

I. DESCRIPTION AND MISSION

A. DESCRIPTION

(2) Type of units

Oncology 6 is an adult oncology inpatient unit and is located on the sixth floor of the hospital building. General medical and surgical oncology patients and occasional boarder medical/surgical patients are admitted to Oncology 6.

The University Cancer Center Treatment Area is the outpatient clinic that follows the general hematology and oncology patients. The treatment area is located in the University Cancer Center on the main floor of the hospital.

The Radiation Oncology Program is the therapeutic radiation area. The program is administered by the Department of Radiology and the physician practice. The two staff nurses in Radiation Oncology are supervised by the Nurse Manager for Oncology Services. Radiation Oncology is located on the ground floor of the hospital.

(3) Size

a. Patient Rooms

Oncology 6 is a 22-bed unit consisting of 10 private rooms and 12 semi-private rooms. All the rooms and the nursing station are high efficiency particulate air (HEPA) filtered rooms.

The UCC is an outpatient clinic with 4 examination rooms, 10 chairs and 4 beds.

b. Central Module

(1) Oncology Services - The unit is designed in a circle, organized around a central work-area for staff and a central monitoring station.

UCC – The clinic is centered around a reception area, examination rooms, nursing work area, medication room, and a conference room.

(2) Kitchen facilities are maintained by Dietary and Housekeeping personnel.

(a) The refrigerator is to be emptied and stocked daily by Dietary staff. It is cleaned on a weekly basis by Dietary staff. There is a thermometer in the refrigerator and the temperature range should be 38 to 44 degrees F. A sign reading: "Food Only" is placed on the door.

(b) The freezer is emptied and cleaned monthly by Dietary staff.

(c) The refrigerator in the Pharmacy area should have a sign on the door, reading: "No Food".

(d) Electrical equipment must be checked by the Biomedical Engineering Department.

c. Utility Rooms

(1) Oncology Services - The dirty utility room is located centrally near the nurse's station.

UCC - The dirty utility room is located centrally between the examination rooms and the treatment rooms.

(2) Cleanliness is the responsibility of the Housekeeping Department.

(3) Central Sterile supply technicians are responsible for removing soiled equipment, which has been properly bagged for re-sterilization.

- d. Offices
The Nurse UCC Manager's office is located in the UCC clinic area. The Onc 6 Nurse Manager's office is on the 6th floor in close proximity to the inpatient unit.

3. Scope of Nursing Services

- a. Clinical:
Nursing care is provided to all adult general oncology patients. Standards of care are consistent for all adult patients. Practice concerns are addressed through the weekly status meetings and staff meetings. Practice concerns may be addressed through the Nursing Standards Committee.
- b. Professional:
There is a comprehensive focus on the professional needs of the staff including unit and hospital inservices, unit standards including practice and guidance for advancement through the Clinical Advancement System. Professional concerns may be addressed through the Nursing Professional Practice Council.
- c. Administration:
The structure and organization of Oncology Services is written in these standards for the purposes of planning, organizing, implementing, controlling and evaluating the conduct of Oncology Services. Administrative responsibility for the units is addressed by the Nurse Manager.

B. MISSION

The mission statement of Oncology Services is consistent with that of the Department of Nursing and that of John Dempsey Hospital. Refer to Department of Nursing Structure Standards.

II. PHILOSOPHY AND GOALS

A. PHILOSOPHY

The philosophy of Oncology Services coincides with that of the Department of Nursing and that of John Dempsey Hospital. Refer to the Department of Nursing Structure Standards.

B. STRATEGIC INTENT

1. The strategic intent priorities are designed to establish the major activities believed to be important for the ongoing operations, continued development and success of Oncology Services.
2. The unit strategic intent priorities are developed from the Department of Nursing plan and are framed in reference to the Nurse Practice Act in the state, the ANA Standards of Practice, and the ANA and Oncology Nursing Society Standards of Practice.
3. Activities are developed and approved by the Nurse Manager and the Medical Director.
4. Many individuals are involved in the implementation of the intents during the year; therefore, participation by all levels of staff is important and is reflected in the annual work for the unit.

