

NURSING SERVICES ADMINISTRATIVE MANUAL



**Health Care & Diagnostic Division
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FORWARD

This is the 3rd edition of the Nursing Service Standard manual and it contains nursing professionals the ethics, roles and responsibilities of nurses in delivering the nursing services. The 1st edition was published in 1999 and followed by 2nd edition in 2012. Over the year there has been changes in demography of the country; cases of Disease Epidemiology : leading to increasing demand on nursing services across the country.

The 3rd edition of the nursing services. administrative manual has the revised activities of various nursing activities. It also has additional services incorporated : Like **Individual Work Plan (IWP), Nursing Care Process and Guideline and Standards Operating Procedures (SOPs)**.

The endeavor has been that there has been continuity of the practices as per the 2nd edition and at the same time provides directives that would enable better quality services and prepare nurses for effective managements of patient care

This manual is a living document and it will be subjected to periodic reviews. Any kind of constructive feedback would be welcomed.

I would like to congratulate the entire team who initiated the reviews of the manual and worked hard towards its publication.



(Dr. Pandup Tshering)
Director General

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It is hoped that this edition of Nursing Service Administrative Manual will improve and strengthen the quality of nursing services in Bhutan.

1. PROFESSIONAL CODE OF CONDUCT

I. Purpose

- Establish positive relationships with the patient and family during the delivery of care.

II. Scope

- Nursing Personnel

III. Guiding Principle

- Patients/families enter hospital with the expectation they will encounter staff who are concerned for their health and dignity as individuals. These individuals need emotional and physical help and support
- Every conversation and action with each patient/family should be directed at meeting the patients expectation of the Service
- Any explanation should be provided in a quite calm manner
- Families of patient should be provided the same courtesy, time and concern
- Conversation between staff members, which includes gossip, derogatory remarks of personal matters, is not acceptable
- The message the patient/family should perceive from our behaviour is that of undistracted concentration on his/her problem

IV. Responsibility

- Each individual will monitor his/her own behaviour
- The immediate supervisor is also accountable for the professional bearing of subordinates

1.1. Characteristics of Good Nursing Care

Prime Job: Ensure speedy recovery at the earliest without any or minimal

Complication

1. Good reception and orientation to patient and family on admission
2. Effective explanation and adequate reassurance to patient and family
3. Observant about patient condition
4. Assist to meet the physical, emotional, spiritual and social needs of the patient
5. Maintain good nursing care process
6. Provide effective health education to patient
7. Effective compliance to patient safety interventions
8. Provide correct nursing procedures
9. Maintain high quality sterile techniques
10. Maintain correct and accurate recording and reporting
11. Provide correct and precise patient information during handing taking and to the treating doctor
12. Effective instruction at discharge and follow up of patient and family
13. Organized approach to caring and curing
14. Enthusiastic and complete in carrying out nursing job timely
15. Understanding the need and problem of patients
16. Successful in achieving patient's trust and confidence
17. Maintain effective team coordination and collaboration and communication
18. Economic and proper use of resources

1.2. Legal Aspects of Nursing

I. Purpose

- Improve patient care by outlining nursing responsibility for the patient and the profession
- Protect patients against ineffective or harmful nursing practice or inadvertent injury by the nurse by defining specific responsibilities of the nurse

II. Scope

- Nursing Personnel registered under Bhutan Medical and Health Council(BMHC)

4. Guiding Principle

- Nurses are held accountable for their professional actions
- Nurses are responsible for maintaining license to practice and to meet criteria for relicensure as mandate by BMHC
- Nurses should respect the rights of the patients
 - Provide safety in so far as the hospital practices and environment affect the patient.
 - Protect the patient from harm
 - Provide protection of the patient's personal area and possessions from unwarranted intrusion.
 - Inform health care providers (doctors) of patient's condition.
 - Conduct discussions/consultations discreetly with patients.
 - Maintain confidentiality
 - Accurately report and record nursing observations verbally and in writing. Maintain correct chart notations.
 - Follow the hospital policy for the reporting of unusual, untoward incidents.
- Nurses should understand the scope of professional practice and recognize and refuse those duties, which fall beyond this scope.
- Nurses must familiarize themselves with written policies and procedures of the hospital and Unit

- Nurses must delegate only that duty that sub-ordinates are trained to perform within the job description and as demonstrated by individual competence
- Nurses must keep informed of changes in nursing practice and use sound judgment in all actions.

