Clinical Safety Framework

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Presentation Overview

- Why
- Scope
- Literature
- Expectations
- Delegation
- How
- Case Studies
- Where next?

Background

- Pressure on providers
- Lack of consistency nationally on non-regulated scope
- Increasing complexity and needs of clients and families
- Hospital demand
- Ambiguous service specifications
- Workforce Capacity
- Assumption there is nursing support
- Service delivery models
- High quality cost effective care

Ministry of Health Evaluation of the Home Based Support Service (HBSS) Training Initiative - 2007

In 2003-04 the Quality and Safety Project findings included:

- **inadequately trained workers delivering support services**
- **outside their scope of practice and training**
- **worker/skill shortages, lack of continuity of care, and service gaps due to high turnover**
- **difficulty with recruitment**
- **minimal monitoring and supervision**
- **increasing acuity and complexity of service user needs**
- **increasing expectations of service delivery requiring support workers to have increased skills and knowledge.**

Unregulated health care workers

Assist registered nurses by completing personal care and other activities that do not require specialist nursing knowledge, judgement and skill" (NCNZ, 2008).

Unregulated health workers are employed under various titles

Constitute a significant and valued section of the health workforce, yet the boundaries between their responsibilities and those of regulated nurses are blurred (NZNO, 2009).

Literature – Unregulated health workforce

- **WHO: skill mix among health workers important for healthcare systems**
- **Model of supervision, role clarity**
- **Registered (& Enrolled) nurse competency to supervise – delegation decision making skills**
- **Education preparation: ability to relate learning to working experiences**
- **Formal and informal line management**
- **Leadership, management practices and culture of organisation can influence outcomes**
- **SW low turnover and high retention contributed to better health outcomes**

Service Specifications

- **Advanced personal care**
- **Recognition of RN oversight with some NASC referrals: eg:**
  - **Complex bowel evacuations**
  - **Support with dialysis**
  - **Invasive medications to be negotiated on a case by case basis**

Clinical Oversight of "personal care"- requests from NASC/providers/primary care/clients/families

- **Administration of morphine elixir**
- **Insulin administration**
- **Catheter care**
- **Bowel care**
- **PEG feeding**
- **Stoma care**
- **Prescription cream to skin**
- **Numerous medication administration requests**

Service Specifications

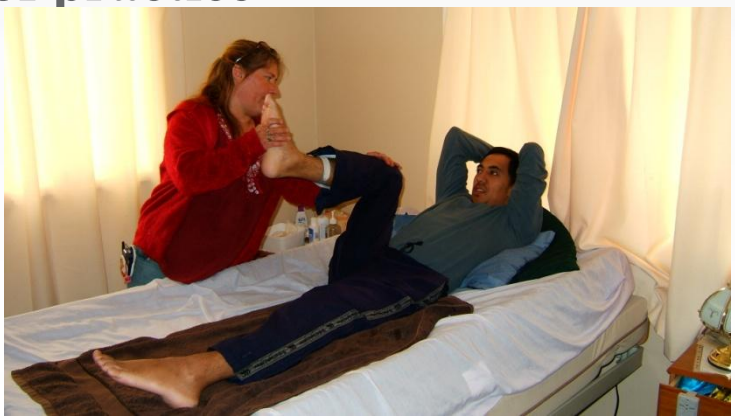
Contracts – Medication Management

- **The majority of contracts do not always specify medication management as a service component. The language and description is variable. Some service specifications refer to:**
  - **Verbal prompting – listed under complex care**
  - **Non- specific personal care tasks – Client supervision and assistance "not limited to that list"**
  - **Prompt, observe and educate**
  - **Support clients to self-manage medications**
  - **Provide flexible responsive service options based on child and family/whanau need**
  - **Safety and efficiency – "assistance with medications"**
  - **Nursing: medication administration, oral, topical, enteral or subcutaneous**