III. ADMINISTRATIVE POLICIES

A. ORGANIZATION

1. Relationships
 - a. Administrative
Oncology Services are organized as a unit of the Department of Nursing. Refer to Department of Nursing Structure Standards.

- b. Interdepartmental
Oncology Services are under the direction of the Nurse Manager who reports to the Director of Nursing.
 - c. Intra-unit
The overall nursing direction of Oncology Services is the responsibility of the Nurse Manager with supervision, direction and support from the Assistant Hospital Director/Director of Nursing. The medical direction is the responsibility of the Medical Director, appointed by the Chief of Staff. Collaboration with nurses, physicians and appropriate departments takes place weekly through the Status Meeting. The organization of Oncology Services is consistent with the scope; variety and complexity of patient care services provided. Performance descriptions exist for each position on the organizational chart and can be found in the Performance Description Book of the Department of Nursing, with the exception, that of the Medical Director which is located in the Chief of Staff office.
2. Communication Mechanisms
- a. Administrative
Verbal and written information to and from Oncology Services, Hospital and Health Center Administration is delivered, received and transmitted through the Nurse Manager and/or Medical Director.
 - b. Interdepartmental
Communication channels to and from Oncology Services and the Department of Nursing are based on the Departmental Organizational chart (Department of Nursing Structure Standards). The flow of information to and from Oncology Services staff is depicted on "The Dempsey Model: Administrative Governance" (Department of Nursing Structure Standards).
 - c. Intra-unit
Communication channels within Oncology Services are based on the Departmental Organizational chart (Department of Nursing Structure Standards). The flow of information to and from Oncology Services staff is depicted on "The Dempsey Model: Administrative Governance" (Department of Nursing Structure Standards).
 - d. Mechanisms
A variety of communication mechanisms are available, such as shift/transfer report, telephone/paging system throughout the Hospital, bulletin boards/mailboxes on the unit, unit staff meetings, meeting minutes and memos, the unit communication book, and the availability of foreign language interpreters (HAM, #08-007).
3. Unity/Extent of Command
- a. The authority, final responsibility for, and control of all actions directed toward the nursing goals of Oncology Services are vested in the Nurse Manager. The Nurse Manager is also responsible for the nursing staff. In the absence of the Nurse Manager, coverage is provided by the Assistant Nurse Manager(s) or their designee. Administrative Managers are qualified to act in the absence of the Nurse Manager on the off-shifts, weekends and holidays.
 - b. The authority, final responsibility for, and control of all actions directed toward the medical goals are vested in the Medical Director. The Medical Director appoints a qualified alternate in his absence. The Chief of Staff appoints an Interim Medical Director when necessary.
4. Evaluation of Organizational Structure
- The organizational structure reflecting the philosophy of Oncology Services is reviewed by the Nurse Manager, Clinical Nurse Specialist and the Medical Director. The organizational structure is approved by the Nursing Administrative Council and the Medical Board.

B. GOVERNANCE

1. Functions of the Unit

a. Institutional and Interdepartmental

Qualified nurses and physicians are selected to represent Oncology Services on Hospital and Health Center standing committees based on the recommendation of the Nurse Manager and/or the appropriate Nursing/Medical Director. These recommendations are processed through the appropriate council for confirmation of committee appointments. Nurses may volunteer or be appointed by the Nurse Manager to unit committees. Refer to Department of Nursing Structure Standards, for the role and responsibilities on the stated Hospital/Health Center Committees. Refer to Administrative Protocol: Committee/Council Membership for Department of Nursing.

b. Intradepartmental

The functions listed in the Department of Nursing Structure Standards are performed by the appropriate members of the nursing leadership group for Oncology Services.

2. Nursing Direction

a. Type of Governance

The Oncology Services are decentralized and conforms to the Philosophy of the Department of Nursing (refer to Dempsey Model, Department of Nursing Structure Standards).

b. Unit Control (ONCOLOGY 6, UCC, Rad/Onc)

(1) The Clinical Nurse Specialist and the Medical Director assist the Nurse Manager in directing operations of Oncology Services to fulfill each unit's function.