1.3. Uniform Dress Code

I. Purpose

- To provide guidance in establishing uniform code for the personnel of the Nursing Service

II. Scope

- Nursing Personnel

III. Guiding Principle

- Nurses working in wards and unit should wear white kira and formal white pants (ankle length) with white collar shirt with full or half sleeve.
- Nurse working in Operation Theatre should wear scrub dress (only inside the Operation Theatre)
- Uniforms are ankle length and loose fitting.
- Replacement uniform should be purchased as required
- Dark blue or black blazer/sweater may be worn while on duty
- Shoes must be plain white or plain black colour.
- Socks must be navy blue/black/white
- Uniform must not be worn outside hospital premises
- A uniform allowance is granted for the purchase of uniform.

IV. Professional

- Uniform must be clean, neat and tidy
- Female nurse with long hair must be tied and placed in a bun with a hairnet. Black hair clips and hair bands can be worn to keep the hair tidy.
- Male nurse should keep their hair short
- Hair must be off the collar and neatly combed
- Hair dying (no other colours except black)
- Nails must be kept short with no nail polish
- Earrings must be of the stud-type
- Men must shave daily or beards neatly trimmed
- A plain ring may be worn. A fob watch can be worn in place of wrist watches
- An identification badge is required

V. Responsibility

- The individual nurse is accountable for his/her appearance
The immediate supervisor is responsible for ensuring the nurses are in compliance with appropriate uniform or dress code

2. NURSE IN-CHARGE

I. Purpose

It is essential in assessing; planning and implementing quality patient care .For effective management; right nurse should be appointed as the In-charge of the Ward/Unit for smooth function of ward and unit. The profession of nursing as represented by association and their members, is responsible for articulating nursing values, for maintaining the integrity of profession and its practice and for shaping social policies.

To improve the image of nursing, nurses need to be able to communicate effectively, negotiate, project a positive attitude, and be receptive to others' ideas, as nurses have consistently been identified as trustworthy profession by survey

II. Guiding Principle

The selection of In-charge should be done based on following criteria:

1. Qualification- Minimum Bsc. Nursing or Clinical Nurse
2. Experience – Minimum of 5 years experience, regular nurse registered with Bhutan Medical and Health Council

- Leadership skills
- Good service record
- Positive attitude
- Seniority

Professional Characteristics

- Knowledge,
- Competency,
- Effective team work

Personal Characteristics

- Respect for others, integrity, positive attitude, compassion
 - Effective communication skill
- Good rapport with peers and patients

Job Responsibilities:

- Display good leadership, management and communication skills
 - Managing, supervising, assisting the nursing staff
 - providing administrative support and patient care,
 - Ensure smooth function of ward/unit
 - Ensure patient safety care
 - Duty scheduling
 - Maintaining adequate supplies
 - Informing staff regarding changes in policies, procedures, and protocols
 - Regulate nurses leave
 - Delegate job responsibilities to subordinates
 - Prioritize and adapt during emergencies
 - Coordinate and collaborate within the unit staff and others
 - Ensure fair and transparent nomination of in-country and ex-country training
 - Educate and train new nurses and other staff
 - Counseling of subordinates
 - Performance evaluation of subordinates
 - Attend to personal and administrative issues, address and solve problem amongst staff.
- Responsible for the welfare of the subordinates
Representation of nursing body of the respective ward/unit

2.2. Link nurses

I. Purpose

Person with responsibility for promoting sound practice in specific area in addition to regular duties. The nurse should take the responsibility to record, report and disseminate information in addition to coordination and conduct of awareness.

II. Scope

Focal Nurses

Examples

- a. Infection control link nurse
- b. Quality link nurse
- c. Nursing care process link nurse
- d. Patient Safety link nurse

III. Responsibilities

- Act as a source of information for staff
- Participate in the teaching of new nurses and others health professionals
- Help develop policies and practices by effective communication and collaboration in relation to responsibility
- Participate in audit of facilities provided in relation to responsibility
- Coordinate in conducting and creating create awareness of latest update

Prepare and submit reports to Nursing Administration

2.3. Leave

Objectives:

- To be away from duty for genuine reasons without having to leave the job permanently; and
- To facilitate periodic rejuvenation and work/life harmony.

As per BCSR 2017, a civil servant shall be entitled to the following categories of leave:

1. Casual Leave: 10 working days in a year;
2. Earned Leave: two and half days in a month;
3. Bereavement Leave: 21 days including weekends and holidays;
4. Maternity Leave: six months;
5. Paternity Leave: 10 working days;
6. Medical Leave: 36 months in total;
7. Medical Escort Leave: maximum of one month;
8. Study Leave: actual duration;
9. Extraordinary Leave: 24 months; and
10. Preparatory leave for transfer/long term training: 5 working days.

