**Emergency Department**

**Team Based Model of Care – Critical Staffing Shortage Response Plan**

**I. Purpose**

To provide guidelines for a Team Based Model of Care during COVID-19 pandemic that will ensure safe, effective and ethical care by incorporating nursing and non-nursing healthcare disciplines in a team based model approach in caring for all emergency patients when managing a critical staffing shortage or surge in patients requiring critical care.

**II. Principles** (from Critical Care Guideline)

Crisis Standards of Care

* Decision about care during extreme circumstances provide safe, effective ethical care
* Delegate care to others-within professional standards

**III. Decision to Implement**

* When patient care demand exceeds available staff, either within the emergency department or across the hospital, and units are required to balance staffing across other units and/or
* Critical Care trained nurse to acute patient care ratio is greater then 1:3

**IV. Emergency Department Level Staffing Model**

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| **Day Shift** | **Night Shift** |
| * 1 Resource Nurse (RRN) - 12H/7 day
* 14 Registered Nurses (RN) - 12H/7 day
* 2 Registered Practical Nurses (RPN) - 12H/7 day a week
* 1 Nurse Practitioner- 12H/7 day
* 1 GEM Nurse – 12h/7 day
* 1 Physiotherapist (PT) - 8H/7 day
* 1 Social Worker (SW) – 8H/7 day
* 4 Clerical – 12H/7 day
* 1 Porter - 12H/ 7day
* 1 Stocker – 8H/7 day
* 2 EVS – 12H/7 day
* 1 Pharmacist -12H/7 day
* 1 Security Officer -12H/7 day
* 2 Crisis Staff
* 1 Educator
 | * 1 Resource Nurse (RRN) - 12H/7 day
* 12 Registered Nurses (RN) - 12H/7 day
* 1 Registered Practical Nurses (RPN) - 12H/7 day a week
* 4 Clerical – 12H/7 day
* 1 Security Officer -12H/7 day
* 2 Crisis Staff
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**V. Staffing Model Guiding Principles**

*Objective:* To increase the care capacity available for a large number of patients during a crisis by making strategic use of the competencies of all available health care providers

*Guiding Principles:*

* The Resource Nurse will provide immediate leadership support to all teams
* The Resource nurse considers the volume and acuity of patients to determine when and how best to utilize team based model of care (ie. High Acuity and Volume requiring bed space outside of acute care)
* Resource nurse assesses skills, ability and knowledge of available staff and assigns/re-assigns staff to balance skill set and competence across department as per usual process
* Resource nurse considers closing care areas in the department to support reassignment of staff (i.e. ACA) to support teams.
* When acuity and volume exceeds acute care capacity, the resource nurse ensures 1 critical care trained nurse (CC RN) is on each team in each area who acts as the team lead
* Resource Nurse considers assigning staff outside of traditional roles (i.e. NP assigned to provide patient care, Crisis to Intermediate Care, EVS to assist with portering, etc.) when care needs are significant and the teams require support.
* Each team lead (CC RN) ensures the skills, ability and knowledge of the staff member to carry out a delegated act (teach back model) and provides leadership to support their own respective team
* The Resource Nurse assesses and reassess patient assignment to ensure care capacity does not exceed skills, ability and knowledge of each team as to not compromise patient care
* The Resource Nurse seeks clinical support from Critical Care units when needed

**Examples: (# of teams required may exceed 2)**

***CC= Critical care trained staff***

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| **Day Shift** |
| **Team 1** | **Shared Staff** | **Team 2** |
| **Staff** | 1 CC RN 1-2 RN1 RPN | **Staff** | RRNPTClericalNPGEMPorter Stocker EVS Pharmacist Security Officer Crisis StaffEducator | **Staff** | 1 CC RN1-2 RN1 RPN |

|  |
| --- |
| **Night Shift** |
| **Team 1** | **Shared Staff** | **Team 2** |
| **Staff** | 1 CC RN 1-2 RN1 RPN | **Staff** | RRNClericalEVS Pharmacist Security Officer Crisis Staff | **Staff** | 1 CC RN1-2 RN1 RPN |

**VI. Standard of Care**

*Objective:* To outline staff responsibilities in patient care—to allow staff to redistribute workload.

**Day Shift/Night Shift**

✓ - primary responsible with task

MH – may help with particular task

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| **Day Shift/Night Shift**  |
| Skills/Task | **CC RN** | **RN** | **RPN** | **Shared Staff (within skill set)** |  |
| Focused Assessment, Vital signs and CBG check | MH | ✓ | ✓ |  |  |
| Medication administration | MH | ✓ | ✓ | MH |  |
| Mobilize (1 person assist) |  |  |  | ✓ |  |
| Mobilize (2 person assist) |  |  | ✓ | ✓ |  |
| ADLs* Turning and repositioning
* Incontinence care
* Toileting
 |  |  | ✓ | ✓ |  |
| Documentation | ✓ | ✓ | ✓ | MH |  |
| Procedures* Wound care
* Bloodwork/IV insertion
* ECG
 | MH | ✓ | ✓ | MH |  |
| Feeding patients (Total feed)/Tray set-up |  |  |  | ✓ |  |
| Answering call bells | ✓ | ✓ | ✓ | ✓ |  |
| Emptying foleys |  |  | ✓ | MH |  |
| Runner for supplies |  |  |  | ✓ |  |
| Stocking of carts and bedside |  |  |  | ✓ |  |
| Behavioural, Cognitive, and Delirium Support |  |  |  | MH |  |

**VII. Supporting Mechanism**

*Objective:* To ensure appropriate tools and resources are available to support model

* Clinical Guideline – Team Based Care Model 2020
* Joint Documentation Policy Pandemic Revisions
* Protected Code Blue
* Code Orange Policy and Procedure

**References:**

**Colleges of Nurses:** [Practice Standard*Decisions About Procedures and Authority*](https://www.cno.org/globalassets/docs/prac/41071_decisions.pdf)

**College of Nurses**: [Practice Guideline *Working With Unregulated Care Providers*](https://www.cno.org/globalassets/docs/prac/41014_workingucp.pdf)

**College of Nurses**: [Practice Standard *Professional Standards Revised 2002*](https://www.cno.org/globalassets/docs/prac/41006_profstds.pdf)

*National Academies Press (US); 2012 Mar 21. Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response* [*https://www.ncbi.nlm.nih.gov/books/NBK201063/*](https://www.ncbi.nlm.nih.gov/books/NBK201063/)