

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
CARDIOVASCULAR STEP DOWN UNIT (CVSDU)**

Unit Description	:	Cardiovascular Step down Unit (CVSDU)
No. of Beds	:	7
Nurse Patient Ratio	:	1: 1-2

Scope of Service

The CVSD Unit provides nursing care for both pediatric and adult patients requiring 'intermediary' intensive care post the surgical treatment of cardiac or thoracic problems. This population includes patients requiring or having previously had cardiac surgery, or other procedures related to cardiac surgery. Other patients requiring cardiac or respiratory monitoring or other nursing services are admitted, as beds are available. The most common surgical procedures include:

- Valve Repair and/or Replacement
- Congenital Cardiac Defect Repairs
- CABG

Frequent Procedures/Services/Functions

The nursing process of assessment, planning, implementation and evaluation is followed as the framework of care to direct the following activities:

- Invasive hemodynamic monitoring, e.g., Arterial, CVP.
- Continuous cardiac monitoring with dysrhythmia interpretation.
- Continuous nursing assessment and evaluation of patient's physical and emotional needs and corresponding therapeutic interventions.
- Therapeutic modalities including chest tube maintenance, temporary external pacing, permanent invasive pacing, epicardial pacing, ventilator support, emergency resuscitation including, defibrillation/cardioversion.
- Medication delivery and pharmacological interventions including intravenous vasoactive and antiarrhythmic drugs, anticoagulation, and immunosuppressive therapy.
- Blood and blood products administration.
- Management of artificial airways and mechanically ventilated patient.
- Oxygen therapy and pulse oximetry.
- Maintenance of skin integrity.
- Nutritional support (enteral feedings, TPN and patient weights).
- Psychosocial and emotional support for patient and family
- Infection control and safety management.

Hours of Operation

24 hours a day, 7 days a week

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CRITERIA FOR ADMISSION TO SERVICE

The main criteria for admission to the CVSDU is any pediatric or adult patient post recovery from cardiovascular surgery who is extubated and relatively stable but needs more close cardiac or respiratory care and monitoring. In addition, patients admitted to CVSDU are the pre-operative hemodynamically compromised patients who need stabilization prior to surgery. Any other patient meeting the department criteria for admission to the CVSDU, but not requiring specialty services of other specialized units, is appropriate for admission to the CVSDU area as bed availability permits.

STAFFING PLAN

Number and Mix of Staff

Staffing is provided by registered nurses functioning in a primary nursing care system. An Assistant Head Nurse (AHN) provides the principle administrative needs of the unit. In addition a Charge Nurse is designated for each shift and is primarily responsible for the supervision and quality of care delivered by the personnel of her/his shift. The AHN is not required to take a patient assignment unless there is an emergency situation or low census. Ward clerk/translator staff are utilized during day shift.

The AHN or designee, according to patient acuity and taking the following into consideration, makes shift assignments:

- Complexity of patient's condition and required nursing care.
- Dynamics of patient's status, including the frequency with which specific nursing care activities change.
- Complexity of assessment required by the patient.
- Type of technology employed in providing nursing care.
- Degree of supervision required by each nursing staff member based on her/his previously assessed level of competence.
- Availability of supervision appropriate to the assessed and current competence of nursing staff member.
- Relevant infection control and safety issues.

Method of Adjusting to Staffing Variances

When more staff is needed for the shift than has been scheduled, the AHN or nursing supervisor is notified of the additional numbers of staff required.

If the unit has an excess number of staff, after consideration of the above items, the AHN or nursing supervisor is notified. These nurses are then utilized in other areas of the cardiac program or other critical care areas according to their level of expertise.

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CVSDU nurses generally float to the following units:

- CSICU, Cardiac Surgical Intensive Care Unit
- MSICU, Medical Surgical Intensive Care Unit East and West
- Royal Intensive Care Unit (D-2)
- PICU, Pediatric Intensive Care Unit
- CCU, Coronary Care Unit

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

- Registered Nurse License or registration from country of origin
- BCLS, ACLS, PALS - After hire if not certified previous to employment
- Pediatric Physical Assessment - After hire if not completed previous to employment
- Two years Critical Care Nursing with at least one of the two years in a cardiothoracic / step down unit or equivalent

How are inservices/continuing education programs provided to maintain staff competency?

