability to triage and handle emergencies and procedural equipment, ability to
accurately assess and interpret patient’s condition and to work positively with families. Patients admitted to this area are cared for by physical, occupational and speech therapists, neuropsychologists, social workers, case managers, registered nurses, certified nursing assistants, and other personnel under the supervision of a Physical Medicine and Rehabilitation Medical Director. Basic Life Support Certification is required. Advanced Cardiac Life Support and Rehab Certification are encouraged.
Plan for the Provision of Care
PROGRESSIVE CARE UNIT

PURPOSE:
This policy outlines the plan for providing care on the Progressive Care Unit (PCU).

POLICY:

SCOPE OF SERVICE:
The Progressive Care Unit (PCU) is a 31 bed unit for the care of adult and pediatric patients requiring cardiac monitoring and frequent observations.

The Progressive Care Unit provides specialized intermediate level care. This care is rendered by skilled progressive care nurses and other personnel under the supervision of these nurses.

Patients admitted to this unit include (but are not limited to) those with acute and chronic cardiac conditions including acute coronary syndrome, congestive heart failure, arrhythmias, and those that have undergone percutaneous cardiac interventions. PCU also cares for the majority of stroke patients. The PCU also cares for other medical and surgical patients with neurological, respiratory, gastrointestinal, orthopedic and renal disorders requiring specialized monitoring as well as those experiencing the toxic effects of drugs and alcohol.

TYPES AND AGES OF PATIENTS SERVED:
Adults through geriatrics age groups may be cared for in the PCU. Children sixteen years old or greater than 40 kg may also be cared for.

HOURS OF OPERATION:
Twenty-four hours per day, seven days per week.

STAFFING:
Staffing needs are determined based on an analysis of healthcare consumer status (e.g., degree of stability, intensity, and acuity), and the environment in which the care is provided. The following nurse characteristics should be taken into account when determining staffing: • Licensure • Experience with the population being served • Level of experience (i.e., novice to expert) • Competency with technology and clinical interventions • Professional certification • Educational preparation • Language capabilities • Organizational experience. Progressive Care Unit staffing is generally 1:3 or 1:4. Monitor techs, health unit coordinators, and certified nursing assistants are scheduled 24 hours per day to support the registered nurse staff in providing care to the patients. Transporting of monitored patients is accomplished through remote telemetry observation or a registered nurse in attendance, depending on the acuity of the patient.

Break Strategies to enable staff breaks include:
1. The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break,
2. RN who can cover for each other during rest and meal breaks
3. Staff are educated to escalate to leadership if unable to take breaks.

SKILLS OF PERSONNEL:
The Progressive Care Unit is staffed at all times by registered nurses. Support staff includes health unit coordinators (HUC) and certified nursing assistants (CNA). The CNAs assist the RN in providing direct care to the patients. Cardiac monitoring is done remotely by monitor technicians who watch the telemetry monitors and alert the RNs to any changes in rhythm. RNs also monitor the patients rhythms at the bedside and via courtesy monitors at the charting stations. Respiratory therapists, social workers, care managers, physical, occupational and speech therapists, pharmacists, dietitians, also provide support but are not unit based. PCU personnel are carefully selected for their technical skills in cardiac rhythm analysis, handling emergency and procedural equipment, and in carrying out procedures; for their ability to make accurate observations and interpretations of patient conditions; and for their ability to work with the families of critically ill patients. Basic Life Support (BLS) is required for all patient care providers. Advanced Cardiac Life Support (ACLS) certification is required for registered nurses. PCCN certification for the registered nurses is preferred.
Plan for the Provision of Care

Acute Care - Oncology

Scope of Service:

The Oncology unit is located on the 6th floor of the Silver building, with 6 West and 6 East designated as Medical Oncology with Medical/Surgical overflow. There is one 4 bed ward on 6 East which is designed to care for patients who need continual visual monitoring by staff. Patients are admitted to the Oncology unit who require assessment, treatment and interventions as appropriate to the patient’s medical condition. An interdisciplinary approach is utilized in the daily operations for patient care with a team whose disciplines include physicians, registered nurses, care managers, social workers (mastered prepared), respiratory therapists, physical/occupational/speech therapists, pharmacists and nutritionists.

Types and ages of patients served:

The unit provides care and services to post-surgical and medical adult patient who are 16 years and older or who weigh greater than 40 kilograms.

Hours of Operation:

Twenty-four hours per day, seven days per week.

