

Inter-Departmental Staff Roles

<p style="text-align: center;">Registered Nurse</p> <p><i>* All Roles of PSW/ RPN + additional listed below*</i></p> <ul style="list-style-type: none"> - Managing Unstable Patients - Interpreting Cardiac Rhythms * - Team Leader * - Initiating Medical Directives - Demonstrating/teaching, assisting other providers to do/learn additional skills (as noted by red asterisk) 	<p style="text-align: center;">Registered Practical Nurse</p> <p><i>* All Roles of PSW + additional listed below*</i></p> <ul style="list-style-type: none"> - Documentation - Order Entry / Order Checking - Patient Assessment - Medication Administration - Managing Stable Patients - IV initiation * - Rounding with physicians - PICC Line Care * - Phlebotomy * - Processing POC testing * - Collaborate with TL regarding patient condition / possible TOC. - Complex dressings
<p style="text-align: center;">PSW/ Nursing Students</p> <ul style="list-style-type: none"> - Bathing & Hygiene - Set up & feeding meals - Responding to call bells, chair/bed alarms - Assist with transfers/ ambulation - Clean equipment - Stock supplies - Obtain vital signs * - Complete simple dry dressings * - Empty catheters - Apply treatment creams/ ointments * - Obtain MRSA swabs* - Obtain urine specimens * - Purposeful Rounding Hourly (presence, pain, position, periphery) - Document care provided - Communicate to care team concerns/ seeking clarification 	<p style="text-align: center;">*PSW/ Nursing Students may be interchangeable within the model with regulated health professional that have been redeployed*</p> <p style="text-align: center;">* Depending on available staffing pool, only 1 RN may be available in building - therefore model for floor staffing complement may have RN/ RPN used interchangeably*</p>
<p style="text-align: center;">Diagnostic Imaging Technicians</p> <ul style="list-style-type: none"> - Bathing & Hygiene - Set up & feeding meals - Responding to call bells, chair/bed alarms - Assist with transfers/ ambulation - Clean equipment - Stock supplies - Obtain vital signs * - Empty catheters - Purposeful Rounding Hourly (presence, pain, position, periphery) - Document care provided - Communicate to care team concerns/ seeking clarification - Perform Stat ECGs on floor - IV initiation * 	<p style="text-align: center;">Lab Technicians</p> <ul style="list-style-type: none"> - Bathing & Hygiene - Set up & feeding meals - Responding to call bells, chair/bed alarms - Assist with transfers/ ambulation - Clean equipment - Stock supplies - Obtain vital signs * - Empty catheters - Purposeful Rounding Hourly (presence, pain, position, periphery) - Document care provided - Communicate to care team concerns/ seeking clarification - Phlebotomy - Processing POC testing

* Tasks with red asterisk require additional training, therefore ability to complete tasks may be dependent on training of such individuals.

Team Based Model of Nursing - Implementation & Baseline Model

- Pandemic style of team based model of nursing will be utilized at SBGHC - Chesley site when patient count ranges from 15-19 inpatients.
- For the purpose of planning it will be assumed that we are at our maximum number of in-patients [19]. Based on past statistics, it has been determined that on average there are seven [7] patients which are categorized as awaiting long-term care (ALC). As such patient count for acute versus ALC will be a ratio of 12:7.
- The exact title of regulated (RN/RPN) and unregulated (students/PSWs) or additional hospital staff redeployed (ie. diagnostic imaging tech or laboratory tech) will vary throughout pandemic nursing, therefore this model is to be used as a baseline will modifications needed based on presenting staffing available and competencies.
- Considerations to shift lengths must be inputted into patient assignment / responsibilities (ie. RPN's working 8hrs versus 12hrs).
- Assignment will be completed by out-going In-Charge person; expectation that it will be reviewed for additional staff input related to patient acuity and demands.
 - The Three Factor Framework is a key tool that can be utilized in formation of assignment