(2) Oncology Services Meetings

Oncology Services Staff Meetings (ONCOLOGY 6, UCC)

CHAIRPERSON: Nurse Manager/designee

MEMBERSHIP: Oncology Services staff

PURPOSE: To enhance the flow of information to and from staff as noted in the Dempsey Model (refer to Department of Nursing Structure Standards).

MEETING

FREQUENCY: Monthly (ONC 6 and UCC have separate meetings)

AGENDA/

MINUTES: Agendas are developed by the Nurse Manager with suggestions from staff. Minutes are in ink and filed on the unit. Copies are circulated to the Director of Nursing Director.

c. Day-to-Day Operations

(1) Authority, responsibility and accountability for the day-to-day, shift-to-shift provision of nursing services is vested in the unit hierarchy.

(2) Unit Hierarchy

(a) Staff Nurses

ONCOLOGY 6-the nurses are responsible for providing nursing care to a specific patient assignment for a 12-hour shift. Primary nursing is incorporated when possible. Each staff nurse is accountable to the charge nurse.

UCC-the nurses are responsible for providing nursing care to the outpatients scheduled for the clinic.

Rad/Onc-the nurses are responsible for providing nursing care to the outpatients scheduled for radiation therapy.

(b) Assistant Nurse Managers/Charge Nurses (Oncology 6)

- are assigned by the Nurse Manager each shift for the purpose of decision-making and facilitating unit communication, coordination and delivery of patient care.
 - (c) Nurse Managers
 - is responsible for the effective organization and management of their units. Has 24-hour accountability for the effective functioning of the staff including their development and evaluation, the efficient functioning of the unit subsystem, and the quality of patient care provided in the setting.
 - (d) Director of Nursing
 - Refer to Department of Nursing Structure Standards.
- d. Support Services within Oncology Services
- (1) Clinical Nurse Specialist
 - is responsible for clinical practice, consultation, education and research within Oncology Services, and reports to the Nurse Manager.
 - (2) Preceptor
 - refer to Orientation Protocol.
 - (3) Non-Nursing Support
 - (a) Medical Assistants-are available on most shifts, to carry out all aspects of job description. Responsible to the Nurse Manager or designee.
- e. Support Services within the Department of Nursing
- (1) Administrative Managers
 - are resources to the Assistant Nurse Manager or charge nurse (in the absence of the Nurse Manager) providing direction and support in the decision-making process during weekends, holidays and off-shifts. Refer to Department of Nursing Structure Standards.
3. Medical Direction of Patient Care
- a. The Medical Director's Role
 - Responsible for the medical administrative control of the unit and with advice from Clinical Department Heads, sets medical standards of care. In the absence of the Medical Director, a qualified alternate is chosen. Responsible to the Chief of Staff.
 - b. Attending Physician's Role
 - All patients will receive a clinical appraisal by a qualified physicians and house staff. Refer to the Department of Nursing Structure Standards.
 - c. Physician Consultant
 - Refer to the Department of Nursing Structure Standards.
 - d. Teaching Staff
 - Refer to the Department of Nursing Structure Standards.

C. RESOURCE DEVELOPMENT/ALLOCATION/UTILIZATION

- 1. Financial
 - Refer to the Department of Nursing Structure Standards.
- 2. Facilities
 - a. Patient Care Areas
 - ONCOLOGY 6 provides twenty-four hour per day care.
 - UCC provides care Monday-Friday, 8am to 4pm, and on selected holidays.
 - Rad/Onc provides care Monday-Friday, 8am to 4pm, and on selected holidays.
 - (1) Admission
 - (a) Admission Criteria
 - ONCOLOGY 6 - Refer to HAM, #09-007, "Admissions Guidelines". Adult patients are admitted to the unit based on their need for the medical and nursing care

provided on Oncology 6 and based on a need for selected acute and/or complex medical treatment regimens such as:

- Leukemia
- Lymphoma
- Selected solid tumors
- Aplastic anemia
- Severe Combined Immune Deficiency
- Other diseases involving malfunctioning bone marrow

UCC - cares for outpatients that have been accepted by the Hematology or Oncology Programs.

Rad/Onc - cares for outpatients that have been accepted for radiation therapy.

