



**Main Line Health<sup>®</sup>**

Well ahead.<sup>®</sup>

# Auxiliary Model of Care

April 2020



## Interprofessional Practice Model

The **PARTNERS** model illustrates the environment of excellence Main Line Health® nurses live, as key partners, in providing high-quality service through superior patient care in a culture of safety. We commit to these principles every day through leadership, collaboration, evidence-based practice, engagement and professional development.

<b>P</b> • PATIENT SAFETY	We speak up for safety and practice error prevention behaviors.
<b>A</b> • ACCOUNTABILITY	We are responsible for our actions and outcomes.
<b>R</b> • RESEARCH IN PRACTICE	We grow in new knowledge and innovation.
<b>T</b> • TEACHERS	We educate to optimize improved health and wellness.
<b>N</b> • NURSES AS LEADERS	We grow through lifelong learning and we commit to personal and professional excellence.
<b>E</b> • ENGAGEMENT	We participate and engage in initiatives to enhance patient care outcomes and professional development.
<b>R</b> • RELATIONSHIPS	We partner with colleagues, patients and families.
<b>S</b> • SUPERIOR EXPERIENCE	We deliver an exceptional experience to every patient and employee.

# Auxiliary Model of Care

- Staffing
- Care Priority: will correlate to the designated color of the day and may vary by campus
- Teams
  - Pronation Team
  - Phlebotomy Team
  - Intubation Team

Care Priority 1:  
Assessment  
Vital Signs  
Medication Administration  
Required Documentation  
Mouth Care  
Peri Care  
Treatments  
Spokesperson update

Care Priority 2:  
Assessment  
Vital Signs  
Medication Administration  
Medication Education  
Required Documentation  
Mouth Care  
Peri Care  
Partial Bath  
Dermal Defense  
Patient Education  
Treatments  
Spokesperson update

Care Priority 3:  
Assessment  
Vital Signs  
Medication Administration  
Required Documentation  
Mouth Care  
Peri Care  
Full Bath  
Dermal Defense  
Care Planning  
Patient Education  
Treatments  
Medication Education  
OOB  
Spokesperson update

# Staffing Models

## Staffing Resources:

- Professional ethics for clinicians generally discourages or prohibits practice outside the scope of one's expertise.
- During conditions of extreme scarcity of trained personnel, standards of competence may justifiably be lower than during normal conditions because it can expand capacity and alleviate scarcity of some personnel.
  - Example: ICU Nurses supervise Non-ICU Nursing Staff to take care of critically ill patients and care of related skills (titration of vasopressors and ventilator management) (Society of Critical Care Medicine)

# Pandemic Staffing Models: Synthesis of Evidence

	1	2	3	4	5
	Society for Critical Care Medicine, 2020	Department of Defense, 2020	CHEST Consensus Statement Hick et al., 2014	CHEST Consensus Statement Einay et al., 2014	Sandrock, et al., 2010
Care team model	X	X	X	X	X
Expand clinician expertise (Expand the scope of practice pharmacist role, train non-ICU staff to provide ventilator care)	X	X	X		X
Tiered staffing strategy (see Figure 1)	X	X			
Limit routine services (elective surgery, clinic visits)			X	X	
Curtail administrative and teaching responsibilities			X		
Cancel staff vacation and leaves			X		
New divisions of labor (reassign staff) based on the skill sets needed rather than traditional roles or functions of providers	X		X		
Assess resource commitments based on Treater, Time, Treatment and Threat (see Table 2)		X	X		

## Strategies that support the Auxiliary Model of Care

- Implement a TEAM care model
- Expand clinical expertise
- Limit routine services (Care Priorities)
- Curtail administrative and teaching responsibilities
- Cancel staff vacation or leave
- Reassign staff (just in time training)

\*Staff experience, staff time, amount of resources, and risks to the provider.

# Care Priority: How do you prioritize your care based on Conventional → Contingency → **Crisis**

## Care Priority 1:

Assessment  
Vital Signs  
Medication Administration  
Required Documentation  
Mouth Care  
Peri Care  
Treatments  
Spokesperson update

## Care Priority 2:

Assessment  
Vital Signs  
Medication Administration  
Medication Education  
Required Documentation  
Mouth Care  
Peri Care  
Partial Bath  
Dermal Defense  
Patient Education  
Treatments  
Spokesperson update

## Care Priority 3:

Assessment  
Vital Signs  
Medication Administration  
Required Documentation  
Mouth Care  
Peri Care  
Full Bath  
Dermal Defense  
Care Planning  
Patient Education  
Treatments  
Medication Education  
OOB  
Spokesperson update

