

## 2 EAST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	26 bed inpatient unit with patients enrolled in surgical oncology, immunotherapy and urologic and familial kidney cancer protocols through the National Cancer Institute. Phase I, II and III protocols for the treatment (surgical and systemic) of metastatic melanomas, pancreatic cancers, metastatic renal cell, lung cancers, mesotheliomas.
AGE OF PATIENT POPULATION	Early, middle and late adult. Average age is 43.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	2 East visiting hour policy: family conference room: Watts line; pet therapy; patient computer for e-mail and net searches; 2 East patient guidebook; patient kitchenette to meet between meal needs; private counseling/consultation rooms; Advanced Directives addressed with all patients. Recreation Therapy.
ASSESSMENT OF PATIENTS	Nursing Admission: 2 East Assessment Standards.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Patient/family conference room to provide privacy; shower chairs; interpreters. Cyraphone.
PLANNING AND PROVIDING CARE OF PATIENTS	Interdisciplinary patient care rounds; daily Surgical and Immunotherapy rounds; BBGM monitoring; Hemocult/ Gastrocult monitoring; individual preferences/special needs recorded in medical care plan.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Skin biopsy; PICC lines; epidurals; PCA; central line placement chest tube placement, paracentesis, thoracentesis, transfusions, TPN, complex wound management, ostomy care. Drains.
.PATIENT AND FAMILY EDUCATION	Written teaching materials for diseases, discharge instructions, protocols and therapies; references via internet, NCI, patient bulletin board.
MAINTAINING A SAFE ENVIRONMENT	Wall mounted needle boxes; Pyxis system in locked medication room; bedside commodes, wheelchair accessible bathrooms; locked medication rooms, bed locks; secured stationary pictures.
MANAGEMENT OF HUMAN RESOURCES	2 East unit core staffing; post op care; immunotherapy, chemotherapy and special treatment /procedures; code blue certification, specialty certifications (OCN); cancer training program telemetry.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Post op surveillance for infections; assessment/clearance for child visitors; routine assessment for TB, candida, mumps.

## 5W AND 5 DH NEUROSCIENCE SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Inpatient 5W and Day Hospital (5 W inpatient side) serving the NINDS and NEI. Average length of stay for inpatient is 4 - 8 days; day hospital is 3 hours. Population is a mix of medical and surgical neurology and ophthalmology patients. Inpatient bed spaces are up to 18. Day hospital has 2 beds.
AGE OF PATIENT POPULATION	5W: Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Orientation to: patient care area, to staff, informed consent, review of all test procedures. Advance Directives.
ASSESSMENT OF PATIENTS	Nursing Department assessment standards: patients with actual/potential nervous system dysfunction and ophthalmic conditions.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	1 handicapped accessible room, specialized safety equipment, e.g., showers chairs, cyraphone and interpreters.
PLANNING AND PROVIDING CARE OF PATIENTS	Interdisciplinary patient rounds; <b>BGM</b> ; EEG monitoring; Protocol Guidelines, specific gravity testing.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Investigational drug therapies; skin punch, muscle, nerve biopsies; videotaping of movement disorders; CSF lumbar drains, PET scans, PCA, <b>CVAD</b> , pre & post op management following neurosurgical and ophthalmology procedures.
REHABILITATION AND CARE SERVICES	Referrals to community based support groups; Pet therapy, Recreation Therapy, Occupational Therapy, Social Work Services. Physical Therapy.
PATIENT AND FAMILY EDUCATION	Neurology and ophthalmology specific patient education plans for disease processes, tests, Research protocols, medications and operative procedures
MAINTAINING A SAFE ENVIRONMENT	Seizure precautions; Code alert system for cognitively impaired; bed watch system; rooming in; patient transfer devices; handicapped accessible room; orientation to environment; transfer devices including Golvo lift, trapeze. Special precautions for the visually impaired.
MANAGEMENT OF HUMAN RESOURCES	Neuroscience Nurse Internship Program (3 -4 FTE); unit staffing pattern; Neuroscience and ophthalmology Competency Based Orientation; staff cross trained for entire Program of Care; morning meeting to allocate staff; several staff have advanced certification (CNRN). Support by RN staff to specific research protocols in Day Hospital.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Isolation room, post op surveillance for infections, annual staff surveillance for TB.

