

A. DESCRIPTION

1. Type of unit

The Cardiac Step-Down Unit (CSDU) is located on the second floor of the C building. Its primary focus is to provide care to adults who need cardiac monitoring or have primary cardiac needs. The needs of the patients are met by specially trained medical, nursing and allied health personnel who are aided by special diagnostic monitoring equipment until such time as patient is ready for discharge.

2. Size

a. Patient Rooms

The CSD is a 14 bed unit consisting of 4 private rooms and five 2-bed rooms. Three beds have Telemetry and eleven beds have hard wire monitoring.

b. Central Module

(1) The unit is designed in a "U" shape, organized around a central work-area for staff and a central monitoring station.

(2) Kitchen facilities are maintained by Dietary and Housekeeping personnel.

(a) The refrigerator is to be emptied and stocked daily by Dietary staff. It is cleaned on a weekly basis by Dietary staff. There is a thermometer in each refrigerator and the temperature range should be 38 to 44 degrees F. A sign reading: "Food Only" is on the door.

(b) The freezer is emptied and cleaned monthly by Dietary staff.

(c) The ice machine is disinfected every three months by the Maintenance Department. Only hospital personnel may use the machine.

(d) The refrigerator in the Pharmacy area has a sign on the door, reading: "No Food".

(e) Juices must be kept on the unit for use with Diabetics.

(f) Electrical equipment must be checked by Maintenance.

d. Utility Rooms

(1) Cleanliness of the clean and dirty utility rooms is the responsibility of the Housekeeping Department.

(2) Central Sterile supply technicians are responsible for removing soiled equipment, which has been properly bagged for re-sterilization.

e. Offices

1. The Nursing Manager's office and the Medical Director's office are located on the second floor.
2. The Assistant Nurse Manager is on the second floor and the APRN's Office is located on the unit.

3. Scope of Nursing Services

a. Clinical:

Nursing care is provided to all adult patients. Standards of care are consistent for all services unless otherwise specified. Practice concerns are addressed through the Nurse Manager and Medical Director, and Unit staff meetings.

b. Professional:

There is a comprehensive focus on the professional needs of CSDU staff including unit and hospital inservices, unit standards including practice and guidance for advancement through the Clinical Advancement System.

c. Administration:

The structure and organization of the CSDU is written in these standards for the purposes of planning, organizing, implementing, controlling and evaluating the conduct of the CSD. The Nursing Manager is responsible for administrative concerns with guidance from the Director of Nursing/AVP of operations, as needed.

B. MISSION

The mission statement of the CSDU is consistent with that of the Department of Nursing and that of John Dempsey Hospital. Refer to Department of Nursing Structure Standards Appendices.

II. PHILOSOPHY AND GOALS

A. PHILOSOPHY

The philosophy of the CSD coincides with that of the Department of Nursing and that of John Dempsey Hospital. Refer to the Department of Nursing Structure Standards Appendices.

B. GOALS

Goals are developed and approved by the Cardiac Step-Down/Cardiac Surgery Review Committee:

1. To provide close observation and care for patients with medical and surgical problems involving heart rhythms/pressure monitoring who do not require the continuous care offered in the ICU.
2. To institute prompt treatment for identified problems.
3. To develop and maintain appropriate standards of care.

4. To develop and maintain inservice and continuing education programs in the area of cardiology/cardiothoracic surgery to meet the needs of patients and staff.
5. To evaluate patient care through participation in quality improvement programs.
6. The unit goals are developed from the Department of Nursing goals and are framed in reference to the Nurse Practice Act in the state, the ANA Standards of Practice
7. Goals are developed and approved by the Nurse Manager and Medical Director in consultation with the nursing staff.

III. ADMINISTRATIVE POLICIES

A. ORGANIZATION

1. Relationships

a. Administrative

The Cardiac Step-Down Unit is organized as a part of the Cardiac Service Line.

b. Intra-Unit

- (1) The overall nursing direction of the unit is the responsibility of the Nursing Manager with supervision, direction and support from the Director of Nursing/AVP of operations.
- (2) The medical direction is the responsibility of the Medical Director, who is a senior member of the Division of Cardiology.

