Once you decide what type Unit you will have for the semester, you must create a description of your unit. By answering the questions below, you will create the foundation for your fictional hospital unit.

This semester, you will assume that you are the nurse manager on this unit. At the end of each chapter is a section labeled My Hospital Unit. Each student must select a total of 6 chapters and respond to the questions. Responses are to be typed (like the format below) and placed in your folder. To get the most benefit from this learning activity, decisions you make in each chapter will inform choices you may make in the subsequent chapters.

Please respond to the following and place in your folder. The first turn in will be announced in class:

1. Name your unit
2. What services are provided in the unit? Can be acute care or ambulatory care; medical (may be subspecialty such as respiratory), surgical (sub-specialty such as ortho), OR, ED, ICU, OB, Peds, Behavioral health, and so on.
3. What is the size of your hospital? (# of beds)
4. What is the size of your unit (number of beds)?
5. Is this an urban or a rural hospital?
6. Academic- teaching hospital, private, or government owned?
7. How long have you been the nurse manager?
8. What types of shifts do you currently schedule (8, 10, 12 hour shifts; mix)?
9. What hours/days do you typically work?
10. Briefly describe 2 of your RNs, 1 LPN, 1 UAP and a Unit Secretary. Give each a first name and a description of the personality, what generation is represented and rate their current performance.
11. Now you need to make a floor plan of your unit by describing the floor plan. Indicate if the patient rooms are single or double. Describe the location of work areas, including the med room, charting area, supply area and any other important area of your specific unit.
1. Pediatric Intensive Care Unit (PICU)

2. Intensive care is provided for pediatric clients who have serious illnesses or injuries. The unit takes care of critical patients such as those on mechanical ventilators.

3. The hospital has about 600 beds total.

4. The PICU has 24 beds available.

5. The hospital is located in an urban setting.

6. The hospital is an academic teaching hospital and is government owned.

7. I have been the Nurse manager for about 3 years.

8. We currently schedule a mix of 12 hour and 8 hour shifts and let the employees choose which shifts they want to work.

9. I currently work 12-hour shifts three days a week while also working one weekend a month.

10. One RN that works on the unit is Jane, who has been working in pediatrics for over 15 years. She is very energetic and has a very positive attitude and it is rare to find her without a smile on her face. She is a confident nurse whose current performance exceeds our hospital’s expectations. She is 40 years old. Erin is another RN on the floor and she is fairly new to the unit and has only been working for 7 months. She is a recent nursing school graduate and is eager to learn, but has performed satisfactory throughout her time thus far. Rhonda is an LPN who has been working on the floor for 10 years. She is lively and gets along with everyone on the floor. Rhonda is in her late 50’s and always has a good performance record. Robert is a UAP who is has a quiet personality, but gets along great with everyone on the unit and the parents. Robert’s performance is average, for he has only been working on the unit for a year. Josette is the unit secretary who has been working there for 20 years. She is in her late 60’s and has earned the nickname “Mama Josie” because she is motherly to everyone on the unit and everyone respects her as such. She is a great worker and knows everything about the hospital.

11. The nursing station is centrally located between 4 pods into which the beds are separated. All of the rooms are private, single rooms that are spacious and accommodating to the family. We encourage parents to spend as much time as possible with the children. The medication room is located behind the nursing station and requires a punch code to enter and there is also various charting
areas available due to our unit having a computer in each room as well as 7 extra computers at the nursing station. Medical supplies are located across from the medical room which also requires a code to enter. A staff lounge is also available at the front of the unit which has a microwave, refrigerator, and tables and chairs for eating.

**MY HOSPITAL UNIT 7**

To improve patient-centered care, I would suggest that the staff and I come up with a clinical pathway to implement to improve quality care. This would be a long process, however, I feel the outcomes would be well worth it. I would first select a project committee to be responsible for assessing the current level of patient-centered care and designing a pathway format to better suit our patients. This would mean getting feedback from past patients and see what their complaints were and to review problems that have occurred on the unit multiple times. I would make sure the timing for this change was appropriate so that the staff does not get overstressed and overwhelmed.

An interprofessional committee would be selected to review the literature and other organizations that have improved the quality of their patient-centered care to come up with a clinical pathway similar to these. Once a clinical pathway has been established, the team will identify key indicators that are crucial for implementing for desired outcomes. The clinical pathway would be pilot tested before its final approval, and the pathway’s feasibility of use, quality, and appropriateness of time would be evaluated. After establishing the best form of the clinical pathway, it will be implemented throughout the unit. Patient and staff satisfaction evaluations will be used to determine if the goals of the pathway are being met.
My Hospital Unit 8

The goal to have an effective, creative, and productive workplace means many things to me as a nurse manager. I want my staff to be effective in doing their job and caring for patients. This means the unit is up to standards with the latest evidence-based practice and caring for patients in a way that makes them better in the quickest, most effective way possible. In being effective, the unit focuses on preventing hospital acquired infections such as urinary tract infections, ventilator assisted pneumonia, pressure ulcers, and other things that may increase a patient’s hospital stay. Creativity on the unit means that the staff is open to new ways of doing things and open to suggestions from the staff and patients. The staff’s opinion is very crucial. Productivity is also very important for any hospital unit. This means the staff comes to work ready to work. When they are on the unit they are focused on their patients and helpful in any way they can be for them.

