Nursing
AT WAIKATO DHB
2017-2021

Expectations, professional development frameworks and nursing strategic aims

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Contents


Waikato DHB Strategy
Vision
Healthy people. Excellent care
Mission
Enable us all to manage our health and wellbeing
Provide excellent care through smarter, innovative delivery
Values
People at heart
Te iwi Ngakaunui
Give and earn respect – Whakamana
Listen to me; talk to me – Whakarongo
Fair play – Mauri Pai
Growing the good – Whakapakari
Stronger together – Kotahitanga
Whanaketanga
Productive partnerships
Oranga
Health equity for high need populations
Haumaru
Safe, quality health services for all
Manaaki
People centred services
Ratonga a iwi
Effective and efficient care and services
Pae taumata
A centre of excellence in learning, training, research, and innovation

1 Introduction

1.2 Vision

The vision, *Healthy people. Excellent care* has been set by the Waikato District Health Board (Waikato DHB) and Executive Group following engagement and consultation with wider groups. This is the vision when working at the Waikato DHB we all work towards achieving. The skills and knowledge nurses hold and use during care delivery contribute to achieving this vision. Commitment to working together with all members of the health care team in a manner that patients and service users find acceptable will help make this vision a reality.

1.2 Waikato DHB's strategic imperatives

Each nurse must use their knowledge and skills whether as a novice or expert, in a way that supports and improves patient/service user care and experience. To guide in prioritising where care delivery is to be focused, the Waikato DHB has identified six key strategic imperatives:

- Achieving health equity for high needs population
- Ensuring quality health services for all
- Providing people centred care
- Delivering effective and efficient care and services
- Becoming a centre of excellence in teaching training and research
- Developing productive partnerships

The four nursing strategic aims (page 12) align with the DHB's strategic imperatives and it is these aims and required actions that provide the direction for the next five years. Utilising these provides a mechanism to support individual accountability with the evidence informing performance reviews and setting of objectives. Nursing no matter where the practice setting contributes to and influences the success of each of these DHB imperatives.

2 Accountability

Each nurse is accountable for their practice as determined by New Zealand Nursing Council, and this an underlying expectation when working at this DHB as a nurse. Accountability is the requirement to demonstrate and take responsibility for performance; this is both as an individual and as part of a health care team. The following principles are used to support accountability with associated structures that enable the corresponding responsibility.

- Expectations are clarified: Nursing at Waikato DHB 2017-2021 document, job descriptions and professional development frameworks all describe levels of expectations and minimum requirements of nursing roles.
- Decisions are transparent and rational: policies governing practise, professional behaviours and evidenced based clinical protocols are in place and accessible eg Lippincott Clinical Procedures, Nursing Reference Centre, Policies housed on the DHB's intranet site.
- Feedback is the expected norm: yearly performance appraisals support and provide ongoing guidance and real time feedback should be given by managers and peers.
- Responsibility is understood and accepted: each nurse must be cognisant of their scope of practice, job descriptions indicate levels of authority, leadership and behavioural competencies, while participation in the Professional Development Recognition Programme gives increased evidence of how responsibility and accountability is demonstrated.

- Continuous improvement is in place: utilising, engaging with and driving changes and improvement through the Quality and Patient Safety agenda as well as Releasing Time to Care ensures that individuals and teams are accountable for outcomes aligned to practice and organisational design.

Each identified senior nursing role is allocated key performance activities/indicators to achieve the strategic imperatives these also aligning with accountabilities.

Waikato DHB is committed to a *Just Culture*. The DHB is supporting this through the designing of safe systems, managing behavioural choices and creating a learning culture. It is the balancing of the need to learn from mistakes and the need to take disciplinary action that will promote organisational and individual accountability through just and fair consequences.

3 Expectations

Each nurse must be cognisant of their scope of practice as defined by the New Zealand Nursing Council (NZNC), work within the NZNC Code of Conduct and understand how to develop therapeutic relationships without breaching professional boundaries (www.nursingcouncil.org.nz).

