

I. DESCRIPTION AND MISSION

A. DESCRIPTION

1. Type of Institution

The Maternal-Fetal Intensive Care Unit (MFICU) is located on the ground floor of the Canzonetti building at the University of Connecticut/John Dempsey Hospital. The unit functions as a High Risk Referral Center for consultation, evaluation and care of high risk antepartum, intrapartum and post-partum patients. The unit also serves as a labor and delivery unit for low risk intrapartum patients.

2. Size

The MFICU is a 9 bed unit consisting of 5 private birthing rooms, 4 private labor rooms with 2 traditional OR/delivery rooms. In addition, the unit is separated into two areas: restricted and non-restricted.

3. Scope of Nursing Services

a. Clinical:

The nursing staff provides for the nursing care needs of antepartum, intrapartum and post-partum patients. Services provided vary from low-risk to intensive care for these patients. Practice concerns are addressed with the Nursing Manager and Clinical Nurse Specialists through the MFICU/OB Standards Committee and Unit staff meetings.

b. Professional:

There is a comprehensive focus on the professional needs of MFICU 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 MFICU is written in these standards for the purposes of planning, organizing, implementing, controlling and evaluating the conduct of the MFICU. Administrative responsibility for the unit is addressed through the Department of Nursing. The Nursing Manager is responsible for administrative concerns.

B. MISSION

The mission statement of the MFICU is consistent with that of the Department of Nursing and that of John Dempsey Hospital.

II. PHILOSOPHY AND GOALS

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

III. ADMINISTRATIVE POLICIES

A. ORGANIZATION

1. Relationships

a. Administrative

The MFICU is organized within the Department of Nursing. Refer to the Department of Nursing Structure Standards.

b. Interdepartmental

The MFICU is an integral part of the John Dempsey Hospital under the direction of the Nursing Manager who reports to the Associate Hospital Director / Director of Nursing.

c. Intra-Unit

The overall nursing direction of the unit is the responsibility of the Nursing Manager with supervision, direction and support from the Associate Hospital Director/Director of Nursing. The Nursing Manager is assisted in her role by the Assistant Nursing Manager for the unit. The medical direction is the responsibility of the Medical Director of the MFICU, appointed by the Chief of OB-GYN. Collaboration with nurses, physicians and appropriate department heads takes place monthly through the MFICU Quality Assurance Committee and weekly business meetings. The organization of the MFICU is consistent with the scope, variety and complexity of patient care services provided. MFICU organizational chart is in Appendix 2. Performance descriptions exist for each nursing position on the organizational chart and can be found in the Performance Description Book of the Department of Nursing, with the exception of the Medical Director, which is located in the Chief of Staff office.

2. Communication Mechanisms

a. Administrative

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

b. Interdepartmental

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

c. Intra-Unit

Communication channels in the MFICU is based on the Organizational Chart (Appendix 2).

d. Mechanisms

A variety of communication mechanisms are available, such as shift/transfer report, telephone/paging system throughout the hospital, bulletin boards/mailboxes on the unit, unit staff meetings, meeting minutes and memos, email, MFICU committees, unit communication log, newsletters and the availability of foreign language interpreters (HAM #08-007), and care delivery to persons who are deaf or hard of hearing (HAM #08-009).

3. Unity/Extent of Command

- a. The authority, final responsibility for, and control of all actions directed toward the goals of MFICU are vested in the Nursing Manager. The Nursing Manager is also responsible for the nursing staff, health unit clerks, office assistants and nursing aides. In the absence of the Nursing Manager, coverage is provided by the

Assistant Nursing Manager or their 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 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 MFICU are vested in the Medical Director. The Medical Director is also responsible for the Maternal-Fetal Medicine physicians and residents. The Medical Director appoints a qualified alternate in his/her 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 MFICU is reviewed as needed by the Nursing Manager, Clinical Nurse Specialist and Medical Director.

