Surge Staffing Plan – Team Roles & Responsibilities

This is a **team nursing model** which includes a mix of nursing staff from Primary Care RN, RN assist, unlicensed personnel (Patient Care Assistant, Medical Assistant, Surgical Tech, etc.). This model is to be used during the disaster triggered by either patient or staff needs. This model outlines the framework for nursing care delivery; shall be used as a timed-limited "crisis care delivery" model.

No crisis changes the professional standards of practice, Code of Ethics, accountability for clinical competence or values of the registered nurse. However, the specific balance of professional standards and crisis standards of care will be based on the reality of the specific situation, such as the presence or absence of necessary equipment, medications or colleagues (ANA, 2020).

Contents of this, and all crisis related documents, are to be used as general guidelines and do not replace critical thinking.

Overall Assumptions:

I. Nursing personnel will be asked to "level up" and serve as an RN Assist or ancillary staff in another care environment

II. Patient assignment for the Primary RN is based on the skillset of the nurse and the acuity/plan of care for the patient, as determined by organizational and unit leadership

III. The Primary RN of the team, assumes overall responsibility and does the following:
   - A. Assigns and coordinates tasks based on the skillset of the RN Assist, unlicensed personnel and acuity of the patient
     1. Guidance is given in the body of this document, specific to Patient Care Area
     2. See also the Kentucky Board of Nursing Delegation Tree (attached) and the Kentucky Board of Nursing Scope of Practice / Competency Decision Tree (attached)
   - B. Serves as the main point of contact for the physician team
   - C. Provides real-time education to his/her team regarding documentation and/or tasks
   - D. Assures orders are acknowledged and carried out
   - E. Performs the patient handoff process for all assigned patients in the presence of all team members

IV. If any team member is asked to perform a task that is outside of his/her scope of practice; he/she is responsible to communicate this concern and ask for further direction.

V. Team members should seek direction/assistance from the Primary RN, Unit charge nurse, or unit clinical leadership following the nursing chain of command