Delivering care in a culturally competent manner is an absolute expectation, indicating an understanding commitment and active engagement with patients/service users and colleagues. Building on this, cultural humility as described by Trevalon and Murray-Garcia (1998) further supports lifelong commitment to self-evaluation and understanding how relational dynamics that occur between the nurse and patient/service user can affect how the health care delivered is accepted.

Minimum practice standards expected of nurses working within the Waikato DHB are described in the next section. Standards of care, knowledge acquisition, career progression and importantly the manner in which care is delivered are described, and are to be considered standards that are not negotiable. Supporting these expectations, education and learning required to keep nurses clinically sound and opportunities to extend the way individual nurses may aspire to achieve, are provided via the Professional Development Unit.

The Nursing and Midwifery Directorate is committed to the use of Practice Development methodology as it brings together sustainable evidenced, approaches to deliver measurable outcomes, that make a difference in practice and can add to the body of knowledge.

Practice Development methodologies support the transfer of many types of knowledge from learning to practice. Adopting person centred active learning, it is a facilitated process that makes use of critical reflection and generative discussion.
Waikato DHB employees can find more information on the staff intranet in the Developing Our Staff section.

Reducing patient/service user harm and suffering is the ultimate aim for all health workers. Supporting expectations and standards the Nursing and Midwifery Directorate has selected the overarching framework Compassionate Connected Care (3 Cs) as a way to equip nurses with the understanding of how various components of nursing work and organisational requirements can be merged and support the DHB's strategic imperatives.

This framework described by Dempsey Wojciechowski, McConville and Drain (2014), integrates the clinical, operational, cultural and behavioural aspects of care delivery and provides a way to work so all aspects of organisational requirements are met, while addressing the challenges faced to reduce patient/service user suffering or harm and support them to achieve expected health goals.

As described by Dempsey et al (2016) inherent suffering is often not preventable as this occurs because of the diagnosis and sometimes by the treatment which can be painful or uncomfortable and can generally cause a disruption to normal life. It is the avoidable suffering nurses can reduce, as this is associated with unmanaged pain, medication error, hospital acquired pressure injury, a fall or being treated without dignity and respect.

The domains of the 3Cs (Table 1) provides visualisation of how each component can be supported by connecting actions with outcomes.

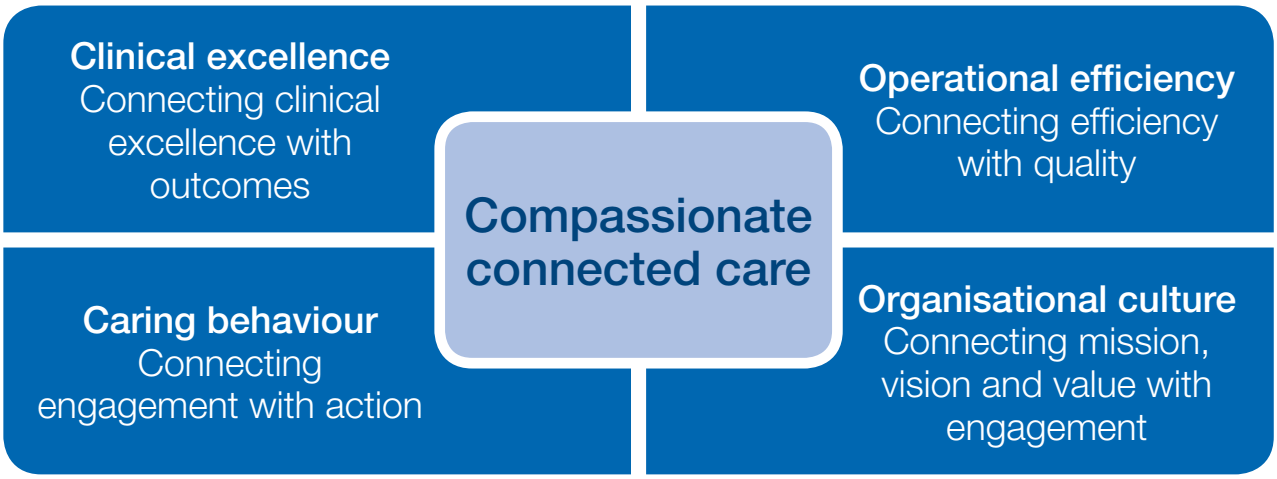


Table 1:JONA Vol 44 no.10 (2014)

Clinical excellence links to outcomes, operational to efficiency and quality, caring behaviours to patient/service user experience and organisational cultural to the DHB's vision, *Healthy People Excellent Care*. The central component is; all care is delivered with compassion, with an understanding of what outcomes (goals) are being aimed for, being aware of how the care will be perceived by the patient/service user, keeping quality at the forefront and knowing that by doing this the DHB's values are supported.