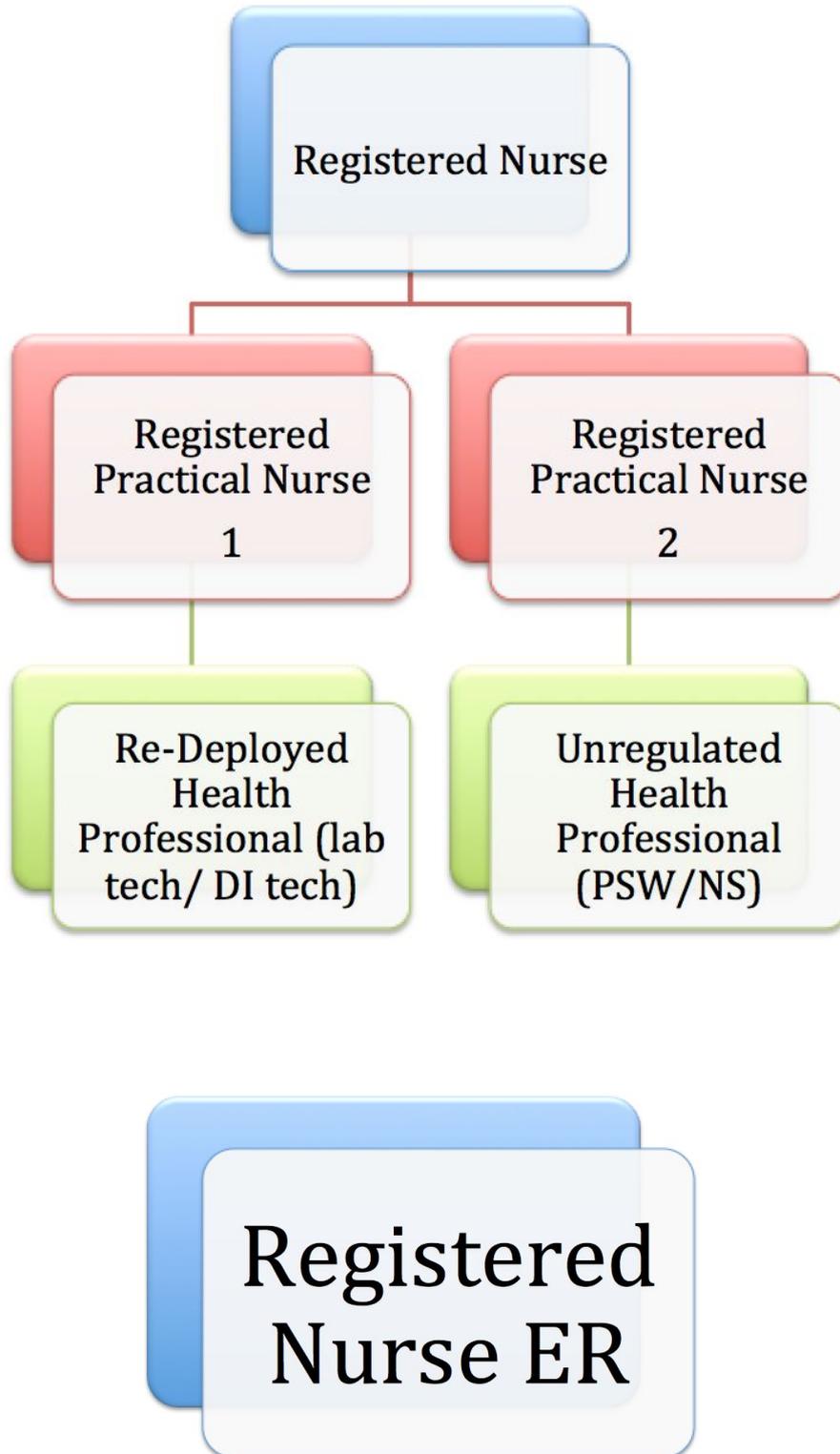
Environment	Nurse	Client
Interprofessional team available for oncoming shift	Nursing skill mix on oncoming shift	Collaborate with team members to identify any patient whose status is changing or whose care has been transferred throughout the shift
Availability of resources to support practice	Novice vs. Experienced in clinical area	Predictability
Familiarity of staff with clinical area	RN vs. RPN designation	Complexity
Patient census	Team structure	Risk of negative outcomes

- An initial meeting with staff assigned to shift will need to occur at the beginning of such shift, to ensure all patient care needs can be met, based on staffing complement; adjustments to assignments will need to be evaluated on a case by case situation in collaboration with team members available & manager if needed
- 2 Huddles will occur throughout the shift, in which staff will be able to quickly and efficiently identify care needs and issues arising with the current staffing model.

