Platte Valley Hospital

PVH Special Care Nursery

Patient Population & Nursing Scope of Service

Nursing care is provided for the Special Care Nursery (SCN)

- It is a Level II Nursery. Care for infants generally includes a population of greater than or equal to 32 weeks and greater than or equal to 1500 grams with capacity to provide mechanical ventilation for brief periods or continuous positive airway pressure.
- Stabilization and transport of at-risk newborns requiring a higher level of care.
- There are 8 individual patient rooms. One is a designated isolation room. Each room is equipped to provide continuous cardiac and oximetry monitoring.
- 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 are centrally monitored and displayed at a central station at the SCN Nurses Desk.
- The SCN Unit provides limited access to maintain infant security.
- Inpatient Lactation Services
- Top 5 DRGs
    - 791 Prematurity with Major Problems
    - 793 Full Term Neonate with Major Problems
    - 795 Normal Newborn
    - 794 Neonate with Other Significant Problems
    - 792 Prematurity without Major Problems

Services Not Provided

- Patients less than 32 weeks or 1500 grams.
- Mechanical ventilation for greater than 24 hours unless improving.
- Newborn surgery
- Retinopathy exams

Leadership of Unit

- Manager and Unit Educator, Nicole Gonzales, BSN, RN
- Nurse Clinical Lead, Carrie Reneau, BSN RN
- Lead Nurse – 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 L&D Charge nurse and PP Lead.

Professional Standards

- Qualifications and Competencies
    - All nursing caregivers are required to have a current BLS and NRP.

Competency of Caregivers

Platte Valley Hospital

PVH Special Care Nursery

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
- Nurses are required to catch and transition in L&D and float to PP for helping hands or a newborn assignment based on census and staffing models.

Unit Staffing Personnel

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

- 2 NICU nurses 24/7. Fixed staffing model.
- 1 Lactation Consultant during the day shift seven days/week

Shift by Shift Staffing

- A Lead 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 NICU nurses – fixed staffing model to meet Level II Guidelines.
- If the unit is closed, one NICU nurse will float to Post-Partum (PP) and take a patient assignment. The second nurse will be in L&D to catch and transition and readily available for admits.
- 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.

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 Lead nurse can:

Platte Valley Hospital

PVH Special Care Nursery

- 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)