The Compassionate Connected Care framework guides the systems and process needed to support the work of nursing. These systems and processes are not an addition to nursing work but should be viewed as essential and integrated structures allowing nursing to be delivered during the peaks and troughs of patient demand.

The programmes of work and models of care delivery supporting nursing and nurses to achieve appropriate standards and expected to be utilised are:

3.1 The nursing process

The DHB's policy is set out in the Nursing Assessment, Care Planning, Intervention and Evaluation policy.

Supporting clinical excellence, operational efficiency and organisational culture the nursing process is the methodology used by nurses when carrying out

- patient/service user assessments,
- goal setting (as defined by the patient)
- planning,
- interventions
- evaluation.

The care plan reflects the assessment and supports the planning and intervention stage while evaluation of that care delivered and outcomes are documented in the clinical notes.

By using this systematic method standardisation occurs around how nurses plan deliver and evaluate care. Nursing documentation provides evidence that helps ongoing care to be delivered by nurses, it is to clear, concise and meaningful.

3.2 Partnership care

Supporting clinical excellence and operational efficiency the model of nursing care delivery within inpatient wards is "Partnership Care". This model while still having elements of patient allocation has the nurses on each shift working in defined teams caring for a group of patients/service users. The teams can consist of a mix of registered nurses, enrolled nurses, psychiatric assistants and health care assistants. At the very minimum each team must;

- introduce themselves to their patients/service users.
- have equitable work load in terms of acuity,(this is not necessarily the same as numbers).
- have some knowledge of all patients their team is caring for,
- have planned support for high intensity interventions/procedures,
- team based or ward based huddles
- staggered meal relief.

Within community settings partnership care should be adapted to support a nursing team approach to care, supporting continuity, communication and sharing of workload and clinical mentoring.

The teams must work in a culture that encourages case discussions and joint decision making around complex care planning and use opportunities that are presented to share knowledge. Working in Partnership Care permits the nurse to seek advice from colleagues when confronted with any aspect of clinical care that may need clarifying, or require a higher knowledge level or skill than they have at that point in time.

3.3 Bedside handover medical surgical wards

The DHB's policy is set out in the Clinical Handover (Bedside Handover) for Nursing and Midwifery procedure.

Supporting caring behaviour and engagement, this hand over process is to be carried out between shifts over the 24 hour period. Bedside Handover actively includes the patient/service user and/or the nominated care giver and uses Situation, Background, Assessment, Recommendation and Response (SBARR), to ensure a cohesive handover of information occurs. The patient being part of the handover must be given the opportunity to participate and confirm that the information shared is correct.

Safe hand over is an expectation across the continuum of care, and elements of bedside handover adapted for the community context.

3.3.1 Clinical handover mental health inpatient wards

The DHB's policy is set out in the Clinical Handover, Mental Health Inpatient Wards procedure.

SBARR communication will occur at all points of handover, whether this is at the change of a shift or transfer between wards. Following handover the nurse responsible for the care of the service user/tangata whaiora will introduce the oncoming nurse to the service user/tangata whaiora and will handover any relevant information required for the shift. This provides a connection to be made and therapeutic alliance to be established.

3.4 Intentional Rounding

The DHB's policy is set out in the Interntional Rounding procedure.

Supporting all four domains of the CCC (3Cs) framework, Intentional Rounding is the process used to ensure every patient regardless of their acuity is seen and interacted with on a regular basis. Utilising Intentional Rounding in each ward allows patients the comfort and confidence that they will be seen at the very least every two hours. While essential aspects such as pain, toileting needs and positioning are always to be addressed, other areas related to the patient's clinical needs are also included. Documented activities are noted in the care plan and evaluation of the care delivered is documented in the clinical notes.

