

Scope of Nursing Services and Plan for Nursing Care
Santa Clara Valley Medical Center

Leadership Responsibility

The nurse manager (NM)/health center manager (HCM) in collaboration with nursing leadership is responsible for the hiring, evaluation and staffing of all nursing personnel in their defined cost center. Their scope includes responsibility for delivery of safe, quality patient care services, as well as efficient and effective clinical operations. The nurse manager is responsible for ensuring overall fiscal responsibility of the cost center budget including materials, fixed assets, and human resource management. In collaboration with the physician lead, NMs provide local leadership to the healthcare team to provide direction and guidance to ensure quality and patient safety is maintained to optimize patient care outcomes. Their leadership is central to supporting the healthcare team in achieving the clinical, operational and financial goals for the scope of service for the unit/clinic through effective care team strategies. Nurse manager/health center managers oversee the implementation of the operating principles of the professional practice model and ensures effective interdisciplinary collaboration with medical staff dyad leads, as well as other members of the team.

Assignment of nursing care (Staffing Plan – see Matrices for unit by census/acuity) Responsibility

1. Each inpatient is assigned a professional registered nurse (RN). Licensed vocational nurses (LVNs) provide care under the supervision of a RN. Ancillary support is provided by hospital service assistants (HSAs) and medical unit clerks (MUCs) under the direction of a designated RN. There is a nurse manager and at least one assistant nurse manager (ANM) on each inpatient unit. Assistant nurse managers are generally the full-time charge nurse for their respective shifts. Case managers and Medical Social Workers support discharge planning and placement services based on patient needs. Clinical nurse specialists, wound care nurses, nurse diabetes educators, physical, occupational and speech therapists and dietitians provide services within their specific disciplines as members of the interdisciplinary team for each patient care area.
2. Nurse managers are responsible for ensuring appropriate schedule to meet the staffing plan of the unit. In the absence of the NM, the ANM will adjust the schedule as needed. Where additional authorization is needed, the ANM will seek approval from the shift supervisor, covering manager or the clinical director.
3. The assistant nurse manager/charge nurses assign professional and non-professional nursing staff based on the patient acuity, patient needs and complexity of each patient, as well as expected admissions/discharges and plans for patients' treatments/procedures specific to the area, education, competency, qualifications, and experience of nursing personnel.
4. Every patient is assigned a professional registered nurse to oversee their care.

Adjustments to Inpatient Unit Staffing

1. Staffing is provided for inpatient care to ensure nurse to patient ratios are met and adjusted as needed based on patient acuity for at least 1:2 for ICU; 1:5 medical-surgical; 1:4 telemetry; 1:3 step-down; 1:4 mother-baby couplet; 1:4 emergency care; 1:6 acute inpatient psychiatric; 1:4 pediatrics; OR 1:1; PACU 1:1; 1:2 after second phase of care.
2. Adjustments are made as necessary during a shift to accommodate changes in the patients, condition. For unexpected changes in patient volumes, staff may be floated from other areas of the hospital to assist. Staff with similar skills may assist in other areas where the equivalent competency is needed, (i.e., an ICU patient in the ED may be cared for by a critical care RN who does not usually work in the ED).
3. Addition of staff is made at the discretion of the nurse manager, designee or shift supervisor who will attempt to schedule staff to work additional time, request a per diem, float staff from another unit with comparable competencies.
4. In the event of a natural, internal, or external disaster situation, staffing will be reviewed by the nurse manager, designee or shift supervisor to determine what level of staffing is required in the different areas based on patient populations. First, every effort will be made to maintain nurse to patient ratios in accordance with Title 22. Second, every effort will be made to provide sufficient staff to supervise patients with safety risks by appropriate assignment of unlicensed nursing staff to provide constant observation for patients at risk to self or others, and/or enhanced supervision for patients who may be at higher risk for falling or are cognitively impaired. Additional staff will be called in to work, as feasible, depending on the nature of the disaster. If there is difficulty achieving the minimum core staffing in numerous areas of the hospital, the entire departmental staffing plan will be reviewed to identify priorities for staffing needs to ensure patient safety.
5. In moderate sedation procedures, there must be two nurses at all times; one to assist and one to observe the monitor.

Ambulatory and Community Health Services (ACHS)

Ambulatory and Community Health Services (ACHS) Nursing is a distinct specialty of nursing. These services are detailed in SERV1.1, Scope of Services, ACHS Clinics.

Educational Requirements for Hospital Staff and Ambulatory Care

1. All licensed nursing staff is required to maintain current state licensure appropriate to job title and description.
2. Clinical staff are required to complete health and safety updates, educational programs, clinical updates and competency assessments as needed for job performance.
3. All new hires are given an orientation period and must meet clinical competency standards, as well as be evaluated for knowledge of policies and procedures; and reviewed for skillset check lists appropriate to job title and description.
4. All clinical staff are required to maintain BLS certification, as specified in their job description.
5. In Labor & Delivery, all RNs are required to maintain NRP and ACLS certifications.
6. In Family Baby Unit (FBU), all RNs are required to maintain NRP certifications.
7. In the Burn Center all RNs are required to maintain ACLS and PALS. Advanced Burn Life Support is highly encouraged for all Burn Center RNs
8. In Pediatrics and the Pediatric Intensive Care Unit, all RNs are required to maintain PALS.
9. In the adult critical care units all RNs are required to maintain ACLS.
10. On units with telemetry, nurses assigned to work in telemetry are required to achieve ACLS within 1 year of start date and required to maintain ACLS thereafter.
11. In the ED and Express Care Clinic, all RNs are required to have certification in ACLS and PALS before the completion of their orientation. ED nurses are required to have TNCC certification one year following the completion of orientation.
12. In the PACU and ASU, all RNs are required to have ACLS and PALS certification.
13. In the ACHS Gastroenterology Clinic, Cardiac Catheterization Lab and Surgical Procedure Clinic in Valley Specialty Center, RN staff are required to maintain ACLS certification.
14. Chemotherapy may only be administered by ONS certified RNs in designated ambulatory and inpatient care areas.

Competency

1. When specialty skills are required and a nurse with only partial competencies is available, they are expected to provide care that they are deemed competent and receive assistance or guidance from a nurse with the requisite competencies.
2. In the event of a disaster where staff are floated outside of their home units, checking of competencies will be conducted in the staffing pool to ensure appropriate assignment in accordance with the Hospital Incident Command processes.

Other Care Provider Services used by the Clinical Program

The clinical program routinely works with a wide range of other departments and services in an interdisciplinary approach in providing day-to-day care needs to our patient population.