B. GOVERNANCE

1. Functions of the Unit

- a. Institutional and Interdepartmental

Qualified nurses and physicians are selected to represent the MFICU on Hospital and Health Center standing committees based on the recommendation of the Medical Director and Nursing Manager. Nurses may volunteer or be appointed by the Nursing Manager to unit committees. Refer to the Department of Nursing Structure Standards, page 4 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 MFICU.

2. Nursing Direction

- a. Type of Governance

The MFICU is decentralized and organized under the Division of Nursing, and conforms with the Philosophy of the Department of Nursing.

- b. Unit Control

- (1) MFICU Committees

- (a) MFICU Standards Committee

CHAIR: Clinical Nurse Specialist/designee

MEMBERSHIP: OB Assistant Nursing Manager
MFICU Assistant Nursing Manager
Nursing Manager
Clinical Nurse Specialist

PURPOSE: To review the practice of nursing within the MFICU and OB-GYN units and to develop appropriate protocols, procedures, guidelines and standard care plans for the MFICU Standards Manual needed to govern the

practice of nursing in the MFICU/OB-GYN units.

- * assure uniformity of all standards of care
- * review written standards on a regular basis
- * review all nursing practices specific to the MFICU
- * inform MFICU staff nurses about protocol and procedure changes
- * approve standards completed by Nursing Manager, Director of MFICU and Clinical Nurse Specialist
- * evaluate the implementation of all new and/or revised procedures and protocols

MEETING

FREQUENCY: Quarterly

(b) MFICU Staff Meetings

CHAIR: Nursing Manager/designee

MEMBERSHIP: All MFICU staff

PURPOSE: To enhance the flow of information to and from staff.

MEETING

FREQUENCY: Monthly

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. Originals are circulated to the Associate Hospital Director/Director of Nursing for official records.

(c) Perinatal Nursing Committee

CHAIR: Nursing Manager

MEMBERSHIP: Assistant Nursing Managers from MFICU, OB-GYN and NBN
Nursing Manager of MFICU/OB-GYN
Nursing Manager of NICU/NBN
Lactation Consultant

PURPOSE: To facilitate communication between the 4 perinatal units; to provide a forum to discuss intra-unit concerns/issues.

MEETING

FREQUENCY: At least quarterly

AGENDA/
MINUTES:

Agendas are developed by the members. Minutes are in ink and distributed to the members.

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 designated shift. Primary nursing is incorporated when possible. Each staff nurse is accountable to the charge nurse.

(b) Assistant Nursing Manager/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.

(c) Nursing Manager

is responsible for the effective organization and management of the MFICU. 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) Associate Hospital Director/Director of Nursing

Refer to the Department of Nursing Structure Standards.

d. Support Services within the MFICU

(1) Clinical Nurse Specialist

is responsible for clinical practice, consultation, education and research within the MFICU and OB-GYN, and reports to the MFICU Nursing Manager.

(2) Antepartum Testing Nurse

is responsible for providing outpatient antepartum testing services in conjunction with the Maternal-Fetal Medicine department on the MFICU. Reports to the Nursing Manager.

(3) Non-Nursing Support

(a) Health Unit Clerks/Office Assistants

are available on the day and evening shifts to carry out all aspects of job description. Responsible to the Nursing Manager or designee.

(b) Surgical Technician

available on the day shifts and as needed 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 the Nursing Structure Standards.

3. Medical Direction 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 Chair of OB-GYN Medicine.

C. RESOURCE DEVELOPMENT/ALLOCATION/UTILIZATION

1. Financial

Refer to the Department of Nursing Structure Standards.

2. Facilities

a. Patient Care Areas

The MFICU provides twenty-four hour per day care.

(1) Admission

(a) Admission Criteria

Refer to HAM #09-007, "Admissions Guidelines". Patients are admitted to the unit based on their need for the obstetrical and nursing care provided in the MFICU setting.

