



CCU.6.1 There is a documented evidence of handover between physicians at change of shift.

CCU.6.2 There is a documented evidence of handover between nurses at change of shift.

CCU.6.3 There is a documented evidence of handover between the CCU nurse and the unit nurse at the time of transfer to a lower acuity of care.

Standard Intent:

The effective communication is very important part in medical treatment of all patient, and as all the cases admitting to the CCU should have continuous monitoring and adjusting of treatment protocols where no place for any mistake, the CCU should adapt handover process that implemented by the physician at the end of the shift to ensure that all patients information mentioned to the coming shift. Handover should be documented properly for any future reference in case of legal issue occurs. Similarly, the nursing staff should have documented handover within the unit and whenever patient transfer to lower acuity unit to ensure the continuity of care for the patient.

CCU.7 Patient care in coronary care unit is provided using a multidisciplinary approach.

CCU.7.1 There is a multidisciplinary team that includes both CCU as well as non CCU members (CCU physician, CCU nurse, clinical pharmacist, respiratory therapist, dietitian, social worker, physiotherapist, and the consultant of the primary service under which the patient was first admitted).

CCU.7.2 Medically necessary services are readily available and accessible at all times.

CCU.7.3 Care is provided equally to all CCU patients whether inside the unit or those in other areas of the hospital (e.g., ventilated patients in emergency department).

CCU.7.4 Care is coordinated amongst the multidisciplinary team members and documented in the patient's medical record.

Standard Intent:

The patient admitted to the coronary care unit considered some special patients with special need that required multidisciplinary team to identify the needs and work to fulfill these needs. The team should include all concerned hospital personnel and should not limit the service to the patients who required such service all over the hospital.

CCU.8 The admission and discharge processes in the coronary care unit are coordinated.

CCU.8.1 The physician in charge of the coronary care unit together with the most responsible physician jointly make the decision to admit and discharge patients from the unit.

CCU.8.2 A summary of the coronary care stay is written by the physician and made available at the time of discharge from critical care to a lower acuity level.

CCU.8.3 There is a documented evidence of handover between the coronary care physician and the unit physician at the time of transfer to a lower acuity of care.



CCU.8.4 When the patient is discharged from the unit, the coronary care unit physician ensures that the receiving team on the floor is well informed about the patient's status and ongoing patient needs.

CCU.8.4.1 The patient's plan of care and medications are written in detail by the physician including how to continue them on the floor.

CCU.8.4.2 Any special care requirements are documented in the patient's medical record.

Standard Intent:

The continuity of care is one of the most vital aspect in health care institutes and the patient who admitted to the CCU may has another problem that affects cardiovascular problem, therefore, the CCC physician with the primary MRP should jointly discussed patient condition and rational to admit or discharge the patient to CCU. The CCU physician should document all medical management activities and patient progress notes and keep it available for reference at any time to ensure that all health care team have update of the patient's condition. When the discharge from CCU decision taken a comprehensive plan of care should be prepared and endorsed to the unit that the patient will be transferred to. The CCU staff should document and endorsed all of these information to the low acuity unit that the patient is going to as there are some needs that should be monitored and fulfilled for this type of patient as part of their treatment protocol.

CCU.9 Nursing staffing plans are available in the coronary care unit.

CCU.9.1 The nursing staffing plans demonstrate an evidence based nursing to patient ratio.

CCU.9.2 The nursing staffing plans are matching the patient volume and patient acuity.

Standard Intent:

Patient population of the CCU need special treatment and should have adequate number of nursing staff available in the unit. Nursing management should have nurse: patient ratio for the CCU unit and base on this ration a comprehensive nursing staff policy should initiate and maintained all the time. Nursing management should have identified different categories of acuity that may admitted in the unit and considered it when establish staffing plan.

CCU.10 Nursing staff in the coronary care unit receive continuous training with competency assessment.

CCU.10.1 Nursing staff in the coronary care unit receive training and education on the following general and intensive care related needs:

CCU.10.1.1 Assisting physicians in the different procedures performed in the coronary care unit including securing central line access.

CCU.10.1.2 Using pulse oximetry.

CCU.10.1.3 Recognizing critical ECG changes including arrhythmias.