LABOR AND DELIVERY

Division:	Maternal Child Health (MCH)	(Adult/Inpatient)
Level of Care:	Antepartum, intrapartum and immediate postpartum, as well as pre-operatively, intra-operatively and post-operatively Moderate sedation: No	
Hours of Service:	24 x 7	
Bed Capacity:	Triage: 4 beds Inpatient: 18 beds (includes: 15, 17, 19 & 21 @ 2 beds each) OR: 2 beds PARR: 2 beds	
ADC:	Outpatient visits per month = 610; Deliveries per month = 285; including 74 Cesarean deliveries per month	

Service Description:

Labor and Delivery (L & D) serves a high volume of the pregnant population of Santa Clara County. Care is provided to antepartum, intrapartum and immediate postpartum/newborn patients as well in pre-operative, intra-operative and post-operative. Labor and Delivery provides outpatient services via a triage setting. The population seen in L & D is 85% Spanish-speaking, the remainder are from a variety of other cultures. Translation services are available for L & D patients. There is also a high volume of diabetic, hypertensive, and obese patients served which contributes to the risk levels of the population. Patient-family centered care is provided ensuring interdisciplinary collaboration to plan care and apply unit specific policies and procedures. In addition to the high volume of deliveries each month, other procedures such as cervical cerclage, tubal ligation, intrauterine fetal transfusion, iron infusion, and therapeutic abortions are performed.

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Other antepartum diagnoses with medical complications
2. Threatened abortion
3. Other antepartum diagnoses without medical complications
4. Vaginal delivery without complicating diagnoses
5. False labor

Staff Included on the Healthcare Team

Nursing Budget (Coded FTEs)

RN	✓	CM	✓	NP		Indirect	#	Direct	#
MD	✓	RT	✓	Staff Dev.	✓	NM	1.0	ANM	3.0
RD		PT/OT		OB Tech	✓	MUC	6.2	RN	46.5
SW	✓	PA		Other	✓			OB Tech	4.8

Staffing is provided per the "Recommended Nurse/Patient Ratios for Perinatal Services" as set forth by the American Academy of Pediatrics and American College of Obstetricians and Gynecologists:

- 1:2 Patients in Labor
- 1:1 Patients in second stage of labor
- 1:1 Patients with medical or obstetric complications
- 1:2 Oxytocin induction or augmentation of labor
- 1:1 Coverage for initiating epidural anesthesia
- 1:1 Circulation for Cesarean delivery
- 1:2 Recovery for Cesarean delivery
- 1:6 Antepartum and postpartum patients without complications
- 1:2 Patients in postoperative recovery
- 1:3 Antepartum and postpartum patients with complications but in stable condition
- 1:4 Newborns and those requiring close observation
- 1:4 Mother-baby couplets

The above staffing is adjusted as needed for patient acuity and availability of appropriately credentialed staff.

FAMILY BABY UNIT (FBU)

Division: MCH

Level of Care: Postpartum
Moderate Sedation: No

Hours of Service: 24 X 7

Bed Capacity: 54

ADC: 27.42

Service Description:

The Family Baby Unit (FBU) services ante-partum, postpartum and newborn infant patients. Patient- family centered couplet care is provided with interdisciplinary team collaboration for the whole family. The population served comes from a variety of cultures. Translation services are available for our patients. High-risk antepartum and postpartum patients, late preterm babies, and palliative patients are cared for on the unit. The populations we serve have a variety of social issues including financial, cultural, adoptions, custody patients and drug-related issues. Social services play an important role in our department and a number of referral services available to our patients. Lactation Consultant Services as well as education and support to families regarding breastfeeding during their hospital admission are available to our patients. Nurses provide evidence-based discharge education for newborn care practices.

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Vaginal delivery without complicated diagnoses
2. Normal newborn
3. Neonate with other significant problems
4. Vaginal delivery with complicated diagnoses
5. Cesarean section with complicated diagnoses

Staff Included on the Healthcare Team

						Nursing Budget (FTEs)			
RN	✓	CM	✓	NP	✓	Indirect	#	Direct	#
MD	✓	RT	✓	Other:		NM	1	RN	45.6
RD	✓	PT/OT	✓	NC	✓	ANM	3	LVN	0
SW	✓	PA		SD x 0.5	✓	MUC	5.4	HSA	4.3
						NC (Lactation)	2.8	NP	0

NEONATAL INTENSIVE CARE UNIT (NICU)

Division:	MCH
Level of Care:	Critical Care Moderate Sedation: Yes Deep Sedation: Yes, with provider at bedside
Hours of Service:	24 X 7
Bed Capacity:	40
ADC:	14.73

Service Description:

The NICU is a Level 3 Regional Neonatal Intensive Care Unit. The NICU provides a full range of neonatal care services (intensive, intermediate and continuing care), including neonatal surgery, genetics, ophthalmology, physical therapy, occupational therapy, neonatal pulmonology, neonatal cardiology, pediatric pharmacology and other specialists for severely ill neonates and infants. The NICU provides education and support services to community hospitals, including neonatal transport.

Moderate sedation is provided for the following procedures:

1. Liver biopsy
2. Bedside bronchoscopy

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Extreme immaturity or respiratory distress syndrome, neonate
2. Prematurity with major problems
3. Full-term neonate with major problems
4. Prematurity without major problems
5. Neonate with other significant problems

Staff Included on the Healthcare Team

RN	✓	CM	✓
MD	✓	RT	✓
RD	✓	PT/OT	✓
SW	✓	PA	
NP	✓	CNS	✓
Other:	✓	NC	✓

Nursing Budget (FTEs)

Indirect	#	Direct	#
NM	1.0	RN	47.3
ANM	3.0	LVN	0
MUC	4.2	HSA	0
NC	1.80	NP	2.6

PEDIATRICS

Division: MCH

Level of Care: Medical-Surgical
Moderate Sedation: Yes

Hours of Service: 24 x 7

Bed Capacity: 3732

ADC: 11.49

Service Description:

The Pediatric Unit is an approved California Children's Services (CCS) unit providing pediatric general medical/surgical services to patients' ages newborn to 21 years (with a flex waiver from the California Department of Public Health (CDPH)). The population served in the Pediatric Unit includes patients with appendicitis, bronchiolitis, asthma, esophagitis, gastroenteritis, neonatal hyperbilirubinemia, seizures, new onset diabetes, sepsis, otitis media, upper respiratory infections, kidney and/or urinary tract infections, fractures, and intensive rehabilitation needs after injury.

Moderate sedation is provided for the following procedures:

1. Wound/small abscess incision and drainage
2. Dressing changes
3. Vascular access line placement
4. Procedures such as MRI which require patients to be immobile

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Appendectomy without complicated principak diagnosis without complication or comorbidity (cc)/major complication or comorbidity (mcc)
2. Other multiple significant trauma without cc/mcc
3. Bronchitis and asthma without cc/mcc
4. Esophagitis, gastroenteritis & miscellaneous digestive disorders without mcc
5. Seizures without mcc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP		Indirect	#	Direct	#
MD	✓	RT	✓	Other:		NM	0.5	RN	32.8
RD	✓	PT/OT	✓	CNS	✓	ANM	2.0	LVN	0
SW	✓	PA		Child Life	✓	MUC	2.9	HSA	2.0
						Child Life Specialist	1.0		

PEDIATRIC INTENSIVE CARE UNIT (PICU)

Division: MCH

Level of Care: Intensive Care
Moderate Sedation: Yes
Deep Sedation: Yes, with provider at bedside

Hours of Service: 24 x 7

Bed Capacity: 12

ADC: 2.75 includes outpatients

Service Description:

The Pediatric ICU is an approved California Children's Services intensive care unit providing pediatric critical care services to patients' ages newborn to 21 years (with a flex waiver from the CDPH).

