**Team Based Model**

**Stroke Program**

***Purpose:***

The purpose of this team based approach is a guideline to provide safe patient care during a pandemic, by integrating all the members of the health care team.

***Decision to implement:*** When patient care demand exceeds current staffing models and units are required to balance staffing across other units

***Staffing needs***

|  |  |
| --- | --- |
| ***Day Shift***  | ***Night shift*** |
| **Unit Lead:****RN:****RPN:****Clinical Assists:** **Clerks:****Dietitian:****Pharmacy:****Physio (PT):****Occupational Therapist (OT):****Therapy Assistant (OTA/PTA):** | **RN:****RPN:****Clinical Assists:** **Clerks:** |

**Consultations: SLP, Respiratory Therapy (RT’s) and Social work (SW):**

**Assumptions-** based on a unit of 28 patients and that we would continue to accept telemetry and stable tPA patients.

Nursing Ratio:

Constant Cares:

**Stroke/5N:** - 28 beds=

 DL – (14 patients) 2 registered staff + 2CA X 2 teams

 NL - (14 patients) 2 registered staff + 2 CA X 2 teams

Break Coverage: 30 min x 4

|  |  |
| --- | --- |
| **Date :**  | **Concerns/ Comments**  |
| **Unit Lead:****Clerks:****Dietitian:** **Pharmacy:****Physio (PT):****Occupational Therapist (OT):****Therapy Assistant (OTA/PTA):****Consultations: SLP, Respiratory Therapy and****Social work (SW)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Staff | 5DNDay shift | Break Coverage | 5DNNight shift | Break Coverage  |
| RN (1) or (2) |  |  |  |  |
| RPN (1) or (2) |  |  |  |  |
| Clinical Assistant  |  |  |  |  |
| Clinical Assistant  |  |  |  |  |

Spiritual Care Plan:

There are three main things we plan to do as needed:

1. Triage referrals on the basis of acuity
2. Call in extra support from up to four on-call spiritual care staff at SMGH
3. Look at Social Work/Spiritual Care collaboration, for those situations where we overlap in scope (emotional support needs, primarily)

This would apply across the hospital for spiritual care, including stroke unit.