TITLE: **NURSING PRACTICE PRIORITY UNDER CRISIS STAFFING ACTIVATION**

PURPOSE: To provide guidance for the provision of nursing care during crisis staffing activation under the direction of the Hospital Incident Command Center.

GUIDELINES/PROCEDURES STATEMENT:

To allow nurses increased time to address the clinical care needs of patients and to preserve the provision of safe nursing care during a Local/State/Federal declared emergencies such as pandemic disaster, catastrophic events, or mass casualties, some requirements for routine nursing documentation of care and training requirements are waived.

ELABORATIONS:

I. DEFINITIONS:

A. **AFTER VISIT SUMMARY (AVS):** Document produced from the electronic health record (HER), given to patient at discharge which includes discharge instructions and details about follow up care.

B. **BARCODE MEDICATION ADMINISTRATION (BCMA):** A system to prevent medication errors in healthcare settings and to improve the quality and safety of medication administration through accuracy, prevention of errors, and access to online records of medication administration.

C. **COMPETENCY BASED CLINICAL ORIENTATION TOOL (CBCOT):** A tool/form specific to the Nursing Services employee's job/role used to validate entry level competency during unit orientation (Practice-Based Learning).

D. **CRISIS STAFFING:** A minimum staffing model used in extreme circumstances where nurse staffing resources do not match patient care needs; determined by the HICC.

E. **DOCUMENTATION:** Recording clinical activities and care processes, either electronically or on paper.

F. **HOSPITAL INCIDENT COMMAND CENTER (HICC):** Refers to the overall mobilization of the facility in managing emergencies of all sizes and types during catastrophic events.

G. **PANDEMIC DISASTER:** A widespread outbreak of a dangerous infectious disease that poses life-threatening risks to humans in different geographical areas at the same time.

H. **CATASTROPHIC EVENT:** Any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.

I. **MASS CASUALTIES:** An event that overwhelms the local healthcare system, where the number of casualties vastly exceeds the local resources and capabilities in a short period of time.

II. PROCEDURES:

A. General Considerations:

1. Depending on the type of emergency, Nursing Services leaders will determine the contingency plan for managing resources (e.g., supplies, space, and staff).
2. When the emergency requires additional staffing resources, the contingency plan may follow a tiered approach in mobilizing available registered and licensed vocational nurses, as well as unlicensed assistive personnel, across Harris Health System.

    a. Current clinical nurses would level up to the next higher level of care and administrative/non-clinical nurses would be assigned to assist primary nurses in the medical-surgical setting.
    b. Units assigned additional nurses leveling up to assist the primary unit nurse will practice a Team Nursing Model.

B. Education and Training Plan Considerations:

1. Due to time constraints, nursing staff asked to care for patients outside their typical role and daily duties will receive a modified, shortened training plan.
2. Training will typically consist of electronic health record (her) documentation, core competency modules available in the Learning Management System (LMS), and hands on skills validations.
3. Documentation of training.

    a. When possible, training will be documented in the training history using the LMS and the human resources system.
    b. A modified checklist may be used to document education and orientation to the department.
    c. A log may be used to document external employees assigned to shadow/buddy with primary unit staff.
    d. The use of the CBCOT will be deferred.

4. The level, amount, and requirement for mandatory training may vary depending on the nurse's current role and level of experience.

C. Practice Considerations:

1. The foremost goal will be for nurses to practice and follow the standards of care and the Nursing Practice Act.
2. The clinical nurse typically assigned to the home specialty unit will bear primary responsibility for the assigned patient but may direct other team members to assist according to the guidelines outlining the staff member's roles and responsibilities (e.g., primary RN, RN Assist, LVN Assist) according to the level of care setting (e.g., medical-surgical intermediate care, critical care).
3. Nurses will delegate duties and tasks as appropriate based on the staff member's level of education, competency, training, and experience.
4. Nurses will apply critical thinking skills and ask for assistance from the primary nurse as necessary.