2. Communication Mechanisms

a. Administrative

Verbal and written information to and from the CSDU, Hospital and Health Center Administration is delivered, received and transmitted through the Nursing Manager and/or Medical Director.

b. Interdepartmental

Communication channels to and from the CSDU and the Department of Nursing are based on the Departmental Organizational chart (Department of Nursing Structure Standards Appendices).

c. Intra-unit

Communication channels in the CSDU are based on the unit organizational chart (Appendices).

d. Mechanisms

A variety of communication mechanisms are available; *shift/transfer report, *telephone/paging system throughout the Hospital, *bulletin boards/mailboxes on the unit, *unit staff meetings, *meeting minutes and memos, *CSDU committees, *TTY and

the availability of sign/foreign language interpreters (HAM, # 08-007).

3. Unity/Extent of Command

- a. The authority, final responsibility for, and control of all actions directed toward the nursing goals of the CSDU are vested in the Nursing Manager. The Nursing Manager is also responsible for the nursing staff, health unit clerks, and unit aides. In the absence of the Nursing Manager coverage is provided by the Assistant Nursing Manager(s) or designee. Nursing Supervisors are qualified to act in the absence of the Nursing Manager on the off-shifts, weekends and holidays. The Director of Nursing/AHD appoints an Interim Nursing Manager when necessary.
- b. The authority, final responsibility for, and control of all actions directed toward the medical goals of the CSDU are vested in the Medical Director. The Medical Director is also responsible for the CSD house staff team. The Medical Director appoints a qualified alternate in his absence. The Chief of Staff appoints an Interim Medical Director when necessary.

4. Evaluation of Organizational Structure

- a. The organizational structure reflecting the philosophy of the CSDU is reviewed every year by the Nurse Manager and Medical Director. The organizational structure is approved by the Nursing Administrative Council and the Medical Board.

B. GOVERNANCE

1. Functions of the Unit

a. Institutional and Interdepartmental

Qualified nurses and physicians are selected to represent the CSDU on Hospital and Health Center standing committees based on the recommendation of the Nursing Manager and/or appropriate Director. These recommendations are processed through the appropriate council for confirmation of committee appointments. Nurses may volunteer or be appointed by the Nursing Manager to unit committees. Refer to Department of Nursing Structure Standards for the role and responsibilities on the stated Hospital/Health Center Committees. Refer to Administrative Protocol: Committee/Council Membership for Department of Nursing.

b. Intradepartmental

The functions listed in the Department of Nursing Structure Standards are performed by the appropriate members of the nursing leadership group in the CSDU.

2. Nursing Direction

a. Type of Governance

The CSDU is decentralized and organized within the Department of Nursing and conforms with the Philosophy of the Department of Nursing (refer to Department of Nursing Structure Standards).

b. Unit Control

(1) The authority, responsibility, and accountability for assisting the Nursing Manager in directing operations of the CSDU to fulfill unit function is vested by the Medical Director and Director of Nursing.

(2) CSDU Committees

(a) Cardiology Signature Program

CHAIRPERSON: Department Chairman Cardiology

MEMBERSHIP: A multi-disciplinary Committee designated by position or appointed by the appropriate medical department.

- 1- Chairman/Medical Director
- 1- Director of Nursing/AVP of operations
- 1- Community Physician (Cardiologist)
- 1- Nursing Manager
- 1- APRN
- 1- CT Surgeon as available
- 1- UConn Faculty Cardiologist
- (Other invited participants)

PURPOSE: - To review and approve appropriate/necessary standards for operation of the service, including, but not limited to

- standards defining areas of responsibility and patient management
- nursing and medical standards of practice
- annual budget for capital requests
- review and approval of goals
- monitoring Quality Improvement program

- To recommend corrective action when necessary.

MEETING

FREQUENCY: Quarterly

AGENDA/

MINUTES: The agenda is developed by the Chairperson with input from committee members. Meeting minutes typed and circulated to the members of the Committee.

(b) CSD Staff Meetings

CHAIRPERSON: Nursing Manager/designee

MEMBERSHIP: CSD staff

PURPOSE: To enhance the flow of information to and from staff as noted in the Dempsey Model (refer to Department of Nursing Structure Standards Appendices).

MEETING

FREQUENCY: Once per month

AGENDA/

MINUTES: Agendas are developed by the Chair with input from staff. Minutes are in ink and filed on the unit.

Minutes are kept and circulated for signature by all staff who are unable to attend the meeting. Copies are circulated to the AVP of operations/Director of Nursing.

c. Day-to-Day Operations

(1) Authority, responsibility and accountability for the day-to-day, shift-to-shift provision of nursing services is vested in the unit hierarchy.