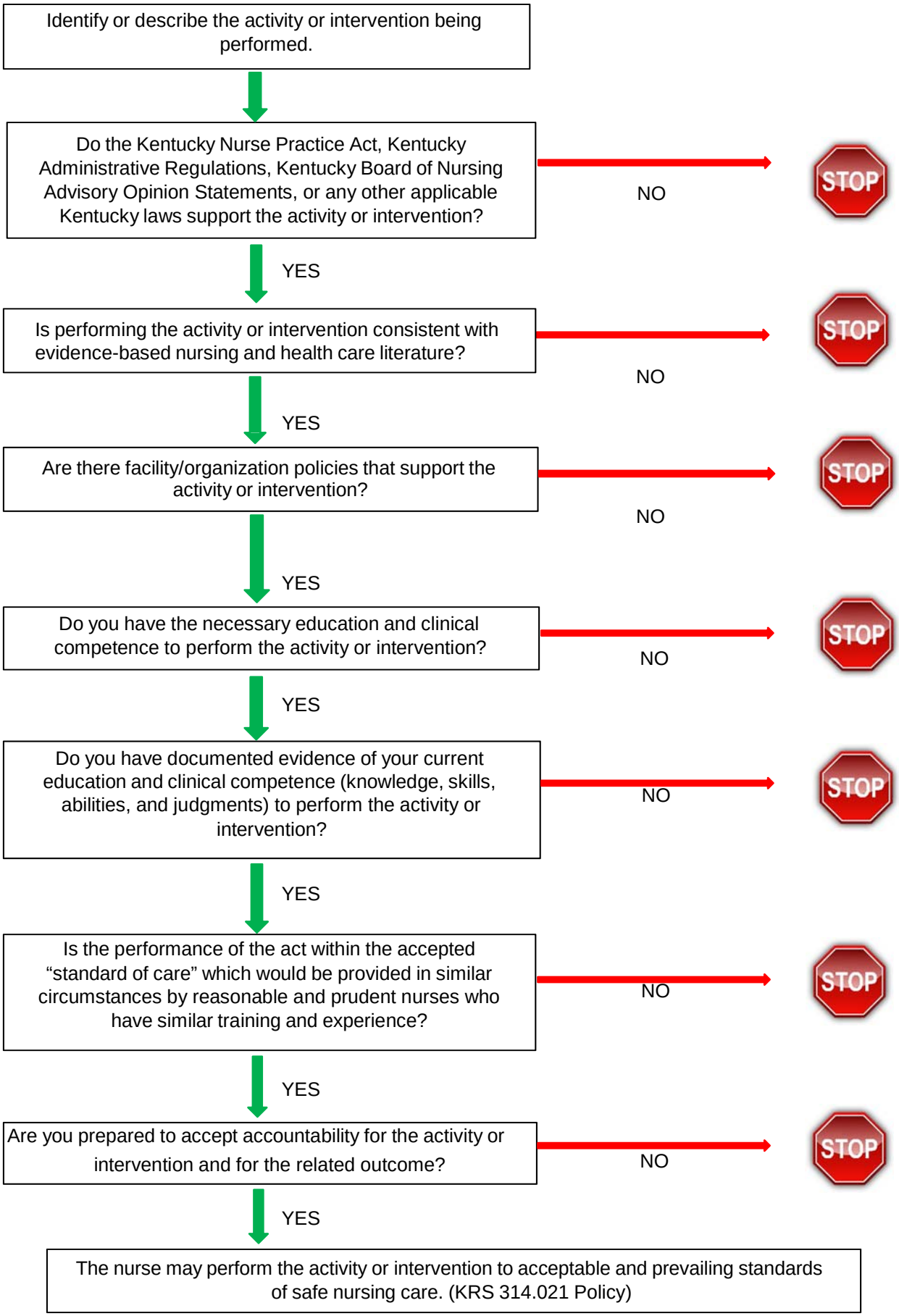
	ICU Primary RN	RN Assist (RN)
Responsibilities	• Completes admission & initial shift assessment • Focused reassessment (+PRN) (shared) • Initial stabilization • Invasive Bedside Procedures • Titratable medication management • Airway management/Intubation assistance • ETT/Trach Suctioning (shared) • Assist with Medications (shared) • Telemetry monitoring & interpretation • Assign and coordinate tasks to ensure equal distribution based on patient acuity • Transporting patients (shared) • ABG Interpretation • IV Sedation management • Lab interpretation (shared) • CVC Management • Stroke (tPA) • Initiate / Modify / Review individualized Plan of care (Shared with RN Assist)	Core patient care for the ICU platform which includes but is not limited to: **Nursing Assessment:** • Includes skills, assessment and documentation within the scope of the RN **Patient Education:** • Provides and explains discharge instructions: discharge education or instructions, prescriptions, and follow up appointments • Related to the care being provided • COVID-19 self-isolation education **Data Collection:** • Vital signs • Glucose checks • Height/weight • I&O documentation **Patient Care:** • Performs proper patient identification • Titratable medication management (shared) • IV starts • Performs specimen collection • Blood administration • Implements safe patient environment interventions • Telemetry monitoring (shared) • Q4 hour reassessment (+PRN) (shared) • Lab interpretation (shared) • Discharge patients • Trach Suctioning • AM/PM care including oral care and Foley care • Dressing change • Medications (checked /reviewed by ICU Primary RN) • Ambulating patients (shared) • Dressing Change

	Mixed Acuity Primary RN	RN Assist (RN)
Responsibilities	• Completes admission & initial shift assessment • Focused re-assessment PRN • Trach Suctioning (shared) • Assist with Medications PRN • Epidurals PRN • Medication Review (each patient) • Lab results interpretation (shared) • Review Restraints Navigator • Telemetry monitoring • Initiate / modify / review individualized Plan of care (Shared with RN Assist) • Transporting patients (shared) • ICU Transfers • Completes discharge documentation • Documents telemetry interpretation	Core patient care for the medical surgical platform which includes but is not limited to: **Comprehensive Nursing Assessment:** • Includes skills, assessment and documentation within the RN scope • Admitting history • Documentation of pain assessment and reassessment **Data Collection:** • Vital signs • Glucose checks • Height/weight • I&O documentation **Patient Care:** • AM/PM care including oral care and Foley care • Dressing change • Medications (see exceptions to be done by Primary RN) • IV starts • Blood administration • Implements safe patient environment interventions. • Implements HAPI Prevention • Performs specimen collection • Discharge patients • Trach Suctioning • Transporting patients (shared) **Patient Education:** • Provides and explains discharge instructions: discharge education or instructions, prescriptions, and follow up appointments • Related to the care being provided • COVID-19 self-isolation education