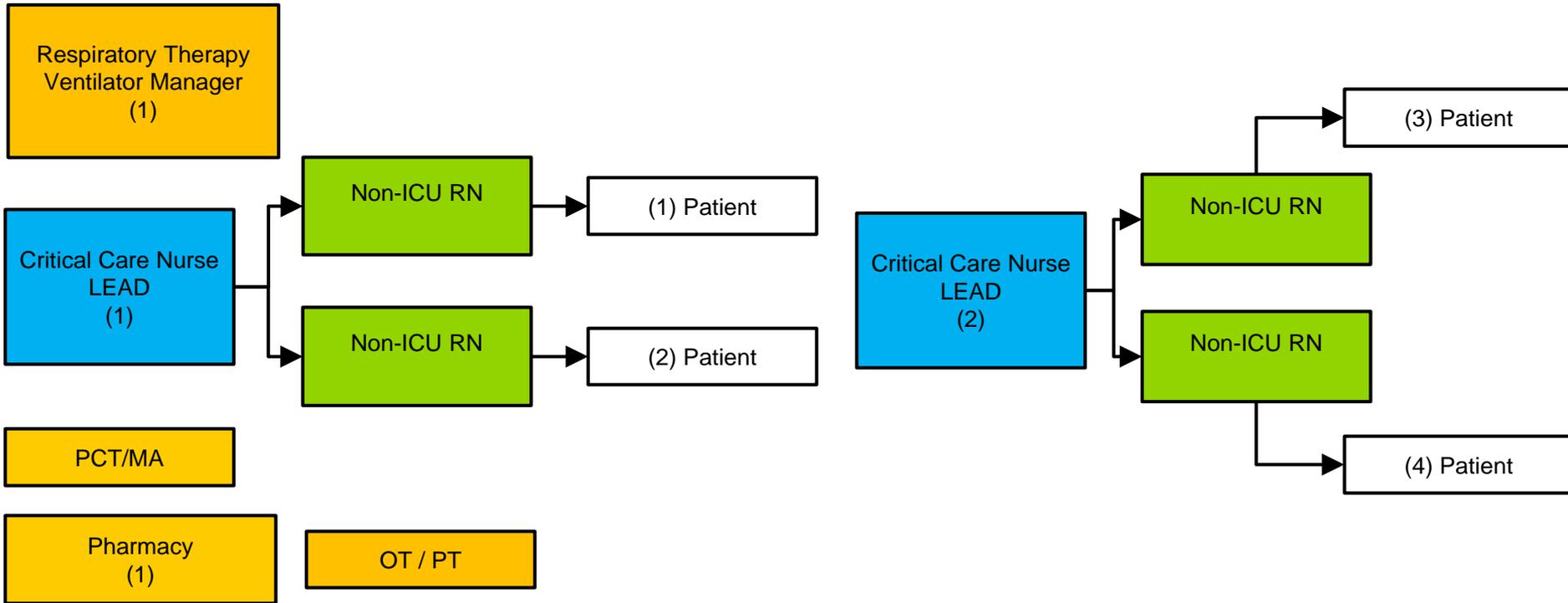
## Auxiliary Model of Care → CRISIS

- The Staffing Model can be MODIFIED:

- Per UNIT
- Per STAFF AVAILABILITY
- Per PATIENT ACUITY

\*Goal: improve staffing as much as you can with what you have.