(2) Unit Hierarchy

(a) Staff Nurses

*are responsible for providing nursing care to a specific patient assignment for a 12-hour shift. Each staff nurse is accountable to the charge nurse.

(b) Assistant Nurse Managers/Charge Nurses

*are assigned by the Nursing Manager each shift for the purpose of decision-making and facilitating unit communication, coordination and delivery of patient care.

* ANM's develop work schedules in consultation within the N.M.

(c) Nursing Manager

*is responsible for the effective organization and management of the CSDU. Has 24-hour accountability for the effective functioning of the staff including their development and evaluation, the efficient functioning of the unit subsystem, and the quality of patient care provided in the setting.

(d) Director of Nursing/AVP of operations

Refer to Department of Nursing Structure Standards.

d. Support Services within the CSDU

(1) Nurse Manager/Clinical Nurse Specialist

*Responsible for clinical practice, consultation, education and research within the CSDU, and reports to the Director of Nursing/AVP of operations.

(2) APRN

Responsible to the Nurse Manager, in collaboration with the Medical Director and the Cardiac Thoracic Surgeon.

(3) Preceptor

*refer to Orientation Protocol.

(4) Non-Nursing Support

(a) Health Unit Clerks/Monitor technicians

*are available on all three shifts, to carry out all aspects of job description. Responsible to the Nursing Manager or designee.

(b) Nursing Care Associates

*are available on all shifts, to carry out all aspects of job description. Responsible to the Nursing Manager or designee.

e. Support Services within the Department of Nursing

(1) Nursing Supervisors

*are resources to the Assistant Nursing Manager or charge nurse (in the absence of the Nursing Manager) providing direction and support in the decision-making process during weekends, holidays and off-shifts. Refer to Department of Nursing Structure Standards.

3. Medical Director of Patient Care

a. Medical Director's Role

Responsible for the medical administrative control of the unit and with advice from Clinical Department Heads, sets medical standards of care. In the absence of the Medical Director a qualified alternate is chosen. Responsible to the Chief of Staff.

b. Cardiology Attending Physician's Role

All patients must be admitted by either a cardiologist or a Cardiothoracic surgeon and receive a clinical appraisal by a qualified attending within 8 hours of admission. (Refer to the Department of Nursing Structure Standard.)

c. Physician Consultant

Refer to the Department of Nursing Structure Standards.

d. Teaching Staff

Refer to the Department of Nursing Structure Standards. Daily teaching rounds conducted by the CSD Attending incorporate input from the nursing staff.

C. RESOURCE DEVELOPMENT/ALLOCATION/UTILIZATION

1. Financial

Refer to the Department of Nursing Structure Standards.

2. Facilities

a. Patient Care Areas

The Cardiac Step-Down unit provides twenty-four hour care.

(1) Admission

(a) Admission Criteria

Refer to HAM #09-007, "Admissions Guideline". Patients are admitted to the unit based on their need for the medical and nursing care required for, but not limited to:

- Post PTCA care
- Post ICU care after open-heart surgery
- Suspected and definite Myocardial Infarction/Acute Coronary Syndrome
- Pre-Op open heart evaluation
- Continuous intravenous infusions for anti-arrhythmic therapy and/or inotropic therapy
- Chest pain observation (R/O MI)
- New pacemaker therapy (temporary or permanent)/ICD
- CHF treatment
- Atrial fibrillation, i.e., cardioversion or continuous IV drips
- Readmissions for complications post-cardiac surgery
- Pulmonary Arterial Hypertension treatment
- Electrophysiology Therapy

(b) Modes of Admission

Patients are admitted to the Cardiac Step-Down Unit in any of the following ways:

- Emergency: patients are admitted through the Emergency Department
- Direct: Patients are admitted directly from an MD office (UMG or community)
- Elective: Patients are pre-scheduled for admission for research study protocols, diagnostic tests, or for medical therapies only provided in the unit
- Transfers: Patients are admitted to the unit from in-house patient care areas or from outside referring agencies
- Admission for Post-Anesthesia Care: Patients may be admitted from PACU.
- Boarders: When there are no other Telemetry beds available in the hospital and staffing permits, Telemetry boarders may be admitted to the unit. Patients requiring continuous pulse oximetry may be admitted to the unit. Bed Control will collaborate with the Nursing Manager/designee to move them as soon as possible.
- All patients that are admitted to the Cardiac Step Down Unit are cleared for admission by the Cardiology Fellow.