## 2 WEST & 2 WEST BMT UNITS SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	2W is a 12 bed inpatient unit & BMT is a 4 bed inpatient unit for providing care to patients with hematologic disorders; BMT specifically addresses bone marrow PBSC transplants. The patients are admitted to the NHLBI Hematology Branch for Phase II & III protocols.
AGE OF PATIENT POPULATION	Adolescents; early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Unit Visiting Hour Policy; patient lounge with phone WATTS line; local and long distance phone availability; Family members participate in care/planning; patient consent as to visitors allowed; AT&T language line & Translators.
ASSESSMENT OF PATIENTS	2W/2WBMT inpatient assessment standards.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Patients are frequently on neutropenic and bleeding precautions are implemented ; bilingual dictionaries are available in many languages, <a href="#">cyraphone</a> and interpreters
PLANNING AND PROVIDING CARE OF PATIENTS	Daily Interdisciplinary Patient Care Rounds; weekly <a href="#">BMT</a> patient care rounds; MCP, NCP; BBGM Monitoring. Facilities/activities to handle special Dietary or cultural needs.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Central line & VAD placement and removal; skin Biopsies; bone marrow biopsies/aspirate; PCA.
REHABILITATION AND CARE SERVICES	Pre-admission planning &/or patient interviews with BMT candidates. Collaboration with PT, Recreation Therapy & Nutrition.
PATIENT AND FAMILY EDUCATION	Information brochures & teaching plans that are age Specific & printed in different languages. Interdisciplinary team, pts & family educated r/t Respiratory viruses.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions & disposal; wall mounted Needle boxes; Pyxis system medication, bedside commodes, wheelchair accessible bathrooms; locked Medication rooms, bed locks; secured stationary Pictures; Plexiglas windows; patient transfer devices; Procedures done in treatment room.
MANAGEMENT OF HUMAN RESOURCES	Core Staffing; Heme/Onc Competencies; Level I - II Certification for Chemotherapy administration; Inservices r/t New protocols and procedures.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	2W patient rooms are hepafiltered; 2WBMT unit is hepafiltered; Staff surveillance for TB; routine assessments on patients for TB, Zoster, updates from Hospital Epidemiology.

## 12 EAST EXPERIMENTAL TRANSPLANT & IMMUNOLOGY UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	12 East Experimental Transplant Unit (ETU) has 5 inpatient beds dedicated to autologous/ allogeneic transplants for Phase I & II trials for breast cancer and B cell malignancies leukemias or multiple myelomas. 12 East has 15 inpatient beds that primarily provide care to medical oncology patients. The NCI Medicine Branch's Phase I & II protocols are for breast, colon, ovarian, renal, brain, lymphomas and HIV associated malignancies, symptom management and complications associated with these protocols. 12 East also supports patients from Radiation, Metabolism and Surgery Branches. 12 East triages outpatients as needed when the outpatient cancer center is closed.
AGE OF PATIENT POPULATION	Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	9A-9P visiting hours with rooming in encouraged on 12 EAST ETU and provided on 12 East for family members as needed. Solarium/computer for families and patients.
ASSESSMENT OF PATIENTS	12 East/12ETU inpatient assessment standards include screening and diagnosis, treatment, acute processes and end of life issues.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Interpreter support for patients with language barriers. Accommodation for special dietary or religious needs. Handicapped room and shower for physical limitations. Emotional support for death and dying needs.
PLANNING AND PROVIDING CARE OF PATIENTS	Daily interdisciplinary rounds on 12 East and ETU. Patient Care Conferences; Professional Practice Model using Primary Nurse Teams; Clinic Liaison
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Lumbar punctures; thoracentesis; paracentesis; bone marrow biopsies; Ommaya taps; CVC and apheresis catheter removal by RN.
REHABILITATION AND CARE SERVICES	Weekly support groups; monthly "Look Good...Feel Better".
PATIENT AND FAMILY EDUCATION	Patient Information Board, Living with Cancer Chemotherapy Series, NCI patient booklets, symptom management. VAD classes, SQ injection teaching, Transplant Education classes.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions and disposal; chemotherapy waste buckets, Pyxis Medstation, Mandatory review for staff regarding chemotherapy and radiation therapy.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Five private rooms with positive pressure and HEPA Filtration are on 12 ETU for transplant protocols. Two lead line rooms are available for Radiotherapy protocols. One negative airflow rooms is available for respiratory isolation patients. Monthly reports to Epidemiology Department.