The population served in the PICU includes patients with seizures, traumatic injuries & coma, bronchitis & asthma, poisoning & toxic effects, diabetes, concussion and septicemia.

Moderate Sedation is provided for the following procedures:

1. Mechanical ventilation
2. Chest tube placement
3. Central line placement
4. Bronchoscopy
5. Endoscopy
6. Drain placement
7. Neurosurgical procedures

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Traumatic stupor & coma, coma less than 1 hour, without cc/mcc
2. Concussion without cc/mcc
3. Poisoning and toxic effects of drugs without mcc
4. Seizures without mcc
5. Respiratory system diagnoses with ventilator support

Staff Included on the Healthcare Team

RN	✓	CM	✓
MD	✓	RT	✓
RD	✓	PT/OT	✓
SW	✓	PA	
CNS	✓	NP	
Child Life	✓	Other:	

Nursing Budget (FTEs)

Indirect	#	Direct	#
NM	0.5	RN	22.8
ANM	2.0	LVN	0
MUC	3.6	HSA	0
HSR	0	Nurse Coordinator	0.8

BURN CENTER

Division: Critical Care

Level of Care: Intensive Care

Hours of Service: 24 hours / 7 days per week
Moderate Sedation: Yes

Bed Capacity: 8

ADC: 6.87

Service Description:

The Burn Center provides specialized burn care for pediatric and adult patients in a specially designed and equipped setting from admission to discharge. In addition to thermal, chemical and electrical burn injuries, the burn center also cares for patients with exfoliate diseases or traumatic skin loss that requires extensive wound care (Stevens Johnson Syndrome, Toxic Epidermal Necrolysis, physical injuries resulting in necrosis or avulsion of the skin). The burn team also cares for patients requiring reconstructive surgery post-burn injury, plastic surgery patients requiring skin grafting and flaps, and patients requiring leech therapy for replantation/revascularization of digits. The interdisciplinary burn team provides specialized 24-hour continuous skilled bedside care for the burn patient which includes resuscitative care, wound care, physical and occupational therapy. In addition to inpatient care, the Burn Center provides community outreach and aftercare programs, such as support groups for burn survivors, peer support, school re-entry, after program and juvenile fire setters program. The Burn Center also provides numerous educational activities on a variety of burn-related topics for the community (i.e., first responders, emergency personnel and students).

Moderate sedation is provided for the following procedures:

1. Escharotomies
2. May be required for pediatric wound debridement
3. Endoscopy
4. Bronchoscopy
5. Cardioversion
6. Chest tube or drain placement

Top Five Diagnosis Related Groups (DRGs) with related diagnosis

1. Non-extensive burns
2. Full-thickness burns with skin graft or inhalation injury with cc/mcc 1212
3. Full -thickness burns without skin graft or inhalation injury
4. Extensive burns or full thickness burns with mv greater than 96 hours with skin graft
5. Full-thickness burns with skin graft or inhalation injury without cc/mcc

Staff Included on the Healthcare Team

RN	✓	CM	✓
MD	✓	RT	✓
RD	✓	PT/OT	✓
SW	✓	PA	
NP		Psychologist	prn
Other:			

Nursing Budget (FTEs)

Indirect	#	Direct	#
NM	1	RN	26.4
ANM	2	LVN	0
MUC	1	Burn Tech	0
QI	0.5	Admin Assist	0.5
HIT	1.0		

MEDICAL INTENSIVE CARE UNIT (MICU)

Division:	Critical Care
Level of Care:	Intensive Care Moderate Sedation: Yes Deep Sedation: Yes, with provider at bedside
Hours of Service:	24 x 7
Bed Capacity:	12
ADC:	9.98

Service Description:

The Medical Intensive Care Unit (MICU) provides acute care for adult and geriatric critically ill medical patients suffering from a broad range of health conditions. The multidisciplinary staff is highly collaborative and supportive, working together to achieve the best patient outcomes possible in patient-family centered environment. Nursing care is focused on the assessment, diagnosis, treatment, evaluation, and monitoring of the critically ill adult patient. Special emphasis is placed on the use of critical thinking in the ongoing assessment of the ICU patient. The MICU team provide advanced hemodynamic care through medications and technology to stabilize critically ill patients. Nurses provide continual monitoring of vital signs and/or hemodynamic monitoring; administration of vasoactive medications, paralytics, sedatives and medications for pain management, and monitoring and evaluation of patients requiring mechanical ventilation and administration of blood products. Nurses in the MICU utilize the electronic medical record for documentation and assist with and/or implement necessary patient treatments and procedures.

Population Served in the MICU:

1. Sepsis
2. ARDS
3. Respiratory failure
4. Multi-system failure
5. Gastrointestinal bleed
6. Hypertensive crisis
7. Diabetic ketoacidosis
8. Renal failure requiring ICU care
9. Acute dialysis
10. Gastrointestinal hemorrhage,
11. Diabetic emergencies
12. Continuing Ambulatory Peritoneal Dialysis (CAPD) patients requiring ICU level of care
13. Hemorrhagic stroke
14. Ischemic stroke requiring tPa

Moderate Sedation is provided for the following procedures:

1. Endoscopy
2. Bronchoscopy
3. Cardioversion
4. Chest tube or drain placement
5. Pericardiocentesis
6. Neurosurgical procedures

Top Five Diagnosis Related Groups (DRGs) with related diagnosis

1. Septicemia or severe sepsis without mv greater than 96 hours with mcc
2. Infectious and parasitic diseases with operating room (OR) procedure with mcc
3. Intracranial hemorrhage or cerebral infarction with mcc
4. Septicemia or severe sepsis with mv greater than 96 hours
5. Extensive (OR) procedure unrelated to principal diagnosis with mcc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RT	✓	Other:			NM	0.5	RN	47.8
RD	✓	PT/OT	✓				ANM	3.0	LVN	0
SW	✓	PA	✓				MUC	1.5	HSA	0

CORONARY INTENSIVE CARE UNIT

Division:	Critical Care
Level of Care:	Intensive Care Moderate Sedation: Yes Deep Sedation: Yes, with provider at bedside
Hours of Service:	24 x 7
Bed Capacity:	12
ADC:	9.43

Service Description:

The Coronary Intensive Care Unit (CCU) provides care for patients with conditions ranging from myocardial infarctions and coronary interventions to heart failure and medical conditions in a patient-family centered environment. Nursing care is focused on the assessment, diagnosis, treatment, evaluation, and monitoring of the critically ill adult patient. Special emphasis is placed on the use of critical thinking in the ongoing assessment of the ICU patient. The CCU team provides advanced hemodynamic care through medications and technology to stabilize critically ill patients. Nurses provide continual monitoring of vital signs and/or hemodynamic monitoring; administration of vasoactive medications, paralytics, sedatives and medications for pain management; monitoring and evaluation of patients requiring sophisticated equipment such as the intra-aortic balloon pump (IABP) and ventilators; and administration of blood products. Nurses in the CCU utilize the electronic medical record for documentation and assist with and/or implement necessary patient treatments and procedures.

