**PLAN FOR THE PROVISION OF CARE or SERVICE: FY 2013**

See Page 5 of 6 of this plan regarding Staffing

**Department:  Birth Center: Intrapartum/Antepartum/**

**OB Triage/OB OR’s and Birth Center**

**Pre-Admission**

**Facility: St. Francis Medical Center**

**Developed by: Candace C. Garko, MSN, RNC-OB, C-EFM, Clinical Manager Birth Center**

**Revised: 06/2012**

MISSION: We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.

VISION: PSF Nursing is the recognized leader in relationship center cared dedicated to excellence in nursing practice; balanced with the concern for the well being of the care giver.

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| **SCOPE OF CARE or SERVICE****Description** |

The Labor and Delivery unit of the Birth Center is located on the 3rd floor at St. Francis Medical Center. The unit is designed to provide optimum nursing care to pregnant patients of 18 weeks gestation or greater, including:

* seeing outpatients in the OB Triage area;
* caring for high risk antepartum patients including Maternal Fetal Medicine consultation as warranted;
* providing intrapartum services;
* providing maternal transport services within a 70 mile radius;
* OB OR’s for performing Cesarean Sections within our unit;
* pre-admission program between 31 and 35 weeks gestation.
* All patient rooms are private.

The Care Delivery Model on the Labor and Delivery unit is a form of Total Patient Care provided by RN’s with the technical assistance provided by CST’s and CNA’s who are also trained as Unit Secretaries. Care is delivered in 12 hours shifts.

Labor and Delivery services are provided on this unit without regard to age of the patient, and are provided utilizing the Relationship-Based Care model.

The unit is open 7 days per week, 24 hours per day, including maternal transport services.

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| **SCOPE OF CARE or SERVICE****Admission or Referral and Discharge Criteria** |

Labor and Delivery patients are admitted via direct admission from home or physician’s offices or after being triaged in OB Triage or the ED as a result of self-referral or physician directed presentation.

Outpatient procedures and hospitalization can occur as scheduled by physician offices with the unit staff. Examples of this are External Version, Amniocentesis, Venofer infusion or observation for a medical or obstetric complication.

Scheduled inpatient procedures, such as Induction of Labor or Scheduled Cesarean Section, can occur 7 days a week. Inductions are scheduled by physician offices calling the unit; cesarean sections are scheduled through the OR scheduling office.

Outpatient and Antepartum patients are discharged when stable with a physician’s order.

Vaginal delivery patients are transferred to the Mother/Baby unit on the 3rd floor of SFMC when stable following a 2-hour recovery period after childbirth, and are discharged from this setting.

Cesarean Section patients are transferred to the Mother/Baby unit on the 3rd floor of SFMC when stable following at least a 2-hour recovery period in the OB PACU, and are discharged from this setting.

There are exceptions to delivered patients being transferred to the Mother/Baby unit. One of these exceptions include complications that are beyond the comfort level of the MB staff. These patients will be kept in L&D until they are more stable or it is determined that they need to be transferred to a higher level of care, either CCU at SFMC or to another facility. The other exception to transfer to the Mother/Baby unit is patients who have delivered a demised fetus. These patients are kept in L&D until discharge.

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| **Contractual Services**  |

The following services are currently contracted:

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| **Company** | **Nature of Contract** | **Annual Cost** |
| University Perinatology Consultants | Dr. Michael Muench and Dr. James Betoni provide this service through the University of Colorado MFM. |  |
| Pikes Peak Anesthesia | 24/7 in-house anesthesia  |  |

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| **PLAN FOR PATIENT EDUCATION****Resources for Achieving Educational Objectives** |

Patient education is completed by the RN and reinforced as needed during the patient’s hospital stay. Patient education is a continuum that begins during the pre-admission appointment and continues until discharge, whether from L&D or from the Mother-Baby Unit.

Education may include room orientation, the process of labor, instruction on the process of induction of labor, ceasarean birth, medications, labor epidural, or other interventions, as well as isolation precautions, plan of care, and discharge teaching.

