
* ADDENDUM *

HACKETTSTOWN COMMUNITY HOSPITAL

Division of Nursing

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TITLE: **DELIVERY OF CARE METHODOLOGY FOR 3-NORTH**

I. DESCRIPTION

- A. The method of delivering patient care on 3-North can be described as modified primary nursing designed to achieve the following patient outcomes:
1. Standard care plans, which are personalized, are used as the continuity factor in the modified team nursing model delivery system.
 2. Each patient has an up-to-date, personalized care plan, which is correlated with the medical plan of care and includes:
 - a. An admission assessment made by a registered nurse and appropriate action taken based on that assessment.
 - b. A discharge plan started on admission.
 - c. Patient education documented in the medical record on a timely basis.
 3. The patient care plan is retrievable, and the effectiveness of nursing care is documented in the patient care flow record. (On patients being cardiac monitored, RN/LPN will document the monitor tech's interpretation of the cardiac rhythm every 4 hours and/or rhythm change.)
 4. Physicians are provided with ongoing nursing assessment data, verbally and in writing, to evaluate the medical plan of care.
 5. Registered nurses/vocational clinicians work within their job performance standards.
 6. Nursing staff will collaborate with the patient's significant other, physician, and other allied health care professionals as appropriate. (On orthopedic patients that require rehabilitation collaboration will include social service, physical therapy and occupational therapy if appropriate).
- B. RN's serve as coordinators of patient care for a group of patients. They are responsible to give direction as well as clinical support to LPN's and or N/A assigned to their respective teams. In addition, they perform therapy work as assigned. This may include medication administration, venipuncture, and complex dressing changes.

C. Specific work of team members are as follows:

UNIT COORDINATOR/RESOURCE NURSE

1. Makes out shift assignments.
2. Assists Admitting or Administrative Coordinator with bed assignments.
3. Assigns narcotic count.
4. Assigns check of emergency equipment.
5. Assigns check of IV trays.
6. Troubleshoots critical situations.
7. Refers MD's and ancillary services who require assistance to the appropriate RN.
8. Takes an assignment as needed.

PATIENT CARE COORDINATOR

1. Communicates with patients, families, and other members of health team to assure appropriate care planning.
2. Serves as a liaison between Unit Coordinator, staff and Continued Care Coordinator to discuss patient care needs.
3. Assists Unit Coordinator in obtaining admission and discharge orders as necessary.
4. Functions as resource for inexperienced per diem/float nurses.
5. Attends twice weekly discharge planning conferences with Continued Care Coordinator and primary nurse.
6. Assists as necessary with obtaining and reviewing discharge instructions.
7. Monitors for completeness of pneumonia and flu vaccine sheets.
8. Takes an assignment as needed.

LPN

1. Performs patient care as assigned by the Unit Coordinator/Resource Nurse.
2. Assigns check of emergency equipment.
3. Assigns check of IV trays.
4. Administers medications for patients as assigned.
5. Completes Section I and II of Data Base.
6. Participates in updating the patient plan of care.
7. Discusses patient problems with Unit Coordinator/Resource Nurse.
8. Initiates Admission Database

NURSING ASSISTANT

1. Delivers patient care as assigned by Unit Coordinator/Resource Nurse.
2. Communicates the patient's response to care or change in condition to the Unit Coordinator/Resource Nurse.
3. Assists with patient admissions, transfers and discharges.
4. Performs tasks for her team such as TPR's, weights.
5. Assists with hygiene and ADL's of patients as assigned.

II. ASSIGNMENTS

- A. Assignments are made by Unit Coordinator/Resource Nurse before shift report.
- B. Unit Coordinator/Resource Nurse assigns duties of team members as appropriate
- C. The central assignment sheet is posted at the nurses' desk as a resource for doctors, secretaries, and support service personnel.

- D. Nurses will be assigned to patients on the basis of:
- patients needs,
 - competency of staff
 - availability of staff,
 - staff learning needs,
 - continuity of patient care,
 - care planning assignments,- physical layout of the unit,
 - infection control measures.
- E. Assignments may be changed during or after report if necessary by the Unit Coordinator/Resource Nurse.
- F. The care of all patients will be planned, directed and evaluated by an RN, even though the care itself may be given by an LPN or N/A.
- G. An RN will also be assigned to patients cared for by private duty or student nurses.
- III. A. Reports will be verbal or taped approximately one hour before end of each shift. Data will be structured around change of shift protocol.
- B. Walking rounds, as needed, will be made by team members to verify their patients' conditions and the status of IV's, drains, restraints and other equipment.
- C. Oncoming nurses review kardexes and charts to complete assignment sheets.

EXHIBIT I

