



Student Nurses

Ward 6 East and Acute Frailty Unit (AFU)

2021

Student Name:

The Ward 6 East Unit

UNIT OVERVIEW

Ward 6 East is a 16 bed general medicine unit with a close working relationship with Ward 5 South which includes a four bed High Dependency Unit (HDB) and Acute Frailty Unit (AFU). 6 East provides a 24 hour a day, 7 days a week service that focuses on timely assessment, diagnosis and acute treatment planning of patients with a wide range of medical conditions. 6 East uses a Collaborative Nursing Model to provide enhanced patient care by:

- More efficient use of nursing resources
- Improved communication between staff
- Improved support for staff new to an area of practice
- Improved capacity to effectively utilise different skills within the nursing team.

A collaborative nursing model is a model of care delivery based on collaboration where an appropriately skilled nurse takes responsibility for leading a team. The team can accommodate different levels of nurses working together with a shared goal, to meet the comprehensive holistic care needs of a group of patients. The aim of the Collaborative Nursing Model is to utilise and develop the skills of the nurses to the fullest extent by providing a supportive learning environment.

SERVICE PERSPECTIVE

Internal Medicine is the largest inpatient service and provides assessment, diagnosis, stabilisation and treatment, and rehabilitation of patients who present acutely for urgent medical diagnosis and treatment.

Services provided include:

- Acute medical care and assessment
- Infectious Diseases: general and HIV medicine
- Diabetes and Endocrine, Dermatology, Rheumatology, Neurology and Oncology (acute presenting)
- Respiratory (inpatients)
- Elderly Services (Older Adult Rehabilitation and Allied Health Services)
- Alcohol and drug detoxification
- Consultation to surgical, orthopaedic and ICU patients
- Medical presentations (are the most common group of patient) in ED

Acute Frailty Unit (AFU)

UNIT OVERVIEW

AFU (previously called as Acute Health of Older People/AHOP) is a 14 bed facility that generally has 10 beds open and resourced. Patients are admitted either under the AFU service or General Medical. Of those 10 beds approximately 8 are used for admission under the AFU service. The other 2 are inpatient beds under General medicine.

The ward promotes interdisciplinary professional care. Early mobility assessment and goal planning. A length of stay less than 4 days and clear clinical criteria for discharge.

The AFU provides 24 hours a day, 7 days a week services that focuses on timely assessment, diagnosis and acute treatment planning of frail patients with a wide range of medical conditions. All of the patients admitted into this area benefit from a model of care that focuses on reducing hospital harm. This is achieved by a short length of stay, an interdisciplinary model of care that prevents patients deconditioning. The treatment plans include expected date of discharge and clinical criteria for discharge that can be facilitated by the ward nurses. Patients who are identified to benefit from rehabilitation or longer period of treatment at KPH will be identified early in their admission.

The facility design principles included: The need to fit a ward into an existing space. The ward is located away from other wards in order to keep vulnerable frail elderly people separated from potential COVID-19 patients. The facility provides an area that encourages combined dining and socialising to reduce deconditioning.

SERVICE OVERVIEW

This AFU service manages frail older patients that require assessment, treatment and discharge from Wellington Hospital. This geriatric model of care, named AFU, aims to direct patients promptly onto the appropriate pathway, avoid deconditioning, and ensure early discharge planning and early rehabilitation, frequent medical review, prepared environment to facilitate physical and cognitive functioning and shorter length of stays. The Wellington AFU service has four teams: ED based, Ward 3 Acute Frailty Unit. Consult Geriatric, KPH triage team along with the Ortho-geriatric team.

NURSING PHILOSOPHY

As inpatient nurses working in a ward of a tertiary hospital we aim to provide compassionate, effective efficient, service to our patients with care and dignity.

- This service will be delivered within a safe, friendly and supportive environment.
- Each individual is central to the care provided and will be treated with dignity and respect.
- We aim to improve patients health and wellbeing by reducing anxiety levels, providing effective assessments

We value collaboration with other health professionals. We have the shared goal of maintaining quality healthcare while patients are in Ward 6 East/AFU.

