

PVH Post-Partum

Patient Population & Nursing Scope of Service

Nursing care is provided in Obstetrics (Post-Partum (PP) and Normal Newborn

- There are 17 rooms. One may be used for antepartum overflow and is equipped for fetal surveillance at the central monitor in L&D.
- One room is designated reverse isolation room.
- Rooms may be used for GYN overflow based on patient census and acuity.
- 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.
- All rooms may be centrally monitored and displayed at a central station at the PP Desk. Telemetry monitoring is available through designated equipment and displayed in the 3W telemetry room.
- The PP Unit provides limited access to maintain infant security.
- Inpatient and Outpatient Lactation Services
- Top 5 DRGs
 - 795 Normal Newborn
 - 807 Vaginal Delivery without Sterilization and/or D&C without CC/MCC
 - 794 Neonate with other Significant problems
 - 806 Vaginal Delivery without Sterilization and/or D&C with CC
 - 788 Cesarean Section without Sterilization without CC/MCC

Services Not Provided

- Patients requiring Intermediate Care.

Leadership of Unit

- Manager and Unit Educator, Nicole Gonzales, BSN, RN
- Clinical Nurse Leader, Aimee Boyer, RN
- Charge Nurse – 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. Collaborates with the L&D Charge nurse and SCN Charge.

Professional Standards

- Qualifications and Competencies
 - All nursing caregivers are required to have a current BLS and NRP.
 - Unit Clerk BLS.
 - Lactation Consultant BLS, and IBCLC

Competency of Caregivers

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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
- RNs are cross trained to a second unit (SCN or Labor and Delivery).

Unit Staffing Personnel

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

- 2 PP nurses 24/7
- 1 Unit Clerk 0700-2300 seven days/week
- 1 Lactation Consultant during the day shift seven days/week

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 Lead Nurse takes a full patient assignment.
- 2 RNs, 1 Unit Clerk, and 1 Lactation Consultant.
- Fixed staffing model of 1 nurse and 1 Unit Clerk based on volume and acuity.
- 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.
- 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.
- PP nurses may float to L&D and SCN based on competency, patient census, and acuity.

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/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.

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- Bring in extra staff, hold delivered patients in L&D 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 Lead
- 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 manager

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