Population Served in the CCU:

1. Cardiomyopathy
2. Dysrhythmias
3. Complicated post-interventional procedures (e.g., stents, angioplasty)
4. Cardiac patients who require ventilatory support
5. Hemodynamic monitoring
6. Cardiogenic shock both requiring and not requiring IABP
7. Complicated post percutaneous coronary intervention (PCI) patients

CCU also care for the following patient population on a regular basis

1. Sepsis
2. Acute Respiratory Distress Syndrome (ARDS)
3. Respiratory failure
4. Multi-system failure
5. Gastrointestinal bleed
6. Hypertensive crisis
7. Renal failure requiring ICU care
8. Acute dialysis
9. Gastrointestinal hemorrhage,
10. Diabetic emergencies

Moderate Sedation is provided for the following procedures:

1. Endoscopy
2. Bronchoscopy
3. Cardioversion
4. Chest tube or drain placement
5. Pericardiocentesis

Top Five Diagnosis Related Groups (DRGs) with related diagnosis

1. Septicemia or severe sepsis without mv greater than 96 hours with mcc
2. Septicemia or severe sepsis with mv greater than 96 hours
3. Other major cardiovascular procedures with mcc
4. Heart failure and shock with mcc
5. Diabetes with cc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RT	✓	Other:			NM	0.5	RN	41.6
RD	✓	PT/OT	✓				ANM	3.0	LVN	0
SW	✓	PA	✓				MUC	0.8	HSA	0

SURGICAL INTENSIVE CARE UNIT (SICU)

Division:	Critical Care
Level of Care:	Intensive Care Moderate Sedation: Yes Deep Sedation: Yes, with provider at bedside
Hours of Service:	24 x 7
Bed Capacity:	8
ADC:	5.82

Service Description:

Providing surgical critical care with a patient-family centered interdisciplinary team. The patient population includes:

General surgery/trauma patients— surgical patients who underwent one extensive abdominal surgery or involved in some type of trauma requiring surgical intervention. Neurosurgery patients with some type of trauma or who require surgery for spontaneous bleeds or congenital defects. Vascular surgery patients undergoing carotid endarterectomies, femoral-femoral bypass grafting, femoral-tibial by- pass grafting. Cardiothoracic surgery patients having coronary artery bypass grafting, valve replacement, pneumonectomy or lobectomy. SICU is frequently the admitting unit for the newly injured spinal cord patients. These patients are captured primarily in the trauma and neurosurgical statistics. On occasion the Rehabilitation Service will admit the patient to the SICU. Rehabilitation patients are stabilized in SICU and then transferred to the Rehabilitation Service.

The SICU RN staff provides continual monitoring of vital signs, hemodynamic monitoring, neurologic status, administration of vasoactive, paralytics and sedating agents. They monitor and evaluate patients requiring the intra-aortic balloon pump, continuous renal replacement therapy, neurosensor monitor and intra-cranial pressure monitoring. The staff provides care, monitoring and evaluation of ventilated patients whether using standard pressure control/volume control ventilator or the high pressure/high frequency ventilator. They also administer epidural medication, as well as blood and blood products.

Moderate or deep sedation is provided for the following procedures:

1. Bronchoscopy
2. Endoscopy
3. Bedside abdominal washouts
4. Chest tube insertion
5. IABP insertion
6. Cardioversion
7. Insertion of neurosurgical monitoring catheters
8. Pericardiocentesis
9. Interventional Radiology (IR) procedures – pigtail chest drains
10. Bedside Tracheotomy
11. Bedside Percutaneous Endoscopic Gastronomy

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Septicemia or severe sepsis without mv greater than 96 hours with mcc
2. Traumatic stupor & coma, coma less than 1 hour without cc/mcc
3. Traumatic stupor coma, coma greater than 1 hour without cc/mcc
4. Coronary bypass with cardiac catheterization with mcc
5. Coronary bypass without cardiac catheterization without mcc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RCP	✓	Other:			NM	0.5	RN	29.8
RD	✓	PT/OT	✓				ANM	3.0	LVN	0
SW	✓	PA	✓				MUC	1.0	HSA	0

TRAUMA INTENSIVE CARE UNIT (TICU)

Division:	Critical Care
Level of Care:	Intensive Care Moderate Sedation: Yes Deep Sedation: Yes, with provider at bedside
Hours of Service:	24 x 7
Bed Capacity:	8
ADC:	5.39

Service Description:

Providing surgical critical care with a patient-family centered interdisciplinary team. The patient population includes: general surgery/trauma, neurosurgery patients, vascular surgery, thoracic surgery, i.e., pneumonectomy, or lobectomy, and spinal cord injuries. The TICU is the admitting unit for the acute spinal cord injuries. These patients are captured primarily in the trauma and neurosurgical statistics. On occasion the Rehabilitation Services will admit the patient to TICU. Rehabilitation patients are stabilized in TICU and then transferred to the Rehabilitation Service.

The TICU RN provides continual monitoring of vital signs, hemodynamic monitoring, administration of vasoactive, paralytics and sedating agents. They monitor and evaluate patients requiring continuous renal replacement therapy, neurosensor monitor and intra-cranial pressure monitoring.

Moderate Sedation is given for the following procedures:

1. Bronchoscopy
2. Endoscopy
3. Bedside abdominal washouts
4. Chest tube insertion
5. Cardioversion
6. Insertion of neurosurgical monitoring catheters
7. Pericardiocentesis
8. IR procedures – pigtail chest drains
9. Bedside Tracheotomy
10. Bedside Percutaneous Endoscopic Gastronomy

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Traumatic stupor and coma, coma greater than 1 hour without cc/mcc
2. Concussion without cc/mcc
3. Tracheostomy with mechanical ventilation greater than 96 hours
4. Extracranial procedures without cc/mcc
5. Medical back problems without mcc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RCP	✓	Other:			NM	0.5	RN	30.5
RD	✓	PT/OT	✓				ANM	3.0	LVN	0
SW	✓	PA	✓				MUC	0.6	HSA	0

PROGRESSIVE CARE Unit (PCU)

Division: Critical Care

Level of Care: Step-down and Telemetry Unit
Moderate Sedation: No

Hours of Service: 24 x 7

Bed Capacity: 36

ADC: 30.67

Service Description:

The Step Down and Telemetry Unit provides care to patients who are recently admitted or transferred from another unit with an acute medical condition requiring continuous cardiac monitoring and more frequent nursing assessment or intervention than can be provided on a general medical-surgical unit.