Refer: BCSR 2017

3. NURSING SHIFT SCHEDULING

I. Purpose

- To state regulation applicable to nursing shift scheduling

II. Scope

- Nursing Personnel

III. Guiding Principle

Night duty

- The night shift should be 2 nights at a stretch
- The nurse on night duty is admissible to take rest during the day
- Schedule the night shift from 8pm to 8am-12 hours nights
- Feeding mother should do night shift after one year of breast feeding
- The night duty can be exempted for nurses
 - who attains 50 years and above
 - Health condition requiring rest as recommended through medical advice
 - Expecting nurse from 140 days (4.3 months) before the due date of delivery

Weekly Off

- Nurse will receive weekly off once in a week
- Weekly off and Government holidays will be on any days

Feeding Time

- Nurse shall be entitled for one hour feeding time after six months maternity leave during day and evening shift and night duty for two hours till the child attains two years (night duty will resume after the child attains one year)

3.1. Hours of Duty

I. Purpose

Inform all personnel assigned or attached to the Nursing Service of Hours of duty policy.

II. The Policy

- The Nursing Superintendent or Ward Incharges (in the District) will prescribe the hours of duty. Safe patient care, continuous service and overall supervision will be provided through the proper scheduling of duty hours.
- The basic workday is normally 6 hours per day shift and 12 hours night shift.
- The schedule is prepared according to these hours per month. In charges- 152 hours, Staff Nurses- 192 hours. Time off is given in accordance with scheduling.
- All nursing personnel except those working in prescribed areas with no night duty will work on rotating shifts throughout 24 hours.
- Permanent shift assignment e.g. evening or night is not permitted except with the approval of the Nursing Superintendent or Ward Incharge.

III. HR Development for Nurse

1. Objectives:

- To develop capacity and maintain competency and professionalism in the civil service to provide a high standard of citizen centric services consistent with the strategic objectives of the organization.
- To reduce the need for Technical Assistance from expatriates for specialised functions and services.

- To facilitate continuing education for civil servants to enhance qualifications and knowledge for career Progression
- To renew knowledge and skills, cope with advanced technology and healthcare system.

2. Category of Training

2.1 Long-term Training: Trainings which are above six months duration

- PhD
- Fellowship/Specialization
- Master/Bachelor Degree
- Diploma/Certificate courses
- Counterpart training and
- Attachment and Internship

2.2 Short-term Training: Trainings which are six months and below duration

- Certificate courses
- Counterpart training
- Attachment and Internship
- Study Tour/Institutional visits and
- Seminars/Workshops
Conferences/symposium/forum/meetings exceeding 5 days duration

3. Training gap requirement

Sl. No.	Training availed	Training proposed	Gap
1	Ex-country/In-country Long-term Training	Ex-country/In-country Long-term Training	Twice the duration
2	Ex-country/In-country Long-term Training	Ex-country Short-term Training	1 year
3	Ex-country Short-term Training	Ex-country Short-term Training/Long-term Training	6 months
4	Ex-country Short-term Training	Ex-country Seminars/Workshops/Conferences/symposium/forum/meetings exceeding 5 days	6 months
5	Ex-country Seminars/Workshops/Conferences/symposium/forum/meetings exceeding 5 days	Ex-country Seminars/Workshops/Conferences/symposium/forum/meetings exceeding 5 days	6 months
6	Ex-country Seminars/Workshops/Conferences/symposium/forum/meeting 5 days or less duration	Ex-country Seminars/Workshops/Conferences/symposium/forum/meetings 5 days or less duration	Not required
7	In-country Long-term training	In-country Short-term Training	Not required
8	In-country Short-term Training	In-country Short-term Training	Not required

4. NURSING SERVICE COMMITTEE

I. Purpose

- Inform staff member of standing committees
- Improve committee input by identifying committee membership for all Nursing Service personnel and the assigned job to do.
- Take responsibility for specific on going work of the Nursing Service

II. Scope

- The nature and composition of the group along with its duties and responsibilities must be clearly defined
- The Committee is an advisory body to the Nursing administration in the hospital