(c) Relationship between Charge Nurse, House Staff/APRN, Medical Director and Bed Control:

- Each morning, the Charge Nurse and the APRN/House staff confer regarding patient status for possible discharge/ transfer and possible admissions.
- Formal discharge rounds are conducted on weekday mornings. The NM and/or ANM, charge nurse, case

manager, social worker, and cardiology attending and/or fellow attend these rounds.

- The physician notifies ANM/Charge Nurse about candidates for admission. Charge Nurse confers with Bed Control/designee regarding bed availability. Pre-certification information will be collected per Cardiology or UMG support staff as appropriate.
- Charge Nurse/ANM confers with the Attending of Record when cases may be delayed/denied. The Attending of Record will then confer with the referring Attending in cases where admission is delayed or denied.

(d) Attending MD Responsibilities:

It is the Attending's responsibility to see and evaluate the patient within 8 hours of admission, provide indicated patient care, or consult other physicians as needed, and collaborate with the House Staff to keep the patient and family informed. In addition, the Attending must continue to see the patient on a daily basis, as evidenced by a Progress Note.

(e) House Staff/APRN Responsibilities:

The responsibilities of the House Staff/APRN include, but are not limited to, the following:

- Informing the patient/family about admission.
- Evaluating patient and writing orders for admission.
- Obtaining consent for special procedures.
- Providing around-the-clock coverage for in-house patients.
- Writing, at a minimum, a daily note on each patient in order to justify occupancy in the Step-Down Unit.
- Notifying the Attending MD, MOD, patient and family of patient's admission/transfer.

(f) Admitting Nurse's Responsibilities:

It is the responsibility of the Admitting Nurse to provide and maintain the following:

- Initiation of the Admission Protocol, including initial assessment within one hour of admission, and reassessment every four hours or at RN discretion, or by protocol.
- Completion of admission documentation as per Department of Nursing policies.

(2) Transfers

(a) In-House

The responsible House Officer/APRN must write transfer orders and identify the Attending Physician who will accept the patient. All previous physician's orders are automatically canceled at this time. Bed Control is notified by the Charge Nurse or designee of all potential or actual transfers according to priority. A transfer note and updated care plan are written by the patient's nurse. Telephone nursing report is made to the receiving unit prior to transfer. Upon transfer,

the patient is accompanied by appropriate care providers. Patients transferring to a monitored bed must be transferred on a cardiac monitor and accompanied by a telemetry certified RN.

(b) Other facilities

The physician of record makes arrangements with the receiving physician. The ambulance transfer is coordinated by Bed Control/unit. The patient is accompanied by the appropriate care providers. Prior to transfer, a W-10 Form/Clinical Resume, and a Discharge Summary are completed.

(3) Discharge Criteria

(a) Patient no longer requires the scope of services provided in the Step-Down Unit, for example:

- Myocardial Infarction is ruled out
- ECG and enzymes stable, vital signs stable, significant arrhythmias controlled
- No invasive arterial monitoring required for assessment/diagnostic parameters
- Angina, CHF, arrhythmias and/or other parameters stable
- Service required not available at JDH

(b) Modes of Discharge

Duration of stay in the Step-Down Unit is determined by the patient's physiologic status and care needs. Planning for discharge is performed by the House Staff, APRN, nursing staff and Attending MD. The Attending is responsible for making decisions pertaining to the disposition of a patient. Patients may be discharged to home, to another floor, or patients may be transferred to an extended care facility (refer to above section 2). Refer to the Department of nursing Structure Standards.

(4) Utilization Crises

Refer to Department of Nursing Structure Standards page 25.

(a) Files

Tools for verification of skills/competencies are maintained in individual staff files located in the Human Resource Department. Refer to Department of Nursing Structure Standards.

3. Human Resource Development

a. Orientation

(1) Health Center/Hospital

Permanent new employees attend a three hour orientation session coordinated by the UCHC Resource Department. A general overview of the Health Center, including a brief history and current organizational structure, is provided

followed by a review of pertinent safety services, (fire, infection control, police, environmental hazards), employee benefits information and other general information.

(2) Department of Nursing

(a) General Nursing Orientation

General Nursing Orientation is a program which is scheduled on at least a monthly basis and conducted by the Educational Services Department. All newly hired Department of Nursing Staff attend General Orientation.

Specific orientation plans for each category of personnel are determined by ESD in consultation with the appropriate managers of those personnel.