Education may also be provided by other hospital departments including but not limited to dietary, radiology, Maternal Fetal Medicine, neonatology, and the Neonatal Intensive Care Unit.

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| **STAFFING****Qualifications of Staff** |

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| **Position** | **Required License/Qualification** | **When Renewed** |
| Clinical Nurse Manager & Asst Clinical Nurse Manger | BSNCO RN LicenseBLSACLSNRP | Upon hireEvery two yrsEvery two yrsEvery two yrsEvery two yrs |
| RN | Graduate Accredited School NursingCO RN LicenseBLSACLSNRP | Upon hireEvery two yrsEvery two yrsEvery two yrsEvery two yrs |
| CST | CO CertificationBLS | Every two yrsEvery two yrs |
| US/CNA | CO CertificationBLS | Every two yrsEvery two yrs |

All new hires attend orientation.

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| **Orientation** | **Length** | **Who Instructs** |
| General Hospital Orientation | 2 days | HRD |
| Nursing Orientation | 1 day | Education Resources, Various  |
| Meditech Training | 2 days | IT |
| Unit-based orientation | varies | Unit Preceptor |
| ASCENT (new graduates) | 6 weeks | Education Resources, Various |

The roles of the staff on the Labor and Delivery unit include:

* Registered Nurse
* Unit Secretary II (CNA/US)
* CST

All RN’s will be licensed to practice nursing in the State of Colorado and will meet the general competency criteria as described in nursing policy including demonstrated skills in physical assessment, CPR, medication administration including PCA and labor epidural. In addition they will be certified in ACLS and NRP and be competent to serve as the circulator and recovery room nurse for cesarean sections. Within 1 year of hire and 2 years of labor & delivery experience, all RN’s will also receive their Certificate of Added Qualification in Electronic Fetal Monitoring (C-EFM) from NCC (National Certification Corporation).

All nurses will complete competencies for the care of high risk patients once they have at least 6 months of L&D experience, and will learn to manage triage patients as their experience and expertise warrants.

A charge RN will receive training in making the appropriate patient care assignments and evaluation of the delivery of care.

Nursing Assistants will be certified according to the State of Colorado Board of Nursing and demonstrate competence in CPR. They will also function as Unit Secretaries as well as performing other technical duties such as setting delivery tables, cleaning tables after delivery and stocking rooms.

Surgical Technologists will be certified according to the State of Colorado, and will also be trained to function as Unit Secretaries as well as performing other technical duties such as setting delivery tables, cleaning tables after delivery and stocking rooms.

All staff will complete General and Clinical Orientation, followed by a unit-based orientation appropriate to their role.

In addition to the unit staff, a Social Worker will be available 24/7 from the Care Management Department.

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| **STAFFING****Assurance of Competency** |

The Joint Commission National Patient Safety Goals (NPSG) and Regulations are reviewed in nursing orientation for all new hires in clinical orientation. Preceptors are assigned to all new employees.

New employees complete orientation skills checklists within 90 days of hire, checklists include general skills and unit based competencies.

All new hires are evaluated at 90 days and annually on job specific skill performance and their adherence to Centura Core Values of Integrity, Stewardship, Spirituality, Imagination, Respect, Excellence and Compassion.

The following education is required annually by all staff:

| REQUIREMENT | METHOD | DUE DATE |
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|  1. Centura Integrity Standards: a. Compliance in Action b. Sexual Harassment c. Confidentiality  d. Use of Technical Tools | LEARN Modules | Annually by June 30By June 30By June 30By June 30 |
| 2. Safety Extravaganza | LEARN Module | On hire and every 12 months thereafter |
| 3. TB Screening | Employee Health/ Lab Questionnaire | Quantiferon-TB draw on hire; questionnaire annually, by end of birth month |
| 4. Clinical Back Class:Required for patient care providers in Nursing, Imaging, and Respiratory assigned to Penrose ED/ICU | Classroom, registration on LEARN | On hire and annually, by end of birth month |
| 5. Annual Skills Review | Department based | Annually in either April or October based on hire date. |
| 6. Basic Life Support: select associates as defined in IDP B-02-a | Either LEARN Module or in Annual Skills Review | Due by expiration date printed on card.  |
| REQUIREMENT | METHOD | DUE DATE |
| 7. Blood Transfusion Policy Review | LEARN/Health Stream Module | By June 30, 2013 |
| 8. Pain Management | LEARN/Health Stream Module | By June 30, 2013 |
| 9. Age Specific Competency | LEARN/Health Stream Module | By June 30, 2013 |

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| **STAFFING** **Staffing Plan** |

The staffing plan for the unit includes shifts that are 12 hours.