III. Committees

- Nursing staff development
- Nursing Practice

4.1. Nursing Staff Development Committee

I. Purpose

- Assist nursing personnel in achieving and maintaining competencies in providing nursing care
- Help plan, organize and evaluate Continuing Medical Education (CME) programme
- Submit recommendations for programme developments in orientation and continuing and in service education
- Stimulate interest in learning as a continuous process
- Assess and evaluate the CME credits for registration for BMHC
- Coordinate in conducting CMEs in the hospitals

II. Scope

Nursing Personnel

III. Membership

The committee shall consist of these members:

- i. Nursing Superintendent /Chief Nurse
- ii. In charge
- iii. Clinical Nurse
- iv. Staff Nurse
- v. Assistant Nurse

IV. Procedure for Appointment

- With the exception of the chairperson, appointments will be for one year. Members may be appointed for a further year.
- The Chairperson should appoint new members as and when required
- The Chairperson may institute short term sub-committee as and when required

V. Frequency of Meeting

The meeting can be conducted as and when required based on the type and number of services provided by respective healthcare facility.

VI. Responsibility

- A list of all committees and membership should be reviewed annually
- Meetings minutes are maintained similar to nursing administration-meeting records

Special Note: Short term service committees can be established to address specific issues. Once completed these would be dissolved.

4.2. Nursing Practice Committee

I. Purpose

- Establish standards for nursing performance as a means of quality assurance
- Ratify standards for nursing practice as a means of assessing the quality of care provided to patients
- Review and standardize nursing documentation and forms, records used by the Nursing Service
- Make recommendations through administrative channels

II. Scope

- The nature and composition of the group along with its duties and responsibilities must be clearly defined
- The Committee is an advisory body to the Nursing administration in the hospital

4.3. Nursing Meetings

I. Purpose

- Provide a forum for common problems sharing, and solving and exchange of information
- Serve as a communication media between Nursing Administration, in-charges, nurses and all areas and Services within the hospital
- All personnel have the opportunity to work together in a forum.

II. Scope

- The Nursing Coordination meeting will be held monthly on the 4th Wednesday
- The unit Meetings will be held 2 weeks prior to the Nursing Coordination Meeting

III. Meeting Issues

- Unit meeting's issues will be put in the nursing coordination meeting.
- Coordination meeting minutes will be disseminated through ward in-charges.
- Meeting minutes will be shared to hospital administration.

Note: Smaller hospitals should conduct monthly nursing meeting.

5. LEAVE REGULATION

I. Purpose

- Provide guidelines for scheduling and approving leave.
- Define responsibility

II. Policy

- No civil servant can claim leave as a matter of right
- All leave application must be routed through the In charge Nurse, and Nursing Superintendent (Referral Hospital)
- Allocation of leave must be evenly distributed throughout the year and reflect consideration for colleagues.
- Application of leave must be written, in advance, leave adequate time for planning and scheduling
- Consideration will be given to individual requests, However, a review of previous leave will be carried out to ensure equitable of previous leave will be carried out to ensure equitable distribution during peak periods.
- Leave can not be taken until approval from the appropriate authority has been granted
- Out of station leave permission is required
- Restriction of leave period may occur if the needs of the service can not be met
- A letter of notification must be submitted on re-joining except for casual leave.
- Planned leave is encouraged and changes in completed duty roster should be minimal.

III. Extension of Leave

- Leave extension must be discussed and negotiated through the proper channel in writing or by direct telephone enquiry to the Nursing Superintendent or Ward In charge
- Extension of leave for reason other than an emergency is not permitted

- Failure to obtain permission will result in disciplinary action
- Habitual extensions will result in counseling and notation in the individual's personal file.

5.1. Maternity and Paternity Leave

I. Purpose

- State Maternity/Paternity leave regulations applicable to a nursing staff

II. Reference

- Civil Service Rules and Regulation

III. Policy

- Maternity leave is 90 days with full pay
- Maternity leave is granted for 3 confinements during entire service period. Government holidays, Saturdays and Sundays will be counted as Maternity leave.
- Other forms of leave may be combined with Maternity leave
- In the event of medical complications preventing rejoining, a medical certificate is required
- Breast-feeding time must be negotiated prior to the official date of return

IV. Negotiation for Maternity Leave

Notify your intention to take maternity leave at your earliest so as to allow the administration to mobilize the staff to cover in your absences.

