

I. DESCRIPTION AND MISSION

A. Description

1. Type of Unit / Physical Design

The Radiology Division is defined by patient flow and support services. The patient population of these areas is representative of the various disciplines present in the hospital, includes outpatients and inpatients, and requires collaboration of multiple health care team members.

- a. The Preprocedure area includes the Radiology patient reception area and the three-bed pre- and post-care area. The areas are located on the main floor level of the Hospital building.
- b. The Intraprocedure area includes the two Interventional suites, two CT suites, and the MRI suite. Other patient service areas include diagnostic rooms and Nuclear Medicine. Radiology nurses primarily function in the Interventional suites, but may assist in patient care throughout the department.
- c. The Postprocedure area is as described in the preprocedure section (1a).

Office	Location
Director, Critical Care	2 nd floor
Nursing Manager	2 nd floor - in Cardiac Cath Lab
CNS	2 nd floor - outside of ICU

2. Scope of Nursing Services

a. Clinical

Nursing care is provided to patients from pediatric patients 12 years and up to older adults. Standards of Care (procedures and protocols) are developed and final approval granted through the Nursing Standards subcommittee of the CNS forum. Practice concerns may also be addressed through management and the CNS.

b. Professional

The Nursing Department employs Registered Nurses to provide care to patients receiving mild to moderate sedation.

c. Administration

The structure and organization of the unit is written in these standards for the purposes of planning, organizing, implementing, and evaluating the operations of the unit. Administrative responsibility falls under the Nurse Manager, Interventional Nursing.

B. Mission

The mission of the Interventional Nursing Unit is consistent with that of the Department of Nursing and John Dempsey Hospital, as identified in the Nursing Practice Manual.

II. PHILOSOPHY AND GOALS

A. Philosophy

The philosophy of the Interventional Nursing Division is consistent with that of the Department of Nursing and John Dempsey Hospital, as identified in the Nursing Practice Manual.

B. Goals

1. The purpose of the goals is to establish the major activities believed to be important for the on-going operation, continued development and success of the department.
2. The Interventional Nursing goals are developed from the Department of Nursing goals and the Hospital work plan and are approved at nursing leadership level. These goals are developed in consultation with the Interventional Nursing staff.

III. ADMINISTRATIVE POLICIES

A. Organization

1. Relationships

a. Administrative

The Interventional Nursing unit falls within the Department of Nursing.

b. Interdepartmental

The Nurse Manager is responsible for all clinical nursing care of the unit. The Manager oversees clinical care activities in coordination with the Director of Critical Care Nursing and the CNS. Together, these roles comprise the nursing leadership of the unit.

2. Communication Mechanisms

a. Administrative

Information is received, reviewed, and transmitted through the nursing leadership and staff representatives on committees.

b. Interdepartmental and Intra-unit

Communication flow is based on the Organizational Chart.

c. Mechanisms

- Communication Books (unit-based)
- Shift report
- Telephone paging system
- Bulletin boards
- Mailboxes
- Staff meetings
- Meeting minutes and memos
- Availability of foreign language and deaf and hard of hearing interpreters, in accordance with UConn Health System policy and state and federal regulations.

3. Unity / Extent of Command

- a. Overall management of the Interventional Nursing unit is the responsibility of the Nurse Manager, with supervision, direction, and support from the Director of Critical Care Nursing. Collaboration with physicians and appropriate department heads occurs periodically through formal and informal meetings.

- b. The Nurse Manager is a Registered Nurse with appropriate clinical and management skills and/or potential for same. The Manager is responsible for effective management of the Interventional Nursing unit, and he has 24-hour accountability for the effective functioning of the staff, including their development and evaluation, the efficient functioning of the unit, and the quality of patient care provided.

