

Step Down Unit Survey Results

July , 2008

Number of Responses = 11	
1 Have a Stepdown	Yes =6
2 Admission / discharge criteria	Admission criteria - 3 Discharge criteria - 0
3 Surgical, Medical, Mixed	Surg and Med Units - 3 Mixed - 3
4 # of beds	4 beds 8 beds - can expand up to 35 beds 4 beds 6 beds 6 beds 14 beds (4,4,6)
5 Patient:Nurse staffing ratios	depends 1:4 to 1:1 2:1 2:1 2:1 - 3:1 2:1 to 1:1
6 Monitor modalities	Non-invasive - 4 (HR,BP,RR, O2 sats) Invasive lines also - 2 BP,CVP,ICP)
7 Central station	No - 4 , Yes-2
8 Medical care responsibility	Subspecialists or Pediatrician of Record - 4 Intensivist - 2
9 Is care improved?	No -1 Yes - 4 Don't know - 1 unit is new
10 How would you do it differently?	Challenges - staffing 3 , isolating patients - 1 Larger unit - 1 Better isolation ability - 2 Central monitor - 1 Enhance privacy - 1 More beds - 2 Determine beds needs more precisely - 1 No changes - 2

Summary:

Out of 11 responses, 6 have and one will shortly have a monitored unit.

Most units are 4 to 6 beds

Admission criteria are quite broad, usually a need for a higher level of nursing care
There is little in the way of formal admission and discharge criteria.

Most units are open in that patients are admitted and managed by the patients phy
Many respondents felt there was a benefit to patient care, in terms of staffing effici
Ideally , respondents might like a bigger area with better isolation and privacy.

Respectfully submitted,

Murray Kesselman MD, FRCPC
Associate Head, Acute Care
Department of Pediatrics and Child Health
Childrens Hospital of Winnipeg

No = 5

1 - designing a new pediatric ward that will have 6 monitored beds on a 41 bed unit

1 - admits to regular wards bed with apnea monitor

need for 1:1 to 2:1 as criteria

needs and resources

varies with acuity

None using ETCO₂

3.

/sician.

iciency and perhaps patient flow.