

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
Pediatric Hematology/Oncology/Medical (B-1)**

PATIENT CARE UNIT/AREA

Unit Description	:	Pediatric Hematology/Oncology/Medical (B-1)
No. Of Beds	:	26
Nurse Patient Ratio	:	1:3-4 days 1:4-5 nights
NHPPD	:	7.2

Scope of Service

B-1 is a 26-bed acute pediatric care nursing unit providing comprehensive 24 hour nursing care to infants through to children of 14 years with problems related to neoplastic disorders, blood dyscrasias or specific medical conditions. Our most commonly treated problems include:

- Newly diagnosed acute leukemias requiring induction therapies
- Neoplastic disease
- Benign hematological conditions
- Coagulation disorders
- Complications of treatment for neoplastic disease
- Pre- and post- stem cell transplantation care
- Immune deficiency syndromes
- Metabolic disease

Frequent Procedures/Services/Functions

- Use of nursing process: assessment, planning, interventions, and evaluation
- Chemotherapy administration
- Bone marrow aspiration
- Spinal tap
- Central line care
- Intravenous/enteral fluid replacement
- Hemodynamic monitoring
- Pain management
- Skin integrity assessment
- Patient/Family Education
- Palliative care
- Medication administration
- Procedural sedation
- Discharge planning

Hours of Operation

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24 hours per day, 7 days a week

CRITERIA FOR ADMISSION TO SERVICE

Pediatric patients requiring diagnosis and/or treatment for cancer or blood disorders. Pediatric patients requiring diagnosis and/or treatment and intervention for acute medical conditions. Pediatric patients requiring diagnosis of immunodeficiency syndromes and pre- and post- stem cell transplantation care.

STAFFING PLAN

Number and Mix of Staff:

Staffing is calculated using 7.2 NHPPD. Staffing for patients admitted to B-1 are provided by registered nurses who function within a total care nursing system. There is a charge nurse assigned for each shift. This person is responsible for the supervision of care delivered by nursing personnel during the shift.

Patient assignments are made each shift by the charge nurse based on the following criteria:

- Complexity of patient's condition and required nursing care.
- Dynamics of patient's status, including the frequency with which the need for specific nursing care activities change – referenced by Unit Acuity Data.
- Complexity of assessment required by patient.
- Type of technology employed in providing nursing care.
- Degree of supervision required by each nursing staff member based on her/his previously assessed level of competence.
- Availability of supervision appropriate to the assessed and current competence of nursing staff member.
- Relevant infection control and safety issues.

Method of Adjusting to Staffing Variances

The Unit Charge Nurse works collaboratively with the Head Nurse to assess staffing variances throughout shift, to ensure that the Unit is staffed appropriately for patient needs. When additional numbers of staff are required, staff from other areas are temporarily assigned or called in from home. If the Unit has an excess of staff, nurses are rescheduled or (very occasionally) utilized in other pediatric areas.

Pediatric Hematology/Oncology/Medical nurses rarely float to other units, but may be required to assist:

- C-1, Pediatric Medical
- B3-2, Pediatric Stem Cell Transplant Unit
- CCC
- A-2 Pediatric Surgery

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QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

- Current Registered Nurse License or registration from country of origin
- Basic Life Support Certification
- Pediatric chemotherapy in-house certification
- Pediatric physical assessment certification
- Pediatric Nursing License preferred

Ward Clerk/Patient Care Assistant (PCA)

- Bilingual: English and Arabic

How are In-Services/Continuing Education Programs provided to maintain staff competency?

Staff education in-services/poster presentations are offered monthly or more throughout the year as needed to maximize staff learning opportunities. Additionally, all institutional, local/national workshops, classes, and conferences pertinent to nursing specialty are posted for staff information.

Required Competencies

- Completion of GNO and Unit-specific competencies
- Integrated Clinical Information System (ICIS) competency
- Pediatric chemotherapy
- Pediatric physical assessment
- Patient Controlled Analgesia (PCA)
- Epidural
- VAD/CVL management
- Procedural Sedation

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS

Internal and External Methods of Communication

Communication with other departments is done through Head Nurse via: Committees; Task Forces; Verbal - person to person meetings with key leadership personnel; E-mail; Correspondence - letter, memo, minutes; telephone and fax.

Communication within the Department is Head Nurse-to-staff via staff meetings and meeting minutes, person-to-person meetings, and memos.

Describe Collaborative Relationships with Other Departments

The following meetings are held to facilitate collaboration:

- Bi-Monthly meetings of Head Nurse, Head of Pediatric Oncology and Oncology Section members.
- Monthly meetings of Head Nurse with Nursing Administration.

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- Monthly one-on-one meetings of Head Nurse with Program Director of Maternal/Child Nursing.
- Daily meetings (and whenever necessary) with Social Workers, Case Managers, Dietitians.
- Quarterly meetings with Head Nurses (Pediatric/Medical In- and Out-Patient areas), Pediatric Chairman and Pediatric Section Heads.
- Bi-weekly meetings of Head Nurse with Maternal/Child Nursing Management Committee.
- Monthly meetings of Head Nurse with Maternal/Child Nursing Educational Staff.

PLAN TO IMPROVE QUALITY OF SERVICE

- Review patient comments and follow-up as necessary.
- Review event notification forms and follow-up as necessary.
- Offer educational programs to increase staff's knowledge and skills.
- Staff participation in staff performance improvement teams.
- Expand patient teaching programs and materials.