Day Team Nursing Model (Example 1)

Layout

Patient Count - 19 [12 acute: 7 ALC]



Day Team Nursing Model (Example 1)

Roles / Responsibilities

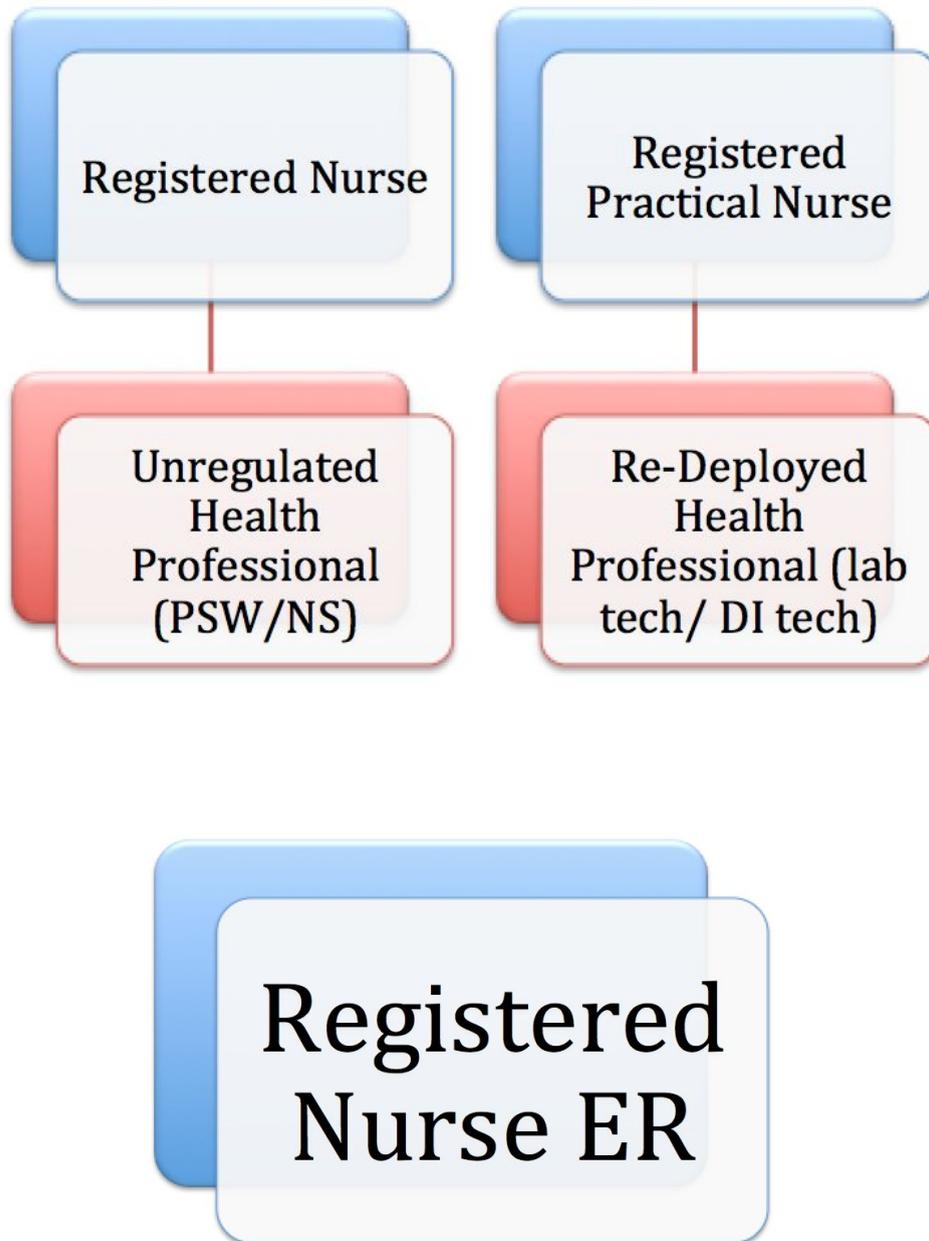
Patient Count - 19 [12 acute: 7 ALC]



Day Team Nursing Model (Example 2)

Layout

Patient Count - 19 [12 acute: 7 ALC]



Day Team Nursing Model (Example 2)