## 10D CRITICAL CARE UNIT

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	The MICU is a 9 bed unit with 5 private and 3 open bay rooms. Each bed has the capability to monitor heart rhythm, respirations, BP, SPO2, PA and ICP waveforms. Care is provided to patients from any Institute/Branch that requires ICU care. This may include, but is not limited to patients with sepsis, multi-system organ failure, post-op, respiratory failure, electrolyte imbalances, cardiac failure, liver failure and renal failure. The unit also supports the CC with a procedure, venous access, and conscience sedation service (PVCS).
AGE OF PATIENT POPULATION	Infant, toddler, pre-school, school age, adolescent, early, middle and late adulthood.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	The MICU has an open visitation policy. Interdisciplinary care conferences are held as need to meet patient and SO needs.
ASSESSMENT OF PATIENTS	The MICU performs a cephalocaudal assessment on every patient upon admission to the unit. Systems are reassessed as the patient's physical status requires. A cephalocaudal assessment is also performed when there is a change in caregiver.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	as above and code team response for the clinical center.
PLANNING AND PROVIDING CARE OF PATIENTS	Interdisciplinary rounds are done daily, incorporating the home team physicians with the MICU intensivists. Primary nursing is our model of care.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Operative procedures are not performed in the MICU. Special treatment procedures include, but are not limited to, bone marrow biopsy, bronchoscopy, PICC/central line placement, intubation, hemofiltration, venous pacers, and cardioversion/defibrillation.
REHABILITATION AND CARE SERVICES	Consults are placed to Rehab Medicine on an as needed basis.
PATIENT AND FAMILY EDUCATION	MICU and PVCS pamphlets offer background information on the environment for the 10D unit, services provided, cafeteria locations, visiting policy, and equipment alarms that they may hear in the unit. Education is done on an ongoing basis based on patient condition changes, procedures and tests, and patient/SO needs.
MAINTAINING A SAFE ENVIRONMENT	Processes in place include radiation and PPD surveillance programs: Pyxis medication and supply stations; High alert drugs with double independent check process; alarm settings and checks for all critical equipment; <a href="#">Preventative Maintenance</a> program for all equipment with regular clinical center safety surveys.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing patterns are based on patient acuity and nursing skill level. Annual competencies are completed based on evaluation of patient population needs, staff educational needs and any trends that demonstrate high risk, low volume needs. Nurses receive specialized training in adult and pediatric critical care, chemotherapy certification, ACLS, CRRT, and charge nurse, as well as any expanded education for protocol management.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	There are 2 negative airflow rooms with ante-rooms and 1 negative flow room without an anti-room. Air flow alarms are engaged when these rooms are used for respiratory isolation. All staff is fitted with N-95 and PAPR masks. Clinical Center policy is followed for all patients needing isolation.

## 2J SICU SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	12 bed surgical/oncology inpatient Intensive Care Unit providing patient care services in an environment supporting clinical research. Patients are admitted to the NCI Surgery Branch and/or Immunology Branch for Phase I, II, and III protocols. The unit also supports patients from different institutes. Common complications seen are hemodynamic instability, respiratory compromise and/or postoperative complications. LOS varies from one day to several weeks.
AGE OF PATIENT POPULATION	Adolescent; early, middle, and late adults.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Visiting hour guidelines, beeper program, 24 hour local and long distance phone availability. Last name only listed outside patients' room and nursing board in bay area. Durable Power of Attorney for all potential cognitively impaired patients per protocol requirement.
ASSESSMENT OF PATIENTS	Comprehensive holistic assessment of the critically ill patient promoting patient and protocol management (i.e. clone cell, IHP, CHPP, ILP, IL2 and non-myoablative protocols). Flow sheet documentation utilizing AACN standards.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Word and picture charts for intubated patients. Private rooms based on patients' physical and/or psychosocial needs. Foreign language resources; Resources from the internet and books; 24 hour spiritual resources, TDDY and Cyraphone Communication tools.
PLANNING AND PROVIDING CARE OF PATIENTS	Daily multidisciplinary planning rounds and Interdisciplinary patient care conferences for longer term patients. Multidisciplinary development of Protocol Maps. Pre-operative teaching. Immediate post-operative recovery. ACLS code cart maintenance and Code Blue Response team.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Central lines; chest tubes; pulmonary artery catheter and arterial insertions and removal. Thoracentesis, paracentesis, intubations. Epidural placement, epidural and PCA drug administration and management. Defibrillation and cardioversion, vasoactive drug titration, ICP monitoring and ventilator management.
REHABILITATION AND CARE SERVICES	Epidural/PCA pain management utilizing Anesthesia Department Resources; Respiratory Therapist, Social Work services, Rehabilitation Medicine, and specialized equipment.
PATIENT AND FAMILY EDUCATION	Pre-op teaching done prior to patient's surgery; Pre-op and IL2 teaching pamphlets; standardized teaching plans. Escorted tours with teaching to the ICU.
MAINTAINING A SAFE ENVIRONMENT	1:1 or 1:2 nursing care based on patient intensity. Remote bedside video camera monitoring. Bed safety alarms. Centralized EKG monitoring. Bedside EKG monitoring with patient-specific alarm settings. Wall mounted needle boxes.
MANAGEMENT OF HUMAN RESOURCES	Core role and POC competencies for new staff orientation. Annual competency verification based on high risk, low volume and/or educational needs of the staff. Annual code team and clinical center competency verification. ACLS and CCRN certification. Unit Self-scheduling, On-call, unit governance structure called the Clinical Board. Contract agency orientation and competency verification and evaluation.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	N95 training, PAPR training for Code team response; Epidemiology tracking of hospital acquired infections.

