



Empowering Pediatric Nurses: From Medical-Surgical to Intermediate Care Excellence

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Background

As healthcare demands evolve, the need for skilled nurses to manage complex pediatric cases grows. Converting part of a 24-bed pediatric inpatient unit to Intermediate Care (IMC) required nurses to acquire additional knowledge and skills.



Objectives/Purpose

Recognizing this need, a multidisciplinary team developed a tailored educational initiative, incorporating both theoretical and practical components, to prepare the nursing staff for the transition. Four beds were designated as IMC, with current staff serving as the primary nurses for these beds

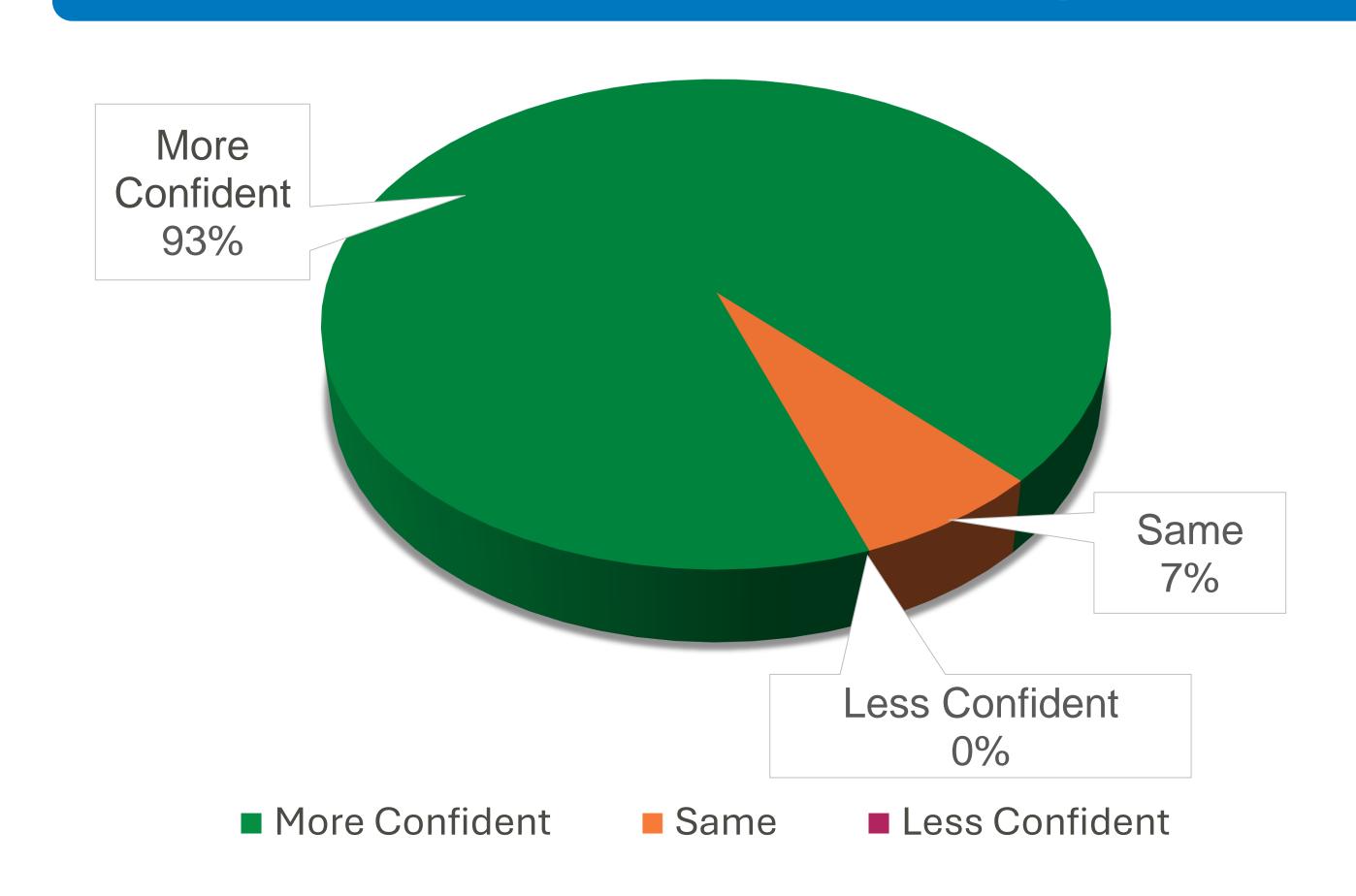
Methods

The upskilling program employed a blended learning model, including inperson training, online MyLearning modules, simulation-based practice, advanced cardiovascular and respiratory care, refined assessment techniques, and critical thinking development. The goal was to equip the nursing staff with the skills and confidence needed to care for higher acuity patients.

Outcomes

Pre- and post-program assessments measured knowledge acquisition and skills improvement, while participant feedback helped refine the curriculum. The implementation of this educational initiative resulted in significant improvements in nurses' knowledge and abilities, as evidenced by assessment scores. Nurses reported increased confidence in managing IMC patients, with enhanced critical thinking and decision-making skills due to a deeper understanding of the complexities involved. Moreover, the introduction of IMC significantly reduced the need to transfer patients to higher acuity facilities, such as those with IMC or Pediatric Intensive Care Units (PICUs).





Conclusion

The successful integration of IMC beds within the Pediatric Inpatient Unit demonstrates that a structured educational program can effectively prepare nurses for higher acuity care. Investing in nursing education not only enhances nurses' capabilities but also positively impacts patient care and outcomes, leading to reduced complications, shorter hospital stays, and fewer patient transfers. Further studies are recommended to explore the long-term effects and scalability of the program.

References