B. Governance

1. Functions of the Perioperative Division

- a. Institutional and Interdepartmental
 Qualified nurses are selected to represent the Division on Hospital and Health Center standing and/ or ad hoc committees based on the recommendation of the nursing leadership of the unit. Nurses may volunteer or be appointed.
- b. Type of Governance
 The Interventional Radiology unit is decentralized and organized under the Department of Nursing and conforms with its philosophy.
- c. Unit Control
 - 1) The authority, responsibility, and accountability for unit function is vested in the Director, Perioperative Services.
 - 2) Radiology Committees

	Interventional Radiology Staff Meetings	Interventional Radiology Nursing Staff Meetings
Chair	Director, Diagnostic Imaging and Therapeutics	Nurse Manager
Membership	Representatives of Medical Staff, Hospital Administration, and Nursing Leadership	Staff of the unit
Purpose	Policy-making in reference to relationships among services and the use of equipment and the facility.	To enhance the flow of information to and from staff; identify staff problems and concerns, to facilitate unit-based problem-solving
Meeting Frequency	As needed	Minimum quarterly, more often as needed.
Agenda/ Minutes	Developed by Chair, with input from committee members; minutes are distributed to members	Developed by Nurse Manager with input from unit staff and CNS; minutes filed on units, with copies circulated to Director, Critical Care Nursing and Director of Nursing/AVP of Operations.

C. Day-to-Day Operations

- 1. Staff nurses are responsible for providing nursing care to a specific patient assignment throughout their shift. Team

approach nursing is the delivery of care model utilized, and each staff nurse is responsible to the Nurse Manager.

2. The Nurse Manager assumes 24-hour accountability for the management of patient care on the unit, including resource allocation, planning and development, information development, educational endeavors, and development and evaluation of staff. All staff members are responsible for completing an annual competency checklist, or the requirements thereof, and an educational record. The competency checklist is reviewed and learning needs are identified, which are communicated to the Nurse Manager for reference to assignments.

D. Critical Care Division Support Services

1. The CNS is responsible for supporting clinical practice, consultation, education, and research on the unit; she reports to the Director, Educational Services.
2. Preceptors - for assisting new employees in the initial orientation period.
3. Process Improvement occurs through review of processes in all phases of patient care. Mandated subjects (e.g., code carts, safety, HIPAA, corporate compliance, etc.) are done in an ongoing manner; systems improvement subjects (e.g., chart preparation, turnover times) are done on a rotating basis, according to identified needs.
4. Patient and Family Education is a prime focus of the patient care. Development and support of materials occurs in collaboration between the nursing and physician staff. Whenever possible, discharge planning is enhanced through appropriate development of these materials.

5. Medical Direction of Patient Care

- a. Chair, Diagnostic Imaging and Therapeutics
The Chair will represent the best interests of the institution in attempting to obtain consensus on unit protocols and procedures. The Chair's authority will flow from the Hospital Director and the Chief of Staff.

E. Resource Development / Allocation / Utilization

1. Financial
Refer to Department of Nursing Structure Standards, page 30.
2. Facilities
 - a. The Interventional Radiology nursing unit opens for patient care at 7:30 a.m. all weekdays and closes at 6:00 p.m. Elective bookings are taken weekdays (excepting major holidays) 8:00 a.m. until 5:00 p.m. All non-emergent procedures booked after the schedule has closed are designated as "to follow" cases, and are done as soon as the regular schedule allows. Emergency procedures are done as soon as possible. On-call coverage is available for patient care done outside normal business hours.
 - b. The Interventional Radiology nursing staff must notify the Nursing Supervisor during emergency cases on nights.

