

Scope of Service VIP MEDICAL & SURGICAL (D4)

PATIENT CARE UNIT

Scope of Service

The VIP Medical and Surgical Unit (38 beds) provides acute and long term care for Royal Family members, high ranking government personnel, foreign diplomats and other important persons in the Kingdom. All age groups are cared for on this private, secured unit. The types of diseases and surgeries on the unit include, but are not limited to CVA, epilepsy, quadriplegia, various cancers, gastroenteritis, cholisistitis, liver failure, tonsillitis, rhinoplasty, pneumonia, COPD, asthma, tuberculosis, chest pain, MI, renal failure, abdominal plastics, orthopedics, multi-system failures, rheumatoid arthritis and gynecological.

Frequent Procedures/Services/Functions

The following diagnostic and therapeutic modalities are utilized to facilitate patient care:

- Nursing process (assessment, planning, implementation and evaluation)
- Principles of infection control
- Medication administration
- Intravenous therapy
- Pain management
- Tracheostomy care including suctioning
- Fluid and electrolyte replacement therapy
- Wound care
- Patient and/or significant other education
- Vital signs and neurological vital signs
- Psychological care
- Blood and blood product administration
- Planning and care after discharge
- Emergency resuscitation

Hours of Operation

Patient care is provided 24 hours per day by registered nurses, physicians (consultants), Protocol Services, ward clerks, kitchen and housekeeping staffs. Dieticians, occupational therapists, patient care assistants and physiotherapists have regular business hours with weekend coverage.

CRITERIA FOR ADMISSION TO SERVICE

General medical and surgical patients of all ages are admitted based on criteria the Protocol Services administer ensuring only VIPs are admitted to D4.

STAFFING PLAN

Number and Mix of Staff

Staffing on D4 is provided by predominantly Western trained Staff Nurse 1 (SNI) personnel. The nursing model for care delivery utilized to meet this patient population's needs is primary care

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nursing. The head nurse and charge nurse collaboratively review the unit's future staffing needs on a shift-by-shift basis.

The charge nurse assigns nurses to patients according to patient needs and staff's competency is based on the following criteria:

- A patient's acuity and corresponding required level of nursing care, such as 1:1 nurse to patient ratio.
- Level of technical care required by the patient's medical status.
- The dynamics of the patient's health status and social status.
- Relevant infection control and safety issues.
- A patient is first assigned to her/his primary care nurse.
- Male staff are only assigned to male patients.
- When able geography (distance) is taken into account.
- Availability of supervision appropriate to the assessed and current competence of nursing staff member.

Method of Adjusting to Staffing Variances

When scheduled staff are more than what is required to meet D4 patient needs, personnel may be temporarily reassigned to other areas they are qualified to work. The head nurse or supervisor collaborates with the shift's charge nurse when more staff are needed than what are scheduled. If no one is available in-house to temporarily reassign to D4, off duty staff are called. If none of the off duty nurses are available then overtime is requested.

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

- Current Registered Nurse License or registration from country of origin
- Successful completion of General Nursing Orientation
- BCLS with biannual re-certification
- Fire, electrical and infection control annual certification

How are inservices/continuing education programs provided to maintain staff competency?

Mechanisms are in place to provide in-service/continuing education as follows:

- Staff meetings
- In-services
- In-service education board
- Classes offered by Nursing Education and Research (NE&R)
- Nurse/physician communications about specific patient scenarios
- Resource literature on unit

Methods to determine needs for education and training include, but are not limited to staff education surveys, identification of opportunities for improvement through monitoring

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performance, patient care events, physician input, patient outcomes, and new equipment introduced to D4. Additionally, internal and external institutional workshops, classes and conference pertinent to nursing are posted for staff.

Required Competencies

- Adult physical assessment
- Pediatric physical assessment
- Bedside testing - capillary blood glucose, urine dipstick, occult blood
- Patient Controlled Analgesic
- Epidural management

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS:

Internal and External Methods of Communication

Internal department communication generally occurs through one of the following methods:

- Nurse call system
- Face to face interactions
- Staff meetings
- Bulletin boards
- Meeting minutes (unit and committee)
- Unit communication books
- Shift reports
- Telephones
- E-mail
- Mailings

Department managers and staff communicate directly with other departments through these methods:

- Telephone and telephone voice mail
- Requisitions
- Face to face interactions
- E-mail
- Interdisciplinary committees

Describe Collaborative Relationships with Other Departments

The registered nurses coordinate patient care with all disciplines. Collaborative interactions occur on a daily basis with other team members (Protocol Services, physicians, dietary, Executive Medical Director, etc). Generally communication of orders occur through the medical records, but also fax machines and telephone are used on occasion for specific needs. Person to person communication is frequently used for interdisciplinary problem solving.

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DISCHARGE CRITERIA

Discharge planning begins from the date of admission and will include the following:

- Equipment
- Transportation
- Home care
- Dietary needs
- Social problems
- Special teaching needs
- Therapies
- Access to additional care