

Hackettstown Regional Medical Center
UNIT/DEPARTMENT LEVEL STRUCTURE AND PLAN OF CARE
Department of Nursing – 2015

Name of Patient Care Service or Unit: Joan Knechel Infusion Center

Chief Nursing Officer: Mary Ann Anderson MSN, RN, NEA-BC

**Approved by: Nancy Peer, RN, CMS
Clinical Coordinator**

**Mary Ann Anderson, MSN, RN, NEA-BC
Chief Nursing Officer**

I. PURPOSE

A. AUTHORITY AND RESPONSIBILITY (EXAMPLE)

The Infusion Center Coordinator in collaboration with the Director of Nursing is accountable for the administration of operations, staff development, finance, and performance improvement activity of the unit. The Infusion Center Coordinator provides leadership to **RN's, LPN's** by utilizing avenues of open communication. She will support efforts, to continually improve the quality of the nursing care delivery system. RN's are expected to demonstrate authority, responsibility and accountability for their individual nursing practice in addition to utilizing educational opportunity for professional growth.

B. GOAL, VISION, MISSION, KEY VALUES

The Joan Knechel Infusion Center will provide specialized nursing care that is compassionate and professional. Collaboratively we will work to develop a nursing plan of care which exceeds patient expectations and respects patient individuality. **It is our goal to provide you with the highest quality care in a stress-free environment.**

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

The Joan Knechel Infusion Center provides care to chemotherapy and infusion **adult** patients on an outpatient basis. ~~Nurses provide continuous care to adult patients.~~ Services are provided 8 hours a day, five days a week **in the Infusion Center** and 4 hours on Saturday, Sunday and holidays in the Infusion Room on 3 South. The Infusion Center is a 7 station outpatient suite with 6 chair bays and one quiet room. Any of these areas can be set up for contact precautions except for c. diff infections.

The Infusion suite is not designed for patients requiring medical management, cardiac monitoring, airborne, droplet or c. diff precautions.

The Infusion suite is not designated for patients requiring titrated meds such as anti-hypertensives, inotropic agents or anti-arrhythmics.

The Infusion suite is not designed for the care of the acutely ill OB patient, but may admit the pregnant patient for treatment of overlying or underlying medical problems such as anemia or Rhogam administration.

B. TYPES AND AGES OF PATIENTS SERVED

Adult patients admitted to the Infusion Center include those with diagnoses of cancer, anemia, thrombocytopenia, rheumatoid arthritis, multiple sclerosis, osteoporosis, osteomyelitis, and RH neg blood. Common therapies include chemotherapy, blood/platelet transfusions, IVIG, long-term antibiotics, Rhogam, Procrit, Aranesp and Solu-medrol, IV hydration.

C. THE METHODS USED TO ASSESS AND MEET PATIENTS' NEEDS

On admission to the Infusion Center, an Ambulatory Comprehensive Assessment and Ambulatory Care Summary List will be completed by patient and RN. The Ambulatory Care List will be updated on each return visit. Discharge instructions will be given after each visit. Daily infusion patients will receive discharge instructions weekly.

III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

Standards of nursing care are established for the patient by the Standards of Medical Surgical Nursing Practice. Unit standards of practice are established by the State of New Jersey for Outpatient Facilities and Oncology Nursing Society.

IV. THE APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT SERVICES

A. KEY INTERDEPARTMENTAL RELATIONSHIPS

The Coordinator of the Infusion Center is responsible for the development of ancillary department relationships to assure the effective and efficient accomplishment of mutual goals or in the resolution of identified problems. Emphasis on multidisciplinary relationships is demonstrated by staff communication with physician's offices, transport companies, pharmacy, insurance billing and verifications and admitting. Nursing and Pharmacy work together to timely and accurately provide for patient care needs. The Cancer Center Social Worker and Pastoral Care provide counseling and support patients, family and staff.

B. HOURS OF OPERATION

The Infusion Center is open 8am-4:30pm Monday through Friday. During off hours of operation and on weekends and holidays, infusions are given in the outpatient infusion room located on the Medical Surgical 3South unit. Weekend hours are 10am-2pm.

C. MEDICAL STAFF – COMMUNICATION

The hospital's administration approves departmental documents defining goals, scope of services, policies and procedures. Any currently licensed physician may admit adults to the Infusion Center. It is the responsibility of the RN to keep the physician informed of patient response to the infusion therapy.

