Team-Based Care FAQ - 4.7.2020 1400

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We will strive to deliver the same, evidence-based, standard of care during a surge - with a very different team delivery model. Continue to reference our normal clinical practice sources of truth; we will supplement in simple, meaningful ways when necessary. On the job learning will be necessary. Delegation principles will be essential, including closing the loop on completed, and inability to complete, delegated care to the **RN Team Lead**. Communication is key – speak up when you need help, offer help when you can.

The Clinical Nurse Specialist (CNS) team may already have a clinical reminder flier – please connect with a CNS if you have clinical population questions.

Definitions:

RN Unit Lead:	A CN type role, in a surge state may also be filled by an alternate nursing leader role.
RN Team Lead:	An RN experienced with the type of nursing care being delivered in the respective care area and responsible for a larger than normal patient assignment with additional clinical members to assist in care delivery through delegation.
Nurse Team Member:	A nurse who may or may not have received surge training to support in an assigned team-based care location (Example: RN, LPN).
Support Roles:	A variety of roles such as Nursing Student, Medical Student, NT, MA assigned to team-based care location.

Operational FAQ

Which unit will I be working on during a surge?

You may not be working in your home unit and you may be asked to care for patients in care areas that you are not used to.

How will I know what to do in an unfamiliar care area?

There will be others in the care area that are fully trained as resources and they will serve as **RN Team Leads,** delegating care to team members including the other RNs. This will be a team-based approach, different from what we know as primary nursing.

For example: the **RN Team Lead** will be overseeing all patients, delegating hands-on patient care to other RNs, NTs, etc.

Teams are likely to have a range of experience and comfort levels – the **RN Team Lead** will continually assess skill sets and make appropriate delegations based on this assessment.

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What does leadership presence look like during this time?

Intentional leadership presence beyond our typical plan is anticipated and will likely be based on the needs of the care setting.

What is the trigger for when to switch to this model? Will some units switch to this model before others?

This decision will be directed by the command center based off situational needs of the hospital. Surge forecasting, local trends, acuity changes and evaluation of our daily census will impact this decision.

Clinical Practice FAQ

See Additional Surge Resource Documents – delegation considerations for team-based care model.

- ☐ Non-ICU Clinical Roles
- ☐ ICU Clinical Roles
- ☐ ED Clinical Roles
- ☐ Surge Non-ICU Visual
- ☐ Surge ICU Visual
- ☐ Surge Progressive Visual
- ☐ Surge ED Visual

Are we changing assessment standards?

We will strive for the same assessment standards, and yet work to minimize documentation. A reduced documentation proposal is being vetted.

What does delegation look like from a RN Team Lead?

Assessments may be delegated from the **RN Team Lead** to other RN team members. For example: ICU RN will delegate assessments to another RN on their team and remain available to assist when necessary.

Which nurse acknowledges orders in team-based care?

Each nurse may acknowledge orders that they take responsibility for completing.

How will I know what inpatient assessments are required for the patient type that I do not normally care for?

It will be imperative to review the patient's Professional Exchange Report (PER) for active orders. For example: vital signs, activity or post-procedural orders.

Orders are typically used for time sensitive patient specific assessments and trigger the reminders on the work list so the patient care remains the same no matter where the patient is bedded (ie. neuro checks, neurovascular).

Care Plan Guide (CPGs) are great evidence-based resources for the clinical condition of focus.

How will we conduct Report?

Ideally, the **RN Team Lead** gives report to next **RN Team Lead** and the new team members. We may need to be more nimble and rely more on shift summary notes as well.

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Where should I look for basic nursing resources if I run into something not in PolicyTech?

- ☐ Health Sciences Library>eLippincott
- ☐ Health Sciences Library>Pediatric Procedure Manual
- ☐ Reach out to a CNS

Will providers scale back on medications that are not a priority focus?

The provider teams will try to minimize medications so the time and frequency it takes to give them is less by only selecting necessary meds. If there are some prescribed that do not seem necessary, please reach out to the daytime provider.

ICU Care Area Specific FAQ

Which inpatients will the Central Monitoring Center (CMC) monitor during a surge?

CMC will continue to monitor the inpatient spaces they do today, including all the regional sites they monitor. CMC will monitor new ICU settings where patients will be in individual rooms (ie 2D/2E). Temporary ICU care areas, with a ward style set up (PACU spaces) will not be monitored by CMC. The staff in that area will be responsible for monitoring.

In the event of a CMC capacity issue, this plan may be evaluated for adjustment.

Which meds should a Non-ICU RN who does not typically care for ICU level patients be administering?

Sedation, vasopressors, paralytics are primary categories the Non-ICU RNs have not previously been trained in. Follow safe medication practices and principles.

Elbow-to-elbow support is encouraged to assist Non-ICU RNs to perform new skills with greater independence to maximize flexible team-based care.

At what point do you teach ICU skills, for example drip titration and rely on that RN to "manage" it?

The **RN Team Lead** should assess the other RN's skillset and train when possible, acuity of the patient should also be considered.

Which medications should an RN who does not typically work in Acute Care be administering?

Follow safe medication practices and principles. Elbow-to-elbow support is encouraged to assist any RNs to perform new skills with greater independence to maximize flexible team-based care.

Which team member transports ICU level patients?

Experienced ICU/ED team member (ie. RN, APP) - for an ICU level patient travelling for procedures or tests. Travelling should be minimized as much as possible, evaluating the ability to conduct bedside testing. The **RN Team Lead** is responsible for coordination of patient transports with support from the Unit Lead for problem solving.