

I. DESCRIPTION AND MISSION

A. DESCRIPTION

1. Type of Institution

The OB/GYN Unit is located on the ground floor of the support building at the University of Connecticut/John Dempsey Hospital. The unit functions as a High Risk Unit for consultation, evaluation and care of high risk antepartum, low-risk post-partum patients and selected GYN patients.

2. Size

The unit contains 18 beds, consisting of 14 private rooms and 2 semi-private rooms. The unit has the capacity to increase to 20 beds, as needed. All rooms have private bathroom with shower facilities.

3. Scope of Nursing Services

a. Clinical:

The nursing staff provides for the nursing care needs of antepartum, post-partum and GYN patients. Services provided vary from low-risk to high-risk care for these patients. Practice concerns are addressed through the, OB/GYN Standards Committee, Unit staff meetings, the unit CNS and Nurse Manager.

b. Professional:

There is a comprehensive focus on the professional needs of OB/GYN 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 OB/GYN is written in these standards for the purposes of planning, organizing, implementing, controlling and evaluating the conduct of the OB/GYN unit. 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 OB/GYN unit is consistent with that of the Department of Nursing and that of John Dempsey Hospital. Refer to the Department of Nursing Structure Standards.

II. PHILOSOPHY AND GOALS

A. PHILOSOPHY

The philosophy of the OB/GYN unit coincides with that of the Department of Nursing and that of John Dempsey Hospital. Refer to the Department of Nursing Structure Standards.

B. GOALS

1. These goals are designed to establish the major activities believed to be important for the ongoing operations, continued development and success of the OB/GYN unit. Refer to Appendix 1.
2. 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 and AWHONN Standards.

3. Goals are developed and approved by the Nursing Manager and Clinical Nurse Specialist in consultation with the nursing staff.
4. Many individuals are involved in the implementation of the goals during the year; therefore, participation by all levels of staff is important and is reflected in the annual work plan for the unit. Refer to Appendix 2.

### III. ADMINISTRATIVE POLICIES

#### A. ORGANIZATION

##### 1. Relationships

###### a. Administrative

The OB/GYN unit is organized as a unit within the Department of Nursing. Refer to the Department of Nursing Structure Standards.

###### b. Interdepartmental

The OB/GYN unit is an integral part of the John Dempsey Hospital under the direction of the Nursing Manager who reports to the 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 medical direction is the responsibility of the Medical Director of the OB/GYN unit, appointed by the Chief of Staff. Collaboration with nurses, physicians and appropriate department heads takes place OB Protocol Committee and the OB Care Meeting. The organization of the OB/GYN unit is consistent with the scope, variety and complexity of patient care services provided. OB/GYN organizational chart is in Appendix 3. 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 OB/GYN, 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 OB/GYN unit and the Department of Nursing are based on the Department Organizational chart (Department of Nursing Structure Standards, Appendix 4).

###### c. Intra-Unit

A communication channel in the OB/GYN unit is based on the Organizational Chart (Appendix 3).

###### 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, OB/GYN unit 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 OB/GYN are vested in the Nursing Manager. The Nursing Manager is also responsible for the nursing staff, health unit clerks and nursing aides. In the absence of the Nursing Manager, the Assistant Nursing Manager or their designee provides coverage. Administrative Managers 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 OB/GYN unit 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 OB/GYN unit is reviewed every year 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 OB/GYN unit on Hospital and Health Center standing committees based on the recommendation from 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 appropriate members of the nursing leadership group in the OB/GYN unit perform the functions listed in the Department of Nursing Structure Standards, page 6.

2. Nursing Direction

a. Type of Governance

The OB/GYN is decentralized and conforms to the Philosophy of the Department of Nursing (refer to Department of Nursing Structure Standards).

b. Unit Control

(1) OB/GYN Unit Committees

(a) OB/GYN Unit Standards Committee

CHAIR: Clinical Nurse Specialist/designee

MEMBERSHIP: OB/GYN Unit representative to NSC  
L&D Unit representative to SC  
Clinical Nurse Specialist  
Nursing Manager  
OB/GYN Assistant Nurse Manager  
L&D

Designated Staff

PURPOSE: To review the practice of nursing within the OB/GYN unit and develop appropriate protocols, procedures, guidelines and standard care plans for the OB/GYN Standards Manual needed to govern the practice of nursing in the OB/GYN unit.

- \* assure uniformity of all standards of care
- \* review all written standards annually
- \* review all nursing practices specific to the OB/GYN unit
- \* inform OB/GYN unit staff nurses about protocol and procedure changes
- \* approve standards completed by Nursing Manger, Director of OB/GYN and Clinical Nurse Specialist
- \* evaluate the implementation of all new and/or revised procedures and protocols

MEETING  
FREQUENCY: As needed

(b) OB/GYN Unit Staff Meetings

CHAIR: Nursing Manager/designee

MEMBERSHIP: OB/GYN unit staff

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

MEETING  
FREQUENCY: Monthly

AGENDA/  
MINUTES: The Chair develops Agendas with input from staff. Minutes are in ink and filed on the unit. Minutes are kept and circulated for signature by all staff that is unable to attend the meeting. Copies are circulated to the Associate Hospital Director/Director of Nursing.

(c) Perinatal Nursing Committee

CHAIR: Staff Nurse/designee

MEMBERSHIP: Nurse Managers for OB/L&D, NM for NICU/NBN, and ANMs for OB, L&D and Newborn Nursery

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 an assigned shift. Primary nursing is incorporated when possible. Each staff nurse is accountable

(b) Assistant Nurse 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 OB/GYN unit. (S)he 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, page 11.

d. Support Services within the OB/GYN Unit

(1) Clinical Nurse Specialist

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

(2) OB/GYN Case Manager

Department of Nursing Structure Standards.

