



1 Preface

Dear new employee,
Dear student,

Welcome to Day Hospital Surgery Planable Care (A102). With this brochure we want to show you the way. It is a manual about the ins and outs of the service, explanation of pathology, examinations and treatments.

We hope you feel at home with us soon. We ensure our goodwill and cooperation to offer educational opportunities and opportunities for growth.

However, don't forget our most important objective: to ensure high-quality, professional and patient-oriented care for our patients.

This brochure was created by a number of dedicated employees who take the task of guiding you in a professional manner.

We wish you an educational period that you can look back on with great satisfaction.

Nursing team A102

Katelyne Notte and Dominique Remeysen, our mentors

Head nurse: Cris Van Hoecke

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2 Presentation of the ward

A102

Belonging to care: technical and critical wards

Number of positions: 24 positions

Name of the head nurse: Cris Van Hoecke

Department contact information: 09 /246.12.00

Opening hours: every weekday from 8 am to 7 pm

Visiting hours: continuous

Admission pathway patients A101 (short stay) / A102 (day hospital surgery planable care)

Patients who are mobile and who are admitted for 1 day or a short admission (1 to 2 nights), enter via a certain route what we call the sauna model.

During a consultation with the doctor and the decision to be admitted for an operation or treatment, the patient can already be treated for a nursing stay. We call this a pre-recording. If this has not been done beforehand, this can still be done on the day itself. However, we prefer to let this happen beforehand. This allows the patient to come in later on the day of the procedure / treatment and also to flow through the flow more calmly.

Day -1:

The ward responsible for intake, starts in preparation the day before the procedure. The surgery program is made at 12 noon. On the basis of this schedule, patients are called to indicate the time of admission and must report to the atrium on the day of the operation / treatment.

Day 0 (day of surgery / treatment):.

The patient logs in at the kiosks through the identity card in the hospital system. This registers the presence of the patient.

The patient takes a seat in the waiting room. On the basis of a number, the patient is asked at the registration desk at the reception clerk.

The reception clerk takes care of the administrative part of the admission. If the pre-admission anamnesis has already taken place, the patient goes directly to the reception lounge (gate A 1st floor). If this has not yet been done in advance, the patient must now go to the nurse for the medical history after the administrative registration. Some patients always have to go to the nurse and this depends on the pathology of the patient (eg a diabetic patient) or if a preparation has to be done (eg to give a medication or a preparation). Once the two admissions (administrative and nursing) are done, the patient is referred to the reception lounge of A102 (gate A 1st floor). The patient can just wait in the waiting room. The reception clerk will call the patient when it is their turn according to (the operation program) the order of operation. The patient has to go to the changing room at the right time. From there, the patient goes on to the waiting room for the operation and there the surgical nurse comes to pick up the patient.

This model is called the sauna model since the patients change clothes after the anamnesis and receive an operating shirt, a bathrobe and anti-slip stockings. They go on foot to the operating table.

3 Patient population

3.1 General: both admissions for surgery and examinations

- adults
- children (until 15 year)

4 Department specific data

4.1 Medical team

To consult on the site of the department.

4.2 Nursing team

- Staffing in accordance with the legal framework
- There is 1 pediatric nurse. Others are general hospital nurses.
- Extra studies:
 - * BLS /PBLs(every year)
 - * Glycemia (every 2 years)
 - * Fire (every 2 years)

4.3 Cooperation with other internal disciplines

- Radiology
- Operation theatre
- Labo
- Policlinic
- Gastro-enterology
- Extra patient support (if necessary)
 - * Social service
 - * Pastoral service
 - * Oncocoaches
 - * Psychological service

5 Pathology, traetments and examinations

speciality	Pathology, traetments and examinations
Urology	Fimosis, circumcision, urs, vasectomy orchidopexy, laparoscopic varicocele
General surgery	(Laparoscopic and robot assisted) inguinal hernia, anal explorations/fistula, glandular dislocation, port-a cath, remove pectus rod from Lorenz
Vascular surgery	Varices
Gynecology	Breast nodules, curettage, laparoscopy and/or robot assisted hysteroscopy, conization
Ear, nose and throat specialist	Diabolo, polyps, amygdalectomy, cat, fess/nasal septum
Stomatology	Wisdom teeth, tooth extractions
Plastic surgery	Breast correction, lip correction, scar correction, skin defects
Orthopedic surgery	Hand surgery, knee/ankle/shoulder arthroscopy, gps, infiltrations
Gastro-enterology	Gastroscopy, colonoscopy, echo endo upper, ercp
Pneumology	Ebus, bronchoscopy
ophthalmology	Cataract, glaucoma, dacryo, vitrectomy, ectropion, entropion, eye tumor, eyelid surgery, strabisme

