

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

CARE WARD B
SCOPE OF SERVICE

Scope of Service

Care Ward B (CWB) is a twenty (20) bed ward, which provides acute care to pediatric hematology and oncology patients from birth to 14 years of age. The unit consists of four (4) negative air pressure rooms for isolation and sixteen (16) positive air pressure rooms. The most commonly treated oncology disorders include:

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

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

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, weight assessment, dietary instruction)
- Psychosocial support
- BMT work-up
- Diagnostic and Treatment evaluation
- Radiation therapy

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Hours of Operation:

24 hours per day, 7 days a week

CRITERIA FOR ADMISSION TO SERVICE

Any child less than fourteen years of age with a suspected or confirmed hemotologic or oncologic disorder may receive treatment in Care Ward B after meeting the pre-determined eligibility criteria established by the Department of Pediatric Hematology/Oncology. For patients entering 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 Head Nurse/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.
- Day shift staffing: 5 nurses.
- Night shift staffing: 5 nurses.
- Patient Care Assistant (PCA) on dayshift (07:00-19:00).
- Ward Clerk coverage until 24:00.

The Head Nurse has overall responsibility for the unit, with a Charge Nurse/Team Leader designated on each shift to coordinate 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/Team Leader determines patient assignments based upon patient acuity. The following criteria are utilized in making assignments:

- Complexity of patient's condition and nursing care required.
- Dynamics of patient's status, including the frequency with which the needs for specific nursing care activities change.
- Competencies of nursing staff.
- Relevant infection control and safety issues.

Method of Adjusting to Staffing Variances

The Head Nurse works closely with the Charge Nurse/Team Leader 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 KFNCCC&R. When acuity warrants, an extra nurse will be called

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in to work either overtime or is rescheduled. There is constant liaison with Care Ward A Head Nurse and Out Patient Department Head Nurse and Team leader so that optimum utilization of staffing is achieved.

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.
- Recent pediatric and /or oncology experience are preferable.
- Submission of application for licensure under Saudi Council of Health Specialties (once arrived in Kingdom)

Ward Clerk:

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

Patient Care Assistant:

- Saudi National
- 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 and KFNBCC&R Nursing Education team. 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
- Mandatory nursing competencies: Fire and Safety
Infection Control
Performance Improvement
Skin Integrity
Wound Care
POCT (urinalysis and blood glucose)
Age Specific

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- Unit specific competencies: Chemotherapy
 Central line management
 Basic pediatric physical assessment
 Conscious sedation
 PIV
- BCLS: Renewed every two years
- PALS: Optional but highly recommended
- Yearly 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.

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.

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 interdisciplinary meeting between the Head Nurses from CWA, CWB & OPD and the Supervisors for KFNCCC&R Pharmacy, Laboratory and Radiology.
- Weekly multi disciplinary unit walking rounds, which include physicians, nurses, 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.
- Hospital based nursing committees include practice, education, quality, informatics and patient/family education.

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DISCHARGE CRITERIA

The physician, in collaboration with the interdisciplinary team, will determine the patient's readiness for discharge. The criteria which may be utilized for determining readiness for discharge may include, but is not limited to, the following:

- Patient has demonstrated adequate response to induction chemotherapy.
- Blood transfusion requirements are minimal and can be managed on an outpatient basis.
- There is evidence of bone marrow recovery (increasing ANC).
- Patient is tolerating normal diet.
- Pain is under control (with or without medication).
- Primary caregiver is competent in caregiver skills (i.e. management of central line, administration of medication)
- The patient and/or family have received education about the disease process, treatment plan and care of patient at home and verbalize understanding.

Members of the interdisciplinary team work together to implement discharge planning that includes the following:

- Equipment
- Transportation
- Home Care
- Dietary needs
- Social problems
- Special teaching
- Therapy (radiation/chemo)
- Access to additional care
- Home Supply
- Medication

Goals of Department

- To support the mission and goals of KFSH&RC and KFNBCC&R.
- To promote and provide respectful, family centered care to the families and patients at KFNBCC&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

- Improvement of service & performance is ongoing and will be attained by identifying areas of need through team input, incident reports (now online), patient complaints, satisfaction surveys and an ongoing education.
- Nursing takes a leading role in improving performance, which is demonstrated by KFNBCC&R Nursing Departments implementation of Performance Improvement initiatives utilizing FOCUS/PDCA methodology. Currently nursing documentation is being focused on. An additional project for 2005 is Medication Administration Process. It is a hospital initiative to improve current practices and reduce medication errors or near misses.

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