D. Documentation:

1. Clinical documentation will be completed by exception (i.e., only findings outside normal limits will be documented).
2. For continuous critical documentation, a brief note at the end of the shift will be sufficient (e.g., "the patient was turned and positioned Q2H as per policy").
3. Nurses will exercise critical thinking skills in deciding which elements of the patient's care and assessment findings are pertinent, significant, and/or pose a patient safety risk if not documented. Refer below for high priority documentation.
4. High Priority Documentation:

    a. Admission History:

        1) Height/Weight/Allergies.
        2) Travel History and Vaccine Screenings (only if Crisis Staffing is related to communicable disease)
        3) Suicide/Fall Risk Screenings/Assessments.
        4) Prior to Admission Medication

    b. Ongoing Documentation:

        1) Vitals Signs – as ordered or per service line standard.
        2) Pain Assessment.
        3) Medication and Blood Administration with BCMA.
        4) Order review and management.
        5) Physical Assessment – one full assessment per shift with focus reassessment as needed per patient presentation.
        6) Intake/Output.
        7) Suicide Risk re-assessments if needed.
        8) Presence of Advance Directive if indicated
        9) Code, Rapid Response and other significant event documentation.

c. Discharge Instructions/AVS:

1) Instructions will be reviewed with patient, which may include:

a) Continuation of symptoms or home treatment if the hospitalization was related to a medical emergency.
b) Who to contact for assistance or follow-up if the current emergency is still ongoing.

d. Special Considerations for Newborns:

All required screenings (hearing, metabolic, CHD, bilirubin)

e. Emergency Center Documentation:

1) High Priority Before Discharge:

a) Travel Screening (only if Crisis Staffing is related to communicable disease).
b) Risk Assessments (Suicidal Ideation/Homicidal. Ideation/Aggression/Fall) as applicable.
c) Statement of Belief as applicable.
d) Vital Signs.
e) Medication Administration with BCMA.
f) AVS – provided to patient.

2) Additional Priorities for Patients Being Admitted:

a) Remainder of Triage Navigator.
b) Focused assessment.

f. Indication within patient's EHR:

Entry of standard note (SmartPhrase) to indicate that patient care has been delivered during a time for Crisis Staffing.

CrisisDoc: "Full nursing documentation has been deferred for this patient as per SOP- Nursing Practice Priority under Crisis Staffing Activation."

III. RESPONSIBILITY:

- Registered Nurses
- Licensed Vocational Nurses
- Medical Assistants
- Patient Care Technicians
- Patient Care Assistants

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APPENDIX

Appendix A Tip Sheet For Crisis Documentation Inpatient Nursing

Appendix B Tip Sheet For Crisis Documentation Emergency Department Nursing

DEPARTMENT OF PRIMARY RESPONSIBILITY:

Harris Health System Executive Nursing Practice Group

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
04/09/2020	1.0	04/09/2020	SNEC/CNE

APPENDIX A
TIP SHEET FOR CRISIS DOCUMENTATION - INPATIENT NURSING

A. ADMISSION NAVIGATOR:

- Travel history and vaccine screenings (if crisis is related to communicate disease).
- Height/weight.
- Allergies.
- Suicide/Fall screen/assessment.
- Prior to admission medications

B. BEGINNING OF SHIFT:

- Review orders (active and signed/held).
- Perform physical assessment (document by exception)- once per shift.
- Vital signs.
- Enter SmartPhrase "crisisdoc" in notes.

C. THROUGHOUT SHIFT:

- Monitor of new orders.
- Suicide re-assessments if needed.
- Vital signs as ordered or appropriate for patient.
- Document medications or blood and blood products with barcode medication administration.
- Perform focus re-assessments as follows: ICU- at least once more during shift. Acute Care- as appropriate for patient.

D. POST-PROCEDURE OR TRANSFER:

- Focused reassessment with documentation by exception (only new problems).

E. BY END OF SHIFT:

- Intake & output totals.
- Significant event documentation.
- Ensure blood transfusion and medication administration documentation is up to date.
- For newborns: all required screenings.

F. DISCHARGE:

- Review medication changes (including prescriptions), follow-up appointments, and concerns to call to Provider.

APPENDIX B
TIP SHEET FOR CRISIS DOCUMENTATION - EMERGENCY CENTER NURSING

A. PATIENTS BEING DISCHARGED:

- Travel history (only if crisis is related to communicate disease).
- Risk assessments (SI/HI/aggression/fall) if applicable.
- Statement of belief if applicable.
- Vital signs.
- Medication or blood and blood product administration with barcode medication administration.
- AVS- review medication changes, prescriptions, follow ups, concerns to return to Emergency Center, or call to Provider.

B. PATIENTS BEING ADMITTED:

All items above plus:

- Complete remainder of triage.
- Focused assessment.