V. Paternity Leave

- Paternity leave is 1 day on the day of delivery
- Paternity leave is available for 3 confinements
- Paternity leave can be combined with other forms of leave

5.2. Medical Leave

I. Purpose

- Insure valid sick time is reported
- Insure medical leave is reported promptly to facilitate planning of unit coverage for absent staff member

II. Scope

- This policy applies to all staff in the Nursing Service

III. Policy

- Medical leave can be granted on production of a medical certificate by a qualified Doctor
- Medical leave more than 1 month can be granted on recommendation of 3 Doctors
- Medical leave of more than 3 months is granted by the Directorate of Health Services at the recommendation of 3 Doctors

IV. Responsibility

- If leave is anticipated (e.g elective Surgery) you are requested to inform the Nursing Administration immediately
- Each staff member is accountable for adhering to this policy
- The staff member must maintain communication with the Nursing Administration to advise on well-ness at intervals during the leave period
- The staff member must inform in writing of his/her date of return to work
- The staff member must personally notify Nursing administration if required to leave station while on leave.

5.3. Staff Transfer

I. Purpose

Inform employees of impending staff to other health care facility/unit

II. Scope

- Define time scale
- Define allocated role
- Define place

III. Policy

- Notification of transfer is issued by the Directorate of Health
- This transfer is binding
- The transfer date will be given out by the Hospital Administration along with other relevant information
- The staff member must attend the end of year performance review before transfer.

5.4. Leave Record Form

Staff Name:.....

Year:.....

Date Commenced	Date Returned	Type of Leave	Total Days	Remarks	
				Extension	Late Return (Reason)

Maternity Leave

Date Commenced	Date Returned	Total Days	Extension/ Days	Late Return/ Reasons

Medical Leave

Date Commenced	Date Returned	Total Days	Doctor/Doctors	Remarks (Details if illness)

Forms to be filled in personal notes at year end

6. INDIVIDUAL WORK PLAN (IWP)

I. Purpose

It is a clear plan of action of an individual to organize and manage daily work activities to effectively contribute to achieving the objectives of the organization.

- Develop culture of individual work planning
- To make the individual performance output objective
- To align the individual work plan to organizational objectives
- Evaluate the performance of the individual nurse against their job description for the full period under review.
- Identify the individual's professional capacity
- To make the individual accountable to their work performance

II. Guiding Principle

IWP Submission, Review and Evaluation

- Planning (goal setting) done in July-August
- Submission in July-August through managing for excellence (MaX) online
- Review 1 (mid-year check) in Dec-Jan
- Review 2 (Year-End review and evaluation) in June-July
- Evaluation will be carried out by head of agency or Nursing Superintendent as per Royal Civil Service Commission (RCSC) in consultation with Nursing In-charge/ Nursing Superintendent.

7. CONFIDENTIALITY OF INFORMATION

I. Purpose

- Protect the patient's rights, welfare and reputation.
- Promote a trusting atmosphere for the patient

II. Scope

- This policy applies to all Nursing Service personnel having contact with patient and/or having access to their clinical records.

III. Procedure

Nursing personnel should make every effort to honor the patient's rights to ensure that:

- Permission for release of information is obtained from the Medical Officer In-charge (MOIC) and Hospital Administration
- Any individual not directly involved with a patient's care is not included in discussion regarding condition or care unless invited by the MOIC
- Individuals directly involved with care or quality assurance monitoring may only read the patient's notes.

IV. Responsibility

- It is the responsibility of all nursing personnel to be aware and support this policy.
- The Nursing Administration or MOIC should be contacted for assistance in resolving any problems associated with confidentiality of information.

7.1. Procedure for Reporting Absconded/Missing Patient

I. Purpose

- To state procedure and administrative action to be taken for a missing (absconded) patient.

II. Scope

- Nursing personnel and Hospital Administration and patient/family

III. Guiding Principle

- The nurse on shift should confirm that the patient is missing
- The nurse should check hospital premises and grounds
- If not found, Nurse in-charge tries to establish if patient has left hospital voluntarily and aware of his/her action.
- If the patient is confused or mentally disadvantaged and without support attendants the Nursing Administration + Hospital administration and Security should be notified.
- If the patient cannot be found, the Hospital Administration may make further inquiries
- Document all information in Nursing Notes
- Medical Officer makes entry in notes
- Forward patient notes to Medical Records

IV. Administration Officer

- Notifies police if appropriate
- Inform higher authorities if required

7.2. Management of Patient without Attendant

I. Purpose

- To state procedure and administrative action to be taken for those patients without attendant

II. Scope

- Nursing Personnel for management of unidentified patient (who cannot identify himself/herself) and/or cannot provide decision for further treatment without attendant.