Factors that describe an organizational culture include: open communication between all staff, loyalty to the organization, clear vision and mission for the unit, staff trust management, productivity and efficiency in the workplace, teamwork, and organization that demonstrates partnership and collaboration. One strategy to improve the culture of the unit would be to have a monthly meeting with the staff to see if we are reaching our goals for the unit. This way the staff would be praised for fulfilling goals and they would know their work is not going unnoticed. A monthly meeting would also allow the opportunity to see what things are not working on the unit and how we should go about fixing them. Another strategy would be to have a suggestion box located on the unit in which staff members could voice their
opinions about how to make things better. Also, setting up a system in which staff is rewarded based on patient reports could be put in place so that the staff is encouraged to perform to their best level on a daily basis and get recognition for doing so.

My Hospital Unit 12

There are many barriers to effective coordination and collaboration. One barrier to collaboration, which affects coordination, is lack of staff interaction. If the staff is unwilling to interact and communicate with each other, effective coordination cannot take place. Also, a lack of understanding about the roles and responsibilities of others is a major barrier to effective collaboration. It is important for physicians to know what the nurses are responsible for and vice versa or crucial elements of patient care could be jeopardized. If there is not trust within the team unit, information can be withheld and this greatly hinders collaboration. Other barriers to effective coordination include lack of resources and lack of interprofessional understanding. If resources are limited, this could cause conflict within the unit, which disrupts smooth coordination and collaboration. If the nurses and physicians do not include the patient in the planning of care this is a major barrier to coordination because the patient’s wishes will not be met.

To decrease these barriers on my unit I would stress to all members of the interprofessional team that the main goal is to satisfy the patient, and if this is done effectively everyone ‘wins’. Each team member would be assigned clear responsibilities and duties regarding patient care, and everyone would know other team members responsibilities so there is no confusion. The unit would also develop negotiating skills to be used in resolving
conflicts so that nothing ever escalates to be out of hand. During orientation to the unit, new members would be informed on the importance of coordination and collaboration and how it is done on our unit.

My Hospital Unit 1

As a nurse manager, I strongly believe in using a democratic leadership style. I like for everyone to participate in decisions on the unit and I value the opinion of every staff member. In day-to-day activities I try not to be over-bearing, but I make sure the jobs are done properly, which they usually are. After making assignments, I inform the staff of their duties and responsibilities for the day and I let them complete them as they want to. I also try and make myself readily available to the staff so that I can offer my assistance whenever needed. As a nurse manager, I believe motivation and recognition are driving factors in performance and I try to think of creative ways to motivate my staff. I also try and let staff members know their hard work does not go unseen and give them recognition for the things they do.

As far as staff leadership, I rely on some of the older nurses who have been on the unit for several years to help show leadership to younger, new graduates. Also, during a monthly meeting, I get a different staff member to lead a discussion on health topics that are prominent at that time, or a topic of their choice so that everyone has a chance to be a leader. Some of the staff is not very outspoken, so this gives them the opportunity to be in charge of a group topic. Overall I feel like the democratic leadership style is a great way to get all of the staff involved in what is going on in the unit.
My Hospital Unit 9

After realizing there is a staffing problem, I need to hold a meeting with all of the staff to see if I can get more details from them. The staff could have insight as to what was a struggle for them when they first started, and also if they saw new graduates struggling with anything specific. I would also ask them to make suggestions as to how to better retain staff. I also would make a plan to try and implement a nurse residency program to act as a bridge between orientation and working on their own. This would include a class once a week so that new graduates could learn more about hospital policies, how to do certain procedures they may not be comfortable with, and things of that nature. They would be with nurses on the same learning curve as them, so this would hopefully give them better training and confidence to perform skills on their own.

I would also talk to Human Resources to see if there was any way we could make a year-sign on bonus for those nurses who commit to staying with us for at least one year. On top of the salary they are getting, nurses who stay with the organization for a year would get a bonus of money to reward them for their stay. Also, this bonus would increase for each year the patient stays on the unit, which would hopefully encourage nurses to work longer. To prevent staff burnout, I would try and hire new staff to better balance the needs of nurses who are feeling overwhelmed. I would also encourage the staff to voice their complaints and concerns anonymously or directly to me if they feel like they need less working hours because the job is getting too stressful. Hopefully this plan will increase retention rates on the unit.
To determine the status of patient involvement, I would ask each patient to fill out an assessment about his or her stay. This would ask them questions relating to how involved they were in the delivery of their care and how satisfied they were with their care. There would also be a section for the patients to write any comments about their stay and what could have made it better. I would also ask the nurses to talk to their patients about what they were satisfied with during their stay, and what they were not satisfied with. After gathering all this data, myself and a team of others would review the data and see what concerns and comments were made and see if there were any similarities in the comments. After extensively reviewing the data, we would see what needs to be changed and from there would develop a plan as to change. Before implementing any new policy there would be many staff meetings to inform the staff of what changes we thought needed to be made, and also their input on the situation.

After many meetings and a consensus on the change to be implemented, we as a unit would implement the change. I would want to try the change for about two months so that the staff becomes comfortable, then I would start asking patients about their stay and involvement. I would use the same questionnaire that was used before the change took place so I could compare these results with the previous ones to see if there were any differences.