Any maternal transport

 Laboring patients (preterm or term)

 Patients with rupture of the membranes (preterm or term)

 Pregnancies complicated by high risk factors (see section 5)

 Pregnancies for fetal assessment

Last priority will be given to the following category of patients: Preterm (20 to 24 weeks) with the following conditions:

Any maternal transport

 Unstable maternal medical/obstetrical condition (i.e., bleeding, severe hypertension)

 Advanced cervical dilation (incompetent cervix or labor)

Those conditions that lead to the definition of "high risk" can include, but are not limited to:

Preterm labor

 Premature rupture of membranes

 P.I.H. (Pregnancy-induced hypertension)

 Diabetes in pregnancy

 Pre-eclampsia/eclampsia

 Placenta previa or abruption

 Unexplained vaginal bleeding

 Multiple gestation

 Fetal demise

 Intrauterine growth retardation

 Hematological disorders

 Rh-immunization

 Perinatal infections

 Post-partum hemorrhage

 Postmaturity

 Fetal distress

 Chorioamnionitis

 Amniotic fluid abnormalities

 Placental abnormalities

Decreased fetal movement
Trauma
Fetal anomalies
Severe obesity
Substance abuse
Compromised cardiac status
Maternal infectious disease
All other medical or surgical conditions that place the pregnant patient and/or the fetus at risk.

(b) Modes of Admission

Patients are admitted to the MFICU via any of the following modes:

Emergency: Patients are admitted through the Emergency Department.

Direct: Patients are admitted directly from MD office (UConn Health Center modules or outside) and from the Maternal-Fetal Medicine Antepartum testing services.

Elective: Patients are pre-scheduled for admission and are placed in the MFICU according to need for services provided only in the MFICU (scheduled cesarean section, Pitocin induction, obstetrical therapies, etc.).

Transfers: Patients are admitted to the MFICU from in-house patient care areas or from outside referring hospitals. Refer to Protocol for Transfer of In-House Patients to the Maternal-Fetal Care Unit.

(c) Relationship between Charge Nurse, MFICU Medical Resident, Medical Director and Admitting:

The responsible physician notifies the MFICU Perinatal Resident about the candidate for admission. The MFICU Perinatal Resident, acting as the designate of the Perinatal Attending for admissions and transfers, confers with the Charge Nurse. Criteria for admission and adequate staffing triage are considered. The MFICU Perinatal Resident or on-site designate, confers with the Perinatal Director in cases where admission is to be denied. If the denial involves a transport, the transfer of the patient to another facility is arranged by the Perinatal Fellow. The final decision for denial of admission is made by the Medical Director, in consultation with the Nursing Manager, Charge Nurse and the NICU Attending.

(d) Attending MD Responsibilities:

Patients are admitted to either the perinatal group practice service or the OB-GYN service. It is the Attending's responsibility to see and evaluate the patient promptly after admission, provide indicated patient care, or consult other physicians as needed, and collaborate with the house staff to keep family informed. In addition, they must continue to see the patient on at least a daily basis.

(e) Admitting MD Responsibilities:

The responsibilities of the MFICU/OB-GYN Residents and Fellows include, but are not limited to the following:

Informing the MFICU nursing staff of any potential admission.

Informing the patient/family about admission to the MFICU.
Evaluating patient and writing orders for admission.
Obtaining consent for special procedures.
Providing around-the-clock coverage for in-house patients.
Retaining responsibility for specific diagnostic procedures and obstetrical therapy.
Writing, at a minimum, a daily note on each patient in order to justify occupancy in the MFICU.
Notify the Attending MD of patient's admission.

(f) Admitting Nurse's Responsibilities:

Operating within the model of primary nursing, it is the responsibility of the admitting nurse to provide and maintain the following:
Initiation of the MFICU Admission Protocol, including initial assessment as per individual protocols and RN discretion.
Completion of admission documentation as per Department of Nursing policies.