Roles / Responsibilities

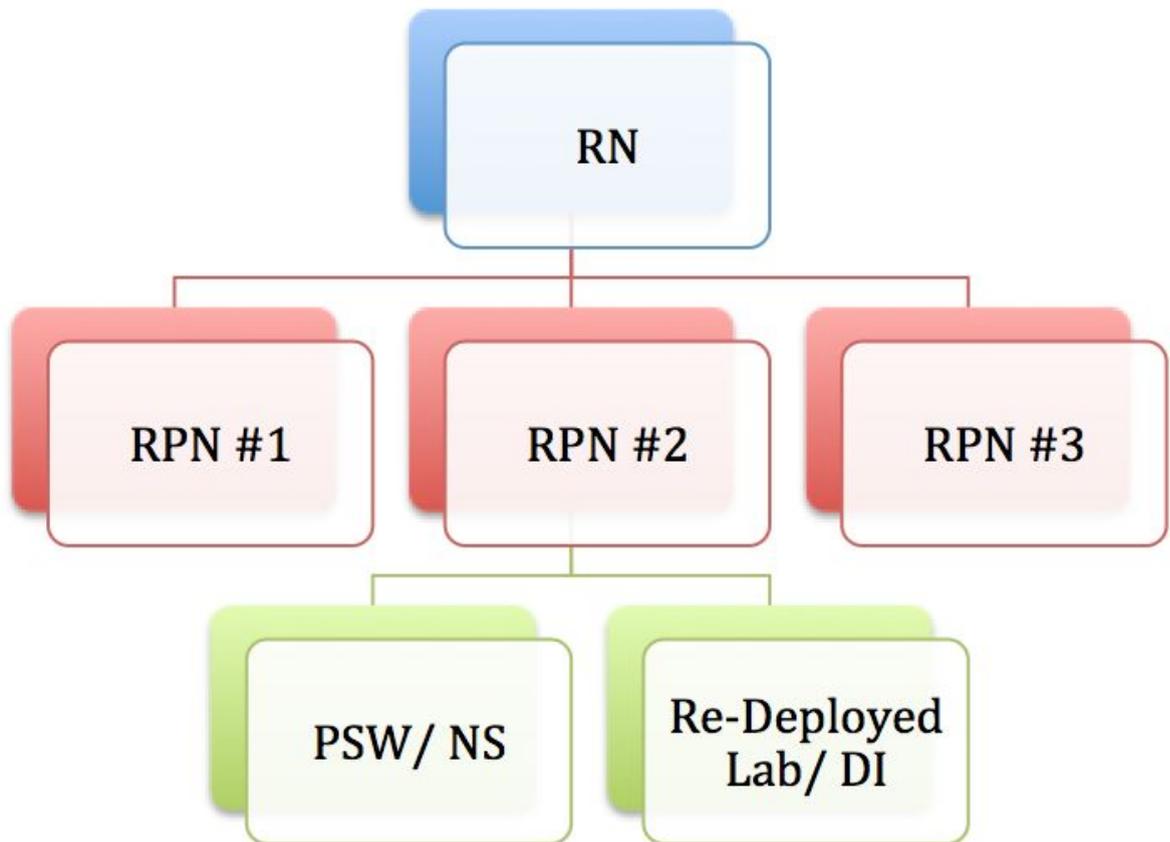
Patient Count - 19 [12 acute: 7 ALC]



Day Team Nursing Model (Example 3)