Clinical Oversight

Registered nursing oversight and support of the non - regulated work force

- **not recognised in service specifications**
- **Not adequately recognised and funded**
- **Enrolled Nurse Scope of practice**



Delegation
- important leadership skill

- **Process by which a registered practitioner can allocate work to a support worker who is deemed competent to undertake that task**
- **The registered practitioner retains accountability**
- **Important to understand the competence of the support worker in relation to the activity delegated**

Delegation

Principles:

- **Delegation is appropriate**
- **Serves interest of client**
- **Appropriate assessment, planning, implementation and evaluation of delegated role**
- **SW must undertake training – the training should be provided by the employer**
- **Practitioner and SW must feel confidant the SW can carry out delegated task**
- **Level of supervision and feedback is appropriate to the task delegated**
- **Organisational structure has well defined lines of accountability**
- **SW's are clear about their own accountability**
- **Documentation completed within employer's protocols and professional standards**

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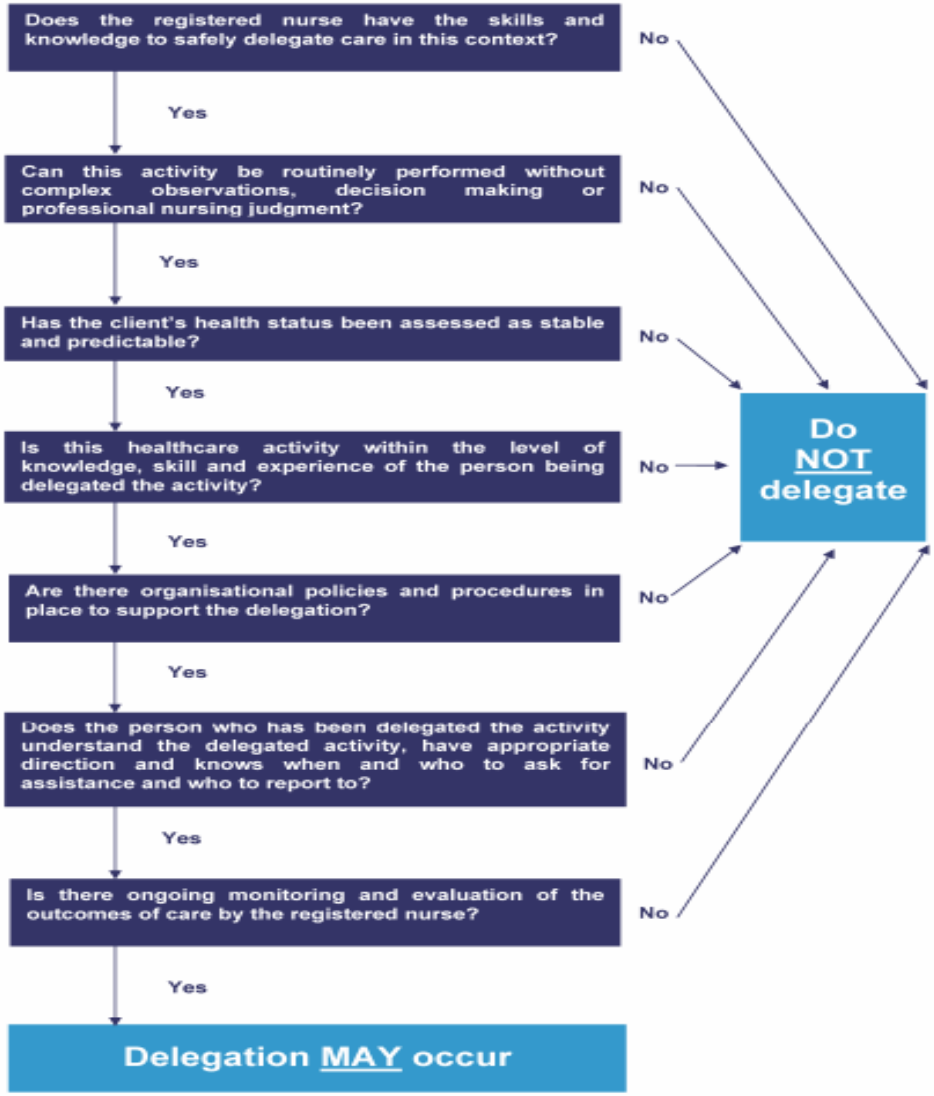
Decision making process for delegation by a registered nurse