(3) Transfers

(a) OB-GYN

The MFICU Resident and Charge Nurse make the assessment that the patient no longer requires intensive care provided by the MFICU. The responsible House Officer must write transfer orders to the OB-GYN Unit. All previous physician's orders are automatically cancelled at this time. The MFICU staff will notify the OB-GYN unit of the impending transfer. A transfer note is written by the patient's nurse. Upon transfer, the patient is accompanied by appropriate care providers and a nursing report is given to the designated nurse on the receiving unit.

(b) Adult ICU

The MFICU Attending and Charge Nurse make the assessment that the patient requires continuous ventilation, invasive monitoring (Swan Ganz) or other therapy provided by the Adult ICU. Acute, undelivered patients who require the services of the Adult ICU may receive care as follows:

- [1] The patient is maintained in the MFICU with shared care responsibilities between MFICU and Adult ICU staff. Obstetrical care is provided by the MFICU staff; ventilatory support or invasive monitoring is provided by the Adult ICU staff.
- [2] The patient is transferred to the Adult ICU, with shared care responsibilities: the obstetrical care is provided by the MFICU staff; the ventilatory support or invasive monitoring is provided by the Adult ICU.

Decision regarding location of delivery will be made jointly by the Adult ICU staff, MFICU staff and Anesthesia Department.

The Attending Physician notifies Adult ICU medical staff of their desire to transfer a patient. The MFICU nursing staff coordinates the transfer with the Adult ICU nursing staff after acceptance of the patient. A transfer note and updated care plan are written by the MFICU nurse. Upon transfer, the patient is accompanied by the MFICU nurse

and a nursing report is given to the identified Adult ICU nurse.

(4) Discharge

(a) Antepartum Criteria

Reactive NST or reassuring biophysical profile
Stable vital signs
Without evidence of regular contractions or labor
Without bleeding or leakage of fluid

Antepartum patients discharged home from the MFICU should receive appropriate teaching related to their reason for admission and receive written instructions via the "Clinical Resume".

(b) Post-Partum Criteria

Stable vital signs
No unusual bleeding
Patient has knowledge of and will demonstrate care of self and infant if applicable

Post-partum patients will not be discharged home directly from the MFICU unless under direct order from a physician and then only under special circumstances (i.e., early gestational loss without complications). Post-partum patients desiring "early discharge" are to be encouraged to transfer to OB-GYN for recovery and evaluation for a minimum of 12 hours.

(c) Modes of Discharge

Duration of stay in the MFICU is determined by the patient's physiologic status and patient care needs. Planning for discharge is a combined decision made by the MFICU Resident, Nursing staff and MFICU Attending. The MFICU Attending is responsible for making decisions, in consultation with the physician responsible for the patient, for the disposition of a patient when patient load exceeds optimal operational capacity. Modes include home, AMA or transfers (refer to above section 3). Refer to Department of Nursing Structure Standard, page 18.

3. Human Resource Development

a. Orientation

(1) Health Center/Hospital

Refer to Department of Nursing Structure Standards, Human Resource Development, page 19.

(2) Department of Nursing

Refer to Department of Nursing Structure Standards, Human Resource Development.

(3) MFICU Orientation

All new MFICU personnel receive a didactic and clinical orientation with the Clinical Nurse Specialist and Preceptor lasting 4-8 weeks depending upon their prior knowledge/experience. The specific content is outlined in the MFICU orientation plan, which is comprised of self-learning

packets, lectures and handouts, and competency skill checklists and pre-test. At the completion of the didactic and clinical orientation, the orientee completes a post-test. In addition, the Preceptor and orientee jointly complete a CN-I evaluation form.

b. Staff Development

Unit decentralized development is the responsibility of the Clinical Nurse Specialist. The purpose is to facilitate clinical educational needs, based on input from the staff, CLINICAL NURSE SPECIALIST and the NURSING MANAGER. Educational programs will be offered to all shifts 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 Manger 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 Educational Services Department (ESD) and Human Resources.

c. Continuing Education

Refer to Department of Nursing Structure Standards.