MULTIDISCIPLINARY TEAM (MDT)

Ward 6 East and Acute Frailty Unit are both working in close ties with the following members of the MDT:

- Physiotherapist
- Occupational therapist
- Dietitian
- Speech Language therapist
- Social worker
- Patient Care Coordinator
- AWHI (Advanced Wellness Health Initiative)
- Clinical Nurse Specialist (CNS) i.e. palliative CNS, wound CNS
- Pharmacist
- Whanau Care Services
- Pacific Health Services

Welcome!!
We are looking forward
working with you

Contacts

Ward 6 East/Acute Health of Older Person Unit	Main contact	Email for main contact	Phone number for ward/Unit
Clinical Nurse Educator	Sam Sandbrook	sam.sandbrook@ccdhb.org.nz	Ext 80559
Clinical Nurse Manager	Robert Dano	robert.dano@ccdhb.org.nz	Ext 82823
Associate Clinical Nurse Manager	Jeramy Babor	jeramy.babor@ccdhb.org.nz	Ext 82827
DEU Clinical Liaison Nurses (CLN)	Christine Joie Te Ella Sanchez Jamie Kerstine Ybañez Kristine Balatbat (AFU)	christine.te@ccdhb.org.nz ella.sanchez@ccdhb.org.nz jamie.ybanez@ccdhb.org.nz kristine.balatbat@ccdhb.org.nz	Ext 82826

If you have any concerns or questions during your placement in 6 East or AFU, please do not hesitate to contact your designated CLN. If your designated CLN is not available, and you need support, you can contact another CLN or the nurse coordinator for that shift or the ACNM/CNM

Location

Ward 6 East is located in level 6 (take the orange lifts) in between 6 North and 6 South.

AFU (previously ward 3/winter ward) is located in Ward Service Block (WSB). From the main entrance, turn right on the corner by the orange lifts. Go straight ahead and take the stairs on your left (adjacent to transit lounge before ED entrance). Walk straight ahead, pass Mojo Café. Then take the left corner by the purple lifts then straight ahead to the Vibe Café. Turn right until you see the blue lifts. AFU is in level 8 or H of the blue lifts.

Dedicated Education Unit

Both Ward 6 East and Acute Frailty Unit (AFU) are Dedicated Education Unit (DEU). The DEU is a model of clinical teaching and learning in Wellington and is a partnership between organisations, the education provider Massey University (Massey) and Whitireia New Zealand (Whitireia) and Capital and Coast District Health Board. Collaboration allows practice areas to provide a more supportive clinical learning and teaching environment for students. DEU's are dedicated to supporting nursing students on clinical placement encouraging incidental and intentional learning modes, and peer teaching. The DEU is based on an Australian model and replaces the Preceptorship model to focus on student learning and curriculum integration.

PRECEPTOR

Each shift you will work alongside a Registered Nurse (Preceptor) who will support your practice and learning during your placement. Over the placement you will work with a number of different preceptors. You will work with your preceptors in a shared care model. This means you will be working towards allocation of your own workload and be supported by your preceptors during your development. It is **your** responsibility to ensure the RN you are working with is aware of your objectives for the day/week. Please provide any paperwork requiring their attention early in the shift. We will prioritise that you work in the same allocation, and with the same nurse if possible, but the acuity of care and the rosters make this challenging. Allocation is done at handover, and we try to give you the best experience/preceptor at the time.

CLINICAL LIAISON NURSE

Joie, Jamie, Ella are the Dedicated Education Unit Clinical liaison nurse (CLN) for Ward 6 East whilst Kristine is the CLN for AFU. They are your main clinical contact person. One of them will be assigned for your clinical placement. They will provide you with some structured clinical learning during your clinical placement. They have an excellent understanding of your programme and academic study and will work alongside your academic tutors (ALNs), your preceptors, and yourself to support your learning needs and complete formative and summative assessments during your placement. In addition, the CLNs will complete all assessments and references relating to ACE for third year students.