(b) Modes of Admission

Patients are admitted to Oncology 6 via any of the following modes:

- Emergency: patients are admitted through the Emergency Department.
- Direct: Patients are admitted directly from UCC, Radiation Oncology, MD offices (UCONN Health Center modules or outside), following admission via Same Day Surgery or Admit-Day of surgery.
- Elective: Patients are pre-scheduled for admission and are placed in Oncology 6 according to research study protocol, or medical therapies only provided on Oncology 6.
- Transfers: Patients are admitted to Oncology 6 from in-house patient care areas or from outside referring agencies.
- Boarders: When there are no other beds available in the hospital and staffing permits, adult hematology-oncology/general oncology boarders may be admitted to Oncology 6.

(c) Attending MD Responsibilities:

Oncology 6 - Physician coverage: Patients are admitted to the appropriate service. It is the Attending's responsibility to see and evaluate the patient promptly after admission, provide indicated patient care or consult other physicians as needed, and collaborate with the house staff to keep family informed. In addition, they must continue to see the patient on at least a daily basis.

UCC - Physician coverage: Patients are admitted to the UCC under the physician covering the outpatient BMT Service. It is the Attending's responsibility to see and evaluate the patient promptly, provide indicated patient care or consult other physicians as needed, and to keep family informed.

Rad/Onc - Physician coverage: Based on physician practice standards for Radiation Oncology.

(d) Admitting MD Responsibilities: Oncology 6

The responsibilities of the Medical residents include, but are not limited to, the following:

- Evaluating patient and write orders for admission.
- Obtaining consent for special procedures.
- Providing around-the-clock coverage for in-house patients.
- Retaining responsibility for specific diagnostic procedures and medical therapy.
- Writing, at a minimum, a daily note on each patient.

(e) Admitting Nurse's Responsibilities: Oncology 6

Operating within the model of primary nursing, it is the responsibility of the admitting nurse to provide and maintain the following:

- Initiation of Oncology Services Admission Protocol, including initial assessment within two hours of admission, and reassessment every 12 hours, or at RN discretion.
- Completion of admission documentation as per Dept. of Nursing policies.

- (2) Transfers
 - (a) In-House

The attending physician, medical resident, and charge nurse make the assessment that the patient needs to be transferred to the Adult ICU due to the following conditions/care requirements:
-Mechanical ventilation
-Invasive hemodynamic monitoring (i.e. arterial line, Swan Ganz catheter)
-Suspected and definite myocardial infarction
-Continuous drug infusion for anti-arrhythmic and/or vasopressor intervention (patients may receive low level doses of dopamine in Oncology Services)
Refer to protocol for: Transfer of In-House Patients to the ICU. A transfer note and updated care plans are written by the patient's nurse. Telephone nursing report is made to the receiving unit before transfer. Upon transfer, the patient is accompanied by appropriate care providers.
 - (b) Other facilities

The physician of record arranges with the receiving physician. The ambulance transfer is coordinated by the admitting department. The patient is accompanied by the appropriate care providers. Before transfer a W-10 form, a clinical resume, a nursing care plan and discharge summary, and a physician discharge summary are completed. Telephone nursing report is made to the receiving facility. Photocopy of portions the patient's record is provided upon request of the accepting physician.
- (3) Discharge
 - (a) Criteria: Patient is clinically stable.
 - (b) Modes of discharge

Duration of stay on Oncology 6 is determined by the patients' physiologic status and patient care needs. Planning for discharge is a combined decision made by the Attending and Nursing staff. Modes include Home, AMA, or Transfers (refer to above section 3). Refer to Department of Nursing Structure Standards.
- (4) Utilization Crises

Refer to Department of Nursing Structure Standards.

 - (a) Files

Tools for verification of skills/competencies are maintained in individual staff files located in Human Resources. Refer to Department of Nursing Structure Standards.

3. Human Resource Development

a. Orientation

- (1) Health Center/Hospital

Permanent new employees attend an orientation session coordinated by the UCHC Resource Department. A general overview of the Health Center, including a brief history and current organizational structure, is provided followed by a review of pertinent safety services, (fire, infection control, police, environmental hazards), employee benefits information and other general information.
- (2) Department of Nursing
 - (a) General Nursing Orientation

General Nursing orientation is a 4-day program, which is scheduled on at least a monthly basis and conducted by the Organization and Staff Development. All newly hired Department of Nursing Staff attend a portion(s) of General Orientation. Specific orientation plans for each category of personnel are determined by Educational Services in consultation with the appropriate managers of those personnel.