## 7 EAST UNIT SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	14 bed inpatient cardiology telemetry unit. Types of patients include: adults with coronary heart disease, hypertrophic cardiomyopathy, valvular heart disease, congenital heart disease, patient's requiring telemetry monitoring. Sick cell management and crisis intervention. Nitrate dietary protocols. Phase I protocols for Depsi chemotherapeutic agents.
AGE OF PATIENT POPULATION	adolescent; early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Consultation from both the CC patient representative and the Bioethics department.
ASSESSMENT OF PATIENTS	7E Inpatient assessment standard; telemetry reviews and cardiac symptoms/status.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Handicap room; shower chairs; High Observation room with unit specific guidelines and a CAD room for outpatient studies, three rooms with bedside monitoring capability.
PLANNING AND PROVIDING CARE OF PATIENTS	Protocol Maps; ECG monitoring; arterial line monitoring; Inter-disciplinary rounds; ECG with NTG/ASA emergency pack; dietary referrals for: high cholesterol, diabetes, obesity and special needs. ERP/defibrillator training, BBGM. Sick cell rounds every Tuesday and Thursday with multidisciplinary meetings every other Thursday.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Forearm flow studies; Holter monitoring; cardioversion; defibrillation; arterial lines; temporary pacemakers: transvenous/ transcutaneous, and permanent pacemakers. Antiarrhythmic agents.
REHABILITATION AND CARE SERVICES	Pet Therapy, Recreation Therapy, Social Work Services, and Spiritual Ministry.
PATIENT AND FAMILY EDUCATION	Pre-cath teaching by Cath Lab & 7E nurses; patient education board; education pamphlets: diseases, f/u care and medic alert, 7E Web site, internet for drug information.
MAINTAINING A SAFE ENVIRONMENT	Weekly room checks for supplies and emergency equipment; wall mounted needle boxes; locked med cart; PEDS sheet on Code Cart; radioactive waste precautions and disposal.
MANAGEMENT OF HUMAN RESOURCES	Core role and POC competencies for new staff orientation. Annual competency verification based on high risk, low volume and/or educational needs of the staff. Annual code blue and clinical center competency verification. Contract agency orientation and competency verification and evaluation.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	On admission, assess immunizations and past exposure to disease or infections; annual staff surveillance for TB.