V. THE EXTENT TO WHICH THE LEVEL OF CARE OR SERVICE MEETS PATIENTS' CARE NEEDS

A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS

The major focus of care is on adults with a stable non-acute medical conditions requiring short term, therapeutic intravenous medications, hydration, transfusion, or injection. All patient information is kept confidential and is protected by the hospital's Patient Bill of Rights. Nursing care is provided by competent and professional nursing staff.

B. PERFORMANCE IMPROVEMENT PLAN

All patient care areas participate in reporting nursing quality improvement activities quarterly. This data is aggregated by the Director of Professional Development and Innovative Practice into a house-wide nursing quality improvement summary report and distributed quarterly to the Hospital Performance Improvement Committee and Nursing Management.

The Performance Improvement Process methodology used is an adaptation of the Plan, Do, Check, Act Improvement cycle and Lean methodology. Lean methodology and tools are used at HRMC and are part of the Nursing Quality Assessment and Performance Improvement Program. Lean empowers staff to address issues discovered in their work areas.

C. QUALITY MEASURES CRITERIA FOR PROCESS AND OUTCOME IMPROVEMENT:

- a. High Risk
- b. High Volume
- c. Problem Prone
- d. Cost Impact

D. DEPARTMENT SPECIFIC QUALITY IMPROVEMENT ACTIVITIES

The indicators outlined below are routinely monitored.

- Patient falls – assessed at each visit in **Ongoing Assessment I-view** of Cerner.
- Hand hygiene compliance – monitored weekly and documented.
- Infection control: central lines/peripheral IV access – monitored at each visit – insertion site assessed for signs and symptoms of infection/infiltration/extravasation and documented in **Ongoing Assessment I-view** of Cerner.
- **Lab turn around times**

E. PATIENT SATISFACTION

A patient satisfaction survey that is returned to HRMC by mail is given to Infusion Center patients at discharge to gain insight into patient/customer expectations of care received. Information from these surveys may be incorporated into process improvement

F. ANNUAL PLAN EVALUATION

The department specific Quality Improvement activities are evaluated at least annually for:

1. Effective implementation of quality and quality improvement activities

2. Monitoring of problem resolutions
3. Collaboration in performance activities
4. Establishment of priority processes for review

VI. AVAILABILITY OF NECESSARY STAFF

A. STAFF GUIDELINES

1. Skill Level of Personnel Involved in Patient Care

All nursing care is provided by registered nurses licensed in the State of New Jersey. RN's on this unit receive specialized training in the care of chemotherapy and biotherapy patients. RN's who have completed the Chemotherapy/Biotherapy Course or are Oncology Nursing Society certified will administer chemotherapy.

2. Staff Development

Staff will maintain clinical competence by attending continuing education program self development opportunities and completion of the annual mandatory requirements. Chemotherapy validated RN's must demonstrate competency by renewing chemotherapy and biotherapy certification every two years.

3. Staff Evaluation

Initial 90 day, annual, and as needed.

B. STAFFING PLAN

Staffing in the Infusion Center consists of 2 full-time RN's and 1 part-time RN. Two RN's are scheduled Monday through Friday to provide care to infusion center patients. At least one RN is certified to administer chemotherapy. Daily census in infusion center varies – average number of patients in an 8 hr day is 8. One RN is scheduled on weekends and holidays and infusions are given on 3South in room designated for infusion. No chemotherapy patients are scheduled on weekends or holidays. The average number of patients on weekends and holidays is 4. The RN's working on the med-surg floor are available to assist if patient condition changes. As required by the State of New Jersey, 2 RN's or 1RN and 1LPN are present if patients are being treated.

C. STAFF - COMMUNICATION

Staff meetings will be regularly scheduled to meet the needs of the department. Important memos and communications will be posted at nurse's station and/or sent via e-mail. Each staff member is responsible to use all these tools to keep informed about all pertinent information.

D. SHARED GOVERNANCE

Nursing staff members are representatives on the Interdisciplinary Shared Governance Councils. Council members obtain information from their co-workers prior to Shared Governance Meetings. Minutes from the Councils are then brought back to nursing staff. This way all nursing staff members have the availability of information presented at the Councils.