NURSES ON B-6 DELIVER CARE TO A VARIETY OF PATIENTS

Although Robinson 6 is considered a cardiothoracic surgical floor, the 21-bed unit also admits patients from other surgical services and patients requiring isolation. Because the B-6 staff delivers care to a diverse patient population, staff members need to possess a wide range of knowledge. The nurses on the unit not only provide general nursing care for a variety of patients, but they teach and observe to help prevent complications and offer emotional support to patients and their families.

The majority of patients on B-6 are thoracic surgery patients. The thoracic surgical procedures these patients undergo include coronary artery bypass grafts, valve replacements and thoracotomies. Nursing care for thoracic patients involves performing pre- and post-operative teaching, monitoring fluids and electrolytes, watching for signs and symptoms of infection and, in some cases, caring for large draining wounds.

Specific post-operative nursing care for thoracic surgery patients includes monitoring cardiac status and lab values to maintain fluid and electrolyte balance, giving vigorous pulmonary toilet to prevent atelectasis and pneumonia, and encouraging progressive ambulation. B-6 nurses also need to be able to recognize complications in order to report potential problems to the physicians. Cardiac arrythmias, pleural effusions, cardiac tamponade and endocarditis are major complications of which the nursing staff needs to be aware.

Because of the complex nature of a cardiac condition, thoracic patients require intense pre- and post-operative teaching. Nurses on B-6 conduct classes for their thoracic patients on the anatomy and physiology of the heart, heart disease risk factors, activity limitations for post-open-heart-surgery patients, resumption of sexual activity, medications, and hygiene for the prevention of infection.

The B-6 nursing staff coordinates the education of thoracic patients with other disciplines including social service, physical therapy, dietary services and respiratory therapy. Social service staff members conduct a relaxation class for thoracic patients, showing them exercises they can do to help prevent or minimize stress in their lives. Members of the dietary staff teach patients on restricted diets how to prepare low-cholesterol and salt-free meals.

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B-6 nurses also care for patients admitted to other services, such as general surgery, otolaryngology and oral surgery. These patients may undergo any one of a variety of surgical procedures, such as anterior and posterior resection, cholecystectomy, exploratory laparotomy, radical neck dissection, or mandibular and maxillary osteotomy.

Since B-6 has many private rooms, patients who are infected and require isolation are frequently admitted to a variety of services. In order to prevent further infection or cross-contamination, B-6 nurses must adhere to appropriate precaution protocol in dealing with these patients and not allow anyone to deviate from this protocol. Minor infections can spread causing severe repercussions. For example, if a thoracic patient is infected in the sternal wound or valve area, surgery may have to be repeated.

The skills of the B-6 nurse are constantly being tested. Caring for a patient population with such diverse needs requires that the nurse be flexible, observant and quick at assessing patient care needs. It is an exciting floor on which to work.— Alda Smith, R.N., (B-6)

PATIENT CLASSIFICATION

The Patient Classification System, developed by the Patient Classification Committee and implemented gradually this past year on 11 nursing units, has enabled nurses on those units to successfully detect changes in patient acuity, plan staffing patterns to better meet patient care needs, and to accurately chart continuing patterns or trends in nursing care needs at UH.

One year ago, the Patient Classification Committee began gathering data about nursing practice at UH to develop this classification system. The first step was to collect information through surveys about the direct- and indirect-care needs of general medical-surgical patients. The Committee then analyzed this information and developed a daily classification form for the nursing staff.

The forms were designed to help nurses classify patient needs. Data on patient care needs could be correlated with the number of staff hours worked to provide a "workload index" This index would enable nurses to determine if the number of nursing care hours provided matched the patient-care needs. This information, charted over time, would identify patterns and trends in the need for nursing care.

Between February and May, the Patient Classification Committee began implementation of the system on 11 medical and surgical units. At this time, seven of the units have completed the implementation process and the other four are in various stages of the process. The classification of patient care needs has now become a routine part of the daily activities of nurses on F-2, F-4, B-6, C-6, C-5, E-7 and E-8. Members of the nursing staff use the classification forms to quantify the nursing care hours needed daily on each unit and to determine the average acuity of the unit's patients.

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The Patient Classification system recently helped Cynthia Hastings, R.N., research nurse, detect important changes on two units by reviewing the graphs from those two units. When she called the units to inquire about the validity of the data, she discovered that one unit had had an unusual change in its patient population requiring more nursing care and the other unit had experienced a sudden reduction of staff. Because of these findings, the Patient Care Committee is planning to develop a method to assure that all data accurately reflect each unit situation.

Many head nurses also are consulting this information when they plan time schedules, and the Continuing Education Department is using the information to schedule inservice programs to best serve the needs and work schedules of the participants.

