

## **SJH Respiratory Institute and Oncology**

### Patient Population & Nursing Scope of Service

Nursing care is provided for Respiratory Institute and Oncology patients.

- Total Beds: 34
- Top 5 DRGs
  - 178 - Respiratory Infections & Inflammation W CC
  - 871 - Septicemia or Severe Sepsis W/O MV>96 hours W MCC
  - 189 - Pulmonary Edema & Respiratory Failure
  - 872 - Septicemia or Severe Sepsis w/o MV>96 hours w/o MCC
  - 177 - Respiratory Infections & Inflammations W MCC

### Services Not Provided

- Please review IV limitations policy, no titration of vasoactive drugs
- Patients requiring Intermediate or Intensive Care as level of care
- Ventilator support
- No heated high-flow oxygen
- Patients with acute cardiac conditions including new onset arrhythmia, CHF exacerbation, or new stroke (or requiring NIH assessments)
- No non-invasive ventilation (NIV) for acute hypoventilation or hypoxemia (patients with diagnosed sleep apnea that are treated with home NIV may be admitted and supported on the unit)
- Patients requiring management of fresh tracheostomy
- No COVID positive patients on the floor (for safety of neutropenic and cystic fibrosis patients)

### Leadership of Unit

- Director
- Unit Manager
- SSC
- Charge Nurses
- Unit Educators

### Professional Standards

- Qualifications and Competencies
  - SSC or Charge Nurse: BLS
  - RN: BLS
  - CNA/PCT: BLS
  - ONS certification and unit competency required for administration of chemotherapy
- Nurse Practice Organization (optional but encouraged):
  - Med surg : ANCC and Academy of Med Surg Nursing
  - Oncology Nursing Certification (OCN) and Oncology Nursing
- Accreditations
  - CF Foundation accreditation (every 5 years)
  - Oncology Accreditation by Commission of Cancer and Breast Cancer Accreditation

### Competency of Caregivers

All nursing staff are oriented and trained upon hire to the unit to demonstrate competency in direct care of the aggregate patient population served. This ensures the skill mix of the nursing staff is consistent among all associates.

- This is documented in the individual nursing staff member's orientation packet and kept on file.
- Each nursing staff member also receives skills training and review via education provided through the learning management system and skills fairs.
- Float pool caregivers are competencies by.....
- Non-cuffed, Tunneled PICC line removal
- Chemotherapy
- Oncology Specific Competencies and skills
- CF specific competencies and skills
- Antibiotic Desensitization
- Chemotherapy Hypersensitivity Reactions Management
- Chest Tubes
- CVAD: accessing and de accessing implanted ports
- IV Piggyback initial assembly and maintenance **without** use of clamp
- Trach management (with the exception of fresh trachs)
- Continuous bladder irrigation
- Epidurals

### Unit Staffing Personnel

Our unit staffing plan uses the following licensed personnel to deliver patient care:

- Registered nurses
- Certified Nurse Assistants/Patient Care Techs
- Resource Nurse

### Shift by Shift Staffing

- At least one (1) registered nurse and one (1) auxiliary personnel shall be on duty at all times in each open inpatient unit and in the emergency department. Additional staffing needs shall be determined by the hospital's master nurse staffing plan
- One registered nurse, qualified by education, training, competency and experience, will be designated as in charge of the unit at all times.
- Nurse-to-patient assignments will vary throughout a patient's length of stay based on a combination of prescribed tasks including education, nursing interventions, demographics, competence, safety measures, coordination of care, and psychosocial needs. Patient assignments will align with the nationally recognized professional organization for the area of specialty as applicable. Staffing assignments for patient care will be developed based on the scope of care needed, the frequency of interventions, the volume of admissions and discharges, and the determination of the skill mix of the nursing staff who can provide the most appropriate safe care. Adjustments to the nurse-to-patient assignment will be constantly evaluated and reevaluated based on the information and priority of the patient, competency of the staff, and resources available. All areas have established minimum levels of staffing to be used in catastrophic or unusual circumstances.
- These staffing plans are reassessed annually and/or more frequent if necessary or if any changes are made.

- During surge situations staffing is adjusted to meet patient demand through the use of innovative care models.
- The Charge Nurse uses a staffing plan/matrix to establish staffing for the shift. Factors considered include (but not limited to)
  - Resource nurse availability (0900 – 2130 Monday – Friday)
  - Acuity of patients on unit
  - Skill mix
  - Frequent VS or CBI (continuous bladder irrigation)
  - Behavioral needs
  - SEWS or other protocols requiring frequent VS, assessments or O2 needs, etc.
  - Certain chemotherapies require lower nurse:patient ratios to enable safe administration and monitoring of the patient. Charge RNs have a document available to them of suggested ratios for each regimen.
  - Cystic Fibrosis patient assignments should be kept at 4:1 ratio as required by the CF foundation due to multiple medications, multiple isolations and other specific cares.

The formal process for managing patient flow includes (but is not limited to):

- Overall acuity and workload of the floor with respect to patient turnover (Admission, Discharges and Transfers)
- Charge Nurse/Bedside Nurse/Leadership assessment of ability to safely manage current patient assignment and assume an admission.
- If the acuity of the unit is determined to be high, or admissions are pending, the charge nurse can:
  - Use resource nurse to bridge admissions or assume full patient care for appropriate number of patients, based on charge nurse assessment/judgment
  - Assess ability for Charge Nurse to take patient(s) assignment
  - Bring in extra staff or limit the amount of patients to be admitted until the acuity or volume decreases by coordinating with the Hospital Supervisor and Bed Planning.
  - Request to use nursing staff from other units who are cross trained and or otherwise qualified when an additional nurse is needed in the department and no other unit nurses are available.

The RN uses the following chain of command for any concerns or issues related to staffing:

- Charge Nurse
- House Supervisors
- Unit Nurse Manager or Supervisor
- Director
- Administrator On Call
- Chief Nursing Officer
- Regional Chief Nursing Officer

### Outcomes and Quality

The unit staffing plan's effectiveness will be evaluated using the following measurements as applicable: patient experience, staffing metrics, and nursing sensitive indicators.



Reviewed and approved by unit manager on:

Reviewed and/or made available to staff on: (via staff meetings, email, huddles)