Staffing:

a. The unit is staffed at all times by registered nurses and certified nursing assistants who are under the direction of the unit manager. A health unit coordinator assists with administrative tasks as delegated by the unit manager.

b. Oncology is generally staffed with an RN to patient ratio of 1:4-5 on day shift, 1:5-6 on night. Certified nursing assistants are under the direction of the registered nurse. The manager, with input from the charge nurse and staff, adjusts these guidelines for acuity changes and according to patient care needs.

c. The unit charge nurse makes daily assignments using predetermined guidelines for adding or low censusing staff in response to patient census. He/she facilitates bed placement and acts as a patient advocate and problem solver.

d. Personnel for this unit are selected for skill in triage of patient care needs, knowledge and expertise in caring for patients with an oncology diagnosis, with special medical/surgical procedures and equipment, ability to handle emergencies, ability to accurately assess and interpret the patient’s condition and to work cohesively with the patient’s family or caregivers.

e. Strategies to enable staff breaks include;
   a. The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break
   b. RN can cover for each other during rest and meal breaks
c. VPO techs can be pulled at the request of the Charge nurse and or the manager to assist with unit technicians break coverage
d. The medical surgical access nurse can also assist with staff breaks upon request
e. Staff is educated to escalate to leadership if unable to take breaks

Skills of Personnel:

Basic Life Support certification is required for both registered nurses and certified nursing assistants. Registered Nurses administering Chemotherapy and Biotherapy to patients have been trained in the safe handling and administration of these medications.
Plan for the Provision of Care

Acute Care - Ortho/Spine/Neuro

Scope of Service:

The Ortho/Spine/Neuro unit is located in the Silver building. 7th floor West and East provides care to our Orthopedics, Spine and Neurology post-surgical patients, including any MedSurg overflow. There is one 4 bed ward which is designed to care for patients who need continual visual monitoring by a certified nursing assistant. Patients are admitted to the OSN unit who require medical and post-surgical assessment, treatment and interventions as appropriate to the patient's medical condition. An interdisciplinary approach is utilized in the daily operations for patient care with a team whose disciplines include physicians, registered nurses, care managers, social workers (mastered prepared), respiratory therapists, physical/occupational/speech therapists, pharmacists and nutritionists.

Types and ages of patients served:

The unit provides care and services to post-surgical and medical adult patient who are 16 years and older or who weigh greater than 40 kilograms.

Hours of Operation:

Twenty-four hours per day, seven days per week.

Staffing:

a. The unit is staffed at all times by registered nurses and certified nursing assistants who are under the direction of the unit manager. A health unit coordinator assists with administrative tasks as delegated by the unit manager.

b. OSN is generally staffed with an RN to patient ratio of 1:4-5 on day shift, 1:5-6 on night shift. Certified nursing assistants are under the direction of the registered nurse. The manager, with input from the charge nurse and staff, adjusts these guidelines for acuity changes and according to patient care needs.

c. The unit charge nurse makes daily assignments using predetermined guidelines for adding or low censusing staff in response to patient census. He/she facilitates bed placement and acts as a patient advocate and problem solver.

d. Personnel for this unit are selected for skill in triage of patient care needs, knowledge of and expertise with special medical/surgical procedures and equipment, ability to handle emergencies, ability to accurately assess and interpret the patient's condition and to work cohesively with the patient's family or caregivers.

e. Strategies to enable staff breaks include;
   a. The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break
   b. RN can cover for each other during rest and meal breaks
c. VPO techs can be pulled at the request of the Charge nurse and or the manager to assist with unit technicians break coverage

d. The medical surgical access nurse can also assist with staff breaks upon request

e. Staff is educated to escalate to leadership if unable to take breaks

**Skills of Personnel:**

Basic Life Support certification is required for both registered nurses and certified nursing assistants. National certification in the specialty areas is encouraged.
PURPOSE:
This policy outlines the plan for providing care on the Cardiovascular Neurosurgical Unit (CVNS),

POLICY:

SCOPE OF SERVICE:

The CVNS unit is a 31 bed unit for the care of adult patients requiring cardiac monitoring and frequent observations.

The CVNS unit provides specialized intermediate level care. This care is rendered by skilled progressive care nurses and other personnel under the supervision of these nurses.

Patients admitted to this unit include (but are not limited to) those with acute and chronic cardiac conditions including acute coronary syndrome, those that have undergone percutaneous cardiac interventions and neurosurgical postoperative patients. The CVNS unit also cares for other medical and surgical patients with respiratory, gastrointestinal, orthopedic and renal disorders that may require specialized monitoring as well as those experiencing the toxic effects of drugs and alcohol.

TYPES AND AGES OF PATIENTS SERVED:

Adults through geriatrics age groups may be cared for in the CVNS unit. Children, sixteen years of age or older, or who weigh greater than 40 kg may also be cared for in the CVNS unit.

HOURS OF OPERATIONS:

24 hours per day, seven days per week.