While Intentional Rounding may not be happening as described above in the community, the essential aspects such as care, comfort and safety (pressure injuries, falls and pain) should be assessed and addressed within the care plan.

3.4.1 Levels of observation inpatient services: Mental Health and Addictions

The DHB's policy is set out in the Levels of Observation across all Mental Health and Addiction Inpatient Services procedure.

This procedure is applied in all mental health wards. Levels of observation are identified to ensure that assessed risks of service users/tangata whaiora can be safely managed. Enhanced engagement and observation ensure needs are being met. Observation is only part of the aspect of care for people with high levels of distress. All staff are required to engage with service users/tangata whaiora in meaningful activities, provide psychological support and apply the principles of sensory modulation.


Patient
Doctor
Operation/Procedure Date:
Planned Discharge Date:
Full diet
ATRIUM

3.5 Releasing Time to Care (RTC)

Supporting all four domains of the CCC (3CS) framework Releasing Time to Care (RTC) is a series of processes that enable nurses to create a working environment that is efficient, streamlined and gives more time to the nursing team to focus on patient care. Productive Wards, Communities, and Theatres are some of the programmes that come under the umbrella of RTC.

The methodologies used help support quality and patient safety initiatives, provide the mechanism that improves audit results while giving the nurses on the floor the opportunity to drive the changes needed in order to improve their environment and patient safety.

Every nurse must be at the very least aware of what activities are occurring within RTC in their area, and for those with the increased enthusiasm and ability to drive change then engagement is welcomed and recognised as leadership activity.

3.6 Assignment workload manager

Supporting operational efficiency and clinical excellence, Assignment Workload Manager (AWM) is the acuity and patient assignment tool the Waikato DHB is utilising. AWM measures the work of nurses and then translates to rostering the right skill mix and number to match patient demand (ie. numbers, acuity and dependency). Entering the data while a CNM responsibility can be delegated to appropriate nurses on each shift, and as such learning how to do this is essential. Understanding how the data is entered and how the calculations are created increases individual nurses opportunities to influence how this tool can be used in order to smooth out staffing variances, allocate the right team of nurses to the acuity of patients rather than to number of patients, plan activity associated with high intensity treatments planning breaks and escorting patients to other diagnostics or procedures.

3.7 Professional development framework

Every nurse must adhere to the professional development framework and display an understanding of the minimum standards of knowledge and skills in practice expected of them. Achieving these and being engaged in quality and patient safety activities promotes a confident and competent nursing workforce able to deliver the care needed for the population requiring it. Direct line managers will use this to match expectations against actual level of skills, knowledge and organisational engagement. Identified gaps will be supportively addressed. *Page 16 on provides the detail of this framework*.

Participating in the Professional Development Recognition Programme (PDRP) provides the evidence nurses and their managers can use both as a way of advancing careers and receiving monetary acknowledgment of the contribution the skilled nurse makes to patient/service user care. While participation in the PDRP is not compulsory, for appointed senior nursing roles the minimum requirement for interview is placement on the expert level of the R/N PDRP. For nurses in appointed senior roles participation in the Senior Nurses PDRP is an expectation.

4 Summary

Every nurse working within the Waikato DHB is accountable for their own practise, responsible for understanding their scope as described by the New Zealand Nursing Council, expected to work in a caring compassionate manner and at the very least understand how their contributions to patient safety and outcomes are connected to their own personal values, the clinical areas values and those of the DHB.

This document is intended to provide guidance for nurses supporting all aspects of their practice while working here at the Waikato DHB.

Nurses as a highly valuable component of all heath care delivery, and integral to the clinical team, are encouraged and to be congratulated when, they lead where they stand.

The Nursing and Midwifery Directorate is in place and committed to supporting nurses in order to achieve the best outcomes possible for patients/service users, to provide advice and opportunities to extend and expand knowledge and skill acquisition.