Specific PCU patients require the following:

1. Telemetry and dysrhythmia detection
2. Pacemakers
3. Continuous Ambulatory Peritoneal Dialysis
4. Stroke Care
5. Post Coronary Angiogram
6. Ventilators
7. Arterial and Central pressure monitoring lines
8. Neurological assessment
9. Ventriculostomy and spinal drains
10. Hi Flow Oxygen meeting step-down admission criteria
11. Patients requiring intravenous (IV) vasopressors and IV anti-dysrhythmics not requiring titration
12. Acute Coronary Syndrome

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Septicemia or severe sepsis
2. Cardiovascular procedure with drug-eluting stent
3. Intracranial hemorrhage or cerebral infarction
4. Intracranial hemorrhage or cerebral infarction
5. Heart failure and shock

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RT	✓	Other:	✓		NM	1.0	RN	81.0
RD	✓	PT/OT	✓				ANM	3.0	LVN	0
SW	✓	PA	✓				MUC	5.2	HSA	18.6

EMERGENCY DEPARTMENT

Division:	Emergency
Level of Care:	Emergency
Hours of Service:	24 x 7
Bed Capacity:	24
ADC:	Average of 270 patients/day

Service Description and Services:

EMERGENCY DEPARTMENT: The 24-bed Emergency Department of Santa Clara Valley Medical Center, a division of SCVMC Critical Care Division, is located in the West Wing complex of the medical center at 751 South Bascom Avenue, San Jose, California 95128. The medical center is a tertiary non-profit, county owned teaching hospital affiliated with Stanford University. The Emergency Department provides comprehensive emergency services to patients of all ages 24 hours per day, with at least one board-certified or eligible emergency physician on duty in the emergency care area at all times. Specialty consultation is provided by members of the medical staff or by senior level residents from medical, surgical, orthopedic, obstetric-gynecologic, pediatric and anesthesia services. There are approximately 80,000 patient visits per year to the Emergency Department. The Emergency Department is accessible by ambulance, auto, bus, helicopter, and pedestrian traffic. Signage exists on streets bordering the Emergency Department. The main ambulatory Emergency Department entrance is designated by a large visible sign. The ambulance entrance is visibly designated at the driveway and on the entrance doors.

TRAUMA CENTER: The Emergency Department, in conjunction with the hospital, is designated as a Level I Trauma Center by the County of Santa Clara and the American College of Surgeons. The Emergency Department provides comprehensive Level I trauma care to patients of all ages 24 hours per day, inclusive of all agencies contracted with Santa Clara County.

STEMI RECEIVING CENTER: The Emergency Department, in conjunction with the hospital, is designated as a STEMI Receiving Center by the County of Santa Clara County. The Emergency Department provides care to patients with ST-segment elevation myocardial infarctions 24 hours per day, seven days per week.

STROKE CENTER: The Emergency Department, in conjunction with the hospital, is designated as a Stroke Center by the County of Santa Clara County. The Emergency Department provides care to patients with acute stroke 24 hours per day.

BASE STATION: The Emergency Department provides the sole 24 hour on-line medical control for prehospital care in Santa Clara County. The Base Station provides direct voice communication with the EMT-P in the pre-hospital setting for advice and treatment according to approved Santa Clara County EMS Policies and Procedures. The Base Station is staffed with specially trained registered nurses functioning under the approved Santa Clara County title of mobile intensive care nurse (MICN).

SEXUAL ASSAULT FORENSIC EXAMINATION: The Emergency Department provides a Sexual Assault Forensic Exam (SAFE) Team 24 hours per day, which is responsible for the care of sexual assault victims aged 12 years and older. The SAFE Team provides medical, legal, and emotional support for all patients presenting with the complaint of sexual assault. The SAFE examiners are registered nurses who work as independent contractors on an on-call basis. Sexual assault patients are initially placed in the Emergency Department Family Room and then brought to Building H-12 for interview and examination.

Moderate sedation is provided for the following procedures:

1. Orthopedic reductions
2. Suction curettage
3. Laceration repair
4. Hernia reductions

Top Five Diagnosis Related Groups (DRGs) with related diagnosis

1. Kidney and urinary tract infections without mcc
2. Chest pain
3. Coagulation disorders
4. Disequilibrium
5. Esophagitis, gastroenteritis and miscellaneous disorders without mcc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓	Indirect	#	Direct	#
MD	✓	RT	✓	ERT	✓	NM	1.0	RN	77.0
HSA	✓	Volunteers	✓	MUC	✓	MUC	8.7	LVN	3.6
SW	✓	PA	✓	SAFE	✓	Admin	1.8	HSA	9.0
EVS	✓	Pharmacist	✓			SAFE	1.0	ANM	3.0
						Staff Dev	1.0	ERT	21.1
						HSA II	9.8		

EXPRESS CARE CLINIC

Division: Ambulatory

Level of Care: Outpatient/ Urgent Express Care
Moderate Sedation: No

Hours of Service: 9:00 am-1:00 am

Bed Capacity: 14

ADC: 80 patients per day

Service Description:

The 14-bed Express Care Clinic of Santa Clara Valley Medical Center, managed under the umbrella of SCVMC Critical Care Division, is located in the West Wing complex of the medical center at 751 South Bascom Avenue, San Jose, California 95128. Express Care Clinic provides visits without appointment, urgent but non-emergency care to ambulatory patients 16 hours per day, with at least one board-certified or eligible emergency, internal medicine, or family physician on duty in the clinic at all times. Specialty consultation is provided by members of the medical staff or by senior level residents from medical, surgical, orthopedic, obstetric-gynecologic, pediatric and anesthesia services. Express Care Clinic is accessible by pedestrian traffic. Signage exists upon entry into the West Wing lobby. There are three doors (from two separate hallways) leading directly into the clinic waiting room.

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Medication refill
2. Urinary Tract Infection (UTI)
3. Upper Respiratory Infection
4. Back pain
5. Cough

Staff Included on the Healthcare Team

RN	✓	NP/PA	✓
MD	✓	HSR	✓
LVN	✓		

Nursing Budget (FTEs)

Indirect	#	Direct	#
NM	0	RN	6.4
HSR-Reg budget	0	LVN	4.0
Staff Developer	0	ANM ED budget	0

4 MEDICAL

Division: Acute Care/Adult Inpatient

Level of Care: Medical/Surgical with Telemetry
Moderate Sedation: No

Hours of Service: 24 hours / 7 days

Bed Capacity: 54

ADC: 37.57 patients per day

This unit provides acute medical-surgical care, including patients requiring telemetry monitoring for patients, requiring definitive diagnosis of an acute medical condition. The interdisciplinary team provides collaborative planning, treatment and education. The medical services admitting to the unit include general medicine with surgical overflow, In addition, the nurses care for transient ischemic attack (TIA) patients. Care provided includes all routine nursing care including but not limited to vital signs, assessment of patient condition, wound assessment and dressing changes, distribution of medications, management of chronic conditions not related to admission diagnosis (i.e., diabetes). Nurses are holistic in their approach addressing all issues including psychosocial, spiritual along with medical concerns

