

Academy of Clinical Essentials (ACE)

Unit Overview

Proposed changes: change to level of care (i.e. MedSurg, Intermediate Care, Emergency Department)

University of Maryland Medical Center Downtown Campus

10 East Acute Medicine Telemetry

10 East is a 22-bed unit, which serves patients 19 years old and older, in equal numbers of men and women. Major diagnoses represented in the patient population served by 10 East are:

- end-stage renal disease
- HIV
- infectious disease
- diabetes
- hypertension
- pneumonia
- endocarditis
- tuberculosis
- gastrointestinal bleeding
- sepsis
- CHF
- pancreatitis
- complications of chemical addiction
- COPD/asthma
- deep vein thrombosis
- sickle cell disease
- meningitis
- others

Thoracic/Surgical Intermediate Care

The Thoracic/Surgical Intermediate Care Unit is comprised of a 10-bed unit (Thoracic IMC) on Gudelsky 9 East and an 8-bed unit (Surgical IMC) on W5C.

TIMC is a fully integrated unit dedicated to the care of the general thoracic surgical patients. The population includes patients having undergone surgery for lung cancer, esophageal cancer, mesothelioma tumors, chest wall resections, benign disorders of the chest and other thoracic procedures.

SIMC serves as the primary postoperative destination for the following specialty surgical services, including but not limited to: Surgical Oncology, General, Vascular, Genitourinary, Orthopedic, Otolaryngology, and Oral Maxillary Facial and Thoracic surgical services.

Vascular Surgery Progressive Care Unit

This unit located on Gudelsky 5 East is designed to provide care to inpatient Vascular Surgery patients. The 12-bed unit, which maintains one negative pressure room that can be used for patients requiring

airborne precautions, is operational 24 hours a day, seven days a week. It carries an ADC of 11.38 yielding approximately 4,152 patient days. The average length of stay is 3-5 days.

University of Maryland St. Joseph Medical Center

5 E/W

The 5th floor is a Medical Telemetry Stroke Unit with 22 beds on 5 East and 21 beds on 5 West. This unit cares for a variety of patients with a medical diagnosis, and primarily receives admissions from the Emergency Department.

6 E/W

The 6th floor is a fast-paced 41-bed surgical unit specializing in orthopedics and general surgery. The surgical patient population served includes orthopaedic, urologic, endocrinologic, hepatobiliary, and colorectal. The 6th floor is staffed with dedicated advanced practice providers, registered nurses, certified nursing assistances, physical and occupational therapists, and an exercise technician to promote early mobilization of patients.

Emergency Department

The Emergency Department is a STEMI and primary Stroke Center, treating patients from neonates through geriatrics. There are a total of 39 rooms in the Emergency Department with 3 additional beds for intake and triage. The Emergency Department provides care to patients with urgent needs, acute illness and behavioral health, with designated space for each admission indication.

Sample Assignments & Clinical Guidelines

Census	Staffed to Budgeted Ratio (Charge out of numbers; # of combos, # of patients: to staff ratio)	Staffed to Stretched Ratio due to vacancies (Charge out of the numbers; # of combos, # of patients: to staff ratio)
8	Charge; 1, 2:1; 2, 3:1	Charge; 2, 4:1
10	Charge; 3, 3:1	Charge; 1, 4:1; 2, 3:1
12	Charge; 3, 4:1	Charge; 3, 4:1
18	Charge; 2, 3:1; 3, 4:1	Charge; 2, 4:1; 2, 5:1

How can the ACE Clinical Group support the unit?

Staffing Ratios

- Charge nurse is always out of the numbers
- 4:1 staffing ratio for ACE cohort
- ACE Clinical Group can support the unit by taking 1-2 patients from each nurse
- Need for an agency nurse is reduced or eliminated for shift with ACE cohort
 - ACE cohort counts as *one* nurse
- ACE cohort brings unit to budgeted staffing levels on shifts during which they are stretching due to vacancies
- If ACE cohort brings unit *below* budgeted staffing ratios, units should be coached to float nurse to another high-need unit
- Staffing on units with ACE cohorts should remain consistent with hospital-wide practices
- If students are absent from clinicals (i.e. illness), the cohort will be able to take full patient load

Clinical Guidelines/Recommendations

1. Stable patients
2. Assign patients that are actually on the unit
3. Avoid the following:
 - a. pending admissions
 - b. transfers
 - c. discharges
4. Charge nurse/nurses will use their best clinical judgement depending upon current unit acuity

ACE Staffing

Instructions: Clinical instructor to complete at the end of each shift.

1. Date
2. Shift (AM or PM)
3. Hospital (include all of the hospital names)
4. Unit Name (include all of the unit names)
5. Census (Note: How many patients are currently in beds on the unit?)
6. Is the charge out of the numbers? Yes or No
7. What is the staffing ratio for the clinical instructor team?
8. Additional comments: (free text)

<https://app.smartsheet.com/b/form/5970bff3b74844619c93ab82f4a79725>