Layout

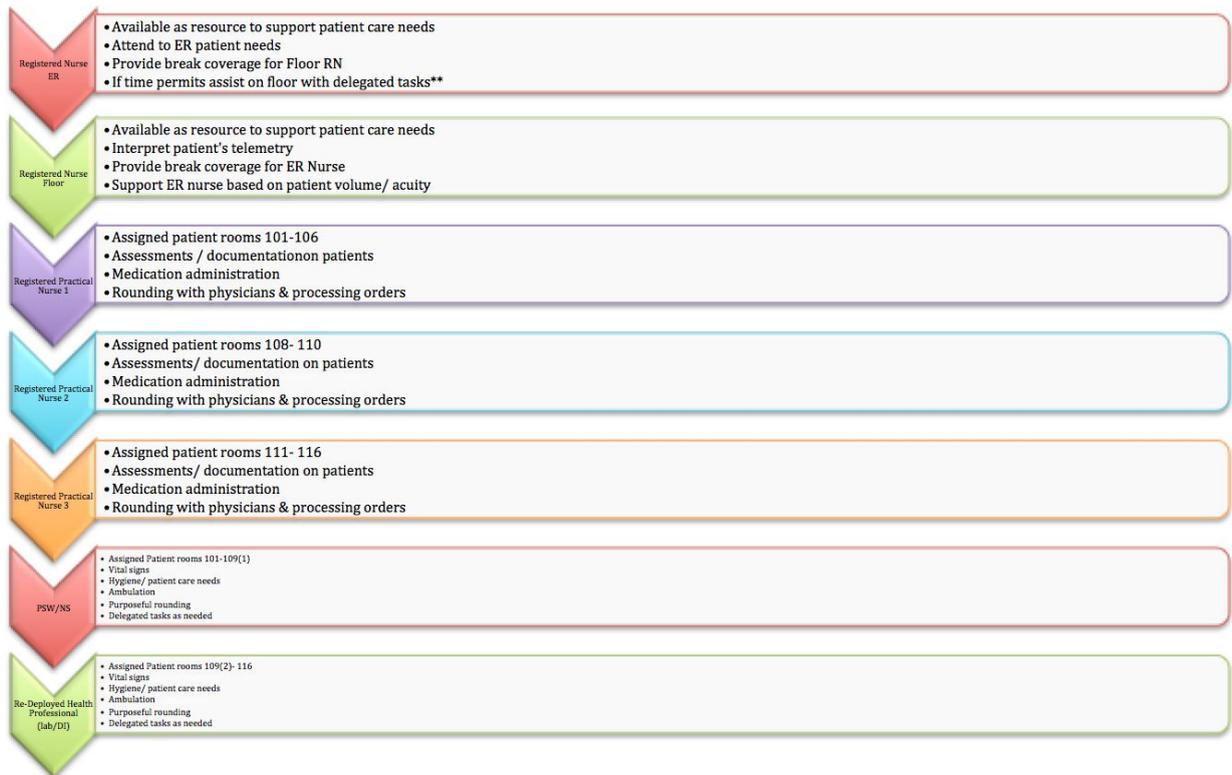
Patient Count - 19 [12 acute: 7 ALC]



Day Team Nursing Model (Example 3)

Roles / Responsibilities

Patient Count - 19 [12 acute: 7 ALC]



* Breaks not assigned, 2 staff to attend breaks at a time, ensuring a variation of staffing available to meet patient care needs.

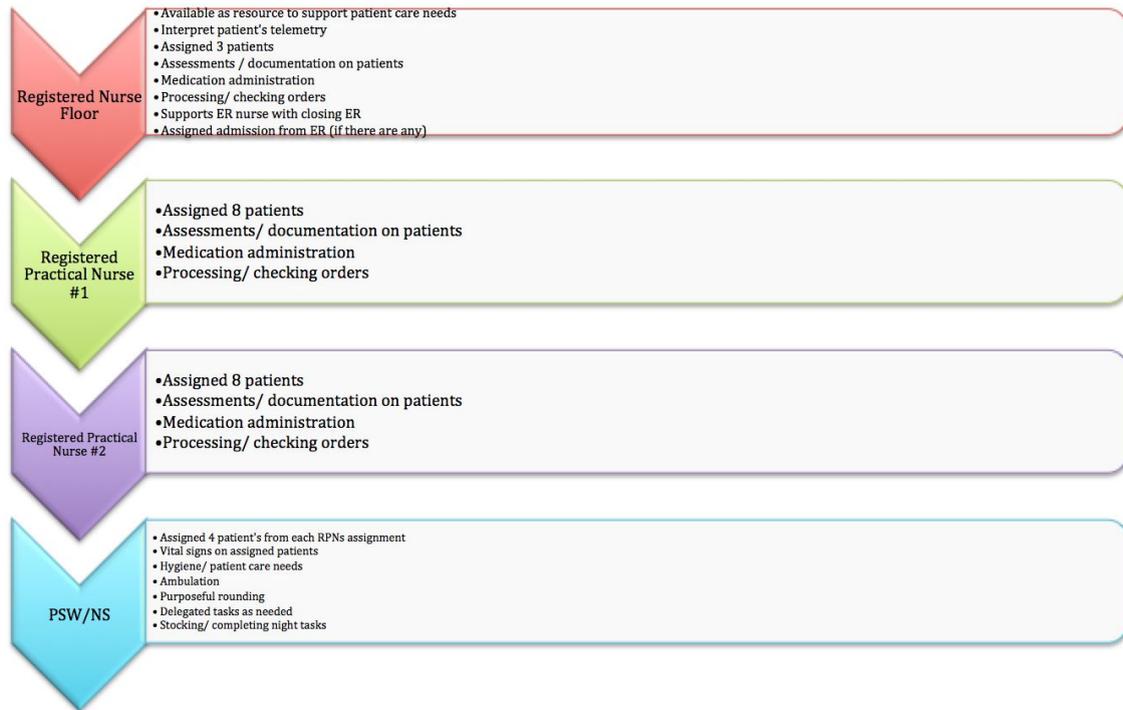
Night Team Nursing Model (Example 1)
Layout

