

**King Fahad National Center for Children's Cancer & Research  
Nursing Affairs**

**PEDIATRIC HEMATOLOGY/ONCOLOGY (CARE WARD A)  
SCOPE OF SERVICE**

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**PATIENT CARE UNIT/AREA**

Unit Description	:	Pediatric Hematology/Oncology (CWA)
No. Of Beds	:	16
Nurse Patient Ratio	:	1:3 - 4 (days) 1:4 - 5 (nights)
NHPPD	:	6.7

**Scope of Service**

Care Ward A (CWA) is a sixteen (16) bed ward, which provides acute care to pediatric hematology and oncology patients from birth to 14 years of age. The unit consists of sixteen (16) positive air pressure rooms.

The majority of the children admitted are infants, toddlers, and of pre-school age, although we do admit up to age of 14 and have on rare occasion taken an older child who is still under the care of the pediatric hematology/oncology physician. One sitter or parent is encouraged to stay with the patient to reduce trauma of hospitalization.

The most commonly treated oncology disorders include:

- Acute Lymphoblastic Leukemia
- Acute Myelogenous Leukemia
- Aplastic Anemia
- Sickle Cell Anemia
- Langerhan's Cell Histiocytosis
- Non-Hodgkin's Lymphoma
- Hodgkin's Lymphoma
- Burkitt's Lymphoma

Due to the predominance of pediatric hematology patients CWA also provides acute care to this patient population. The most commonly treated hematology disorders include:

- Osteosarcomas
- Ewing's Sarcoma/PNET
- Neuroblastoma/CNS tumors
- Germ Cell Tumor
- Wilm's Tumor
- Rhabdomyosarcoma
- Retinoblastoma

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**Frequent Procedures/Services/Functions**

- Medication delivery including chemotherapy administration and management
- Blood product administration
- Central and peripheral intravenous line management
- Bone marrow biopsy and aspiration
- Lumbar puncture
- Patient assessment and evaluation
- Patient/family education
- Hemodynamic monitoring
- Oxygen therapy and pulse oximetry
- Conscious sedation
- Isolation
- Nutritional support (TPN, NGT, weight assessment, dietary instruction)
- Psychosocial support
- BMT work-up
- Diagnostic and Treatment evaluation
- Radiation therapy

**Hours of Operation**

24 hours per day, 7 days a week

**CRITERIA FOR ADMISSION TO SERVICE**

For new patients entering the KFSH&RC for the first time referrals are coordinated by the Section Head. Follow-up patients will be referred from that department or area (e.g. clinic, treatment area and Emergency department) to the Admission Coordinator and Case Manager who will inform the on service Physician so that admission priority can be determined. Once the need for admission is determined the ward's Charge Nurse/Team Leader will be notified.

**STAFFING PLAN**

**Number and Mix of Staff**

- RN Staff, all SN1's.
- Charge Nurse who works 07:00 to 17:00 Saturday-Tuesday and 07:00-16:00 on Wednesday.
- Team Leader appointed for night shift and weekends.
- Patient Care Assistant (PCA) on dayshift (07:00-19:00).
- Ward Clerk coverage until 24:00.

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

- Complexity of patient's condition and required nursing care.

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- Dynamics of patient's status, including the frequency with which the need for specific nursing care activities changes – 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 Head Nurse has overall responsibility for the unit.
- 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.
- The Charge Nurse coordinates admissions and discharges with consultants and admission office. She/he determines assignment of nurses and oversees general function of the ward, organizes procedures, and ordering of narcotics.
- The Charge nurse determines patient assignments based upon patient acuity.
- The Head Nurse works closely with the Charge Nurse in determining appropriate staffing levels. If the unit has an excess of staff, then the nurses are either rescheduled or utilized in other nursing units within KFNC&R. When acuity warrants, an extra nurse will be called in to work either overtime or is rescheduled. There is constant liaison with Care Ward B Head Nurse and Out Patient Department Head Nurse and Team leader so that optimum utilization of staffing is achieved.

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

- B1, Pediatric Hematology/Oncology/Medical
- A-2 Pediatric Surgery
- C-1, Pediatric Medical
- B3-2, Pediatric Stem Cell Transplant Unit

**QUALIFICATIONS OF STAFF**

**Qualifications/Licenses/Certifications Required of Staff**

- Current Registered Nurse License or registration from country of origin- previous experience in Pediatrics &/or oncology preferred.
- Integrated Clinical Information System (ICIS)
- Successful completion of hospital orientation & 90 day probationary period.
- Current BLS.