A staffing grid is established for patient care, based on an average of 7.17 deliveries per 24 hour day, including one 1:1 patients (Pitocin, Magnesium Sulfate, TOLAC,1st 20 minutes after arrival, 1st hour after epidural placement), as well as an average of 2 antepartum patients. Staffing follows the “Guidelines for Professional Registered Nurse Staffing for Perinatal Units” published by the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) in 2010, and includes allowance for minimal core staffing during low census.

Staffing needs are reviewed continually and no less than every 12 hours by the charge nurse, and adjustments made and communicated to the staffing office. Determination of the need for more staff is based on the influx of patients, the acuity needs of the patients, and competency of available staff as determined by the nursing staff in conjunction with the charge nurse, manager, and/or nursing supervisor.

Core staffing for the Labor and Delivery Unit per shift:

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| **Meeting Average Daily Census** | **Low or Zero Census** |
| Charge RN 1 | Charge RN 1 |
| Triage RN 1 |  Triage RN 1 |
| OR RN 1 |  |
| L&D RN 5 | L&D RN 1 |
| AP RN 1 | AP RN  |
| CNA/US 1 | CNA/US  |
| CST 2 | CST 1 |
| **TOTAL 12**  | **TOTAL 4** |

The core staffing for average daily census may vary per shift depending on induction of labor, scheduled Cesarean-Sections and delivery numbers.

CONTINGENCY STAFFING:

When unit census or patient care needs increase, additional staff may be required and are acquired by one of the following mechanisms:

* Utilize L&D per diem staff
* Utilize the PSFHS float pool staff trained in L&D
* Utilize the regional float pool staff trained in L&D
* Utilize regular L&D staff that has signed up to be on-call
* Utilize regular L&D staff that agree to come in for high-census times

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| **DEPARTMENTAL PERFORMANCE****Responsibility** |

The Clinical Manager, VP of Nursing, and CNO are ultimately responsible for departmental performance that includes the maintenance and improvement of processes and implementation of systems to promote patient safety. The Clinical Manager assists the VP of Nursing with the daily operations and performance improvement initiatives for the unit. Staff is encouraged to participate in performance improvement initiatives for the unit and facility through involvement in specific activities, staff meetings, data collection and representation on project task forces and committees. Performance appraisals recognize and support the department’s quality efforts and improvements. Currently, we are working towards Magnet designation.

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| **DEPARTMENTAL PERFORMANCE** **Quality Indicators**  |

* The Labor and Delivery Unit supports the Joint Commission Standards and National Patient Safety Goals.
* Perinatal Indicators while not reported to TJC are monitored monthly
* The Labor and Delivery Unit follows AWHONN and ACOG (American Congress of Obstetricians and Gynecologists) recommendations when developing standards of care.
* All occurrence reports are reviewed by the Clinical Nurse Manager or the Assistant Clinical Nurse Manager.
* Physician and associate satisfaction is monitored annually to bi-annually.
* Patient satisfaction (HCAHPS) is monitored monthly based on discharges from the Mother-Baby unit.
* There are currently no NDNQI or CMS quality indicators specific to obstetrics. The Post-operative infection rates and CAUTI rates are monitored by the infection control department.

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| **DEPARTMENTAL PERFORMANCE** **Performance Improvement Model** |

The Labor and Delivery Unit supports the organizational process improvement methodology including Six Sigma and Rapid Decision Making. The current projects for Quality Improvement on L&D include:

1. Reduction of non-indicated deliveries under 39 weeks
2. 2nd stage labor management
3. Appropriate 4th stage time management
4. Initiation of the Late Pre-term Care protocol