

**LAC+USC MEDICAL CENTER
INTENSIVE CORONARY CARE UNIT – 4D
SCOPE OF SERVICES**

Departmental Purpose

The Intensive Coronary Care Unit is a 10-bed unit, which serves as an important component of the continuum of care in the Northeast Cluster. of the Coronary Care Unit. The unit exists to provide intensive care nursing to those who are critically ill who require intensive monitoring and treatment in the LAC+USC Medical Center. Care is ongoing and encompasses varying states of recuperation from diagnosis to treatment and rehabilitation.

Types and Ages of Patients Served

The Intensive Cardiac Care Unit cares for critically ill adult and geriatric patients with a focus on cardiac diagnosis and other medical diagnosis admitted from the Emergency Department, the Medical and Surgical Wards or outside transfer requiring higher level of care. Major medical diagnosis includes Myocardial Infarction, Congestive Heart Failure, Coronary Artery Disease/Acute Coronary Syndrome, Cardiomyopathy, Cardiogenic Shock, Arrhythmia/Sudden Death, Hypertension/ Diabetes, Valvular Heart Disease, Pericardial Effusion/Tamponade, Post Coronary Catheter Intervention and Renal Failure.

Methods Used to Assess Patient Needs

A multidisciplinary approach to patient care management is utilized to assess and assist the patient/family in making an educated decision about his/her care. Nursing and the cardiology house staff, under the direction of a Cardiology Attending, act collaboratively with the Cardiac Cath Lab for diagnostic procedures and STEMI activation and management. In addition, the service collaborates with Cardiothoracic surgeons, PT/OT, Nutritionist, Social Services, Pharmacy, and Speech Therapy, Pastoral Care, Palliative Care, the Department of Radiology, Laboratory Services, One Legacy, Epidemiology, and the Pain Management Team to develop and plan an appropriate plan of care with each patient.

Scope of Service and Complexity of Care

The focus of care is to stabilize and restore the patient to their optimal level of functioning and states of recuperation from critical cardiac insult and/or medical/therapeutic interventions. Important aspects of care involves managing appropriate invasive monitoring equipment; managing life support equipment; preventing complications and promoting healing; evaluating and treating acute injuries; providing a therapeutic environment; educating patient/family to improve self-care abilities, health maintenance and rehabilitation; and facilitating transfer from the intensive care setting.

Determining the Extent to Which the Level of Care Meets Patient Needs

Patients are continually assessed for their response to therapeutic interventions and for the attainment of desired goals. Nursing participates in performance improvement activities and quality monitoring. Patient satisfaction surveys are mailed to patients after discharge.

Quality Control Indicators

- Patient/Family Teaching
- Nursing Process
- Blood Transfusion Self-Monitoring
- Pain Management
- Restraints
- Fall Prevention

Reviewed/Refreshed: March 2005; January 2011; January 2016

Approved: August 2020

4D/M – ICCU – Scope of Services

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Quality Control Indicators conti.

- Pre-op preparation
- Patient Identification Practices
- Ventilatory Associated Pneumonia
- Central Line Associated Blood Stream Infection
- Catheter Associated Urinary Tract Infection
- Hand Hygiene
- Pressure Ulcer Prevention and Management

Performance Improvement Indicators

- Hand Hygiene Compliance
- Fall Prevention
- Reduce Catheter Related Blood Stream Infection
- Reduce Catheter Associated Urinary Tract Infection
- Reduce Hospital Acquired Pressure Ulcer Incidence

Recognized Standards

Care is provided consistent with applicable regulatory and professional standards inclusive of, but not limited to the California Board of Registered Nursing, OSHA, Joint Commission, Title 22, the American Nurses Association, the FDA, the Department of Health Services, the American Association of Critical Care Nurses, the American Medical Association, and the American College of Cardiology.

Availability of Necessary Staff

The unit operates 24 hours a day, 7 days a week. The nursing staff reports to a Nurse Manager who works collaboratively with the Inpatient Medical Director, and the Division Chief of Cardiology. The Nurse Manager is responsible for staffing the unit with adequate nursing staff and ancillary staff to meet the acuity needs of the patients and the census of the unit. She or he is responsible for the quality of the nursing care provided and the performance of the assigned staff. Staff on the unit has specific competencies for their professional level and/or job description. Patient care is provided by Registered Nurses who have successfully completed all aspects of the CORE Critical Care Program and/or have obtained a CCRN credential. Nursing attendants and clerical staff provide additional support.

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4D/M – ICCU – Scope of Services