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Chest Pain
2. Septicemia or severe sepsis without mv greater than 96 hours without mcc
3. Septicemia or severe sepsis without mv greater than 96 hours with mcc
4. Cellulitis without mcc
5. Esophagitis, gastroenteritis and miscellaneous digestive disorders without mcc

Staff Included on the Healthcare Team

RN	✓	CM	✓
MD	✓	RT	✓
RD	✓	PT/OT	✓
SW	✓	PA	
NP		Other:	

Nursing Budget (FTEs)

Indirect	#	Direct	#
NM	1.0	RN	57.1
ANM	3.0	LVN	0
MUC	2.4	HSA	15.3
Monitor Tech	4.2		

2 SURGICAL & 3 SURGICAL

Division: Acute Care/Adult Inpatient

Level of Care: Medical/Surgical with Telemetry
Moderate Sedation: No

Hours of Service: 24 x 7

Bed Capacity: 92 with capacity for a total of 16 patients being on telemetry
54 in 3 Surgical
38 in 2 Surgical

ADC: 60.79

Service Description:

These units provide acute medical-surgical care, including patients requiring telemetry monitoring for patients, requiring definitive diagnosis of an acute medical condition or patients undergoing surgical treatment. The interdisciplinary team provides collaborative planning, treatment and education. The medical services admitting to the unit include general medicine, surgical sub-specialties of Orthopedics and OB/GYN. In addition, the nurses care for patients receiving epidural therapy. 3 Surgical is also the overflow unit for General Surgery, ENT, Urology and Plastics which are usually on 4 Surgical. Care provided includes all routine nursing care including but not limited to vital signs, assessment of patient condition, wound assessment and dressing changes, administration of medications, management of chronic conditions not related to admission diagnosis (i.e., diabetes). Nurses are holistic in their approach addressing all issues including psychosocial, spiritual along with medical concerns

Top Five Diagnosis Related Groups (DRGs) with related diagnosis with ALOS (in order of highest volume)

1. Septicemia or severe sepsis without mv greater than 96 hours with mcc
2. Septicemia or severe sepsis without mv greater than 96 hours without mcc
3. Uterine and adnexa procedure for non-malignancy without cc/mcc
4. Cellulitis without mcc
5. Esophagitis, gastroenteritis and miscellaneous digestive disorders without mcc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RT	✓	CNS	✓		NM	1.0	RN	102.1
RD	✓	PT/OT	✓	Other:			ANM	4.0	LVN	0
SW	✓	PA	✓				MUC	5.2	HSA	40.8

6 MEDICAL

Division: Acute Care/Adult Inpatient

Level of Care: Medical/Surgical with Telemetry
Moderate Sedation: No

Hours of Service: 24 x 7

Bed Capacity: 36 (6A Medical with up to 16 telemetry)

ADC: 32.7

Service Description:

This unit provides acute medical care, including patients requiring telemetry monitoring, for patients requiring definitive diagnosis of an acute medical condition or patients undergoing chemotherapy/ biotherapy or dialysis treatment. The interdisciplinary team provides collaborative planning, treatment and education. Typical diagnoses include complications associated with HIV/AIDS, cancer, cellulitis, diabetes, heart disease, liver disease, pneumonia, renal disease, tuberculosis, sepsis, palliative care and end of life care. Care provided includes all routine nursing care including but not limited to vital signs, assessment of patient condition, wound assessment and dressing changes, administration of medications, management of chronic conditions not related to admission diagnosis (i.e., diabetes), oncology care, symptom management including pain management, and end of life care. In addition, the nurses care for patients receiving radiation (I 131). The nurses are holistic in their approach, addressing all issues including psychosocial, spiritual along with medical concerns.

By policy, nurses are certified as chemotherapy providers through the Oncology Nurse Society with mandatory biennial recertification. Chemotherapy nurse providers also give parenteral chemotherapy to adult inpatients throughout the hospital. 6 Medical is the unit of choice for patients with HIV/AIDS, treatment with chemotherapy biotherapy, radiation, and patients with continuous ambulatory peritoneal dialysis (CAPD).

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume)

1. Septicemia or severe sepsis without mv greater than 96 hours with mcc
2. Chest pain
3. Septicemia or severe sepsis without mv greater than 96 hours without mcc
4. Heart failure and shock with cc
5. Esophagitis, gastroenteritis, and miscellaneous digestive disorders without mcc

Staff Included on the Healthcare Team

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RT	✓	Pharmacist			NM	1.0	RN	57.2
RD	✓	PT/OT	✓				ANM	3.0	LVN	0
SW	✓	PA	✓				MUC	3.0	HSA II	19.9

Nursing Budget (FTEs)

4 SURGICAL

Division:	Acute Care/Adult Inpatient
Level of Care:	Medical/Surgical with Telemetry Moderate Sedation: No
Hours of Service:	24 x 7
Bed Capacity:	30
ADC:	23.16

Service Description:

This unit provides acute surgical care, including patients requiring telemetry monitoring for patients requiring definitive diagnosis of an acute medical or surgical condition. The interdisciplinary team provides collaborative planning treatment and education. 4 Surgical is primarily a surgical unit that takes overflow medicine patients. Common services on 4 Surgical include trauma, general surgery, urology, ENT and plastic surgery. Care provided on 4 Surgical includes all routine nursing care including but not limited to VS, assessment of patient condition, wound assessment and dressing changes, administration of medications, management of chronic conditions not related to admission diagnosis (i.e. diabetes). The nurses are holistic in their approach addressing all issues including psycho/social/spiritual along with medical concerns.

4 Surgical also includes the use of telemetry for medical/surgical patients that have a history of cardiac issues or exhibited some cardiac abnormality during surgery or for trauma patients requiring monitoring for potential cardiac complications of trauma.

Top Five Diagnosis Related Groups (DRGs) with related diagnosis (in order of highest volume).

1. Laparoscopic cholecystectomy without common bile duct exploration without cc/mcc
2. Appendectomy without complicated principal diagnosis without cc/mcc
3. Medical back problems without mcc
4. Esophagitis, gastroenteritis, and miscellaneous digestive disorders without mcc
5. Septicemia or severe sepsis without mv greater than 96 hours with mcc

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	CM	✓	NP	✓		Indirect	#	Direct	#
MD	✓	RT	✓	Other:			NM	1	RN	39.0
RD	✓	PT/OT	✓				ANM	3.0	LVN	0
SW	✓	PA	✓				MUC	3.1	HSA	17.4

PERIOPERATIVE SERVICES: OPERATING ROOM, AMBULATORY SURGERY & POST-ANESTHESIA UNIT

Division:	Perioperative
Level of Care:	Inpatient and Ambulatory Surgery Moderate Sedation: Yes
Hours of Service:	24 x 7; exception: Ambulatory Surgery Unit Monday-Friday 6AM-6PM
Bed Capacity:	11 Operating Rooms (ORs)+ 1 Cysto Room 14 Post Anesthesia Care Unit Beds 10 Ambulatory Surgery Unit beds
ADC:	30 to 40 electively scheduled cases/day, plus emergency add on cases and trauma

Service Description:

The Surgical Services Division of Santa Clara Valley Medical Center is located on the second floor of Building M on the medical center campus. The primary mission is to provide safe and cost-effective perioperative care to all patients with conditions requiring surgical intervention within the Health and Hospital System. The department consists of multiple areas: Ambulatory and Same Day Admission area, the Operating Rooms and Recovery area.