If you have any concerns or questions do not hesitate to contact the CLN thru the contact details provided on this booklet.

Expectations of the Student Nurse while in Ward 6 East/AFU

The shifts in Ward 6 East/AFU unit are:

Morning	:	0700hrs to 1530hrs
Afternoon	:	1430hrs to 2300hrs
Night	:	2245hrs to 0715hrs

- ❖ It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and cannot come to call the unit on 021 801 750 (Ward 6 East Coordinator) or 04 385 5999 ext 82827 (Ward 6 East telephone number)/ 027 383 1028 (Ward 3/AFU Coordinator) or 04 385 5999 ext 5696 (Ward 3 telephone number). Please avoid sending an e-mail or text message.
- ❖ You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator. A lot of learning occurs at quiet times in the unit. Also, handover at the end of the shift is a nursing responsibility.
- ❖ It is important that you set objectives for that day/week and share this to your preceptor.
- ❖ If you are not achieving your objective, please see your CLN or tell your preceptor (sooner is better, but any time is better than not at all!)
- ❖ Due to infection control a clean uniform must be worn, long hair must be tied back and cardigans must not be worn when working in the floor
- ❖ Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit – your preceptor will **not** complete any paper that is given to him or her if it is given in the last days of your placement.
- ❖ The handover sheet contains confidential information and must be disposed of in one of the shredding bins prior to leaving the ward.

ROSTER

Your roster will be sent to your Tertiary Education Provider (TEP) who will forward it to you. Your roster will also be placed in the roster folder which is most of the time located in the fish bowl.

HANDOVER

Handover is the transfer of professional responsibility and accountability for some or all aspects of care for a patient or group of patients to another person or group on a temporary or permanent basis. The handover should include all team members including Healthcare Assistants, Support Workers, casual staff and students.

Bedside handover is done in 6 East and AFU to provide better patient-centred care as it enables the following:

- Pt introduced to their nurse sooner
- Pts seen earlier in the shift 'visual'
- Any patient concerns are known at the commencement of shift
- Pt can correct any misinformation
- Transfer of accountability is visible to patients
- Nurse able to prioritise care sooner
- Structure safety checks (IV line check, O2 & suction, medication chart check, obs, wound etc)

SWIPE CARDS

Your tertiary education provider should organize a swipe card for your placement, this should be given to you before your first shift. Please see your ALN if you have a problem with access.

DOCUMENTATION GUIDELINES

Accurate nursing/clinical documentation is a fundamental component to the patient's clinical record. It provides information and communication to ensure continuity and safe delivery of care. Documentation also provides legal evidence. Clinical records are subjected to audit and quality management on a national and international level. Nursing leadership at C&C DHB has developed basic documentation guiding principles that nurses and other health professionals must adhere to when writing in the clinical record.

This include:

- Write neatly, concisely and legibly
- Entries must be written in ink (black) or are computer generated
- Entries must be timed in a 24 hr format and dated (day/month/year), and include a legible signature (and name printed alongside each entry) and a designation
- Entries must be factual, objective, relevant, accurate, up to date, complete and not misleading
- Entries should be made as close to the timing of the event as possible
- Avoid abbreviation. If needed only use those listed in the DHB policy
- Wherever possible refer to medications using generic names
- Progress notes will indicate deviation from the ADP/care plan/pathway- documentation will be by exclusion
- ADP/care plan/pathway will be reviewed every shift and signed/dated
- Late entry documentation must be correctly identified.
- Ensure the patients ID label is on each side of every page.
- When an error has occurred, draw a single line through the error and initial the correction. Using correcting fluid or obliterating an entry is unacceptable.

Safety Measures in Ward 6 East/AFU

If you have serious concerns about a patient, press the emergency call button immediately (located in each room on top of the head of the bed and also inside each toilet).

