**Scope of Service Statement - FYE July 2011**

For: Lane, Sonia - ICU-Medical, Dept 6060  
Updated: 7/09/2010

Section 1 - Description of Scope

Current Services Provided

All care is age specific.

Monitoring:
1. Continuous cardiac monitoring
2. Invasive central venous, pulmonary artery, arterial, or ICP monitoring
3. Every 1-2 hour BP, UO, neuro, vascular assessments by nursing

Medications:
1. Titration of IV vasoactive drugs
2. Barbiturate coma/neuromuscular blockade
3. IV antiarrhythmias
4. Systemic thrombolytic therapy
5. Fluid replacement >6000 cc/day

Advanced Technologies:
1. Temporary/external pacemakers
2. Mechanical ventilation
3. Intra-aortic balloon pump/ventricular assist device
4. Balloon tamponade of varices
5. External ventriculostomy/ICP monitor
6. CRRT

Moderate Sedation with limitations described in Section E.

The unit specializes in the care of medical patients:
- Acute respiratory failure
- Acute GI bleed with hypotension
- Life-threatening drug overdoses
- Severe metabolic abnormality
- Acute CVA, Guillen-Barre with paresis, exacerbation of MS involving respiratory muscle.

Populations/Customers Served

MICU is a 12-bed inpatient unit serving the critically ill patient population from 14 years of age through adulthood

Physical Location

MICU is located on 74 NW, Building 1.

Hours of Service

The unit is open 24 hours a day, seven days a week.
Scope of Service Statement - FYE July 2011
For: Lane, Sonia - ICU-Medical

Exclusions or Limitations

1) Approved Moderate Sedation procedures are:
   a) Bronchoscopy
   b) EGD/PEG
   c) Colonoscopy/Flexible Sigmoidoscopy
   d) Percutaneous Tracheostomy
   e) Transbronchial Biopsy
   f) Cardioversion.
   g) Fracture Reduction/Splinting

2) Approved Moderate Sedation medications and route of administration per Moderate Sedation Policy.

Section 2 - Department Goals - Established annually based on the organization’s strategic goals

1. Quality of Care:

2. Quality of Care:

3. Quality of Care:

Section 3 - Organization and Administration of the Department

Organization of the Department (Complete Organizational Chart)

Direction of the Department and Decision Making Authority

Nursing Director:
The Director of Critical Care Services has 24-hour accountability for the administration, organization and professional management of the unit.

Nurse Manager:
The Nurse Manager has 24 hour responsibility for the unit and is directly responsible to the Director of Critical Care Services.

These responsibilities center in the following areas:
   a. Competent nurses to provide patient care.
   b. Staff development of competency validation and educational programs.
   c. Service excellence.
   d. Planning and organization.
   e. Developing, revising, implementing, and reviewing procedures and policies.
   f. Contributing to the preparations and managing of the fiscal budget.
   g. Maintaining structural and clinical standards.
   h. Participating in medical committees and management meetings.
   i. Allocating equipment and material resources.
   j. Communication to all interdisciplinary personnel.
   k. Directing and participating in performance-based quality improvement activities, quality controls,
Scope of Service Statement - FYE July 2011
For: Lane, Sonia - ICU-Medical

measurements and performance improvement teams.

Reporting to the Director of Critical Care Services, the Nurse Manager has 24/7 clinical, staffing and financial management responsibility for an assigned in-patient nursing unit(s). The Manager provides leadership to the assigned unit(s); strategizes, plans and implements processes and standards to ensure operations that support key organizational and departmental initiatives such as quality of care, patient safety, and patient satisfaction; and ensures an effective patient care delivery system that is consistent with the plan of care and standards of practice. Provides clinical guidance and serves as a professional resource to members of health care teams. Is responsible for patient satisfaction and serves as a role model for excellent service by training and reinforcing behaviors and standards among the staff that lead to positive interactions with patients and timely resolution of patient complaints. Promotes collegiality and teamwork by serving as a liaison between assigned unit(s) and other departments or disciplines across the Medical Center. Identifies and sets unit performance goals and intervenes as necessary to ensure performance targets are met. Is responsible for all aspects of unit compliance to include identification and monitoring of internal controls and proactive attention to risk management issues. Participates on medical center wide interdisciplinary committees. The Nurse Manager may be responsible for program planning, product line development and external marketing and/or community relations in support of program or product line(s), and will operationalize a continuous performance improvement process to ensure unit performs at optimum efficiency levels. The Manager will plan and manage unit budgets, and will implement strategies for improvement of resource utilization relative to patient acuity, work flow and overtime usage. The Manager is responsible for ensuring staff at all levels on the unit are well-trained and motivated, and is accountable for recruitment and retention efforts, hiring, coaching, training, counseling, performance evaluations, competency assessments, work standards, discipline to include separations. Direct reports will include staff nurses, ancillary and support staff, and Clinical Nurse Supervisors.