Working together and within the wider health care delivery team the vision *Healthy people. Excellent care* will be achieved.

5 Strategic aims

The following four strategic aims are specific to nursing while supporting the DHB strategic imperatives. The objectives and outcome measures indicate what we are to achieve and how success will be viewed.

STRATEGIC AIM 1:

Lead and apply a strong nursing culture which harnesses and values the contribution of nurses

Key objectives	Outcome measures
Facilitate and apply leadership competencies for nurses that meet organisational requirements	• Organisations vision and values are demonstrated in the care environment • Visibility and presence of nurses exist within all patient and staff safety forums • Competencies have been identified and inserted in position descriptions • Nurses are responsive to data from audit and drive ongoing quality improvements • PDU activities align with leadership development
Nursing contribution to quality and patient safety will be demonstrated	• Nurse Sensitive Indicators – falls, hospital acquired pressure injuries, catheter associated urinary tract infections,pneumonias, are benchmarked against national and international levels and show optimal outcomes • Hand Hygiene audits reflect best practise and meeting target • Releasing Time to Care series is implemented in a way that will show an increase in direct patient care • The skill mix for each ward/dept is defined and matches patient demand (throughput) and predicted acuity or dependency • Nurses will demonstrate cultural humility when delivering care

STRATEGIC AIM 2:

Build workforce capability, readiness and capacity

Key objectives	Outcome measures
Ensure a continuation of advanced and expanded roles to meet organisation requirements	• Each service has identified the roles required to provide safe care presently and into the near future • Expanded and advanced roles have clear quality assurance frameworks e.g. credentialing PDRP • Senior, expanded and advanced nursing roles can describe their contribution to the model of care for improving population health outcomes
Establish the 'entry workforce' numbers, type and processes needed to sustain employment	• Evidence of collaboration with Wintec to ensure student numbers and quality reflect the population need • A sustainable process that achieves intakes of an agreed number of nurse graduates to maintain the nursing workforce • Nursing workforce reflects the demographics of our population • Newly graduated E/Ns will be included in the model of care as determined by required skill mix • NETP/NESP numbers are aligned to a sustainable workforce and are used as the main source of recruitment

STRATEGIC AIM 3:

Nursing uses and contributes to the delivery of effective health care based in research and acknowledged best practise

Key objectives	Outcome measures
Develop, influence and implement processes that ensure patients/service users will receive safe and effective care	• Patient safety practises have been implemented inclusive of: - Releasing Time to Care - Falls Minimisation - Adult Deterioration Detection System (ADDS) - Care Standards - Organisational Audits - Hand Hygiene practices - Medication Safety - Hospital acquired pressure injuries - Utilisation of evidence based nursing procedures • Risk minimisation is evident • Nursing research is participated in and utilised
Demonstrate that nursing practice is based in contemporary best practise	• Education plans are linked to learning needs assessments and workforce design. Training resources (e.g. simulation) have been made available to primary, NGOs and aged residential care sector • Staff have access to policies and procedures that are up to date, consistent across the DHB/s and based on research and evidence • Access to procedures is available to primary and aged care sector • Care essential audits will be carried out twice a year • Results from patient safety programme reflect acceptable outcomes as per national and international benchmarking • Implement DEUs as the preferred student learning experience • Integrate the use of virtual health delivery into learning programmes

STRATEGIC AIM 4:

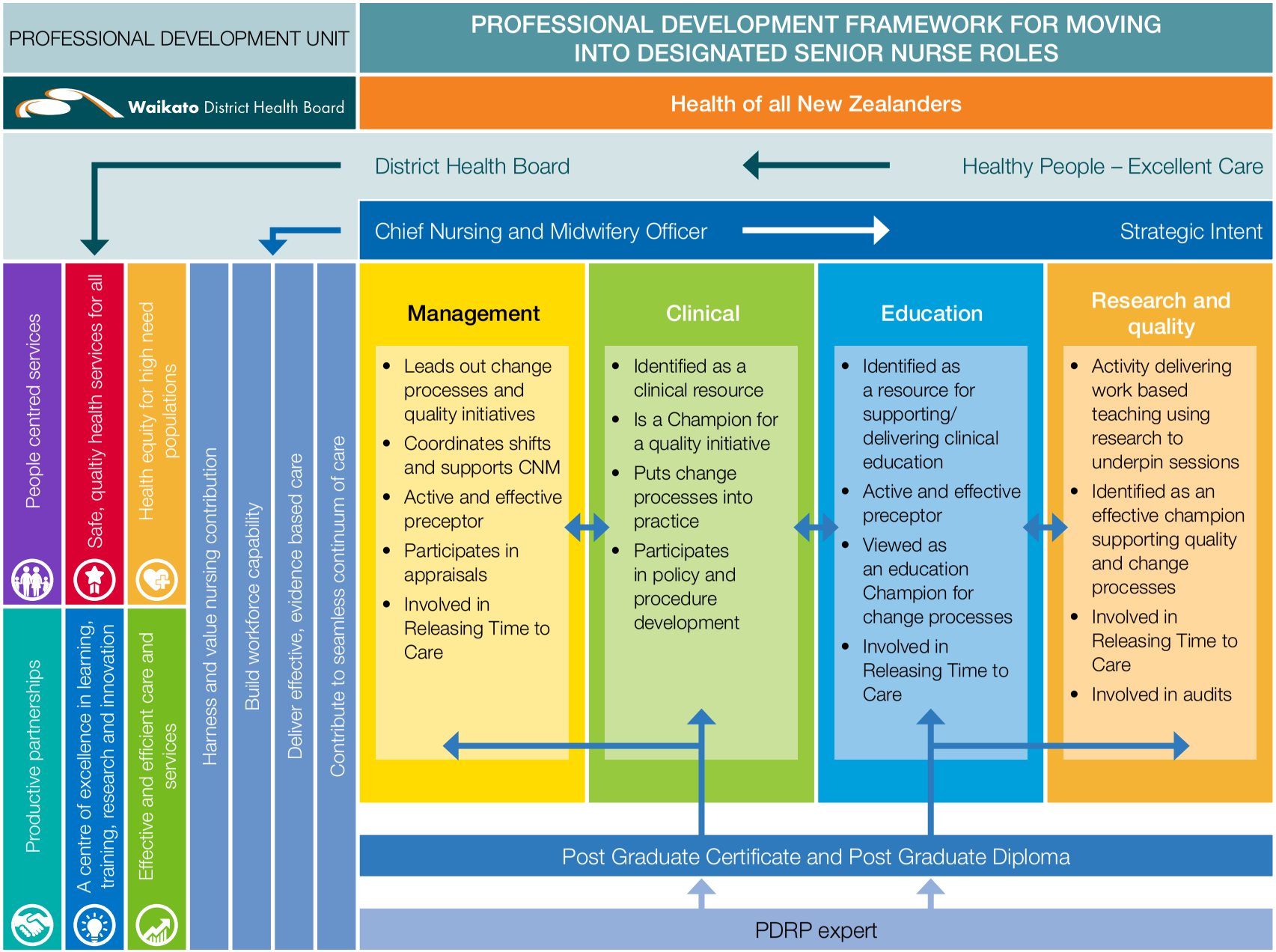
Improve care coordination across the health continuum to enhance timely access to health care for the Waikato population

Key objectives	Outcome measures
In collaboration with key stakeholders, develop and implement rural and primary nursing strategies to meet key requirements of communities and new models of care	• A model and workforce plan for a sustainable and flexible nursing workforce working within the rural sector has been developed • Strong alliances have been built across the nursing sector, (including. education), that promotes a reduction in siloing of nursing services, specialties and employment models • Integrated collaborative nursing models have been implemented and agreed role transition plan has been progressed • The nurse practitioner role in Rural is integrated into the rural team with clear documented outcomes • Recommendations of the Aged Residential Care's Clinical Assurance Group have been implemented as agreed • Virtual Health Strategy and its delivery are integrated into models of care
Implement smooth patient journeys across health settings	• Nurse led discharge (criteria based) is utilised • Nurse led clinics have been developed and there is evidence that patient wait times are reduced • Nurse roles developed to see, treat and discharge in the EDs of Waikato and Thames hospitals are implemented • Shared nursing roles with primary that will coordinate complete care requirements are explored and developed as agreed • Demonstrate increasing use of virtual health technologies to support clinical care delivery