The committee also plans to implement the classification system on other units. The intensive care units already have completed surveys of direct and indirect care in the intensive care units and is preparing this data for computer analysis. Staff members from F-3, F-5, C-3, C-4 and the metabolic unit are currently developing surveys to gather information about direct and indirect care in their respective areas. The psychiatric unit will soon begin this process as well.

The Patient Classification Committee attributes the successful implementation of the system to the interest and diligent efforts of every nursing staff member involved in the program. The committee encourages questions and comments regarding the system. Please contact Cynthia Hastings, R.N., or any other member of the Patient Classification Committee: Ann Ameigh, R.N.; Tom Smith, R.N.; Jan Yarusso, R.N.; David Ackerman, nursing business manager; Paula Vannicola, R.N.; Cindy Chipman, R.N.; Caroline Davis, R.N.; Donna Haubner, R.N.; Rebecca Uebelhoer, R.N.; Rick Berkman, director, Management Science; Miriam Pollack, director of planning; and Tripp Polland and Cynthia Pappas from Unit Management. — Paulette Starck, R.N., clinical specialist

CONTINUING EDUCATION ANNOUNCES Alice Rose, R.N., M.S., clinical APPOINTMENT AND SUMMER SCHEDULE specialist in surgery, has been appointed acting director of Continuing Education.

Rose joined the Continuing Education Department as an instructor in 1978 and in October 1981 was appointed the surgical clinical specialist. Rose will continue to be available as the clinical specialist surgical resource person and she can be reached by paging beeper 3345 or in the Continuing Education Office, x5374.

This summer, a priority of the Continuing Education staff is the orientation of new nursing staff members. Workshops and Nursing Grand Rounds will not be held during the summer, but will resume in the fall. The September issue of The UH Nurse will include a calendar listing the dates and presentation topics for next fall's Grand Rounds along with a list of the times and locations for the monthly newsletter committee meetings. — Carole MacKenzie, R.N. (Cont. Ed.)
The goal of the Problem Oriented Record Committee is to promote the use of the problem oriented record system at University Hospital.

In keeping with this goal, the committee members have reviewed the various forms used for documentation of nursing care. Within this past year, the committee updated the Nursing Data Base and Master Problem List. They recently completed revisions on the graphic sheet for vital signs, the Activity of Daily Living sheet, the intake and output sheet and the patient medication record. Inservice programs to inform staff members about the use of these forms will be provided prior to their distribution by each floor's POR representative or a member of the Continuing Education Staff. There will also be information on how to use each form in the Procedure Manual on each floor.

After many hours of planning and work the committee has also completed the first edition of the POR orientation manual, which explains how to use the POR system at University Hospital. The Problem Bank lists are included in this manual. These lists provide a reference of the common problems encountered with a given patient population group. The committee encourages each staff member to help in generating additional information for the Problem Bank by working with her or his POR representative.

During the summer months, the committee will work on updating the ICU’s flow sheet and procedures for nursing diagnoses and documentation of care provided. An ultimate goal of the POR committee is the restructuring of the basic medical record so that all disciplines will be charting in the same section of the patient's record.

The POR committee meets on the first Wednesday of each month from 8 a.m. to 4 p.m. If you are interested in joining this committee please call Gail Long, beeper 3313, or Carole MacKenzie, x5376. Representatives are needed from C-4, B-3, B-7, ER, and OR. -- The POR Committee Members

NURSING DEPARTMENT WELCOMES NEW EMPLOYEES:

On May 10, the Nursing Department welcomed the following new employees:

- Yvette Anessi RN F-3E
- Christine Cobino GSN E-8W
- Debra DeVirgilio GSN E-7E
- Gael Hernberg RN E-8E
- Gladwyn Howard RN OR
- Virginia Jacildo RN MICU
- Anne Johnson RN F-3N

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Another group of new employees started on June 7, 1982:

Joan Alipour          workroom aide          OR
Judith Bergdorf        RN                      nurse manager
Gary Benowitz          NAIV                    E-7E
Shaun Bollig           NAIV                    E-8E
Sara Bottomley         NAIV                    E-7W
Jean Brow              GSN                     OR
Mario Cabral           GSN                     OR
Joyce Cantin           RN                      OR
Mark Dlugosz           GSN                     F-2E
Wayne Dwelley          GSN                     F-5
Cynthia Garguilo       RN                      B-3
Helen Hanson           NAIV                    F-4E
Patricia Hunt          GSN                     C-5
David Judge            RN                      C-4
Sheila Masterlitz      GSN                     F-2E
Sue Beth Morrissey     GSN                     C-3
Stephen Nuss           GSN                     F-2N
Joanne Re              NAIV                    E-8W
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