Charge Nurse:
The Charge Nurse has shift responsibility for the unit and is directly responsible to the Nurse Manager. The Charge Nurse serves as a role model and resource person for the assigned shift. A Resource Nurse, who has demonstrated full competency for a unit, is available for any RN who has not demonstrated complete competency. The Charge Nurse, in concert with the Director, Staffing and Patient Placement Office (SPPO) Manager/House Supervisor, is responsible for coordinating and ensuring appropriate allocation of nursing resource(s) every shift, considering patient classification needs, general staffing guidelines, and knowledge and skill level of personnel. The Nurse Manager is responsible for scheduling, staffing, hiring, counseling and evaluating staff performance.

Directly responsible to the Charge Nurse are the staff and per diem RNs, SHAs, HUSCs assigned to the shift. Each staff member is responsible for providing and managing patient care as defined with their license and scope of practice.

Medical Director:
The Medical Director is responsible for clinical direction and medical supervision of the unit. The director/designee will be responsible for making decisions, in consultation with the physician/designee for the patient, for the disposition of a patient when a patient load exceeds optimal operational capacity. The Director is responsible for the development and maintenance of effective working relationship with the attending medical staff, administration and other staff employees assigned to the ICU. The Medical Director participates actively in the development and monitoring of the clinical services and functions as a team member.
Scope of Service Statement - FYE July 2011
For: Lane, Sonia - ICU-Medical

Interdisciplinary Collaboration & Support (identify department that support delivery of care)

Functions and Responsibilities:

a. The Medical Director is responsible for the overall professional direction, in conjunction with the Nursing Director of Critical Care Services. Recommendations relative to clinical policy and procedures for the patient care providers practicing in the ICU will be made by the Medical Director through the appropriate clinical departments and Medical Staff Committees.

b. Acts as a medical liaison between administrative, medical and other Medical Center staff.

c. In collaboration with the Nursing Director of Critical Care Services, evaluates the medical education needs of hospital staff and provides for these needs on a minimum of a quarterly basis.

d. Responsible for educating all residents assigned to the ICU in all policies and procedures in place on the unit.

e. Participates in the development and approval of admission and discharge criteria for the unit through the Critical Care Committees.

f. The Medical Director, in collaboration with Case Management, will help develop and participate in activities that include resource utilization management as well as development and implementation of patient care protocols.

g. In collaboration with the Nursing Director of Critical Care Services, established and participates in inter and intra unit specific Quality Improvement programs.

h. The Medical Director is responsible to meet on a regular basis with the Nursing Director of Critical Care Services to review clinical services.

i. Attends patient and staff conferences as needed.

j. In the absence of the Medical Director, the Medical Director will designate a similarly qualified individual to be assigned appropriately.

Interdisciplinary Collaboration and Support:
MICU has an ongoing working relationship with the following services in the hospital to provide the scope and quality of care necessary to safeguard the patient: Respiratory Therapy, Laboratory, Blood Bank, Social Services, Radiography, Clinical Engineering, Environmental Services, Pharmacy, Material Management, Central Supply, Dietary Services, Infection Control, Volunteer Services, Pastoral Care, Physicians and he College of Medicine.

Section 4 - Performance Measures - Describe the kinds of benchmarking performed by your department and what outside sources you use for benchmarking. Describe any PI projects completed in any of these areas.

Quality [examples: Orynx measures, access to care, etc.]

NNIS Benchmarking

Customer Services – Specific Press Ganey elements, internal customer service surveys

Inpatient Customer Service: Patient Satisfaction Survey

Section 5 - Policies and Procedures - What is the process for developing new policies and procedures?

The development and revision of clinical policies and procedures describes the kinds of care patients can expect to receive. At a minimum, policies and procedures describe how the department assesses and meets the care needs of patients, families and patient populations. The process for developing
Scope of Service Statement - FYE July 2011
For: Lane, Sonia - ICU-Medical

Departmental policies and procedures consider at least the following elements:

- Types and ages of patients served;
- Methods used to assess and meet patient’s care needs;
- Scope and complexity of patients’ care needs;
- The appropriateness, clinical necessity, and timeliness of support services provided directly by the hospital or through referral contacts or contracts;
- The availability of necessary staff;
- The extent to which the level of care or service provided meets patient’s needs;
- Recognized standards or practice guidelines, when available.

The following external standards of practice or clinical guidelines are utilized within the department or serve as underpinnings for the development of the department standards and/or policies and procedures.

- The Lippincott Manual of Nursing Practice.

Section 6 - Annual Evaluation of Scope of Service – The scope of service is reviewed and revised at least annually as part of the established budget review process, taking into consideration the following elements:

1. Changes in existing programs and/or identification of patient care programs offered by external community outreach agencies.
2. Changes in patient population served.
3. New procedures/technology or changes in management of patients.
4. Findings from quality controls, performance improvement, utilization management, productivity studies, to name a few.
5. Requirement for change in systems to improve services rendered.
6. Opportunities for support staff to pursue activities designated to promote improvement and/or innovation in the provision of care.

The scope of service is reviewed and revised at least annually as part of the established budget review process, taking into consideration the following elements:

1. Changes in existing programs and/or identification of patient care programs offered by external community outreach agencies.
2. Changes in patient population served.
3. New procedures/technology or changes in management of patients.
4. Findings from quality controls, performance improvement, utilization management, productivity studies, to name a few.
5. Requirement for change in systems to improve services rendered.
6. Opportunities for support staff to pursue activities designated to promote improvement and or innovation in the provision of care.

Revised: 1/22/2009