- c. Post-Conscious Sedation
Care for all patients who have received conscious sedation must comply with HAM 08-013.
 - d. Ambulatory patients may be signed out by an attending radiologist or qualified designee' pending achievement of outcome criteria as identified on the nursing record or are otherwise ordered.
For inpatients, notification of impending patient arrival must be given to the receiving unit; report must be given prior to transport using the ISBAR form. Patients requiring telemetry monitoring must be accompanied on transport by a telemetry certified RN. Documentation must be completed at time of discharge, regardless of patient type.
The attending radiologist remains medically responsible during the recovery phase.
 - e. Ambulatory patients will receive written electronic and oral discharge instructions from an RN prior to exiting the unit.
 - f. Post-procedure care of inpatients on respiratory precautions must be done on the unit of origin.
 - g. Recovery of overflow patients may occur in the PACU, pending staff and space availability. Decision-making will be the responsibility of the charge nurse in PACU.
3. Minimum Staffing Requirements
 - a. If staffing levels are determined to be inadequate, staff may be asked to alter their time of arrival. Overtime may be utilized according to the Emergency Staffing List and off-duty staff may be contacted regarding availability.
 4. On-Call Coverage
All staff assigned to call must be available by phone or beeper for immediate access and arrival on the unit within 30 minutes. Beepers must be signed out and changes from originally assigned schedule must be communicated to the Health Center operator and Nursing Staffing office by staff generating the change. Persons living outside the 30 minute radius must make arrangements to be available within this time frame. Call shortages resulting from sickness will be filled by volunteers, preferentially, or by the Emergency Staffing List.
5. Human Resources
 - a. Orientation
The orientation of new staff to the unit is organized by the Clinical Nurse Specialist in collaboration with the Nurse Manager and Interventional Radiology nursing staff. The specific content of the orientation is outlined and contained in
 - Unit Orientation Competency Checklist
 - Unit Orientation Plan
 - Unit Educational Manual and Self-Learning Packets
 - Unit Annual Competency Checklist.In addition, a schedule of didactic and clinical experiences will be developed by the CNS and NM for the orientee, and will be modified as necessary.

Preceptors are primarily used throughout the initial orientation period to provide continuity for the orientee and support optimal education and training. Additional staff members are assigned as necessary to support the preceptor(s), as necessary. The CNS and NM work with the preceptor(s) and orientee to meet specific goals, to resolve issues, and to assure remediation of problems. The initial orientation period varies in length according to experience and demonstrated ability. After the initial phase, the orientee rotates through specific direct and indirect care experiences which impact on identified patient populations and job tasks, as appropriate to the role, and works with a variety of staff involved with the care delivered. All staff members are expected to contribute positively to the growth and development of the orientee throughout the orientation period.

An orientation competency checklist based on observed and reported performance will be prepared by the CNS for the Nurse Manager and Director, Critical Care Nursing during the orientation period.

The orientation of Nurse Pros, Critical Care Float Pool and Travel RNs is modified from that of new permanent employees, in accordance with applicable Educational Services and Human Resources guidelines. A unit specific orientation competency checklist must be completed. Travel RN staff nurses are assigned to specific preceptor(s) and must be functioning independently within a short period of time.

6. Staff Development

Unit decentralized staff development is organized by the Nurse Manager in collaboration with the Director, Critical Care Nursing and the staff of the unit. All educational programs shall be documented and retained on file. All staff members are required to maintain an educational activity record as part of the annual evaluation process. All staff members are encouraged to participate in the presentation of educational programs to their colleagues.

7. Continuing Education

Support for staff nurses to attend outside programs is provided through the UHP contract.

IV. NURSING PROFESSIONAL PRACTICE POLICIES

A. Nursing Process

The nursing process guides care delivered by Interventional Radiology nurses.

B. Nursing Responsibilities

The role of the professional registered nurse (RN) on the JDH Interventional Radiology unit is consistent with the scope of practice outlined in the State of Connecticut Nurse Practice Act. RNs are authorized to perform all JDH protocols and procedures

contained in the Department of Nursing and the unit practice manuals, along with identified procedures from the *Lippincott Manual of Nursing Practice*. Nurses will participate in care delivery as outlined in UCHC IRB-approved protocols.

Refer to Department of Nursing Structure Standards for the following:

- Professional behaviors
- Credentialing
- Research
- Standards

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