### 13 EAST CLINIC SCOPE OF SERVICE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Open daily, the Outpatient Cancer Center treats patients of the NCI Medical Oncology Branch, and selected Surgical Oncology, Radiation Oncology, young adult Pediatric Oncology and Hematology Heart Lung and Blood Patients on Phase I, II and III protocols. The unit has 28 treatment stations composed of 2 treatment chairs and 6 patient care rooms with 7 beds. Average number of treatment visits per day = 35.
AGE OF PATIENT POPULATION	Early, middle and late adult.
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Comprehensive holistic family centered care. Social Work, Recreation Therapy, and Social Work services. Advanced Directive/DPA with Bioethics Consult available. Patient Resource Center with patient computer and Internet access. Patient Solarium/Waiting Room. Long distance (WATTS) line. Cyraphone, AT&T language line and translators available. Support group meetings for patients/families from different disease groups.
ASSESSMENT OF PATIENTS	13E Outpatient assessment standards: Screening & Diagnosis, Treatment, Acute Processes and End of Life, Nursing Department Age Appropriate Care Guidelines; Documentation per Nursing Department guidelines.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Age Appropriate Care Guidelines; Foreign Language Interpreter Support; Handicapped-accessible rooms; specific guidelines for care of patients who are immunocompromised/neutropenic. Teaching sheets & patient education pamphlets in Spanish. Bone Marrow Transplant education classes.
PLANNING AND PROVIDING CARE OF PATIENTS	Protocol Abridgements; report from Clinical Liaison Nurse: Collaborative disease group/team meetings; Discharge rounds; Program of Care meetings; Primary Nursing / Case Management; Outpatient Bone Marrow Transplant Rounds; Telephone follow-up/case management of patients between treatment cycles.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Bone marrow biopsy/aspiration; Lumbar Puncture; Lymph node biopsy, Liver biopsy recovery; Omayya tap, VAD care, and removal. Conscious Sedation, Thora/Paracentesis, Cellular Product administration.
REHABILITATION AND CARE SERVICES	Patient support groups; monthly "Look Good...Feel Better" program; Occupational and Physical Therapy; Recreation Therapy's guided relaxation in special vibracoustic chairs on unit; Weekly guided imagery sessions on unit.
PATIENT AND FAMILY EDUCATION	Patient information bulletin boards--updated monthly; patient education pamphlets; Living with Cancer Series resource pages; VAD education and BMT education classes for patient and family.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions and disposal; wall mounted needle buckets, large needle buckets on wheels, Yellow hazardous waste disposal buckets. Locked treatment cards, Pyxis supply and medstation in locked utility room. Adherence to Epidemiology isolation guidelines.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; unit modules for diseases and procedures; Level I - III certification for chemotherapy administration; Ommaya tap certification; frequent inservices related to new protocols and devices.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Annual staff surveillance for TB; routine screening/assessments to include TB, Zoster and respiratory illnesses. Updates from Hospital Epidemiology on outpatients on isolation.

### B3 Radiation Oncology Clinic SCOPE OF CARE

CATEGORY	UNIT/PROGRAM OF CARE SPECIFICS
PHYSICAL DESCRIPTION OF AREA AND PATIENT POPULATION SERVED	Open M-F, the Radiation Oncology Clinic treats patients of the NCI Radiation Oncology Branch, and serves as a consult clinic to all Clinical Center patients requiring radiation therapy. The clinic has four examination rooms, and sees an average of 400 outpatient visits per month.
AGE OF PATIENT POPULATION	Infant, toddler , preschool age, school age, adolescents, early, middle and late adult
ACTIVITIES THAT SUPPORT PATIENTS RIGHTS	Comprehensive holistic family centered care. Social Work, and Recreation Therapy. Advanced Directive/DPA with Bioethics Consult available. Patient Waiting Room. AT&T language line and translators available.
ASSESSMENT OF PATIENTS	B3 Radiation Oncology Outpatient assessment standards: Screening & Diagnosis, Treatment, Acute Processes and End of Life, Nursing Department Age Appropriate Care Guidelines; Documentation per Nursing Department guidelines.
ASSESSMENT OF PATIENTS WHO HAVE SPECIAL NEEDS	Pediatric Safety Guidelines; Age Appropriate Care Guidelines; Foreign Language Interpreter Support; Handicapped-accessible rooms; specific guidelines for care of patients who are immunocompromised/neutropenic. Teaching sheets & patient education pamphlets in Spanish.
PLANNING AND PROVIDING CARE OF PATIENTS	Daily interdisciplinary team meetings; Weekly Chart rounds; Primary Nursing / Case Management; Telephone triage.
OPERATIVE AND SPECIAL TREATMENT PROCEDURES	Conscious Sedation.
REHABILITATION AND CARE SERVICES	Occupational and Physical Therapy; Recreation Therapy.
PATIENT AND FAMILY EDUCATION	Patient education pamphlets; Living with Cancer Series resource pages; VAD education.
MAINTAINING A SAFE ENVIRONMENT	Radioactive waste precautions and disposal; wall mounted needle buckets, Yellow hazardous waste disposal buckets. Adherence to Epidemiology isolation guidelines.
MANAGEMENT OF HUMAN RESOURCES	Unit staffing pattern; Level I - III certification for chemotherapy administration; Inservices related to new protocols and devices.
SURVEILLANCE, PREVENTION, AND CONTROL OF INFECTION	Staff surveillance for TB; routine screening/assessments to include TB, Zoster and respiratory illnesses. Updates from Hospital Epidemiology on outpatients on isolation.