References

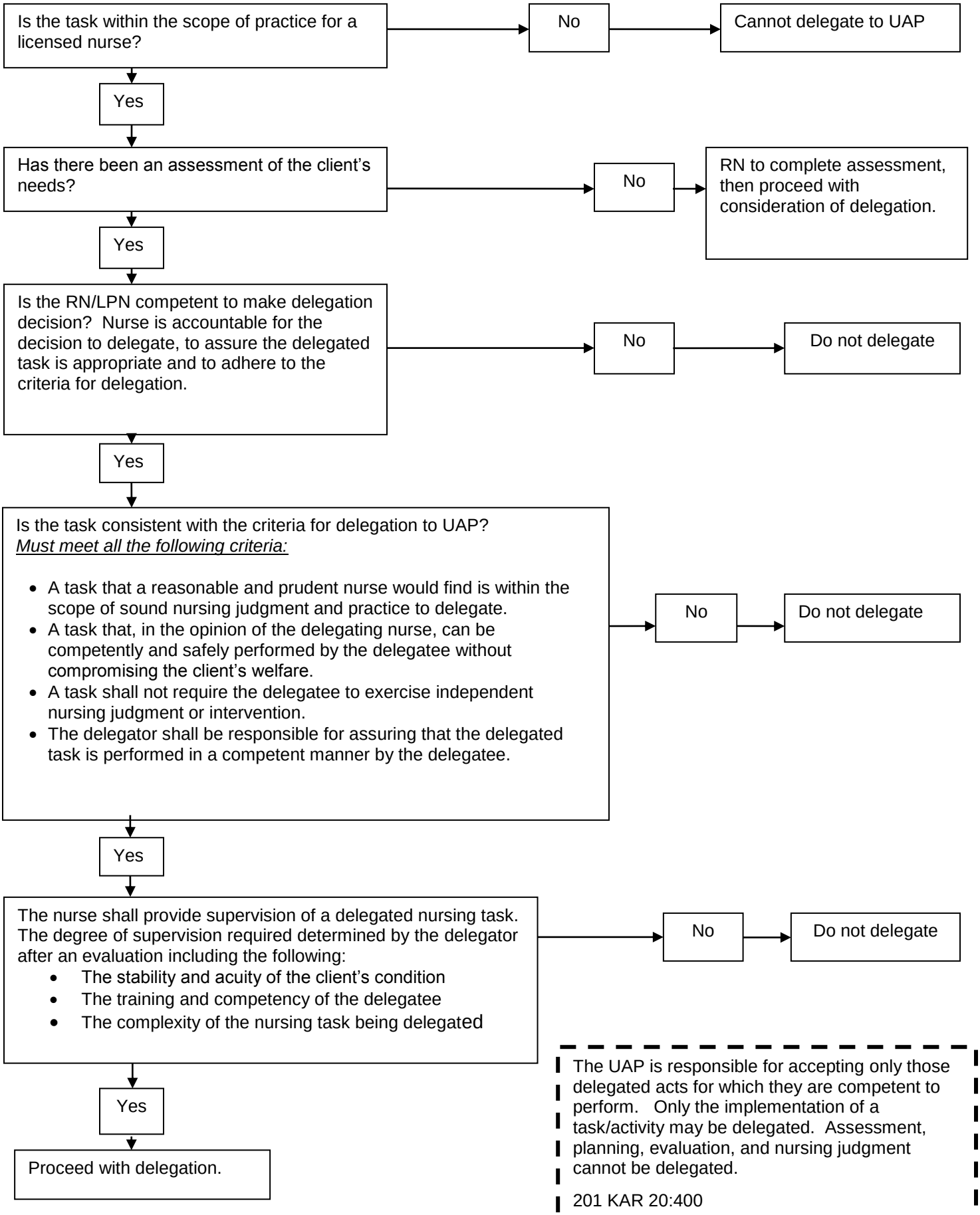
1. American Nurses Association (2008). Adapting standards of care under extreme conditions guidance for professionals during disasters, pandemics, and other extreme emergencies. Silver Springs, MD: American Nurses Association.
2. American Nurses Association (2020). Crisis Standard of Care COVID-19 Pandemic. Retrieved from: https://www.apna.org/files/public/Resources/2020CrisisStandardsofCare.pdf
3. Berlinger, N., et al. (2020). Ethical Framework for Health Care Institutions Responding to Novel Coronavirus SARS-CoV-2 (COVID-19). Guidelines for Institutional Ethics Services Responding to COVID-19. Managing Uncertainty, Safeguarding Communities, Guiding Practice. Accessed April 4, 2020 from: https://www.thehastingscenter.org/wp-content/uploads/HastingsCenterCovidFramework2020.pdf
4. Harris Health (2020). Harris Health nursing critical surge staffing plan roles and responsibilities. Retrieved from Vizient CNO Listserv.
5. Kentucky Board of Nursing (2018). KBN decision-making model for determining scope of practice for RNs/LPNs. Retrieved from www.kbn.ky.gov.
6. Kentucky Board of Nursing (2018). KBN decision tree for delegation to unlicensed assistive personnel. Retrieved from www.kbn.ky.gov.