STAFFING:

Staffing needs are determined based on an analysis of healthcare consumer status (e.g., degree of stability, intensity, and acuity), and the environment in which the care is provided. The following nurse characteristics should be taken into account when determining staffing: • Licensure • Experience with the population being served • Level of experience (i.e., novice to expert) • Competency with technology and clinical interventions • Professional certification • Educational preparation • Language capabilities • Organizational experience

Break Strategies to enable staff breaks include:
1. The unassigned charge nurse is responsible for facilitating staff breaks, and can cover for staff on break,
2. RN who can cover for each other during rest and meal breaks
3. Staff are educated to escalate to leadership if unable to take breaks.

The CVNS unit staffing is generally 1:3 or 1:4, with health unit coordinators and certified nursing assistants that are scheduled 24 hours per day to support the registered nurse staff in providing care to the patients. Transporting of monitored patients is accomplished through remote telemetry observation or a registered nurse in attendance, depending on the acuity of the patient.

SKILLS OF PERSONNEL:

The Cardiovascular Neurosurgical Unit is staffed at all times by registered nurses. Support staff includes health unit coordinators (HUCs) and certified nursing assistants (CNAs). The CNAs assist the RN in providing direct care to the patients. Cardiac monitoring is done remotely by monitor technicians who watch the telemetry monitors and alert the RN to any changes in rhythm. RN's also monitor the patient's rhythms at the bedside and via courtesy monitors at the charting stations. Respiratory Care Practitioners, social workers, care managers, physical, occupational and speech therapists, pharmacists, and dietitians also provide support but are not unit based. CVNS unit personnel are carefully selected for their clinical/technical skills in the care of the cardiac or neurosurgical postprocedure patient, cardiac rhythm analysis, handling emergency and procedural equipment, and in carrying out procedures; for their ability to make accurate observations and interpretations of patient conditions; and for their ability to work with the families of our patient population. Basic Life Support (BLS) is required for all patient care providers. Advanced Cardiac Life Support (ACLS) certification is required for registered nurses. PCCN certification for the registered nurses is preferred.
Plan for the Provision of Care

Evergreen Healthcare Redmond Emergency Department

The Emergency Department (Redmond ED) provides safe and effective emergency medical care to all individuals of any age. Emergency Department patients are screened for identification of a medical emergency condition and triaged according to acuity. Patients are triaged using the Emergency Severity Index (ESI) from 1-5 with 1 being the most acute to 5 being the least acute. Patients are provided treatment and stabilization, within our capabilities, and appropriate disposition.

Evaluation, initial assessment, treatment and required referrals or transfers for follow up care to an appropriate physician or facility are provided by emergency physician staff.

There are 16 beds in the Redmond Emergency Department, with an additional 2 beds designed for accommodation of surge capacity. The ED is designated to accept BLS patients via Aid Car, as well as those patients presenting to receive emergency services.

Types and ages of patients served:

Care is provided to all ages from newborn to geriatric. Patients presenting to the ED can be treated, but not limited to, all conditions related to acute injuries, cardiac concerns and/or multiple body system concerns (i.e. GI, GU, Respiratory, etc.). Women in labor who present to the ED will receive stabilization and will be transferred to the appropriate facility for continuity and appropriate care. Patients requiring admission will be transported via EMS to Kirkland main campus.

Hours of operation:

The Redmond Emergency Department is a full service standalone facility operating 24 hours per day, 365 days per year.

Staffing:

Staffing consists of board certified Physicians, Nurses specialized and/or certified in emergency nursing and Emergency Department Technicians. Additional staff to include Social Workers and specialized providers who are staffed in Kirkland and are available to see patients as needed in Redmond and Volunteers with training for the ED. General patient ratios are based at discretion of the Charge Nurse and acuity of each patient. Core staffing for nursing, technician, and physician staff is varied to match the department visits and acuity patterns. Staffing is reviewed and adjusted annually as needed.

Breaks will be dependent on availability of float personnel and daily circumstances. The Charge Nurse will be responsible for facilitating staff breaks and can assist with coverage for staff on break. RNs will cover for each other during rest and meal breaks. Technicians will be covered by an RN or secondary Technician. Staff is educated to escalate to leadership if unable to take breaks.

The Emergency Department Management Team consists of a Medical Director, a Nursing Director, Two Nurse Managers, Administrative Assistant and leadership from the Kirkland Campus.
Skills of personnel:

All ED physicians are board certified in emergency medicine. All ED nurses are required to maintain a current Washington State nursing license and have successfully completed and maintenance of BLS, ACLS and PALS or ENPC training. TNCC is required after the first year of employment. All emergency department nurses are encouraged to obtain the Certified Emergency Nurse certification. All ED technicians are required to have current BLS training and certification as a Medical Assistant or Registered Nursing Assistants. The telecommunications department maintains a current roster of on-call specialty physicians available to ED patients 24 hours a day. All specialty physicians listed on the on-call schedule maintain medical privileges in good standing at Evergreen Hospital Medical Center.