Patient Count - 19 [12 acute: 7 ALC]



Night Team Nursing Model (Example 1) Roles / Responsibilities

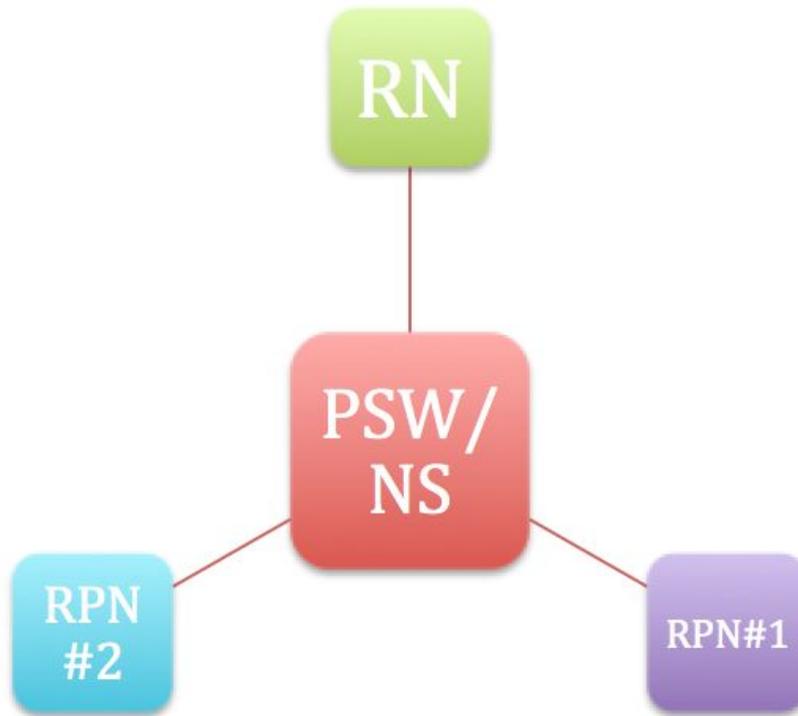
Patient Count - 19 [12 acute: 7 ALC]



* Expectation that 1 patient from each assignment is washed for oncoming day shift staff.

Night Team Nursing Model (Example 2)
Layout

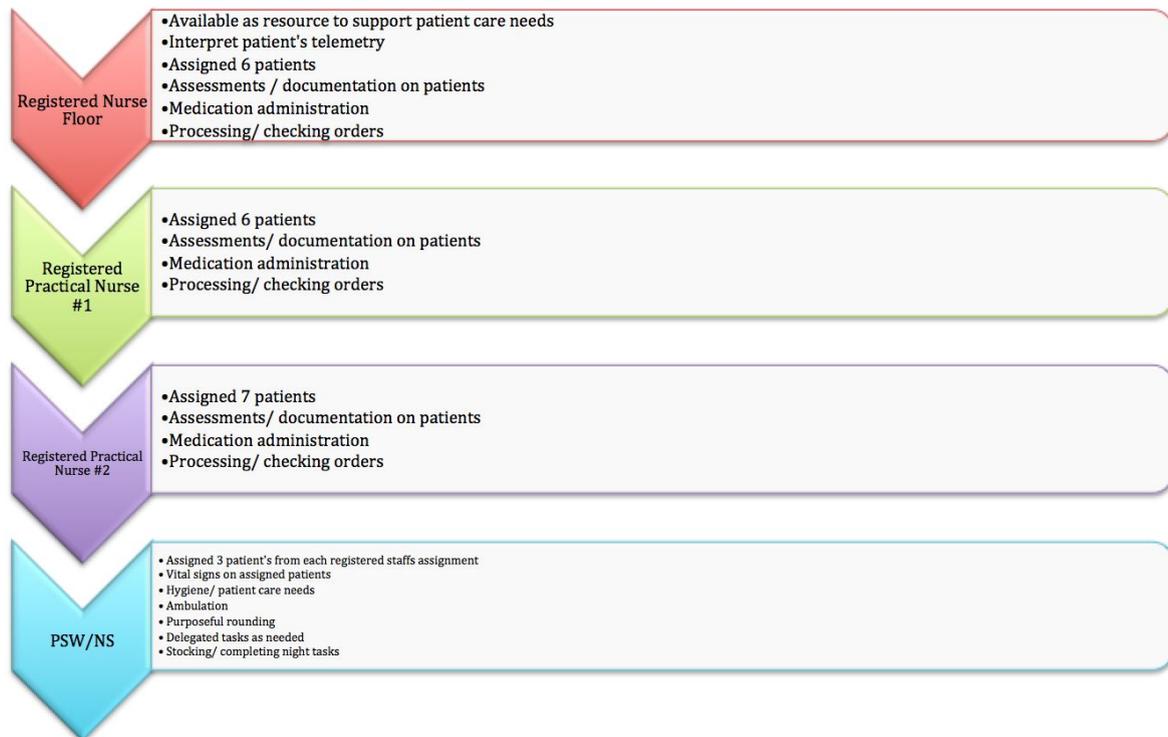
Patient Count - 19 [12 acute: 7 ALC]