The unit based Education Committee in collaboration with the Cardiovascular Education Coordinator of NER has a primary mandate of formalizing the education calendar according to assessed needs and mandatory competency review. The calendar schedules weekly inservices and case presentations, journal club and competency skill stations. Resources for identifying needs include: annual staff education survey, performance improvement issues, trends from Incident Reports/Report of concerns, physicians, ongoing staff input, and changes in policies/practices/protocols/techniques. In consultation with both the AHN and Education Coordinator, the nursing staff are encouraged to formally evaluate their learning needs on an annual basis and utilise the various resources provided in the organisation, for example formal classes and courses offered by the Department of Nursing Education & Research to plan their ongoing professional development. These classes include Pediatric Survival Skills, Pediatric Cardiac Anomalies, Basic & Advanced Arrhythmia Recognition and Treatment, Pacemaker, Ventilator and Hemodynamic monitoring. The AHN does an extensive 2-day skill orientation with all new staff nurses.

REQUIRED COMPETENCIES

- Bedside Lab Testing, Glucometer .
- Hemodynamic monitoring (CVP; Arterial lines)
- Advanced Pediatric Physical Assessment
- Pacemakers
- EKG interpretation and dysrhythmia treatment modalities including defibrillation and cardioversion.
- Chest tube maintenance
- Others (see orientation manual)

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METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication

The daily collaborative practice round provides the necessary forum for the primary nurse to communicate and discuss patient care issues with other members of the health care team such as the AHN, physicians, health educators, social workers, respiratory therapists, dietitians, pharmacists. A monthly collaborative practice meeting provides the opportunity to review and discuss the development of specific patient care protocols / standards and learn about the CQI activities of each service division. A monthly general staff meeting provides a forum for the dissemination and debate about changes to APP /IPP's and resource utilisation in the unit. Communication among nursing units is standardized in the form of bulletin boards, direct communication when needs arise, cc-mail, telephone and nursing leadership and Nursing Forum meetings for information sharing and problem resolution.

Describe Collaborative Relationships with Other Departments

Unit nursing representation is encouraged on various program and hospital wide multidisciplinary committees as it promotes the sharing of ideas among departments, and this information is formally reported during the general staff meetings.

The Cardiovascular service has monthly to quarterly Collaborative Practice Meetings to discuss quality improvement and cost containment while maintaining a rapid recovery program for cardiac surgery. This group is represented by members from throughout the cardiovascular programme including unit medical directors, HN's (OR4, CSICU, CVSDU, CVT, CCU, A-4, Cath Lab, Echo Lab), Programme Director for Cardiovascular Nursing, supervisor respiratory care, Physiotherapy and Radiology, head of cardiac anesthesia, supervisor of blood bank and laboratory and other areas as needed.

MISSION OF DEPARTMENT

The primary mission of the Cardiovascular Nursing Programme at KFSH&RC is to provide the people of the Kingdom of Saudi Arabia the highest quality tertiary and preventative care for all types of cardiovascular diseases in a co-ordinated and balanced programme of clinical practice, education and research.

In partnership with our medical staff we are dedicated to excellence, compassion and integrity in caring for the whole person – mind, body and spirit. We are committed to the professional growth, development and accountability of our employees by creating, applying and disseminating evidence based practice through education and research.

Our primary goals are in accordance with those established by the executive administration of KFSH&RC:

1. Improve access to care
2. Improve operational performance

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3. Develop and Advance Nursing practice
4. Improve recruitment and retention

PLAN TO IMPROVE QUALITY OF SERVICE

Unit and organizational utilization and productivity statistics in conjunction with quarterly reports from risk management and Infection Control provide pertinent data to direct the activities of the unit's performance improvement projects. The cardiovascular program has formalized its performance improvement activities through a multidisciplinary committee whose primary mandate is to continuously review the various patient care processes that facilitate a high quality service of admission, management and discharge of patients throughout the cardiovascular program.

3 key projects require urgent attention according to trend analysis from 2003 incidents:

1. Skin Integrity
2. Documentation
3. Infection Control

Agenda's for the monthly journal club are governed by clinical needs and encourages the review and debate of the best available evidence against existing practice standards.