

# CURRENT BIGGEST NEEDS

## *Ambulatory Surgery Department Remodel*

The RMH Surgery Department averages 225 procedures per month, providing surgical services for a large variety of patient needs, including: simple routine scope, general surgery and orthopedic procedures, as well as more invasive procedures like pacemaker and neuro-stem implants, double mastectomies with reconstruction, even nephrectomies. As one of the most "high traffic" patient care areas in the hospital, the Ambulatory Surgery Pre-Op area has not been updated since 2004 and needs a refresh. The main renovations will include sliding glass doors in place of curtains for added patient privacy, new monitoring equipment in patient rooms, updated features for patient comfort, as well as new flooring and fresh paint throughout the area.

## *Computed Tomography (CT) Scanner*

Over the last few years, the CT has become the most important piece of equipment in our hospital and the "lifeblood" of the Emergency Department. Due to age, RMH's current CT machine incurs unexpected downtime on top of scheduled quarterly maintenance for preventative reasons. This downtime has a ripple effect on the community, beginning with the patient who un-expectantly must travel outside of the community in order to receive the medical attention they need. This also affects the hospital and care providers as their patient is being transferred to another care facility. These transfers effect the county EMS service who is then short on EMS crews due to the transfer.

## *Centralized Fetal Monitoring*

Centralized Fetal Monitoring is needed for the RMH Family Birth Place (FBP). The FBP fetal monitoring system measures fetal vital signs throughout labor. The current RMH fetal monitoring system prints on paper and the nurse can only view the results while at the patient's bedside. The nurse then must manually record the results in the electronic records. There are times when nurses are taking fetal vital signs every 3 minutes during a 30-minute timeframe. The standard of care for inductions and higher risk patients dictates continuous fetal monitoring and while a patient has the monitor on continuously, there is not always a nurse available to look at it (think other patients, bathroom breaks, phone calls, outpatient observations, etc.). If a nurse has a question or concern in regards to the fetal assessment, the only way to get a second opinion is to have someone come in and assess the strip. This, at times, has required physicians to come in, in the middle of the night, as well as staff to be called in as a second set of eyes. Upon delivery, the fetal monitor strip goes to medical records to be stored.

Historically, when the strips are needed later (for a variety of different reasons) they are faded and no longer useful. Although RMH prides ourselves on the personalized care patients receive, being able to monitor the fetus of a laboring mother continuously from anywhere is crucial to patient SAFETY. Unexpected complications can arise at any time throughout the labor process and if a nurse does not catch it quickly, the results can be detrimental.

Central Fetal Monitoring would eliminate the worry of missing any vital fetal changes, as the system will alert staff if there are problems with the baby's heartbeat or if mom is having too many contractions. The alerts are customizable, and while we will continue to rely on nursing judgement, a backup alarm can provide a safety net. The FBP nurse manager could be a second set of eyes and view the fetal monitor from home in their off hours. Physicians can view the fetal monitor from anywhere in the hospital, from their office, home or their mobile devices. As RMH Family Birth Place looks to grow in the future with anticipation of opening a Level II NICU and adding a Board-Certified Pediatrician to the staff, Centralized Fetal Monitoring is an essential piece of the puzzle.