6 Cooperation with external services

- First line care (nurses and doctors)
- Transport to home

7 Nursery day planing

7.1 Division of labor in zones

The ward is divided in diferent zones of care. Each zone has 2 responsables nurses: 1 the in morning and 1 in evening shift.

- Zone 1
- Zone 2
- Zone 3

7.2 Shiften

- Dayshift: 8h to 16h30
- kl: 9h30 to 18h
- Eveningshift: 11h30 to 20h

7.3 Day plan:

There are no fixed tasks. It is a continuous proces of admission of patients, post-op care by procedures and dismissal criteria.

8 Most common procedures

Many nursing procedures have been worked out to guarantee the uniformity and quality of care. You can find this on the intranet site of our hospital.

9 Communication structures

9.1 Nurse level

- Patient handover: daily at the start of each shift
- Teammeetings: minimaal 2x annually
- Mandatory working groups
 - * Hospital hygiene
 - * Pain
 - * Diabetic
 - * Mentors
 - * Starters information
- Ward specific
 - * Newsletters
 - * Ward specific site
 - * Evaluation :
Starter: 3 – 6 and 12 month
annually

9.2 With doctors

Electronical devices for patient dossier

10 Attention to safety and limiting risks

- Transfer patient: sideguards up
- In the room:
 - * Assistent calling system in the neighbourhood
 - * Ckeck adapted footwear
 - * Placet he bed in the lowest position
- Mobility aid within reach of the patient (eg crutches)
- Attention to rolling material and use of the brake

11 Information specific for students

11.1 Mentors

- Katelyne Notte
- Dominique Remeysen

They are presented on the 1st day of the internship or during intake.

11.2 Expectations with regard to students

- Feasible and adjusted learning goals are formulated upon arrival at the ward
- Feedback will be given daily when feedback card is offered tot he nurse with whom the student has worked
- Kindness, punctuality, dedication, appropriate initiative, motivation and enthusiasm are basic settings of the student
- Respect for privacy and professional secrecy is necessary
- Contributing to a good atmosphere in the ward
- In the event of illness: always notify the ward before the service starts (by telephone to the department)
- The student completes the student survey at the end of the internship before the final evaluation
- Taking the initiative to attend external procedures or treatments in consultation with the mentors or head nurse (eg 4 ° year students can get to know gastro enterology unit, pain clinic)
- Students must have had a medical examination at the start of their internship. This certificate must be issued on the introduction day
- The e-learnings must have been completed before the start of the internship (if they exists).

11.3 What can a student expect from us?

- Friendly and helpful nurses.
- Completed feedback.
- Possibility to inspect literature (for example, consult the intranet and internet) in mutual agreement with the (senior) nurse.
- Additional explanation regarding pathology, treatment,...

- At your request, we will try to attend some investigations.
- Possibility of practicing acquired techniques.
- Attend the patient transfer
- Take control of (under supervision of a senior nurse) zone yourself at the end of the internship (included giving patient transfer)
- Good multidisciplinary collaboration.
- Information brochures.

11.4 Mentoring in the department: the 5 main lines of mentoring

Within the nursing-paramedical department, the Working Group "Mentoring Policy Guidelines" has issued a vision on "mentoring".

This vision can be summarized in 5 guidelines.

- The mentor is a point of contact, the students contact person at the unit;
- Every nurse is considered to be able to function as an accompanying nurse for the nursing student
- The task of the head nurse in student counseling is limited to working out an organizational framework;
- The student is responsible for his own learning process, the nursing unit is jointly responsible for creating an exciting learning environment;
- The internship supervisor and the training institute actually participate in the mentoring project.

12 Additional informatie

- www.digestiefcentrum.be