The emergency number in the hospital is **777**.

This number can be used for any emergency in the hospital, such as medical emergencies, fire, or aggressive behavior.

The Medical Emergency Team (MET) responds to medical emergencies in the hospital.

If you are asked to place a MET call – please ring 777 then

- State your name
- State what kind of emergency i.e. medical, security breach/code black, fire
- State the location of the emergency (including ward and bed number)
- Request the operator says it back to you
- Inform your colleagues you have activated the MET team

This is the procedure for any in-hospital medical emergency, including cardiac arrest. You can help clear the room and bring in the resuscitation trolley which is in between beds 5 & 6 in Ward 6 East and in front of the fishbowl for AFU.

In the event of the fire alarm sounding please follow the instructions from the shift coordinator, who will be the fire warden on that shift. If the sound is intermittent then the fire is in another area either adjacent, above or below you – so await further instructions. If the alarm is continuous the fire is within the vicinity and instructions will be given by the coordinator. A 777 call should be placed.

Objectives

Planning objectives will help guide your learning and help you to meet your competencies too. You may set an objective but never get the opportunity to fully put it in to practice. That is okay. You can learn a lot on the way. In many ways, this is an expected part of being a health professional.

Break objectives into manageable steps (RNs, CLNs, ALNs and other students can help you do this).

For example you would like to be competent in inserting a Peripheral Intravenous Catheter (PIVC). This can be your long-term goal which you can achieved once you are a Registered Nurse. As for your short-term goal, you can take practical steps towards it.

Example:

1. Learn different indications of PIVC.
2. Assessment of PIVC. Identifying signs of phlebitis and management of phlebitis.
3. Complications of PIVC.
4. Medications that are contraindicated for PIVC.

Other objectives on Ward 6 East/AFU (NOT a complete list) could be formed around:

- Fluid balance recording and interpretation
- End of life care pathway or Te Ara Whakapiri pathway
- Pain assessment i.e. using verbal and non-verbal assessments and pain management
- PADP admission assessments and developing daily care plans
- Referring to/working with the MDT
- Communicating with the team (taking/giving hand over, using ISBAR on SmartPage, updating TrendCare)
- Discharge planning
- Practice good infection control measures

Common Presentations to Ward 6 East/AFU

- Patients with Acute Delirium.
- Dementia
- CVA/Stroke
- Urinary Tract Infection
- Alcohol intoxication
- Deliberate self-harm/overdose
- Fluid overload
- Diabetes Mellitus-Type 1 and Type 2
- Anorexia Nervosa
- Heart Failure
- Pneumonia
- Sepsis
- Atrial Fibrillation
- Respiratory Failure i.e. Chronic Obstructive Pulmonary Disease (COPD)
- Palliative/end-of-life care
- Frail elderly patients (more evident in AFU)
- Low-risk Covid patients who are waiting for swab result (students are **NOT** allocated to this patients).

Common Medications

All medication, including oral, subcutaneous, or IV, must be administered under the direct direction of an RN. This includes counter-signing the drug chart. Please note that CCDHB policy requires you to have completed the aseptic non-touch technique (ANTT course), available on ConnectMe, and a clinical day on IV therapy at your tertiary education provider (TEP) before performing IV medication and related therapies while on clinical placement. Please discuss any questions with your TEP and/or CLN.

When arriving to the ward it is recommended that you view the following policies:

- Safe Medicine Administration – Document number 1.964
- Administration and management of intravenous medicines and fluids – excluding neonates – Document number 1.190

These policies are available on Cap Docs on CCDHB intranet.

It is recommended that you read up on these medications before attending your clinical placements.