Regulating nursing practice to protect public safety

Nursing Council of New Zealand, PO Box 9644, Wellington 6141, New Zealand, www.nursingcouncil.org.nz

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Clinical Policies

- **Clinical Interventions - 32**
- **Paediatric polices**
- **Infection Control Policies**
- **Medication management**
- **Long term Conditions**
- **Wound Management**
- **Diabetes Management**
- **Palliative Care**

Policy statements

Unregulated health care workers do not require specialised nursing knowledge, judgement and skill but may have education to a specific level for their role depending on the context they are working in. When registered nurses delegate care or activities to health care workers they need to understand the role of the unregulated health care worker to ensure they are not required to function beyond the limits of their education or competence.

Policy Statements

- **The employing organisations have a legal duty of care and are responsible for ensuring that the staff they employ are appropriately trained and undertake only those responsibilities specified**
- **A lack of regulation results in variable levels of training for caregivers, and various titles for the role, however the practice of unregulated caregivers can be investigated by the Health & Disability Commissioner**
- **Every client has consumer rights in the Health and Disability Code, and every health and disability provider is subject to the duties in this code. Employers are responsible under the HDC Act (1994), for ensuring that employees comply with the code (NZNO, 2007).**

Challenges

- **Cost and risk shift**
- **Services contracted**
- **Viable services**
- **Sustainability**
- **Recognising value of work**
- **Training**
- **Fair wage rates**
- **Quality & Risk**

Process – Clinical Governance

- **What is the activity being requested**
- **Do we have a clinical policy?**
- **Do we have RN oversight?**
- **Family support**
- **CSW training and competency signed off to specific client**
- **Documented on care plan**
- **Review date set**

Policy

Scope

- **Only a Registered Nurse or Enrolled Nurse competent in this procedure should perform an intermittent catheterisation when a client is not able to do so (see appendix one). This technique may only be delegated to another health professional or health worker who have been certified competent and are provided with RN clinical oversight. Staff performing an intermittent catheterisation should follow *Healthcare INT-11 Urinary Catheterisation in Adult Clients.***

Case Study – One

Medically Fragile Children's Service - Respite Support

- **Baby Marie has a heart condition, neurological syndrome, failure to thrive & gastro oesophageal reflux**
- **Dad with informal shared care arrangement**
- **20 hrs APC with x1 sleepover**
- **Service has a Paediatric Specialist Nurse**
- **CSW competency:**
  - **Oxygen therapy**
  - **Seizure management**
  - **Mic-key button cares (gastrostomy)**
  - **Medication management**
- **CSW need to be very flexible – families experiencing stress & grief**
- **Trained one on one by RN – modified to suit family**
- **Emergency seizure plan**
- **Coordinated Care Team**

Case Study – Two Restorative Model – Packages of Care

Mrs Brown- 78 yrs old

- **CHF**
- **Acute renal failure**
- **Recovery from Pneumonia**
- **High falls risk**

Services

- **POC – goal: maintain current level of independence to stay at home**
- **IDC requiring bag changes – clinical competency**
- **Medication management (blister pack, inhalers) – level 1 medication training - clinical competency**
- **Eye drop administration – clinical competency**
- **R leg ulcer: compression stocking application - clinical competency**

Where Next

"Releasing time to care in community services"

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- Reduce fragmentation
- Manage increased complexity
- Recognise risk shifting
- Collaborate on contract specifications
- Workforce readiness: build capacity and capability
- Integration
- Intersectorial development
- Invest in new models
- Recognise other policy drivers
- Continuum: whole systems approach