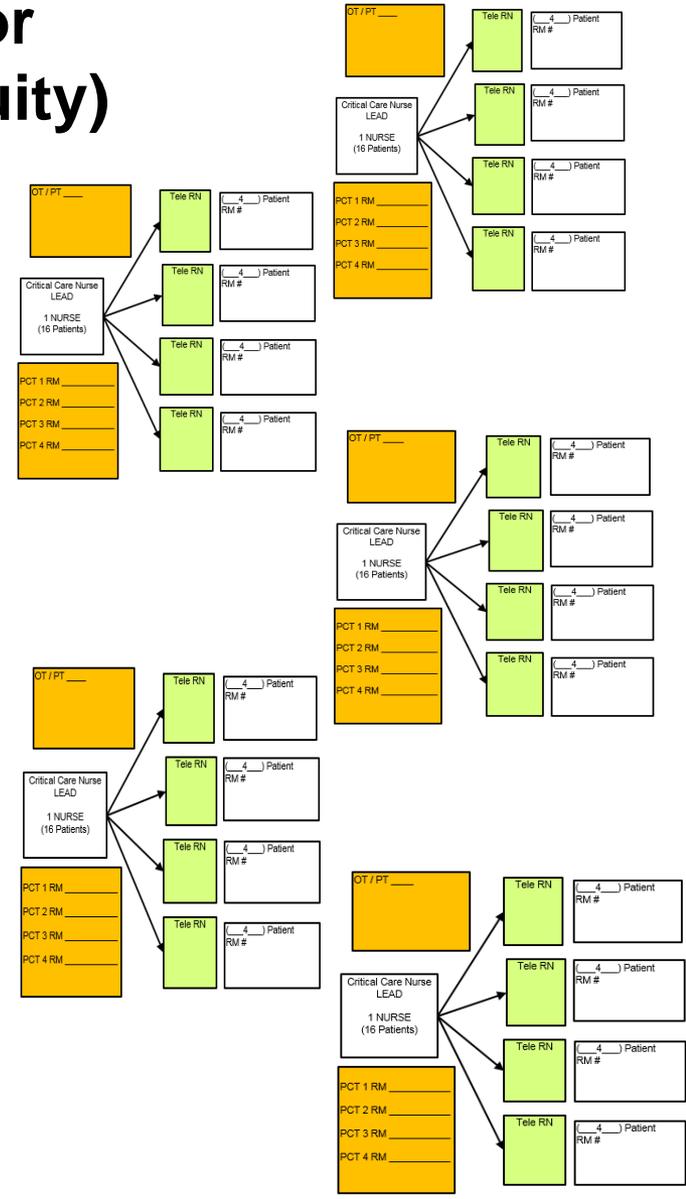
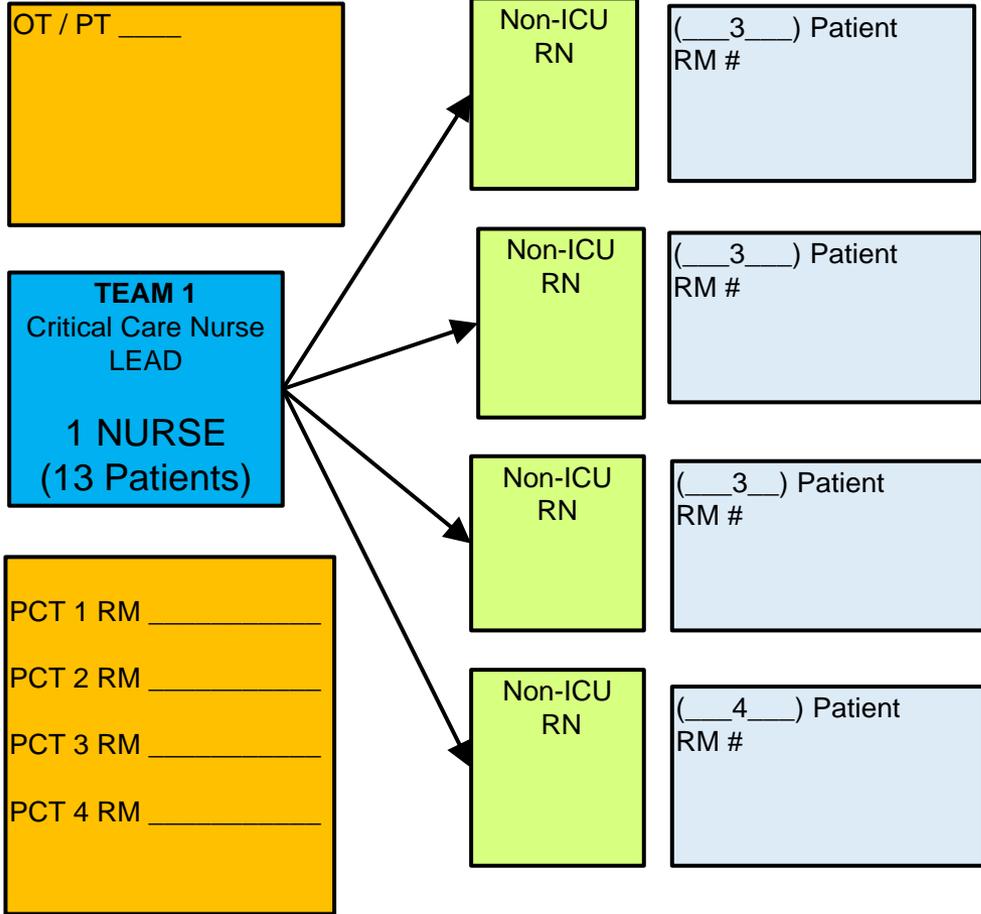
# Auxiliary Model of Care