KBN DECISION-MAKING MODEL FOR DETERMINING SCOPE OF PRACTICE FOR RNs/LPNs



Approved 2/2018

KBN Decision Tree for Delegation to Unlicensed Assistive Personnel (UAP)



Step Two – Communication

Communication must be a two-way process

The nurse:	**The nursing assistive personnel:**	**Documentation**:

• Assesses the assistant's understanding
  ○ How the task is to be accomplished
  ○ When and what information is to be reported, including
  ▪ Expected observations to report and record
  ▪ Specific client concerns that would require prompt reporting.
• Individualizes for the nursing assistive personnel and client situation
• Addresses any unique client requirements and characteristics, and clear expectations of:
• Assesses the assistant's understanding of expectations, providing clarification if needed.
• Communicates his or her willingness and availability to guide and support assistant.
• Assures appropriate accountability by verifying that the receiving person accepts the delegation and accompanying responsibility
	• Ask questions regarding the delegation and seek clarification of expectations if needed
	• Inform the nurse if the assistant has not done a task/function/activity before, or has only done infrequently
	• Ask for additional training or supervision
	• Affirm understanding of expectations
	• Determine the communication method between the nurse and the assistive personnel
	• Determine the communication and plan of action in emergency situations.
		Timely, complete and accurate documentation of provided care
		• Facilitates communication with other members of the healthcare team
		• Records the nursing care provided.

Step Three – Surveillance and Supervision

The purpose of surveillance and monitoring is related to nurse's responsibility for client care within the context of a client population. The nurse supervises the delegation by monitoring the performance of the task or function and assures compliance with standards of practice, policies and procedures. Frequency, level and nature of monitoring vary with needs of client and experience of assistant.

The nurse considers the:	**The nurse determines:**	**The nurse is responsible for:**

• Client's health care status and stability of condition
• Predictability of responses and risks
• Setting where care occurs
• Availability of resources and support infrastructure.
• Complexity of the task being performed.
	• The frequency of onsite supervision and assessment based on:
	  ○ Needs of the client
	  ○ Complexity of the delegated function/task/activity
	  ○ Proximity of nurse's location
		• Timely intervening and follow-up on problems and concerns. Examples of the need for intervening include:
		• Alertness to subtle signs and symptoms (which allows nurse and assistant to be proactive, before a client's condition deteriorates significantly).
		• Awareness of assistant's difficulties in completing delegated activities.
		• Providing adequate follow-up to problems and/or changing situations is a critical aspect of delegation.

Step Four – Evaluation and Feedback

Evaluation is often the forgotten step in delegation.

In considering the effectiveness of delegation, the nurse addresses the following questions:

- Was the delegation successful?
  - Was the task/function/activity performed correctly?
  - Was the client's desired and/or expected outcome achieved?
  - Was the outcome optimal, satisfactory or unsatisfactory?
  - Was communication timely and effective?
  - What went well; what was challenging?
  - Were there any problems or concerns; if so, how were they addressed?
- Is there a better way to meet the client need?
- Is there a need to adjust the overall plan of care, or should this approach be continued?
- Were there any "learning moments" for the assistant and/or the nurse?
- Was appropriate feedback provided to the assistant regarding the performance of the delegation?
- Was the assistant acknowledged for accomplishing the task/activity/function?

Approved: 2009
Revised: 2/2010; 6/2018

*2017 Joint Statement on Delegation, American Nurses Association and National Council of State Boards of Nursing.