All same-day surgery and ambulatory patients are received and admitted for surgery through the Ambulatory Surgery Unit, and later are recovered and discharged.

The operating rooms perform all surgical procedures except transplants. This includes elective, emergent, urgent and trauma procedures in ENT, Burn, Plastics, Eye, Dental, Podiatry, Cardiac, Neuro, GU, GYN, Orthopedic, Pediatric, Vascular and General Surgeries. Complex and minimally invasive procedures are supported with high technology equipment, including lasers, image guidance, mobile CT and ultrasound equipment. The operating room is supported by a case cart system originating in the Sterile Processing Department (SPD).

The post anesthesia care unit provides for the recovery and monitoring of all surgical patients including the monitoring of all Monitored Anesthesia Care and moderate sedation patients, as well as providing extended care for ambulatory patients preparing to return home. Conscious sedation cases are performed and monitored by staff who have been checked-off on their competencies for conscious sedation.

Competent personnel including RNs, LVNs, surgical technicians, hospital service assistants (HSAs), operating room aides (ORAs), OR clerks, anesthesia technicians and medical unit clerks (MUCs), provide perioperative services to patients of all ages and backgrounds.

Nursing and unlicensed assistive personnel (UAP) staffing coverage is provided through in-house and on-call staffing 24 hours a day, every day in the OR and PACU. The Ambulatory Surgery Unit is staffed Monday through Friday from 0600 to 1800. The Adult Conscious Sedation and Recovery Program is staffed Monday through Friday from 0800 to 1630.

Moderate Sedation is provided for the following procedures:

1. Pain service
2. TEEs
3. Bronchoscopies
4. EEGs

Top Five Surgical Procedures Performed (in order of highest volume)

1. Laparoscopic cholecystectomy
2. Laparoscopic appendectomy
3. Inguinal hernia repair
4. Split thickness skin graft
5. ECCE with Phaco IOL extraction cataract Phaco IOL

Staff Included on the Healthcare Team

Nursing Budget (FTEs)

RN	✓	LVN	✓		Indirect	#	Direct	#
MD	✓	CRNA	✓		NM	1.0	RN	60
ORT	✓	PT/OT			ANM	5.0	LVN	2.6
ORA	✓	PA	✓		MUC	4.0	HSA	6.0
NP	✓	RCST	✓		OR Clerk	3.0	ORT	19.5
MUC	✓	ORC	✓		NC	0	ORA	14.0
Other: HSA	✓				CSD Supr.	0	CST	0
					Info Tech	0	Anesthesia Tech	8.0

REHABILITATION CENTER
SCOPE OF INPATIENT REHABILITATION SERVICES, NUMBER OF BEDS
AVAILABLE AND DESIGNATION BY SERVICES AND LOCATION

BACKGROUND

The Rehabilitation Center at Santa Clara Valley Medical Center is known worldwide for its expertise, care and innovative model patient programs. The 64-bed Rehabilitation Center is part of 390 bed acute teaching hospital and serves Northern California and beyond. The Rehabilitation Center is a Regional Spinal Cord Injury and Brain Injury Center. Santa Clara Valley Medical Center is also affiliated with Stanford University School of Medicine.

The Rehabilitation Center specializes in the treatment of Spinal Cord Injury and Spinal Cord Diseases, Brain Injury, General Rehabilitation including Stroke, Multiple Sclerosis, Amputations, Muscle Diseases, Guillain-Barre, and other disabling conditions, for adults and adolescents. The Rehab patient population is guided by the Case Mix Group (CMG) which is referred to as the Rehab DRG.

AVAILABLE SERVICES

- 24 Hour rehabilitation nursing
- Audiology
- Chaplaincy services
- Customized level of care
- Diagnostic radiology
- Dietary services
- Helicopter transport
- Laboratory services
- Medical management
- Occupational therapy
- Outpatient evaluation and follow-up treatment
- Pharmacy services
- Physical therapy
- Prevocational evaluation
- Prosthetic/ orthotic services (by contractual arrangements)
- Recreation therapy
- Rehabilitation case management
- Rehabilitation psychology & neuropsychology
- Respiratory therapy
- Social services
- Speech and language pathology
- Urology service

Admission Screening Process

Each patient is screened by a rehabilitation physician and a rehab case manager prior to admission to be certain the patient meets inpatient acute rehab admission criteria and is able to tolerate 3 hours of therapy a day, has a caregiver willing to train and a viable discharge plan. Prior to admission, each patient/family will receive information regarding the acute rehab program, required participation activities, and estimated length of stay.

Multidisciplinary Teams and Conferences

Patients will be assigned to a multidisciplinary team based on written criteria including age, diagnosis, respiratory needs and medical complications. There are 5 inpatient teams, 2 on 3A Acute Rehabilitation Unit (3ARU) and 3 on 4A Acute Rehabilitation Unit. Each team is composed of an attending physiatrist (team leader), resident physician, rehab nurse, case manager, OT, PT, psychologist, speech therapist, recreational therapist, and social worker. As needed, a neuropsychologist and respiratory therapist are available for each team. Under the attending physiatrist's direction, the multidisciplinary team is immediately available for the patient's evaluation and specialized care. Each patient undergoes an initial team assessment within 24 hours of admission. The initial team conference will occur 72 hours of admission.

Prior to the conference, the patient's goals will be obtained and then discussed during the conference. Following the conference, one member of the team is selected to review the specific rehab goals, estimated length of stay and the

intensity of services with the patient and family. If the patient has any disagreement with these plans, the case manager and physician are notified and will discuss them further with the patient.

All conferences are facilitated by the physiatrist. Huddles occur on Mondays, Wednesdays, and Fridays, and team conferences are held weekly or biweekly. Formal family conferences are usually held shortly after admission and prior to discharge. Functional problems addressed include, but are not limited to, activities of daily living, assistive technology, cognition, communication, community reintegration, driving, durable medical equipment, environmental modifications, leisure and recreation, mobility, personal care assistance, prosthetics, and seating systems. The patient is given initial information on vocational rehab but is referred to the Rehab Department for further counseling and training. A psychologist is a full-time member of the team, and will address drug abuse, family support systems and counseling, mental health, and sexuality. A case manager is also a full-time member of the team, and addresses insurance issues and discharge planning. The patient attends mandatory educational classes on spinal cord injury and brain injury. Orthotic and prosthetic devices are obtained through a contract with a vendor. Casting and seating occur in the presence of the patient's physical and/or occupational therapist.