The General Nursing Orientation program is organized to provide general, hospital wide information first, then focuses on more specific nursing related areas. A combination of competency-based techniques and more traditional educational methods, (e.g. lecture/discussion and exercises) are used, as appropriate, to the various content areas. Evaluation of learning is accomplished through verbal feedback, review of written assignments, and paper and pencil tests. Documentation of completion of orientation activities is recorded on the orientation checklist.

The completed orientation checklist is reviewed by the appropriate manager and placed in the employee's file in the Human Resources Department, with a copy to the Nursing Manager's Office.

(b) CSDU Orientation

All new CSDU personnel shall have a 4-6 week clinical orientation with a preceptor. The specific content is outlined in the CSD orientation plan, which is comprised of self-learning packets and competency skill checklists. The Clinical Nurse Specialist assists in evaluating the learning needs of the orientee and provides education on specific areas as appropriate.

Weekly orientation conferences are conducted with NM/ANM, CNS preceptor and new employee.

b. Staff Development

Unit decentralized development is the responsibility of the Nurse Manager. The purpose is to facilitate clinical educational needs, based on input from the staff and the Nurse Manager/CNS. The goal is at least one educational program will be held each month for each shift geared to maintaining and improving skills and learning new techniques. Health team members are utilized to instruct inservices as appropriate. All educational programs are documented, reviewed, and a record maintained by the Nursing Manager or designee. An educational activity record for each staff member is maintained as part of the annual evaluation process. All Department of Nursing programs, which include mandatory inservices, are coordinated through the Educational Services Department.

c. Continuing Education

Refer to Department of Nursing Structure Standards.
Support for staff nurses to attend outside programs is provided through the UHP contract.

d. Support Services

Refer to Department of Nursing Structure Standards.

e. Consultants

(1) Medical

In the provision of patient care, nursing consults with physicians on formal (e.g. rounds and conferences) and informal bases. Refer to Department of Nursing Structure Standards.

(2) Nursing

Additional nursing resources can be found in the Advanced Practitioners and Clinical Nurse Specialists. The Clinical Nurse Specialists and Advanced Practitioners are Master's prepared in a clinical specialty.

(3) Management

Consultation about management can be obtained from appropriated Administrative officers, members of the NAC and ESD. Networks have been established with peer groups outside the hospital.

4. Materials Management

a. Equipment

Refer to Department of Nursing Structure Standards.

The following are specific equipment for the CSDU:

- *2 Defibrillator (1 monophasic, 1 biphasic) - monitors, with synchronization and transcutaneous pacing capability
- * Crash Cart
- * Philips central monitoring stations
- *7-Hewlett Packard Merlin Telemetry Transmitters
- *4-Hewlett Packard Omni Monitor
- *11-Hewlett Packard Merlin monitors
- *3-Intubation trays
- *3-Ambu Bag Resuscitators
- *External Pacemakers: 2-single chamber pacemaker
- *1-Doppler
- *2-Oxygen Tanks

Refer to Emergency Equipment Protocol in CSDU Administrative Protocol Section and HAM, "Emergency Resuscitation Equipment Check #11-024.

b. Linen

Refer to Department of Nursing Structure Standards.

c. Product Safety Evaluation

Refer to Department of Nursing Structure Standards.

5. Evaluation of Resources

Refer to Department of Nursing Structure Standards.

6. Staff

a. Professional

Refer to Department of Nursing Structure Standards.

b. Non-Professional

Refer to Department of Nursing Structure Standards. Depending on patient status, a Certified Nurse aide may be utilized as a 1:1 sitter for a patient. Depending on patient's status patient care is delegated by the RN to non-professional staff according to competency level.

c. Status

Professional staff may be hired full or part-time, as determined by the Nursing Manager and based on unit needs.

Non-professionals may be hired as full-time or part-time. Nursing Care Associates hired for 12 hour shifts. Clerical staff hired for 8 hour shifts.

d. Temporary Staff

(1) Agency Personnel

Refer to Department of Nursing Structure Standards.

(2) Private Duty Nurses

Refer to the Department of Nursing Structure Standards.

(3) Student Nurses

Refer to Department of Nursing Structure Standards.

(4) Nurse Pros

Refer to Department of Nursing Structure Standards.

e. Non-Nursing Staff

Refer to Department of Nursing Structure Standards.

