

UConn HEALTH

CLINICAL POLICY

Documentation - Reduced Inpatient Nursing For COVID-19 Pandemic Response

A. EFFECTIVE DATE :

June 30, 2020

B. PURPOSE :

In the event of a pandemic or disaster: to outline the process for use of reduced inpatient nursing documentation via the Epic Disaster navigator; to provide assessment guidelines for patients' initial and ongoing needs; and to define scope and frequency for performing appropriate assessments and interventions according to patients' needs.

C. POLICY :

1. When the Chief Nursing Officer declares the need for decreased documentation to maintain patient safety and quality of care, RNs will use the Epic Disaster navigator to enter documentation for inpatients during COVID-19 pandemic.
2. RNs will follow the guidelines for scope and frequency of documentation as outlined in the Initial and Ongoing Assessment procedures outlined below.
3. Double-checks and signature for high-risk medications administered to COVID-19 positive patients under isolation precautions may be performed physically outside the patient's room utilizing strict isolation as the override reason in EPIC.

D. SCOPE :

This nursing policy applies to Inpatient locations. This policy does not apply to Behavioral Health, Emergency Department, Obstetrics or Perioperative/ Procedural Services.

E. DEFINITIONS :

1. Team Nursing: a system that distributes the care of a patient amongst a team that is all working together to provide for this person. This team consists of up to 4 to 6 members that has a team leader who gives jobs and instructions to the group.
2. WDL: within defined limits
3. Shift: 12-hour nursing shift assignment

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. The RN will perform or oversee an **initial inpatient assessment** upon admission that includes:
 - a. Required components
 - i. Interpreter Services
 - ii. Travel / exposure
 - iii. Influenza / pneumonia screening
 - iv. Advanced Directives
 - v. Suicide risk
 - vi. Allergies
 - vii. History of chronic disease or comorbidity relevant to admission

- viii. Home medications & preferred pharmacy
- ix. Belongings

b. If warranted by patient presentation: any other Admission Overview documentation

c. Initial system assessment: according to current standard practice and document only findings that are not WDL:

- | | |
|------------------|---------------------|
| i. Neuro | vi. Skin |
| ii. ENT | vii. GI |
| iii. Respiratory | viii. GU |
| iv. Cardiac | ix. Fall |
| v. Extremities | x. Safe Environment |

d. Admission vital signs per standard unit monitoring practice:

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|------------------------|---------------------|
| i. Temperature | v. SpO ₂ |
| ii. Heart rate / pulse | vi. Pain |
| iii. Respiratory rate | vii. Height |
| iv. Blood pressure | viii. Weight |

2. The RN will perform or oversee **ongoing reassessments** that address findings related to the principle problem(s) or symptom(s) for the admission:
 - a. Vital signs per admission i – vi above, as ordered and as appropriate for patient’s clinical presentation or change(s) in condition.
 - b. Fluid balance: intake and output per orders, and documenting shift totals at end of each shift.
 - c. Systems assessment as listed above
 - d. Intensive Care: assessments per current standard practice, documenting only findings that are not WDL. Frequency of documentation is based on patient acuity and orders, with minimum of assessment / reassessment once per shift.
3. The RN will perform or oversee assessment of and documentation for Lines, Drains, Airways (LDAs), Incisions / Wounds and Nursing Interventions as follows:
 - a. At time of placement or upon admission: LDA location(s) and type(s) and Incisions / Wounds
 - b. Ongoing assessment and care: per assessment, reassessment and care as noted, documenting only findings that are not WDL or are exceptions to standard care procedures.
 - c. Complete documentation of ordered nursing interventions by end of each shift.
4. The RN shall document nursing notes as needed for any significant event that cannot be captured within flowsheet documentation. Documentation of care plans is not required.
5. The RN will administer **medications** as follows:
 - a. Perform double-checks and signature of high-risk medications outside patient room when strict isolation precautions are in effect by utilizing the override reason of “strict isolation” for not scanning patient ID barcode.
 - b. Refer to any Interim IV Medication Guidelines for approved nursing units and medication administration in event of surge / overflow related to pandemic / disaster. Such interim guidelines will cover an RN working on an **overflow or surge unit** for administration of medications that are deemed appropriate by the practitioner for the patient’s level of care and condition, provided that

staff (RNs, Practitioners, Pharmacists) who normally provide care to that patient population are available as resource.

Example: RNs working in PACU Surge unit may administer medications approved for UT- 1, ICU.

6. The RN will complete **discharge documentation** as follows:

- a. Use Discharge Navigator
- b. Document completion of appropriate education and attach any educational materials to After Visit Summary (AVS)
- c. Ensure AVS is printed for patients discharged to home or W10 for patients transferred to other facilities
- d. Document review of AVS / W10 with the patient or authorized representative / caregiver.

H. ATTACHMENTS :

None

I. REFERENCES :

Adapting Standards of Care under Extreme Conditions: Guidance for Professionals During Disasters, Pandemics and Other Extreme Emergencies; American Nurses Association, March 2008.

ANA's Principles for Nursing Documentation: Guidance for Registered Nurses; American Nurses Association, 2010

J. SEARCH WORDS :

Disaster, documentation, pandemic, surge

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

N. FINAL APPROVAL :

- | | |
|--|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer | <u>07/21/2020</u>
Date |
| 2. <u>Anne D. Horbtauck, RN, BSN, MBA (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>07/02/2020</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>07/02/2020</u>
Date |
| 4. <u>Caryl Ryan, MS, RN (Signed)</u> | <u>07/15/2020</u> |

Caryl Ryan, MS, RN
VP Quality and Patient Service & Chief Nursing Officer

Date

O. REVISION HISTORY :

New Policy Approval: June 30, 2020