The General Nursing Orientation program is organized to provide general, hospital wide information first, then focuses on more specific nursing related areas. A combination of competency-based techniques and more traditional educational methods, (e.g. lecture/discussion and exercises) are used, as appropriated, to the various content areas. Evaluation of learning is accomplished through verbal responses, review of written assignments, and paper and pencil tests. Documentation of completion of orientation activities is recorded on the orientation checklist. The completed orientation checklist is reviewed by the appropriate manager and placed in the employee's file in Human Resources.

(b) **Oncology Services Orientation**

All new personnel shall have a didactic orientation followed by a clinical orientation with a preceptor. The specific content is outlined in Oncology Services orientation plan, which is comprised of lectures, informal discussions, competency skill checklists and appropriate nursing references. At the completion of didactic orientation, the orientee completes an evaluation based on that portion. At the completion of the clinical orientation, the preceptor and orientee jointly complete a CNI evaluation form. The orientation may be individualized for staff nurses with experience in specific areas.

b. **Staff Development**

Unit decentralized development is the responsibility of the Assistant Nurse Managers and Nurse Manager. The purpose is to facilitate clinical educational needs, based on input from the staff, CNS, and the NM. Educational programs, designed to maintain and improve skills and learning new techniques, are offered on a regular basis. Health team members are utilized to instruct inservices as appropriate. All educational programs are documented, reviewed, and a record maintained by the Nurse Manager or designee. An educational activity record for each staff member is maintained as part of the annual evaluation process. All Department of Nursing programs, which include mandatory inservices, are coordinated through Educational Services.

c. **Continuing Education**

Refer to Dept. of Nursing Structure Standards.

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

d. **Support Services**

Refer to Dept. of Nursing Structure Standards.

e. **Consultants**

(1) **Medical**

In the provision of patient care, nursing consults with physicians on formal (e.g. rounds and conferences) and informal basis. Refer to Dept. of Nursing Structure Standards.

(2) **Nursing**

Additional nursing resources can be found in the many Clinical Nurse Specialists. The Clinical Nurse Specialists are Master's prepared in a clinical specialty.

(3) **Management**

Consultation about management can be obtained from appropriated Administrative officers, members of the NAC and Educational Services. Networks have been established with peer groups outside the hospital.

4. **Materials Management**

a. **Equipment - Refer to Dept. of Nursing Structure Standards.**

ONCOLOGY 6 - Refer to ONC 6 Equipment Manual.

UCC - Refer to UCC Equipment Manual.

Rad/Onc - Refer to Rad/Onc Equipment Manual.

- b. Supplies - Refer to Dept. of Nursing Structure Standards.
 - c. Linen - Refer to Dept. of Nursing Structure Standards.
 - d. Product Safety Evaluation - Refer to Dept. of Nursing Structure Standards.
5. Evaluation of Resources - Refer to Dept. of Nursing Structure Standards.
6. Staff
- a. Professional - Refer to Dept. of Nursing Structure Standards.
 - b. Para-Professional Medical Assistants may perform certain aspects of patient care under the direct supervision of a registered nurse. Refer to Dept. of Nursing Structure Standards.
 - c. Status
Professional and non-professional staff may be hired full or part time, as determined by the Nurse Manager and based on unit needs. The positions available range from 30% (4-twelve hour shifts per schedule) - 100% (13 twelve hour shifts per schedule). Refer to Dept. of Nursing Structure Standards for change of status.
 - d. Temporary Staff
 - (1) Agency Personnel-Refer to Dept. of Nursing Structure Standards.
 - (2) Private Duty Nurses-Private duty nurses are not utilized by Oncology 6, as per Nursing Practice Manual.
 - (3) Student Nurses-Refer to Dept. of Nursing Structure Standards.
 - (4) Nurse Pros-Refer to Dept. of Nursing Structure Standards.