Medical issues

Each patient is seen by a physiatrist on a daily basis. Medical issues addressed include autonomic dysreflexia, bowel and bladder function, orthostatic hypotension, edema, deep vein thrombosis (DVT) prophylaxis, dysphagia, communication (for trach patients), fertility (patient given advice and education and then referred to consultants for additional expertise as needed), infections, musculoskeletal complications, including pain, bursitis, tendonitis, postsurgical pain, neuropathic pain, heterotopic ossification, neurogenic changes, post-halo care, including pin site complications, brace ordering and fitting, spasticity, decubital ulcer prevention and care, ventilator status, ventilator monitoring and weaning, trach care, nutrition, sexual function, mood, stroke prevention, seizure control, regional pain syndromes and mental status changes.

Specialized Inpatient Programs:

- Rehabilitation Trauma Center
- Acute Spinal Cord Injury Rehabilitation
- General Rehabilitation
- Traumatic Brain Injury
- Adolescent Rehabilitation
- Dual Diagnosis (TBI and SCI).
- Journey to Recovery

DESCRIPTION OF REHABILITATION FACILITY

The Rehabilitation Center is spread out over two floors of the Sobrato Building A. The Respiratory Rehabilitation Unit (3RRU) is located on the 3rd floor of Sobrato and provides 10 Neuro-Trauma ICU beds for patients with acute spinal cord injuries (within 72 hours of injury), ventilator dependent, patients with respiratory complications, and patients requiring close respiratory monitoring. In addition, there is a Rehabilitation Clinic and Outpatient Therapy Center located on campus at the Valley Specialty Center.

NUMBER OF BEDS AVAILABLE

The Rehabilitation Center has five major categorical programs for Inpatient, Spinal Cord Injury, Brain Injury, Stroke and General Rehabilitation, Adolescent Rehabilitation. Rehabilitation staff and physician are assigned to the specialty teams. Rehab beds are designated as follows:

3ARU - Spinal Cord Injury/Ortho Rehab

22 Licensed Rehab Beds

Hours of Service: 24/7

ADC: 15.4

Indirect	#	Direct	#
NM	0.5	RN	27.2
ANM	2.0	LVN	0
MUC	2.4	HSA	18.2

4ARU –Traumatic Brain Injury/Stroke/General Rehab

32 Licensed Rehab Beds

4 Non-exempt (PPS) Rehab Beds

Hours of Service: 24/7

ADC: 26.92

Indirect	#	Direct	#
NM	1.0	RN	42.3
ANM	3.0	LVN	0
MUC	3.0	HSA	43.1

3RRU – Respiratory High Risk Neuro /Acute Spinal Cord

10 Neuro-Trauma care Beds

Hours of Service: 24/7

ADC: 7.62

Indirect	#	Direct	#
NM	0.5	RN	26.7
ANM	1.0	LVN	0
MUC	1.0	HSA	0

EMERGENCY PSYCHIATRIC SERVICES (EPS)

Division: Psychiatry

Level of Care: Emergency/Acute (Locked) Psychiatry
Moderate Sedation: No

Hours of Service: 24/7

Bed Capacity: 40

ADC: 27

Service Description:

Emergency psychiatric services are provided for all ages, including crisis stabilization. EPS is the county operated unit which evaluates 5150s for Santa Clara County.

Top Five Diagnosis Related Groups (DRGs) with related diagnosis

1. Bipolar Disorder
2. Psychosis
3. Schizophrenia
4. Major Depression
5. Schizo-Affective Disorder

Staff Included on the Healthcare Team

RN	✓	CM	✓	NP	
MD	✓	RT		Other:	
RD		PT/OT		MHW	
SW	✓	PA		LPT	

Nursing Budget (FTEs)

Indirect	#	Direct	#
NM	1.0	RN	40.0
ANM	3.0	MHW	18.0

BARBARA ARONS PAVILLION (BAP)

Division: Psychiatry

Level of Care: Acute (Locked) Psychiatry
Moderate Sedation: No

Hours of Service: 24/7

Bed Capacity: 48

ADC: 48

Service Description:

Provides acute, short term, quality psychiatric services. Patients are admitted via the Emergency Psychiatric Services or after an acute care discharge and an acute psychiatric condition was identified by the inpatient medical psychiatric Liaison physician.

Top Five Admit Diagnosis (DSM-4 Numbers)

1. Schizoaffective disorder, bipolar type
2. Unspecified psychosis not due to a substance or known physiological condition
3. Schizophrenia, unspecified
4. Bipolar disorder, current episode manic severe with psychotic features
5. Schizoaffective disorder, unspecified

Staff Included on the Healthcare Team

RN	✓	CM	
MD	✓	RT	
RD	✓	PT/OT	✓
SW	✓	PA	
NP		Other:	

Nursing Budget (FTEs)

Indirect	#	Direct	#
NM	1.0	RN	34.50
ANM	6.0	LVN/LPT	1.0
MUC	1.5	MHW NA	37.5
Rehab Counselor	0.5	Psych Therapist	3.0
Psych Tech	4.0	SW	2.0

CARE MANAGEMENT DEPARTMENT

Division: Care Management

Level of Care: All Inpatient Units

Hours of Service: Utilization Review Coordinator (URC) – 8/7
Acute Inpatient Case Managers (CM) – 8/7
Rehab Case Managers (RCM) – 8/6
Medical Social Work (SW) – Weekdays 12/5
Weekends 8/2
On Call Services on off hours

Service Description:

The pre- utilization review coordinator conducts medical necessity screening for admissions and outside transfers into SCVMC. The utilization review coordinators also perform concurrent and retrospective insurance reviews, complete insurance audits and write appeal letters in collaboration with PBS. Case Managers perform complex discharge planning, conduct concurrent reviews; monitor for appropriate lengths of stay and levels of care; track delays in service and assess the utilization of hospital resources. The medical social workers address complex psychological and social barriers which impacts hospital throughput and length of stay. The SCVMC medical director serves as the physician in charge of utilization review for medical staff. The Director Care Management works collaboratively with the medical director to ensure program requirements are met for the medical staff.

Case Managers / Medical Social workers are assigned to the following units:

- Emergency Department
- Medical / Surgical Units: 2/3 Surg, 4 Surg, 4 Med, and 6Med
- Critical Care Units: TICU, SICU, CCU, MICU, PCU, Burn, RTC (non-rehab)
- Maternal Child Units: FBU, L&D, Pedi, PICU, NICU
- Acute Rehab Units

Staff Included on the Healthcare Team

RN	✓	ST	✓
MD	✓	RT	✓
Patient Access	✓	PT/OT	✓
SW	✓	Rehab	✓
CM	✓	PBS	✓
Compliance	✓	Pharmacy	✓

Nursing Budget (Coded FTEs)

Indirect	#		#
Director	2.0	RN URC	16.0
RN Manager	2.0	HSR	2.0
RN CM	24.5	OS II/III	3.0
SW	30.8	MSW Manager	2.0
Admin Asst	1.0	Program Manager	1.0

History:

Original:

Revised: 2/13, 7/13, 9/17, 6/19, 9/22