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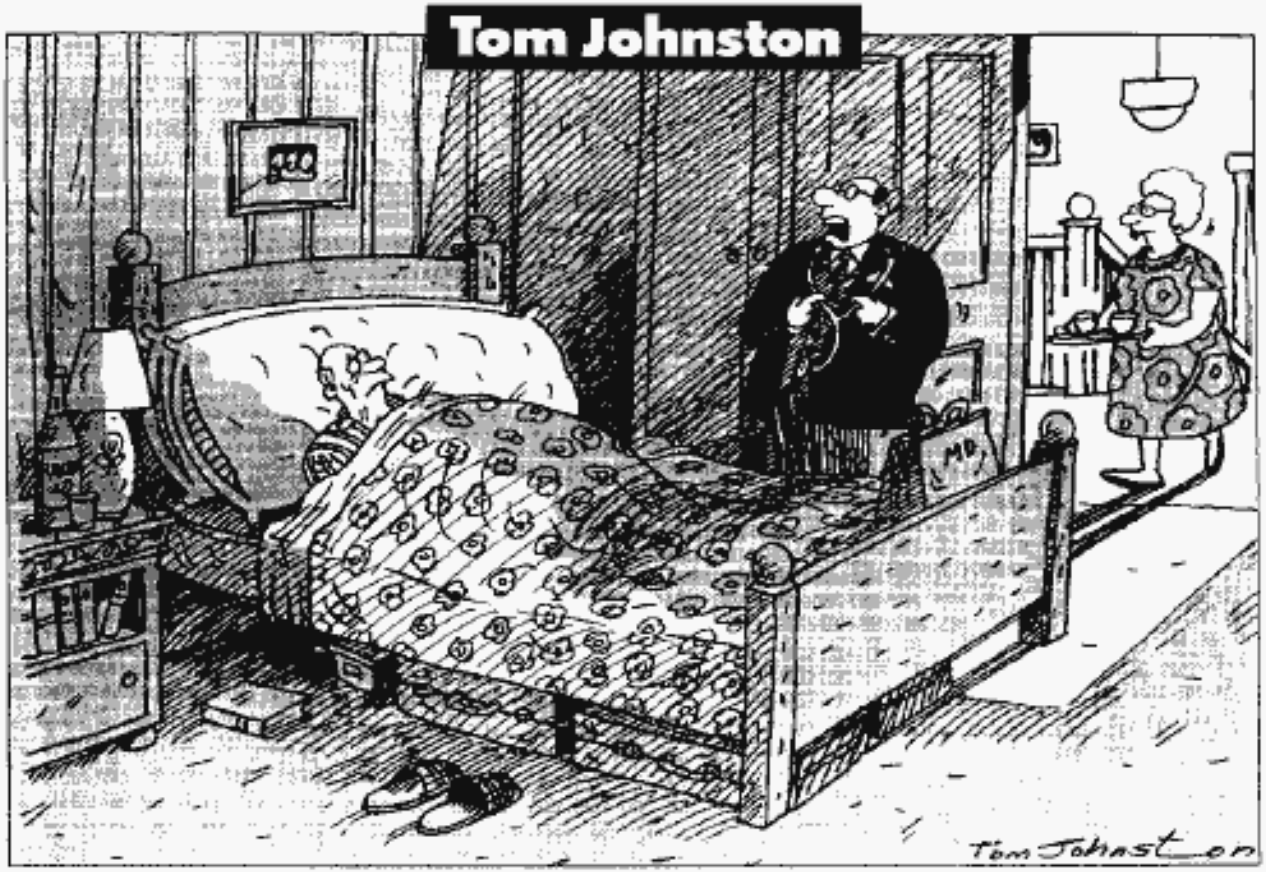

" I'm putting you on the waiting list for a corridor but I can't promise anything about a nurse! "