Support for staff nurses to attend outside programs is provided through the UHP contract for monetary reimbursement and through the Department of Nursing in paid days.

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 basis. Refer to Department of Nursing Structure Standards.

(2) Nursing

Additional nursing resources can be found in the Clinical Nurse Specialists at John Dempsey Hospital. The Clinical Nurse Specialists are Master's prepared in a clinical specialty and can be consulted on an as-needed basis.

4. Materials Management

a. Equipment

Refer to Department of Nursing Structure Standards.

The following are specific equipment for the MFICU:
Crash cart
HP/Philips Fetal Heart Rate Monitors with Accessories
HP/Philips Trace-Vue Central Monitoring System
HP/Philips Merlin Monitor

b. Supplies

Refer to Department of Nursing Structure Standards.

c. Linen

Refer to Department of Nursing Structure Standards.

d. 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. The MFICU is budgeted for 17.0 FTEs RN, and 1 FTE Certified Surgical Technician.

b. Non-Professional

Refer to Department of Nursing Structure Standards. The MFICU is budgeted for no FTE's of Non-Professional staff.

c. Ratio of Professional to Non-Professional Staff

Only professional staff provides patient care in the MFICU.

d. Status

Professional staff may be hired full or part time, as determined by the Nursing Manager and based on unit needs. The positions available range from 50% (0.5 FTE) to 100% (1.0 FTE). The majority of positions are 12-hour positions with some 8 hour staff.

e. Temporary Staff

(1) Agency Personnel

Refer to Department of Nursing Structure Standards.

(2) Student Nurses

Refer to Department of Nursing Structure Standards.

(3) NURSE PROs

Refer to Department of Nursing Structure Standards.

f. Non-Nursing Staff

The MFICU is budgeted for 3.0 FTEs of Health Unit Clerks.

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 MFICU Infection Control Plan.

8. Scheduling

a. Responsibility

Refer to Department of Nursing Structure Standards.

b. General Scheduling Practice

Refer to Department of Nursing Structure Standards.

E. EMPLOYMENT

Refer to Department of Nursing Structure Standards.

F. QUALITY ASSURANCE PLAN

Refer to Department of Nursing Structure Standards.

IV. NURSING PROFESSIONAL POLICIES

A. NURSING PROCESS

1. Assessment

a. Each patient is assessed by a registered nurse within the first hour of admission to the unit. This initial admission assessment is documented on the OB-GYN-MFICU Database or Flowsheet, which is completed within twenty-four hours of admission.

b. Each patient is reassessed by a registered nurse at least every 4 hours and more frequently as their condition warrants. Specific protocols determine the frequency of reassessment.

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.

Each active problem on a patient's care plan will be documented on in the progress notes at least once every 48 hours, with the exception of discharge planning.

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 Nurses 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. MFICU nursing staff may perform the following bedside testing:

- a. Glucose
- b. Clinitek 50 automated urine dipstick reader

Bedside testing skills are validated annually during mandatory training sessions.

2. Nursing staff at the change of each shift are responsible for performing a shift audit on their assigned patients. The audit will include:

- a. Review all physician orders written during previous shift.
- b. Check documentation of transcription of all orders to the MAR and Lab requisitions.
- c. Document completion of the shift audit with designated signatures after the last written order.

Refer to Department of Nursing Structure Standards.

C. PROFESSIONAL BEHAVIORS

Refer to Department of Nursing Structure Standards and UCHC Code of Ethics.

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.

MFICU Standards are reviewed yearly by the MFICU Standards Committee.

V. CLINICAL POLICIES

Refer to Department of Nursing Structure Standards.

APPENDIX 1

MFICU OBJECTIVES

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 antepartum, intrapartum and post-partum patients 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 2
ORGANIZATIONAL CHART
MFICU

