

West Los Angeles Medical Center Scope of Service

Department: Step Down Unit	Policy Number: 01003	Page: 1 of 4
Section Organization	Effective Date: 8/09	Review / Revision Date 10/18/21
Title: SCOPE OF SERVICE		
Accountable Department/Service/Committee: Director/Department Administrator , NPPC, NLC	Approved By: QOC, MEC	<input checked="" type="checkbox"/> Clinical: <input type="checkbox"/> Nonclinical:

1. Purpose

- 1.1 The intent of this policy is to define the services provided by the Kaiser Permanente West Los Angeles Step Down unit to include patient populations managed, criteria for admission/discharge, and procedural capabilities.
- 1.2 This policy also outlines the directional and leadership structure, staffing practices, and location/hours of services.

2. Scope

This scope of service applies to the Step-Down Unit and its employees of Kaiser Permanente West Los Angeles Medical Center.

3. Scope of Service

3.1 Description of Department

- Provide an optimum 24 hours nursing care with emphasis on preservation of life through the prompt detection of emergency conditions and the prevention of complications associated with diseases and disorders. The staff shall be competent and trained in the care of patient in Step Down Unit.
- Provide support to the patient's adaptation, restoration of health and preservation of patient's rights including the right to refuse treatment to the extent permitted by law or to die with dignity for those patients whose condition cannot be treated.
- Provide the equipment necessary to control pain, promote patient comfort, and perform required diagnostic and therapeutic procedures.
- Provide the highest level of nursing and medical management using a collaborative multi-disciplinary psychological effect of disease process through patient/family education, ultimately restoring the patient to self-care.
- Collect data on all patients admitted to the unit for the purpose of assessing the unit's function.
 - Patient's name, age and diagnosis.
 - Disposition (home, Extended Care Facility, hospital, morgue).
 - Length of stay.
 - Complications (none, infection, code, others).

3.2 Types of Patients

The Step-Down Unit is responsible for providing a broad and varied group of services to a diversified patient population. These services are part of the comprehensive medical care at Kaiser Permanente, West Los Angeles. The provision of these services is based on individual patient needs and availability of resources to meet these needs. The department provides care to inpatients utilizing a multidisciplinary approach to patient care. Care is provided for, but not limited to the following types of patients:

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| <ul style="list-style-type: none"> • R/O Myocardial Infarction • Diabetes Mellitus • Angina • General Surgery with complications • GI Bleed | <ul style="list-style-type: none"> • Sepsis • Heart Failure • Stroke • Pneumonia |
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3.3 Ages of Patients

The department provides care to the following age specific groups of patients:

- Adolescents (14 to 17 years)
- Adults (18 to 64 years)
- Geriatrics (65 years and over)

3.4 Criteria for Entry/Admission to Service

Patients admitted to Step-Down level of care must be hemodynamically stable.

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- Unstable angina or r/o MI not requiring NTG (nitroglycerin) drip and without significant ST-T wave changes from baseline.
- Positive cardiac enzymes with troponin greater than 0.5 with a cardiac-related diagnosis.
- New onset heart failure without angina
- Recurrent heart failure requiring low doses of Dobutamine, non-titrated or dopamine 5mcg/kg/min
- Pre coronary angiography
- Pre and post placement of a permanent pacemaker
- Pacemaker malfunction
- Pre and post placement of an implantable cardiac defibrillator
- Stable post-op cardiac surgery
- Uncontrolled atrial or supraventricular dysrhythmia
- Bradycardia not requiring a transvenous pacemaker
- Pulmonary embolus requiring FiO₂ greater than 50%
- Stable post-op thoracotomy
- Stable post-op carotid endarterectomy
- Chronic ventilator dependent patients
- Post tracheostomy patients from CCU and/or PACU
- Peritoneal Dialysis patients
- Gastrointestinal bleeding - non variceal bleeding
- Stable and/or Chronic BiPAP
- CPAP with oxygen
- Diabetic ketoacidosis with bedside glucose testing every 2 hours
- Stable Neuro patients at risk for acute respiratory or neurological deterioration.
- Ischemic stroke

3.5 Criteria for Discharge

- Chest pain free or have not changed in duration or pain for 24 hours.
- Negative cardiac enzymes or if positive, have not increased for 24 hours.
- Stable respiratory status x 24 hours.
- No ventricular arrhythmia for 24 hours.
- Dopamine/Dobutamine drip discontinued for 12 hours and adequate urine output 30mL or greater per hour.
- Show no evidence of pacer lead displacement or malfunction for 24 hours.
- Stable systolic BP greater than 90.
- Able to tolerate anticoagulation therapy without evidence of bleeding.
- O₂ saturation by pulse oximetry is greater than 92% or per physician.
- No respiratory distress for 48 hours with or without chest tubes.
- Lab studies stable for 24 hours.
- No active bleeding for 24 hours.
- Stable H&H.
- BS within acceptable range for 24 hours and insulin drip is discontinued.
- Resolution of electrolyte imbalance secondary to ketoacidosis.
- No deterioration in neurological status for 24 hours.
- No seizure activity for 24 hours.