DRUG NAME	CLASSIFICATION	MODE OF ACTION
Aspirin		
Augmentin		
Azithromycin		
Ceftriaxone		
Cefuroxime		
Cilazapril		
Clexane		
Codeine		
Dabigatran		
Diazepam		
Digoxin		
Fentanyl		
Flucloxacillin		
Furosemide/Frusemide		
GTN		
Haloperidol		
Ibuprofen		
Ipratropium		
Lactulose		
Lantus		
Laxsol		
Metoclopramide		
Metoprolol		
Molaxole		
Morphine		
Novorapid		
Ondansetron		
Paracetamol		
Simvastatin		
Tazocin		
Warfarin		
Zopiclone		

Pre-reading/Resources

You may want read on the following policies (available in Cap docs on CCDHB intranet) that would help you on this placement:

Adult eating disorder-Medical and Nursing Guideline Document no. ID 1. 1346

Te Ara Whakapiri Guidance Document (MOH) Document no. 1.104344

Te Ara Whakapiri Symptom Management Document no. 1.104345

The Delirium Programme in a nutshell Document no. ID 1.103071

Acute Health of Older Persons (AHOP) Unit Operating Principles Document no. 1.104630

There are further resources available on the ward to aid you in your learning. Ask any of the CLNs or your preceptor for this.

Education sessions are also provided at times (can be organized by MAPU/5 South) for all nurses on the ward. Information about the education session will be disseminated prior afternoon shift. You are welcome to attend.

Treasure Hunt

This list is designed to help you become familiar with the environment, but is by no means exhaustive of all the things you will be required to locate.

<input type="checkbox"/> Pyxis Medication Machine	<input type="checkbox"/> Discharge information
<input type="checkbox"/> Controlled Drug cupboard	<input type="checkbox"/> Clinical policies & procedures
<input type="checkbox"/> Admission Trolley/drawer	<input type="checkbox"/> "Notes on Injectable Drugs"
<input type="checkbox"/> Linen supplies	<input type="checkbox"/> Roster
<input type="checkbox"/> Clinical Nurse Manager Office	<input type="checkbox"/> Manual BP machine
<input type="checkbox"/> ACNM Office	<input type="checkbox"/> Suction Equipment
	<input type="checkbox"/> Scales
<input type="checkbox"/> Intravenous Fluids and equipment	<input type="checkbox"/> Bio-hazard bags
<input type="checkbox"/> Shared equipment room	<input type="checkbox"/> Tympanic thermometer & covers
<input type="checkbox"/> Staff tea room	<input type="checkbox"/> Stationery supplies
<input type="checkbox"/> Resuscitation trolley	<input type="checkbox"/> Photocopier/Fax machine
<input type="checkbox"/> Dirty utility room	<input type="checkbox"/> Patient charts
<input type="checkbox"/> Whiteboard	<input type="checkbox"/> Laboratory forms
<input type="checkbox"/> Dressing trolley and Materials	<input type="checkbox"/> Hoists and mobility aids
<input type="checkbox"/> Isolation Equipment	<input type="checkbox"/> Incident Reporting- SQUARE/BEIMS
<input type="checkbox"/> ECG machine	<input type="checkbox"/> Pneumatic tube system (PTS)
<input type="checkbox"/> Blood glucose trolley	<input type="checkbox"/> Sterile Gloves
<input type="checkbox"/> District Nurse Referral	<input type="checkbox"/> Bedside/toilet emergency bell
<input type="checkbox"/> Where to store your bags	<input type="checkbox"/> Drug Fridge
<input type="checkbox"/> Advanced wound cupboard	<input type="checkbox"/> Dining area (AHOP)
<input type="checkbox"/> Incontinence products	

Evaluation of Clinical Experience

Student Nurse: _____ Date of placement: _____

Preceptor: _____ Date of evaluation: _____

This evaluation is intended to offer feedback to the preceptor and their clinical area.

Clinical Learning	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
The staff were welcoming and learned to know the students by their personal name						
The staff were easy to approach and generally interested in student supervision						
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience and completed my assessment						
An orientation to the clinical area was provided						
My learning objectives were achieved						
I felt integrated into the nursing team						
I formally met with the "named preceptor" at least fortnightly						
There were sufficient meaningful learning situations in the clinical placement						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator.