III. Guiding Principle

- Asses the patient and gather information related to family contact if possible (specify the location from where the patient was brought in to the hospital)
- Provide Unique name and Medical Record Number (MRN)
- The attending nurse should document patient belonging(s) with description (photograph- optional) in the patient's property form in presence of witness.
- The attending nurse should document the information and procedures and inform the nursing in-charge.
- Attending nurse should hand over the belonging to Ward in-charge for safe storage till the patient regain consciousness, relative is identified or patient get discharged/referred/transferred/ to another ward/unit or hospital.
- The In-charge should inform the nursing administration/hospital administration/Public relation officer (PRO) for look out for patient's relatives.
- The patient should be provided treatment and care like any other patients.

8. NURSING CARE PROCESS

I. Purpose

Improve the quality of patient care which is holistic and complete

II. Scope

Nursing personnel

III. Guiding Principle

Collects pertinent data in a systematic and ongoing process using appropriate assessment techniques.

- Data collection involves the patient, attendants/relatives, and health care providers, when appropriate
- The plan is individualized to the patient's condition or needs
- Includes strategies within the plan that address each of the identified nursing diagnosis, which may include strategies for promotion and restoration of health and prevention of illness, injury, and disease.
- Incorporates an implementation timeline within the plan.
- Integrates current trends and research affecting care in the planning process.
- Interventions are consistent with the established plan of care and includes health teaching and health promotion
- Implements interventions in a safe and appropriate manner, documents interventions
- Collaborates with nurse colleagues to implement the plan
- Coordinates care delivery and documentation of care
- Involves the patient, attendants/relatives, and the health care providers in the evaluation process, when appropriate
- Uses ongoing assessment data to revise nursing diagnoses, outcomes and plan of care as needed
- Evaluates the effectiveness of interventions in relation to outcomes

- Documents should be legible for communication, factual, accurate, complete, current (timely), organized and confidential and it should be able to judge the quality and quantity of work done
- Document should serve as evidence for continuity of care and for medico-legal cases.

8.1. Nursing Guidelines and Standard Operating Procedures (SOP)

I. Purpose

It is a document which states compulsory instruction for implementing correct procedure which is standardized and always in the same manner. It is a set of step by step instructions complied by the nursing administration to help nurses to carry out complex procedures in the ward during patient care. It aims to achieve efficiency, quality output and uniformity of performance while reducing miscommunication and failure to comply with the nursing service.

II. Scope

All the nursing personnel

III. Guiding Principle

- The SOPs should be available at the place where the procedure is carried out for references
- Strive for simplicity and clarity for user friendly during implementation
- It should be practical, and easy to implement
- It should be periodically reviewed and updated in line with the advancement of healthcare technology and existing regulations.
- It should be implemented as reference for clinical audit and quality assessment and evaluation.

- The original SOPs should be kept at a secure place while working copies should be authenticated with signature by nursing administration

8.2. Nursing Audit

I. Purpose

It is the process of collecting information from nursing reports and other document evidence about patient care and assessing the quality of care with the use of established criteria

II. Scope

All nursing personnel

III. Guiding Principle

- Assist in the evaluation of nursing care provided
- Assist in the improvement of nursing intervention
- Facilitate in staff development
- Encourage optimal use of available resources
- To stimulate improvement and update of patient care
- To encourage better record keeping in the process of nursing care
- Contribute to nursing research
- To assist in the administration tool for planning and implementation of improved patient care services

9. EMERGENCY PREPAREDNESS PLAN

I. Purpose

An integrated program of long term, multisectorial development activities whose goals are the strengthening of the overall capacities and capabilities to be readied to manage emergencies effectively

II. Scope

Nursing Personnel

III. Guiding Principle

- Prepare and respond efficiently during mass casualty incidences
- Formation of task force(rapid response team, triage team, logistic team, information desk)
- Delegation of responsibilities
- Minimize the loss of lives and disabilities
- Effective management of emergencies/disaster
- Monitor and evaluate the response
- Individual ward and unit should have SOPs for response plan

IV. Responsibly

- Sensitize the staff and review emergency pan periodically
- Receive messages of emergencies /disasters events
- Activate nursing Response Plan
- Anticipate scenario and alerts additional teams needed to receiving hospitals
- Arrange duty roster for nurses/cancel non-essential leaves
- Mobilize additional resources
- Mobilize support staff
- Arrange for empty beds
- Inform infection control unit
- Training and drills for nursing staff

REFERENCE:

1. RCSC, BCSR, 2012
2. Nursing Service Administrative manual, 2012
3. RCSC, 2017
4. MOLRH,