D. STAFFING

- 1. Responsibility for Providing Adequate Staffing
Refer to Department of Nursing Structure Standards.
- 2. Administrative Staffing
Refer to Department of Nursing Structure Standards.
- 3. Master Staffing
Refer to Department of Nursing Structure Standards.
- 4. Unit Staffing
Refer to Dept. of Nursing Structure Standards.
- 5. Delivery of Care Methodology
Refer to Dept. of Nursing Structure Standards.
- 6. Patient Classification System
Refer to Dept. of Nursing Structure Standards.
- 7. Shift Assignments
Refer to Dept. of Nursing Structure Standards.
- 8. Scheduling
 - a. Responsibility
Refer to Department of Nursing Structure Standards.
 - b. General Scheduling Practice
ONCOLOGY 6 - Refer to Dept. of Nursing Structure Standards. The ratio of staff to patients varies according to the patients' clinical conditions. Patients experiencing complications of therapy (i.e., IL-2 infusions) may require 1:1 nursing. Medical/Surgical boarder patients may be staffed at a ratio of 1:5. Each shift the patient census and acuity is review and staffing levels adjusted as needed.

UCC and Rad/Onc - Refer to Dept. of Nursing Structure Standards. Staffing needs are based on the number of scheduled patients, the treatments required and the acuity of the patients. The needs are assessed on a daily basis.

- E. EMPLOYMENT
Refer to Dept. of Nursing Structure Standards.

- F. QUALITY ASSURANCE PLAN

IV. Professional Practice Policies

A. NURSING PROCESS

1. Assessment
An initial head to toe assessment will be performed on each patient on admission. Refer to Department of Nursing Structure Standards.
2. Planning
Refer to Dept. of Nursing Structure Standards.
3. Nursing Interventions
Refer to Dept. of Nursing Structure Standards.
4. Evaluation
Refer to Dept. of Nursing Structure Standards
5. Documentation/Retention of Records
ONCOLOGY 6-Refer to Dept. of Nursing Structure Standards. All patients in Oncology 6 will receive a systems assessment at the beginning of each shift, and reassessment may then be performed every 2 to 4 hours, at the RN's discretion.

UCC and Rad/Onc-Refer to Dept. of Nursing Structure Standards. All patients in these areas will receive a systems assessment at the beginning of each visit, and reassessment may then be performed at the RN's discretion. The patient's care will be documented on the appropriate forms.

B. NURSING RESPONSIBILITIES

The role of the professional nurse at JDH is consistent with the scope of practice outlined in the State of Connecticut Nurse Practice Act (1975).

Registered Nurse are authorized to perform all JDH protocols and procedures contained in the Department of Nursing Practice Manual and the Unit specific manuals, along with identified procedures from the Lippincott Manual. Orientation programs, ongoing educational activities and completed annual evaluations, which include competency checklists, ensure individual nurses are competent.

The specialized, tertiary care setting demands assessment of specific nursing responsibilities in each clinical area. Therefore, Unit Structure Standards and Practice Manuals further define the professional nurse role in each area of nursing practice.

1. Nursing staff may perform the following bedside testing:
Glucometer: bedside testing skills are validated annually.
2. ONCOLOGY 6-nursing staff at the change of each shift are responsible for performing a 12-hour audit on their assigned patients. The audit will include:
 - a. Review all physician orders written during previous 12 hours.
 - b. Check documentation of transcription of all orders on the MAR, Kardex, and Lab sheet.
 - c. Document completion of the 12-hour audit with designated signatures, after the last written order.

Refer to Department of Nursing Structure Standards.

- C. PROFESSIONAL BEHAVIORS-Refer to Dept. of Nursing Structure Standards.
- D. CREDENTIALING-Refer to Dept. of Nursing Structure Standards.
- E. RESEARCH-Refer to Dept. of Nursing Structure Standards.
- F. STANDARDS
Refer to Dept. of Nursing Structure Standards.
Nursing Standards are reviewed every three years by the Medical Director, Nurse Manager and Clinical Nurse Specialist.
- V. CLINICAL POLICIES - Refer to Dept. of Nursing Structure Standards.

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