# NURSING GUIDELINES ON WORKING IN THE SITE OFFICE OF OLCHC

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**Location of Copies**

On Hospital Intranet and locally in department

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## Document Review History

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## Document Change History

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1.0 Introduction

The Site management role is essential to the safe and smooth running of the twenty four hour period in OLCHC. Overall, the Site Manager is viewed as the senior support for all staff on the frontline both inside and outside of core hours or when other senior staff are not on duty. The purpose of this document is to provide information and guidance to all staff on how the Site Management role is operationalised.

2.0 Aims of the service

The primary aims of the site management Office staff is to be the central point of contact for all operational areas during both working and out of hours periods.

To provide a senior element of risk management, quality and safety to the running of the hospital. **Key priorities:**

**During Core Hours**

- To assume site responsibility during core hours, linking with all clinical areas regarding the status of all patients, potential concerns regarding patient status, escalating potential risks to senior managers.
- Organise, manage and lead the ‘Risk Huddle’ on a twice daily basis, escalating risks identified as ‘Red’ areas appropriately to DoN/DDoN and Corporate Management Team (CMT) as required
- To visit ‘red’ areas as a priority and action/escalate any concerns that may arise.
- To ensure the principles of quality and patient safety are a priority for all patient journeys
- To facilitate the patient flow through OLCHC by liaising with the Clinical Bed Manager and ensure open communication practices support the patient journey in OLCHC.
- To fulfil the bed management role in their absence.
- Complete ‘Trolleygar’ with the ED staff and facilitate the placement of patients as required aiming to meet ED/ SDU targets.
- To coordinate and send appropriate patient information to the National Aeromedical Coordination Centre (NACC) for completion of individual patient logistics plan for travel for transplant.
• To ensure every patient on the active transplant list has a live, up to date logistic plan in place once they are active on the transplant list.
• To ensure the logistics plan is communicated to parents / family on immediate return from NACC.
• Action the ‘Patients Logistics Communication Plan’ in the event of a transplant call for patient on the transplant list.
• Ensure the NACC plan management / contact is appropriately followed and any concerns actioned and escalated appropriately to CMT, DoN (DDon) and NACC.
• Ensure the appropriate actions are taken following a patient transfer overseas for transplant as per Patient Logistics Communication Plan, OLCHC (2012).
• To coordinate nursing staff to accompany patients where required.
• Ensure the appropriate actions are taken following a patient repatriation from overseas for transplant as per Patient Logistics Communication Plan, OLCHC (2012).
• To promote and improve communication networks ensuring collaborative working practices between the Site Management staff and the clinical areas
• To record, report and analyse sick leave and absence of staff and assist CNM’s in coordinating staff numbers and skill mix in clinical areas to meet the need of the patient group.
• Ensure that sick leave is managed for the following 24 hours if possible Staffing night / following day including management of the relief panel for nursing resources.
• To assist with the management and allocation of the HCA resource.
• To complete the SAP roster
• To participate in and co-ordinate the emergency response to fire, security alerts cardiac arrests and any other clinical emergency.
• To co-ordinate the Emergency Plan if required following the guidance as per Major Emergency Plan, OLCHC (2012).
• Ensure actions follow the Code of Professional conduct for Nurses and Midwives , ABA (2000)
• Ensure staff are conscious and aware of the OLCHC Guidelines for Nurses on Social Media, and the Use of Smart phone technology in OLCHC (2013) NMBI Guidelines for Nurses and Midwives on Social networking (2013)
• To communicate with other children’s hospitals …
- To liaise with the DNM of a clinical area if there are any issues, concerns etc
- To complete incident forms, write reports for any incidents in a timely manner
- To collect any data as required for OLCHC service for example *orthopaedic patients transferred*

3.0 ‘Out of hours’

- To assume site responsibility out of hours, linking with all clinical areas regarding the status of all patients, potential concerns regarding patient status, escalating potential risks to senior managers.
- Organise, manage and lead an exceptional ‘Risk Huddle’ if required, escalating risks identified as ‘Red’ areas appropriately to the on call Corporate Management team (CMT) member and DoN if appropriate.
- To fulfil the bed management role
- Receive responsibility for the Transplant Phone and action as per *OLCHC Guidelines on Transferring Patients Overseas for Transplant (2012)*.
- Ensure the appropriate actions are taken following a patient transfer overseas for transplant as per *Patient Logistics Communication Plan, OLCHC (2012)*.
- Ensure the appropriate actions are taken following a patient repatriation from overseas for transplant as per *Patient Logistics Communication Plan, OLCHC (2012)*.
- Complete ‘Trolleygar’ with the ED staff and the placement of patients as required aiming to meet ED/SDU targets. Inform the HSE of delayed discharged.
- To promote and improve communication networks ensuring collaborative working practices between the Site Management staff and the clinical areas.
- To participate in and co-ordinate the emergency response to fire, security alerts cardiac arrests and any other clinical emergency.
- Liaise with consultants when required
- To manage absences across all grades
- To co-ordinate the Emergency Plan if required following the guidance as per *Major Emergency Plan, OLCHC (2012)*.
- To play an active role in the assistance of frontline staff in sourcing treatments, i.e., sourcing pharmacy products, sourcing materials, supplies and operating theatre instruments if required out of hours.
• To play an active role in communicating with the other children’s centres managing acuity, dependency and capacity issues.
• To provide clinical leadership and maintain credibility through practice and Professional update.
• To provide clinical support, professional advice, consultation and direct assistance to colleagues and peers as necessary.
• To be the first point of contact for clinical areas relating to complaints, and any untoward incidents involving patients, visitors, staff and take appropriate action.
• To facilitate parents and staff with out of hours allocated accommodation.
• To supply ward areas with out of hours emergency pharmacy requests
• To liaise with the CMT member if there are any issues, concerns etc
• To complete incident forms, write reports for any incidents in a timely manner
• To collect any data as required for OLCHC service i.e. orthopaedic patients transferred
• To redirect/ manage all any media calls as advised by CEO/ communications dept.
• To be involved in the creation of guidelines/sops and action plans to assist staff new to the office for induction and orientation purposes.

4.0 References + Bibliography

Nursing and Midwifery Bord of Ireland (2013) Guidance for Nurses and Midwives on Social Networking, NMBI, Dublin Ireland.
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