Night Team Nursing Model (Example 2)

Roles / Responsibilities

Patient Count - 19 [12 acute: 7 ALC]



* Expectation that 1 patient from each assignment is washed for oncoming day shift staff.

Communication Expectations

Below describes a set of standard questions that will be asked at each huddle. The use of such tool is to ensure that promptly and efficiently staff are able to identify areas to support staff and patient care needs.

Initial Safety Huddle

- Do you perceive any issues with your assigned tasks?
- Are there any areas of your assignment that you require support completing? (Ex. dressings, telemetry, PICC line care ect.)
- Any expected discharges or admissions?

10:00 Huddle (Time of huddle can be adjusted based on patient care needs)

- Any identified issues of concern?
- Any issues meeting patient care needs?
 - If so, can any of your assigned tasks be delegated to team members?
- Ensuring staff attend break/ lunch?
- Any expected discharges or admissions?
 - If so assigning admission to team member.

14:00 Huddle (Time of huddle can be adjusted based on patient care needs)

- Any identified issues of concern?
- Any issues meeting patient care needs?
 - If so, can any of your assigned tasks be delegated to team members?
- Ensuring staff attend break/ supper?
- Any expected discharges or admissions?
 - If so assigning admission to team member.

Example Outline of Day for Unregulated Health Care Provider

Day Shift

Time	Duty to Perform
07:00 - 07:15	Listen to report. * If call bells ring, please respond to allow registered staff to continue to listen to report
07:15 - 07:20	Attend initial safety huddle. Address any concerns you have regarding your assignment.
07:20 - 08:00	Complete vitals and position patients for breakfast.
08:00 - 08:30	Assist with feeding patients breakfast.
08:30 - 09:30	Assist with washing and bathing of patients. Including changing bed linens.
09:30 - 10:00	Break #1
10:00 - 11:30	Attend Huddle #1 Continue with patient's care needs/ hygiene. Complete any assigned dressings/
11:30 - 12:00	Position and prepare patients for lunch.
12:00 - 12:30	Assist with feeding patients lunch.
12:30 - 13:00	Lunch Break
13:00 - 14:00	Complete round on patients, changing any incontinent patients.
14:00 - 15:00	Attending Huddle #2 Complete charting.
15:00 - 15:15	Break
15:15 - 16:30	Stock supplies, complete charting, complete any remaining tasks
16:30 - 17:00	Position and prepare patients for supper.
17:00 - 17:30	Assist with feeding patients supper.
17:30 - 18:00	Supper Break
18:00 - 18:30	Change patients into night attire if time allows. Complete round on patients, changing any incontinent patients.
18:30 - 19:00	Finish charting. Distribute fresh water.

Night Shift

Time	Duty to Perform
19:00 - 19:15	Listen to report. * If call bells ring, please respond to allow registered staff to continue to listen to report
19:15 - 19:20	Attend initial safety huddle. Address any concerns you have regarding your assignment.
19:20 - 20:00	Complete vitals and position patients for HS snack
20:00 - 20:15	Distribute HS snacks to patients.
20:30 - 22:00	Assist with changing residents into HS clothing. Assisting with oral care and peri-care.
22:00 - 22:30	Break #1
22:30 - 0:100	Stocking supplies, answering call bells, completing charting, completing night tasks
01:00 - 01:30	Complete round on patients, changing any incontinent patients.
01:30 - 02:00	Break
02:00 - 04:00	Complete round on patients, changing any incontinent patients.
04:00 - 04:30	Break
04:30 - 06:30	Complete round on patients, changing any incontinent patients. Stocking supplies, answering call bells, completing charting, completing night tasks. Assisting with washing patients for day staff.
06:30 - 07:00	Finish charting. Distribute fresh water.