D. STAFFING

1. Responsibility for Providing Adequate Staffing

Refer to Department of Nursing Structure Standards.

2. Administrative Staffing

Refer to Department of Nursing Structure Standards.

3. Master Staffing

Refer to Department of Nursing Structure Standards.

4. Unit Staffing

Refer to Department of Nursing Structure Standards.

5. Delivery of Care Methodology

Refer to Department of Nursing Structure Standards.

6. Patient Classification System

Refer to Department of Nursing Structure Standards.

7. Shift Assignments

Refer to Department of Nursing Structure Standards.

a. Infection Control

Refer to CSD Infection Control Plan.

8. Scheduling

a. Responsibility

Refer to Department of Nursing Structure Standards.

b. General Scheduling Practice

The CSD has a projected average daily census of 10. Therefore the minimum staffing requirement is 3 RNs, based on acuity, for each 12-hour shift. Registered nurse to patient ratio is 4:1. Ancillary staff is allocated based on census/acuity.

E. EMPLOYMENT

Refer to Department of Nursing Structure Standards.

IV. Professional Practice Policies

A. NURSING PROCESS

1. Assessment

An initial head to toe assessment will be performed on each patient on admission, within one hour. Otherwise, refer to Department of Nursing Structure Standards.

2. Planning

Refer to Department of Nursing Structure Standards.

3. Nursing Interventions

Refer to Department of Nursing Structure Standards.

4. Evaluation

Refer to Department of Nursing Structure Standards.

5. Documentation/Retention of Records

Refer to Department of Nursing Structure Standards. All patients in the CSDU will receive a systems assessment at the beginning of each shift, and reassessment may then be performed every 2 to 4 hours, at the RN's discretion. Variances will be documented in the progress note as they occur, on each shift, per Nursing Standards Practice Manual. Discharge planning will be addressed every 3 days.

B. NURSING RESPONSIBILITIES

The role of the professional nurse at JDH is consistent with the scope of practice outlined in the State of Connecticut Nurse Practice Act (1975).

Registered Nurse are authorized to perform all JDH protocols and procedures contained in the Department and Unit specific manuals, along with identified procedures from the Lippincott Manual. Orientation programs, ongoing educational activities and completed annual evaluations which include competency checklists ensure individual nurses are competent.

The specialized, tertiary care setting demands assessment of specific nursing responsibilities in each clinical area. Therefore, Unit Structure Standards and Practice Manuals further define the professional nurse role in each area of nursing practice.

1. CSD nursing staff may perform the following bedside testing:

- a. Glucose meter
- b. Hemocult slides

Bedside and cognitive testing skills are validated annually.

2. Nursing staff on the p.m. shift, at the change of night shift, are responsible for performing a chart audit on their assigned patients. The audit will include:

- a. Review all physician orders written during previous 24 hours.
- b. Check documentation of transcription of all orders and charges on the MAR, IV Infusion Record and/or Kardex, patient/family teaching record, inpatient/core databases and flowsheet
- c. Document completion of the 24-hour audit with designated signatures, after the last written order.

3. Nursing staff at the change of each shift are responsible for completion of Patient Charge Sheet.

Refer to Department of Nursing Structure Standards.

C. PROFESSIONAL BEHAVIORS

Refer to Department of Nursing Structure Standards.

D. CREDENTIALING

Refer to Department of Nursing Structure Standards.

E. RESEARCH

Refer to Department of Nursing Structure Standards.

F. STANDARDS

Refer to Department of Nursing Structure Standards.

CSDU Standards are reviewed every two years by the CSDU Standards Committee and the CSDU Advisory Committee.

V. CLINICAL POLICIES

Refer to Department of Nursing Structure Standards.

APPENDIX 1 CSDU STRATEGIC Plan

1. To provide close observation, intensive and continuous care and immediate recognition of potentially life-threatening complications.
2. To institute prompt treatment for identified problems.
3. To provide optimal nursing care utilizing the nursing process.
4. To develop and maintain standards of care for the seriously ill adult patient utilizing primary nursing concept.
5. To develop and maintain inservice and continuing education programs to meet the needs of patients and staff.
6. To evaluate patient care through participation in quality assurance programs.
7. To support efforts congruent with the University Medical Center.
8. To communicate with other services and departments.
9. To maintain an interdisciplinary team in order to provide a mechanism for participation in the decision-making process regarding issues and problems.

APPENDIX 3

ORGANIZATIONAL CHART