Professional development framework for enrolled nurses

Professional development framework for registered nurses

Professional development framework for moving into designated senior nurse roles



Role expectations for designated senior nurse positions

PROFESSIONAL DEVELOPMENT UNIT	ROLE EXPECTATIONS – DESIGNATED SENIOR NURSE ROLES		
Management	**Clinical**	**Education**	**Research and Quality**
NM • Efficient and effective operational management of a service(s) • Leading people, systems, processes and responses to facilitate service delivery • Business, financial, human resource planning and management • Contributes to the development of organisational strategic direction	**NP** • Improves health outcomes through advanced nursing practice with a specific population • Provides leadership and consultancy in defined specialty practice area • Scholarly research inquiry into nursing practice. Lead development and changes in nursing practice • Develops nursing guidelines and policy, nursing education, nursing quality improvement in specialty	**NE** • Contribute to the strategic direction of nursing education • Focus on skill development and education of nurses within clinical areas to meet the needs of patients • Facilitate learning, development and delivery of education in clinical and classroom settings • Develop competency and capability of the nursing workforce • Promote an environment that contributes to on-going demonstration and evaluation of competencies • Integrate evidence based theory and best practice into education activities	**Nurse Researcher** • Leads and undertakes nursing or population health research and development activity using accepted research methodology, locally, regionally and/or nationally • Promotes a research environment that supports and facilitates research mindedness and research utilisation • Supports and evaluates practice through research activities and application of evidence based knowledge.
DNM • After hours operational management of hospital services, including crisis and facility management • Management of after hours resources • Clinical expertise demonstrated directly or through coaching and supervision	**CNS** • Focus on care delivery across the continuum of care, providing specialist nursing care and expertise in the management of a defined patient / client group • Researching, evaluation, developing and implementing standards of nursing practice in specific area of practice. • Leads the development of pathways, protocols and guidelines in the specific area of practice	**Nurse Coordinator** • Develop, implement and coordinate specific clinical, education and quality programmes across Waikato DHB to reflect strategic direction • Ensure programmes continue to meet the NCNZ accreditation standards and/or HWNZ requirements • Review, implement and evaluate programme changes based on regional and/or national changes • Contribute to submissions on consultation documents impacting on professionals, programmes and/or health of New Zealanders	**Nurse Consultant** • Provides professional nursing advice, leadership and consultancy • Increases effectiveness of patient care delivery • Leads quality improvement. • Develops and maintains frameworks for policy and education • Facilitates nursing input into policy development
CNM • Provide clinical leadership within a defined care area • Manage systems, processes and resources to enable nurses to meet needs of patients • May have budget holding responsibility • Promotes a quality practice environment that supports demonstration of competency and enables safe, effective and ethical nursing practice	**CRN** • Provision of clinical leadership, advice and support across a service / services / hospital Facilitates recognition and care delivery for the deteriorating patient		
ACNM • Supportive role to CNM; continuing clinical coordination and expertise to enable an effective and efficient practice environment • Provides clinical leadership for staff and assists with coaching and professional supervision	**SCN** • Works in a narrow field but with more indepth knowledge and skills than RN. Enhances health outcomes for clients by providing assessment, care and education within specific area of practice • Contributes to the development of pathways, protocols and guidelines in specific area of practice.		
Clinical Nurse Coordinator • Coordinates people, systems and resources for a shift or group to ensure service delivery is met • May contribute to coaching and supervision of staff • Promotes a quality environment that supports and facilitates improved patient outcomes and experience			

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Demsey,C., Wojciechowski,S.,McConville,E.,& Drain,M. (2014) Reducing patient suffering through Compassionate Connected Care. *Journal Nursing Administration*, Oct; 44(10) 517-524.

Trevalon,M.,& Murray-Garcia,J.(1998). Cultural Humility versus Cultural Competence. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-119