

 <p><b>Connecticut Valley Hospital Nursing Policy and Procedure</b></p>	<p><b>SECTION B: THE NURSING PROCESS</b></p> <p><b>CHAPTER 7: NURSING PLAN OF CARE PROCESSES</b></p> <p><b>Policy and Procedure: 7.3 Nursing Care Assignments</b></p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Registered Nurses</p>

**Standard of Practice:**

The Registered Nurse assesses patient care needs and delegates nursing care assignments to staff qualified to perform assigned duties.

**Standard of Care:**

The patient can expect to receive nursing care based on his/her individual needs, from staff qualified to meet these needs.

**Policy:**

The Head Nurse or Charge Nurse will ensure that patient care activities and interventions are assigned to members of the nursing staff; Registered Nurses, Licensed Practical Nurses, and Mental Health Assistants (MHAs) on the basis of patient acuity matched with the qualifications and categories of nursing personnel best suited to meet patient needs. The RN, at all times, will assess patient needs and develop, implement and evaluate the patient's plan of care based on these assessments; therefore, nursing care assignments must clearly denote the RN's accountability for the delivery of patient care.

**Procedure:**

1. Daily Shift Assignments

- a. Prior to the beginning of each shift, the Head (Charge) Nurse, or designee, makes out and signs the Nursing Care Assignment Sheet (7.3.1). The RN consults with the Nurse Supervisor when questions arise regarding assignment of care, e.g., acuity needs, deployed staff, escorts and trips out, etc.
- b. The RN performs both initial and ongoing patient assessments that address patient needs and develops, implements and evaluates the patient's plan of care based on these assessments. The nursing care assignment sheet, therefore, clearly denotes the RN's accountability for the delivery of patient care.
- c. The RN may delegate certain appropriate aspects of nursing care to other members of

the nursing staff who have the competencies, skills and qualifications necessary to provide such care, i.e., LPN's medical treatments, MHA2 assignment of functional unit routines, however, the RN is ultimately responsible for the patient care assignments which are delegated.

- d. The RN bases patient care assignments on patient acuity, emotional needs, educational needs and level of function, matched with the qualifications and categories of nursing personnel best suited to meet patient needs. In addition, patient care assignments consider other environmental factors such as unit geography, safety concerns and location of assigned patients in relation to each other.
- e. Specific individual and situational conditions may also indicate a need for gender consideration in staffing.
- f. The RN ensures completion of the Nursing Care Assignment Sheet (Form 7.3.1) at the beginning of each shift by assigning individual patients to qualified staff members and lists those assignments under staff member and patient assignment columns. Any special instructions or assignments for individual patients are also noted at this time under the special assignments column. Titles for each staff member listed shall be denoted.
- g. Each nursing staff member refers daily to the integrated Master Treatment Plan, specifically the Nursing Plan of Care for their assigned patients. These interventions guide staff in the provision of care on a shift basis. Questions or clarifications regarding delineated interventions shall be clarified with the Charge Nurse.
- h. The RN may delegate the assignment of meal times, census/safety checks and additional unit routines to other nursing personnel such as an MHA2; **or an MHA in the absence of a Lead.** Once these tasks and activities are assigned, the staff person responsible signs their name in the space Assigning Staff.
- i. The Head Nurse and/or Charge Nurse is responsible for reviewing all shift assignments denoting this, through his/her signature in the approving RN signature space.
- j. Throughout the day, nursing staff will apprise the Head Nurse/Charge Nurse as to assigned patients' status with respect to nursing care activities, interventions and change in condition. Relevant changes and improvements are documented in the Progress Note section of the Medical Record. Upon completion of clinical assignments, each staff member will report to the Head (Charge) Nurse their assigned patient's response utilizing the patient's individual Nursing Plan of Care.
- k. The Head (Charge) Nurse will include all pertinent patient information in the 24-Hour Report (NP&P 7.6a), including Nursing Care issues addressed on the Nursing Plan of Care, behavioral changes, mental status changes (risk assessments including self-harm and/or dangerous to others). Use of special treatment procedures, i.e., seclusion and

restraint, medical problems, observations and privilege level changes, medication changes including PRN use, critical test results, vital sign alterations, use of medical equipment, legal issues, appointments, discharge planning and significant changes in condition.

l. The Nursing Supervisor/Unit Director will maintain Nursing Care Assignment forms for 90 days.

m. If there is a change in staffing (i.e., staff member leaves before end of shift and another is added), the change must be reflected on the Unit Nursing Assignment Sheets and initialed by the Head (Charge) Nurse.

## 2. Nursing Assignments

a. Each patient, upon admission, will be assigned a Primary RN. In addition, a Primary Nursing Contact and a PNC backup will also be assigned. This can be a LPN or MHA. When the Primary RN and the PNC are not on duty, the backup will cover the patient.

b. This assignment will be made by the day shift RN who will refer to the patient assignment board and designate Primary RN and PNC (Primary Nursing Contact).

c. The assignments must be kept as equitable as possible among the identified RN and PNC for that particular unit. The number in patient case load for each nurse will be dependent upon several factors, i.e., clinical nature of the case, work schedule of the Primary RN (full time vs. part time), etc.

d. The patient's name will be placed on the Patient Assignment Board next to the identified Primary RN and PNC staff member.

e. The assigned Primary RN and LPN/MHA (PNC) will be responsible for documenting on assigned patients, both incidentally and as part of ongoing care requirements as per hospital policy.

f. The assigned person will be responsible for:

### 1) Primary RN

- ensures that the patient's Nursing Plan of Care is accurate and reflects the patient's and family's/significant other(s) needs and input;
- ensures that the nursing care prescribed is up-to-date and reviewed/revised as necessary, along with the RN Summary Note (the RN evaluation) either daily, weekly or monthly.
- ensures that the team is notified of any changes needed in the Treatment Plan.
- participates in assigned patient's Treatment Plan meeting as able, otherwise communicates to Head Nurse/Unit Director prior to the meeting.
- reviewing/reinforcing the patient's knowledge of his/her goals and treatment as

- needed and to facilitate continued participation in the treatment process;
- ensuring that the patient's and family's/significant other(s) educational needs are met;
- ensuring that the RN Summary Notes reflect the interventions prescribed in the Nursing Plan of Care and the patient's responses to nursing care interventions;
- ensuring that the patient's and family's/significant other(s) discharge planning needs are assessed, planned for and evaluated on an ongoing basis;
- has ongoing therapeutic interactions with assigned patients and applies the principles of the nurse/patient relationship;
- is responsible for ongoing collaboration with and supervision of the PNC, including end-of-shift patient report; and
- is responsible to assign staff to team engagement activities and ensure **patient** participation

## 2) LPN/MHA (Primary Nursing Contact)

- performs all care coordination activities as delegated by the RN (verbally and/or through the Nursing Plan of Care/Treatment Plan); these activities may include, but are not limited to, the following:
  - ADL needs, intake and output, nutrition;
  - orienting the patient to team members and their roles; providing information about the treatment planning process and scheduled team meetings and providing information regarding legal status, patient rights and options;
  - assists the patient with communication; problem solving, recreational and other therapeutic activities, groups, supportive counseling, etc.
  - ensures the patient's involvement in the unit milieu and therapeutic programs; and
  - ensures that patient's participation in assigned group therapies/activities and communicates patient response to RN.
  - collaborates with the assigned RN and participates to degree possible in treatment planning meetings.
  - documents patient progress and change in condition according to hospital procedure.
  - participate in individual team engagement activities as assigned.