Registered Staff Minimum Charting Expectations

Diagnosis	Minimum Expected Charting
RCU	Integumentary Pain ADL - qshift ? Weekly head-to-toe (including vitals) [qThursday]
ALC	ADL - qshift ALC daily assessment
Pneumonia	Cardiac Respiratory Integumentary ADL - qshift
? General Symptoms	Cardiac Respiratory Pain ADL -qshift
CHF	Cardiac Respiratory Integumentary ADL -qshift Intake & Output
Palliative Care	PPS - daily Integumentary Pain - qshift ADL - qshift
GI Bleed	Gastrointestinal Genitourinary Cardiac ADL - qshift Intake & Output
Sepsis	Entire ongoing adult assessment Intake & Output ADL - qshift * When condition stabilizes, assessment can be focused on the source of infection. (Ex. UTI = GU, pneumonia = cardiac/ respiratory)
COPD	Cardiac Respiratory Integumentary ADL - qshift
Renal Failure	Entire ongoing adult assessment

	Intake & Output ADL - qshift
UTI	Neurological Genitourinary Integumentary ADL - qshift.
NSTEMI	Entire ongoing adult assessment *Once stabilized and chest pain free can be changed to cardiac, respiratory & pain. Intake & Output ADL - qshift
NSTEMI - Awaiting PCI	Entire ongoing adult assessment Intake & Output ADL - qshift
PE	Cardiac Respiratory Integumentary ADL - qshift
Arrhythmia (AFib)	Cardiac Respiratory Integumentary ADL - qshift
Enteritis	Gastrointestinal Genitourinary Cardiac ADL - qshift Intake & Output
Hyper/Hypo Glycemia <small>? Sign of Digestive System</small>	Entire ongoing adult assessment Intake & Output ADL - qshift
Substance Abuse	Neurological (maybe more frequently depending on protocol CIWA vs. COWS) ADL-qshift
Developmental Disorder	Neurological Assessment Pain ADL - qshift
Stroke	Entire ongoing adult assessment Intake & Output ADL- qshift
Other Dysfunction of CNS ? Decreased LOC	Entire ongoing adult assessment Intake & Output

	ADL- qshift
Bowel Obstruction	Gastrointestinal Genitourinary Pain ADL - qshift Intake & Output
Lymphoma	Entire ongoing adult assessment ADL- qshift
Dementia	Neurological Integumentary Pain ADL - qshift
Mental Health Disorder	Neurological ADL - qshift * A progress note can be written to describe the patient's willingness to engage in conversation, participation in ADL's, safety concerns, suicidal/ homicidal ideation and any encountered behaviours ect.

The above list is the 25 most common diagnosis admitted within our hospital, it is not an inclusive list of admission diagnoses.

It is imperative to use critical thinking and apply it to your patient's presenting situation. If your patient's condition changes or remains unstable, it may require you to complete an entire ongoing assessment, to determine their stability, and enable you to properly advocate for the care your patient requires.

It is important to note that although your patient's diagnosis may be stroke, they may be admitted under the RCU program and therefore their assessment can be adjusted likewise.

What Should an Unregulated Staff Member Report

- Change in patient condition, (level of alertness, breathing, areas of increased swelling, new bleeding noted)
- New or changed areas of skin integrity.
- The inability to safely perform a task.
- Pain that requires treatment with analgesic.
- Safety concerns regarding patient's environment or ability to mobilize.

Ideas for Pandemic Nursing Order Set

- Telemetry q12h and prn with change in patient condition or change in rhythm; if change in rhythm noted perform ECG.
- Vital signs q12h and PRN.

Ideas for Physician Rounding

ALC	Acute
<ul style="list-style-type: none">- 1 physician assigned all ALC patients.- Once weekly rounding on ALC patients (ex. Wednesdays)- All acute concerns addressed by the ER physician on call.	<ul style="list-style-type: none">- Continue to be admitted to FD, each physician rounding on all patients daily.- 1 hospitalist for the entire week, MRP rotates weekly.- Any after hours acute needs [outside 9-5] are addressed by the ER physician on call.

Tasks to Address at Future Meetings

- How do we support staff with implementing this model?
- What additional communication strategies can we use?
- When will we trial implementation?
- Are there any components of this model we want to incorporate into our patient centred model we currently use?