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- Chemotherapy Certification within the first contract year, preferably within the first six months.
- Venous Access Device (VAD) certification within the first six months.
- Demonstration of competency in pediatric physical assessment and/or certification course within the first 3 months.
- All nurse to attend P.I.V. workshop with a core group as IV certified nurses.
- Conscious Sedation Certification.
- Yearly skills marathon with check-offs in appropriate areas to ensure all staff keep their skills updated. These include POCT, Fire & Safety, Age Specific competency and chemotherapy administration, spill & extravasation management and blood product reaction.

**Ward Clerk:**

- High School Diploma.
- Bilingual Arabic & English.
- Where ever possible Nursing promotes KFNBCC&R employees to the position of Ward Clerk.

**Patient Care Assistant:**

- High School Diploma.
- Arabic Speaking with some English language skills.

**How are in-services/continuing education programs provided to maintain staff competency?**

All registered nurses are required to complete identified unit-based competencies yearly. Continuing education is offered through Nursing Education and Research. Unit based staff inservices and journal articles are provided monthly based on identified educational needs. Educational needs are identified through needs surveys, new equipment, products & treatments, staff requests and performance improvement initiatives. Relevant pediatric and oncology workshops are offered on site. Additionally local/national symposiums, teleconferences, workshops are all posted for staff information.

**Required Competencies**

- |                                          |                                      |
|------------------------------------------|--------------------------------------|
| • Initial Competencies:                  | Competency Based Summary             |
| • Annual Competencies:                   | Fire and Safety                      |
|                                          | Infection Control                    |
|                                          | Performance Improvement              |
|                                          | Skin Integrity (Pressure Ulcer)      |
|                                          | Wound Care                           |
|                                          | POCT (urinalysis and blood glucose)  |
|                                          | Age Specific                         |
| • Unit specific competency based skills: | Reviewed annually at skills marathon |
| • BCLS:                                  | Renewed every two years              |

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**METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS**

**Internal and External Methods of Communication**

Communication is driven by the Nursing Executive Committee. There are five other Nursing committees: Management, Practice, Education, Informatics and Performance Improvement. Communication is accomplished via direct verbal communication, telephone, email, fax, written memos, the intranet and meeting minutes.

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

Externally, staff members attend a number of Hospital committees other than those noted above, including:

- Internal Policy & Procedure Committee.
- Nursing Recruitment and Retention Committee.
- Nurse Advisory Committee.
- Patient Family Education Committee.
- Safety Committee.

**Describe Collaborative Relationships with Other Departments**

The following meetings are held to facilitate the collaborative process:

- Department of Pediatric Hematology/Oncology Collaborative Practice Meeting every month.
- Daily walking rounds with physicians.
- Monthly collaborative meeting between the Head Nurses from CWA, CWB & OPD and the Supervisors for KFNCCC&R Pharmacy, Laboratory and Radiology.
- Weekly unit walking rounds, which include physicians, nurses, clinical pharmacist, social services, dietician and other staff members of the healthcare team.
- Meetings are organized with appropriate departments as needed.
- Nursing management meetings are held fortnightly with participation from the education team, Head Nurses & Assistant Chief.
- Unit-based nursing committees include practice, staff education & patient/family education.

**Goals of Department**

- To support the mission and goals of KFSH&RC and KFNCCC&R.
- To promote and provide respectful, family centered care to the families and patients at KFNCCC&R.
- To promote collaboration within the multidisciplinary team to provide optimal care for the patients and families of children with cancer.

**Plan to Improve Quality of Service**

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- Improvement of service & performance is ongoing and will be attained by identifying areas of need through team input, incident reports (Adverse Occurrence Reporting System [AORS]), patient complaints, satisfaction surveys and an ongoing education.
- Inform staff of Unit practice changes that impact teamwork and patient outcomes.
- Listen and utilize patient, family, and staff input and suggestions for improvement.
- Increase nurses' knowledge of care requirement.
- Nursing takes a leading role in improving performance, which is demonstrated by KFNCCC&R Nursing Departments implementation of Performance Improvement initiatives utilizing FOCUS/PDCA methodology. Currently nursing documentation and Medication Administration Process are being focused on.

**DISCHARGE CRITEREA:**

The Head Nurse, Physicians, and Staff nurses work with other health discipline dietician, case management, social worker, and patient relation to implement discharge planning to include the following:

1. Equipment
2. Transportation
3. Home care
4. Dietary needs
5. Social problems
6. Special teaching needs, i.e., S/Q GCSF, NGT feeding
7. Therapy, e.g., radiation
8. Access to additional care
9. Home supply
10. Medication