Platte Valley Hospital

PVH Labor and Delivery

Patient Population & Nursing Scope of Service

Nursing care is provided for Labor and Delivery which includes Triage/L&D/OB OR Suite and OB PACU

- There are 2 ante-partum/pre-op/rooms, 1 post-op recovery room, 6 labor/triage and delivery rooms, 1 operating suite
- All patient rooms are private and include dedicated space for family and visitors. Each room has space for a family member to stay overnight with the patient.
- L&D provides limited access to maintain infant security.
- Telemetry monitoring is available through designated equipment and displayed in the 3W telemetry room.
- Top 5 DRGs
    - 807 Vaginal Delivery without Sterilization and/or D&C without CC/MCC
    - 806 Vaginal Delivery without Sterilization and /or D&C with CC
    - 788 Cesarean Section without Sterilization without CC/MCC
    - 805 Vaginal Delivery without Sterilization and/or D&C with MCC
    - 795 Normal Newborn

Services Not Provided

- Designated Level II for Maternal and Neonatal Care. This care includes delivery of women who are greater than or equal to 32 weeks and greater than or equal to 1500 grams.
- Stabilize and transfer for threatened delivery less than 32 weeks' gestation.
- Maternal complications requiring delivery less than 32 weeks' gestation. With consultation, these require transfer to other institutions for a higher level of care.
- Conditions non-related to OB that are serve or unusual complications which may threaten delivery prior to 32 weeks' gestation or require maternal ICU admission.

Leadership of Unit

- Manager and Unit Educator, Nicole Gonzales, BSN, RN
- Nurse Clinical Leader, Dana Steffens (L&D)
- Charge Nurses/Relief Charge Nurses – designated each shift and is responsible for assessing the staffing and skill mix needs of each area based on unit census and patient acuity.
- Collaborates with the Leads in PP and SCN.

Professional Standards

- Qualifications and Competencies
    - All nursing caregivers are required to have a current BLS, NRP, Certification in Fetal Monitoring.
    - OB surgical Tech, BLS

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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, skills fairs, and drills.
- Nurses participate in Year Day
- L&D nurses are required to circulate and recover C-sections including general anesthesia.
- L&D nurses are required to catch and transition the newborn at delivery.

Unit Staffing Personnel

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

- 2-4 Labor and Delivery nurses
- 1 OB OR Tech

Shift by Shift Staffing

- A Charge Nurse is designated for each shift and is responsible for assessing the staffing and skill mix needs of each area based on unit census and patient acuity. The Charge Nurse takes a full patient assignment.
- 2-4 RNs and 1 Scrub Tech are scheduled each shift in L&D to cover triage, laboring patients as well as C-sections. Staff from Triage and L&D move between areas as workflow indicates.
- Fixed staffing model at 2 L&D nurses and 1 OB Tech regardless of patient census.
- Patient assignments will align with the nationally recognized professional organization for the area of specialty as applicable. 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.
- L&D nurses may float to Postpartum and SCN based on competency, patient census, and acuity.
- These staffing plans are reassessed annually and/or more frequently 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):

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- Overall acuity and workload of the floor with respect to patient turnover (Admission, Discharges and Transfers)
- Charge Nurse/Lead 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:
  - Notify House Supervisor and determine readily available resources. For example, the Resource Nurse or System Float Pool.
  - Bring in extra staff or limit the number of patients to be admitted (scheduled cases) until the acuity or volume decreases by coordinating with the Hospital Supervisor.
  - 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
- Nurse Clinical Leader
- Manager
- 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 Senior Manager
Reviewed and/or made available to staff on: (via staff meetings, email, huddles)

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Staffing Council Representative …