(3) Preceptor

(4) Non-Nursing Support

(a) Health Unit Clerks

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

e. Support Services within the Department of Nursing

Administrative Manager (refer to MFICU Structure Standards, page 7.)  
Refer to the Nursing Structure Standards, page 13.

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 Chief of Staff.

b. OB/GYN Unit Attending Physician's Role

All OB/GYN unit patients will receive a clinical appraisal by a qualified OB/GYN staff member. Refer to the Department of Nursing Structure Standards, page 14.

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 OB/GYN 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 OB/GYN unit 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 OB/GYN setting, both in a low or high risk patient population.

Low risk delivered patients are admitted for routine post-partum and well baby care.

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-isoimmunization
- 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 OB/GYN unit via any of the following modes:

**Emergency:** Patients are admitted through the Emergency Department.

**Direct:** Patients are admitted directly from MD offices and from the Maternal-Fetal Medicine Antepartum testing services.

**Elective:** Patients are pre-scheduled for admission and are placed in the OB/GYN unit according to need for services provided only in the OB/GYN unit.

**Transfers:** Patients are admitted to the OB/GYN unit from in-house patient care areas or from outside referring hospitals. Refer to Procedure for: Transfer Process: In House.

Patients are transferred from Labor and Delivery to the OB/GYN unit. Refer to: OB/GYN-MFICU Unit Practice Manual: Procedure for: Transfer Process between MFICU and OB/GYN Units: Completion of.

(c) Relationship between Charge Nurse, OB/GYN Medical Resident, Medical Director and Admitting:

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

(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 OB/GYN Residents and Fellows include, but are not limited to the following:

- Informing the OB/GYN nursing staff of any potential admission.

- Informing the patient/family about admission to the OB/GYN.
- 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 OB/GYN unit.
- 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 OB/GYN Admission Protocol, including initial assessment
- Reassessment as per individual protocols.
- Completion of admission documentation as per Department of Nursing policies.

(3) Transfers

(a) L & D (MFICU)

The OB/GYN Resident and Charge Nurse make the assessment that the patient requires intensive care provided by the Labor and Delivery Unit. The responsible House Officer must write transfer orders to the Labor and Delivery Unit. All previous physician's orders are automatically cancelled at this time. The OB/GYN staff will notify the L&D unit of the impending transfer. The patient's nurse writes a transfer note. Upon transfer, appropriate care providers accompany the patient and a nursing report is given to the designated nurse on the receiving unit.

(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 OB/GYN unit should receive appropriate teaching related to their reason for admission and receive written instructions via the "Clinical Resume" (see Appendix A).

(b) Post-Partum Criteria

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

(c) Modes of Discharge

Duration of stay in the OB/GYN unit is determined by the patients physiologic status and patient care needs. Planning for discharge is a combined decision made by the OB/GYN Resident, Nursing staff and OB/GYN Attending. The OB/GYN 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.

(4) Utilization Crises

Refer to Department of Nursing Structure Standards.

(a) Files

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

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) OB/GYN Unit

(a) Orientation

All new OB/GYN unit personnel shall have a didactic and clinical orientation with the Clinical Nurse Specialist and Preceptor. Length of orientation will depend on the staff's prior knowledge and abilities, but is usually approximately 4 weeks. The specific content is outlined in the OB/GYN unit orientation plan, which is comprised of self-learning packets, lectures and handouts, and competency skill checklists and pre-test. In addition, the Preceptor and orientee jointly complete the OB Orientation Competency Checklist.

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, CNS and the NM. 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 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 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.

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 Patient Care Council and Clinical Nurse Specialists. The Clinical Nurse Specialists are Master's prepared in a clinical specialty.

(3) Management

Consultation about management can be obtained from appropriate Administrative officers, members of the NAC, Management Forum and NEAR. Networks have been established with peer groups outside of the Hospital.

4. Materials Management

a. Equipment

Refer to Department of Nursing Structure Standards.

The following are specific equipment for the OB/GYN unit:

- Crash cart with defibrillator
- 4-Hewlett Packard Fetal Heart Rate Monitors with Accessories (Ob-Trace-Vue)
- 4 Breast Pumps

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. Staff on the OB/GYN Unit consist of:

- RNs
- Nurse Aides
- Health Unit Clerks/Office Assistants

b. Professional and non-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% (5 eight hour shifts per pay period) to 100% (10 eight hour shifts per pay period). Refer to Department of Nursing Structure Standards for change of status.

c. 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.

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 OB/GYN Unit Infection Control Plan.

8. Scheduling

a. Generation of unit schedules is the responsibility of the Nurse Manager or her designee. The general scheduling guidelines are based on the projected daily census for the unit.

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 upon admission to the unit. This initial admission assessment is documented on the OB/GYN-L&D Database or Flowsheet, which is completed within twenty-four hours of admission.
- b. Each patient is reassessed by a registered nurse as per MD order, and following specific protocol determination for 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.

\*Long-term antepartum patients require a discharge planning note at least every seven 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 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. OB/GYN nursing staff may perform the following bedside testing:

a. Glucose

Bedside testing skills are validated annually.

2. Nursing staff at the change of each 24-hour shift is responsible for performing a 24-hour audit on their assigned patients. The audit will be done during the 11pm-7am shift and will include:

a. Review all physician orders written during previous 24 hours.

b. Check documentation of transcription of all orders on the MAR, Kardex and Lab sheet.

c. Document completion of the 24-hour 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.

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.

V. CLINICAL POLICIES

Refer to Department of Nursing Structure Standards.

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APPENDIX 1

OB/GYN 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 and postpartum 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  
ANNUAL WORK PLAN

APPENDIX 3  
ORGANIZATIONAL CHART  
OB/GYN UNIT