Note: The Attending physician may decide to continue Step Down level of care treatment for the patient despite patient meeting the above downgrade criteria. In such situations, the attending physician will obtain approval from the Utilization Management physician on-call and document the rationale in the progress notes.

3.6 Frequent Procedures, Services, and Processes

- Cardiac monitoring
- Continuous Ambulatory Peritoneal Dialysis
- Bladder irrigation

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3.7 Direction and Leadership

The Step-Down Unit is a nursing unit which provides services to adults, geriatrics and adolescents within the Department of Nursing. The overall management of the department is the responsibility of the Department Administrator with supervision, direction and support by the Administrative Supervisor. The Department Administrator in the performance of her role by direction and example, sets the standard of Nursing Practice in the unit. A Nurse Educator is available to provide clinical support and direction in patient care practice. Collaboration with physicians and appropriate Department Heads takes place periodically through formal and informal meetings. Refer to the ***Nursing Services Organizational Chart*** for diagram of these relationships in the area.

3.8 Staffing

The Staffing Plan will be according to the Staffing Plan as described in the [Provision of Care Plan](#).

3.9 Staffing Plan

Qualifications of Staff

a. Qualifications/Skill Level Required of Staff

Department Administrator

- Graduate of an accredited school of nursing.
- Current California registered nurse licensure.
- Bachelor's Degree in nursing or related health field.
- Four years' experience in an acute care setting.
- Two years in clinical, specialty specific.
- One-year experience in a managerial role or documented leadership experience.
- Patient care certification based on area of specialty, i.e., BCLS, ACLS.

Registered Nurse

- Current state of California licensure
- Current BCLS / ACLS
- Basic EKG certification (Intermediate Care Class, Ventilator Training)
- Stroke certification

Nursing Assistant

- Current BCLS
- Nursing Assistant certification

Ward Clerk Transcriber

- Medical terminology course

Monitor Tech

- Current BLS
- Basic EKG certification

3.11 Inservice/Continuing Education to Maintain/Increase Staff Competency is Completed on the Following Basis:

- Annual skills assessment and validation (unit specific)
- Annual mandatory education
 - Hazardous Materials and Waste
 - Fire and Electrical Safety
 - Emergency Preparedness
 - Infection Prevention and Control/Standard Precaution
 - Radiation Safety
 - General Safety
- Performance evaluations, both annual and probationary
- Stroke certification
- Observation of performance on a regular basis
- Educational programs/ in-services/ seminars

Programs are based on: ongoing needs assessment, annual needs assessment risk management safety reports, current trends, revised/new policy and procedure request from staff, input from managers.

3.12 Hours of Operation

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The Step-Down Department hours of operation are:

- 24 hours a day, seven days a week.

3.13 Location of Service

The Step-Down Unit 5B station is located on the 5th floor of the West Tower building. It is a 52 bed unit made up of private and semi-private rooms.

4. Communication/Collaboration/Functional Relationship with other Departments and Services

4.1 Internal and External Methods of Communication

- Nurse-Physician Collaboration Forum
- Staff meetings
- Videos
- Open forums
- Newsletters
- Memorandums
- Unit Based Teams (UBTs)

4.2 Collaborative/Functional Relationships with Other Departments/Services

Collaboration is achieved with other disciplines/ departments through multidisciplinary documentation of patient care/treatment and the patient's response to treatment. Collaboration is also achieved through interdisciplinary rounds, education, policies, committees and performance improvement activities.

5. Responsibilities

Step Down Unit is responsible for ensuring that this scope is accurate, relevant, and current.

6. Maintenance

This scope shall be reviewed at least every three (3) years, and revised periodically, to assure continuing relevance and compliance with regulatory and accrediting standards, hospital bylaws, rules and regulations, legal statutes and current practice.

7. Implementation

- This scope is in effect upon approval and distribution to the affected staff.
- This scope is accessible on the KP West Los Angeles Policy & Procedure Web Site.

8. Reference:

American Association of Critical-Care Nurses: <http://classic.aacn.org/AACN/practice.nsf/vwdoc/TelemetryPage>

9. Endorsement/Approval

Contact Person:	Step Down Unit Department Administrator	
Reviewed/Endorsed by:	Step Down Unit Department Administrator Nurse Professional Practice Council Nursing Leadership Committee	6/23/21 9/13/21 9/13/21
Approved by:	Quality Oversight Committee Medical Executive Committee	10/7/21 10/18/21
Next Review Date:	October 2024	
Replaced	Sdu01002 Purpose and Goals Sdu01005 Physical Plan Sdu03001 Staffing Sdu03002 Staffing Contingency Plan	