## Auxiliary Model: Staffing Contingency → CRISIS

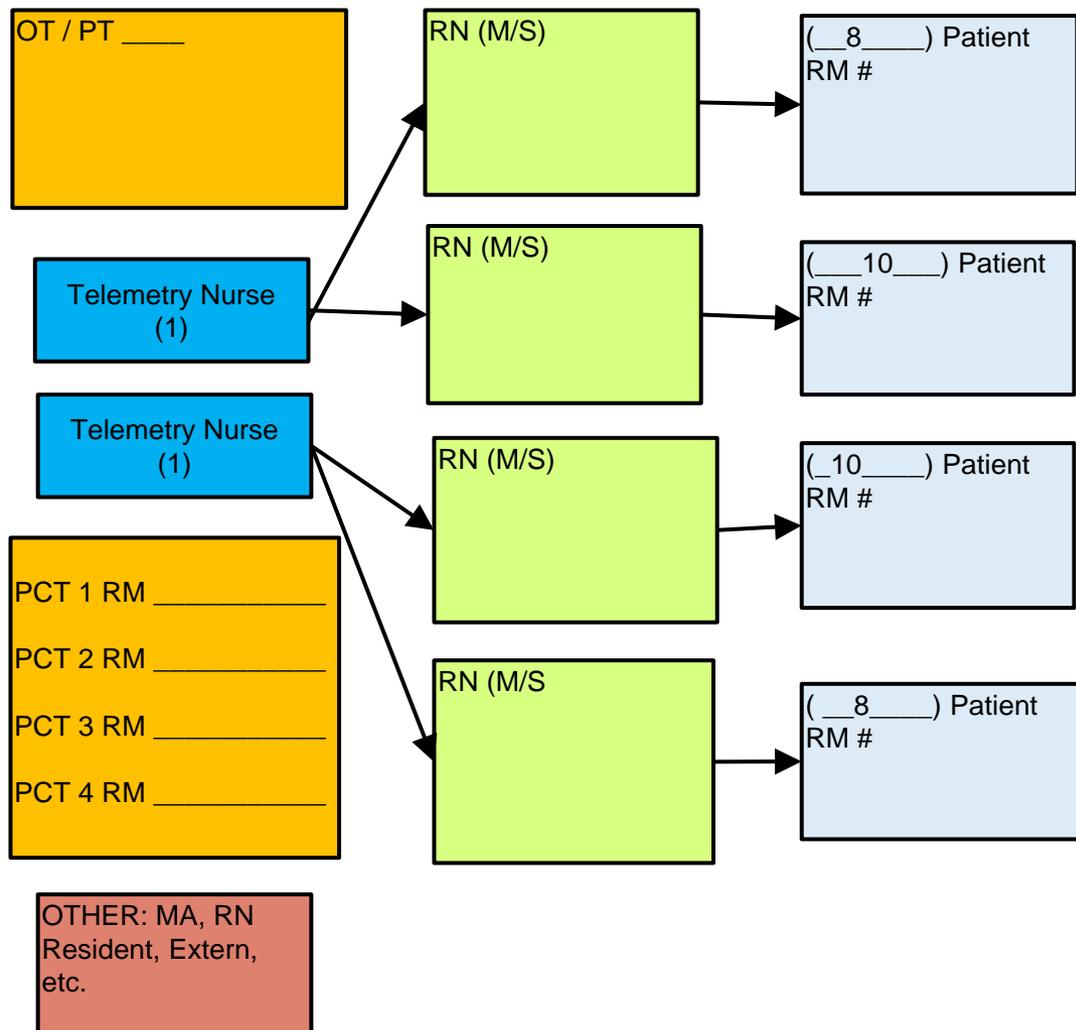
- Determine Critical Care needs
  - Total ICU Patients: \_\_\_\_\_
  - Total Critical Care Nurses available: \_\_\_\_\_ (all inclusive OR, Periop, etc.)
  - Staffing Ratio:
    - Example: 6 ICU Nurses: 78 ICU Patients (Team → 1 ICU RN : 13 Patients each)
  - Determine how many Non-ICU Nurses you can/should allocation
    - Example: 1 Non-ICU Nurse : 3-4 ICU patients
- Allocate 20 Non-ICU Nurses to assist in the coverage of ICU patients.
- Total Staffing for 78 Critical Care Patients 6 ICU : 20 Non-ICU Nurses
- Medical Surgical Nurses backfill Telemetry Nurse (using the same model)

# Determine Staffing Ratios: 6 Teams for 78 Patients TOTAL (customize by acuity)



# Determine Staffing Ratios: 2 Teams for Telemetry

## 36 Patients TOTAL (customize by acuity)



Telemetry Patients: 36

Telemetry Nurse: 2

MedSurg/Other Nurses: 4

## Supplemental Support Teams:

- Pronation
  - WOCN
  - PT/OT
- Phlebotomy
  - Medical Assistant
- Respiratory (Intubation)
  - CRNA
  - RT