

PRACTICE PARTNERSHIP MODEL

A new nursing model for positive practice environments
that values and promotes patient centred care

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Clinical Leadership Pivotal



Nursing is
our staff,
our people,
our leaders



Patients are our priority

The Healthy Hospital - Improving Quality, Safety & Throughput
13 November 2008

2004 – changing times....

- Predictions – global shortage of nurses
- Aging workforce, population
- A more Integrated service model of care
- Acuity increase – chronic illness
- Capital development – opportunity
- Patient expectations
- Developed a Workforce plan 2004-2007

Evidence before us...

- Senate Inquiry into Nursing 2002
- National Nursing Education - 2002
- Productivity commission (AGPC 2005)
- N3ET Report 2006
- Glueing it together, nurses workforce..... -Duffield report – 2007
- Changing demographics
- Nursing vacancies predictions in 2015-2020

Commencing the Pilot

- Seed funding – Nursing Director Research & Practice Development to take lead
- 3 wards – Thoracic medical, sub acute and orthopaedic surgery – took ownership clinical champions
- NUM pivotal – more clinical
- Steering Committee – inc union, university
- Baseline data - \$, workforce, skillmix, and quality KPI's

Nursing practice environment

- Task orientated/patient allocation
- Untapped capacity of team
- Role erosion “I’m only an AIN”
- Agency nursing
- Needing revitalization
- ?holistic care
- ?patient/family focus
- ?focus of reduction of harm

Methodology

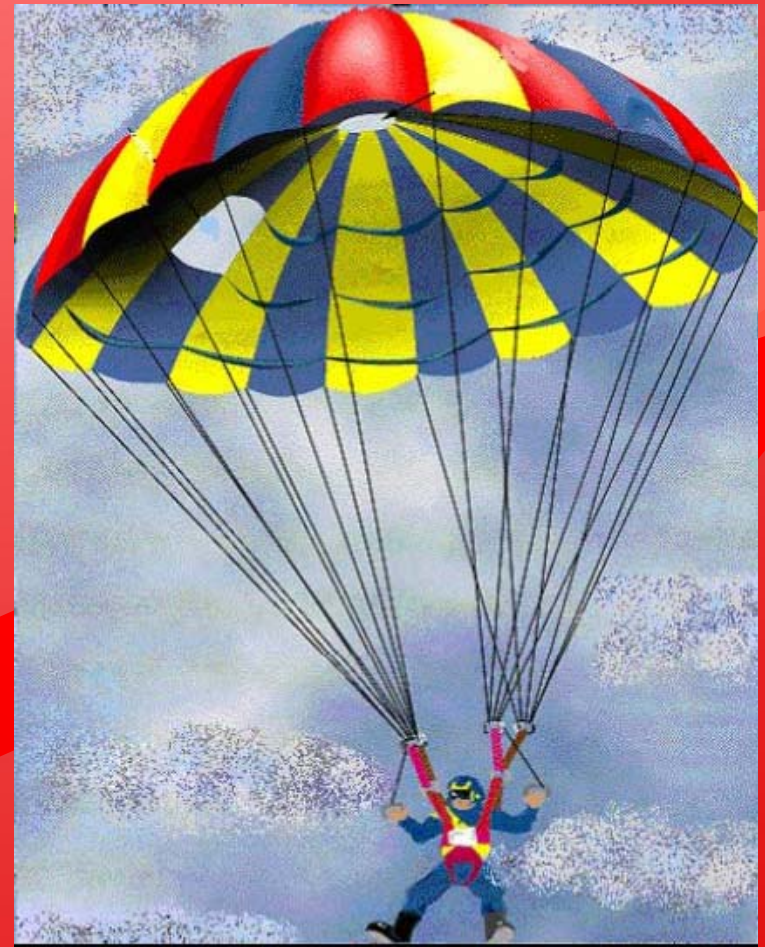
Our research 2005-7: Multi method study

- 37,000 episodes of observation and
- 120 snapshots of daily workday accounts,
- focus groups at ward and nurse level,
- individual survey responses from some 90 staff,
- and patient insights gained along the way.
- Organisational quality, financial and safety data
- solid data base on which to make its claims for the success and the rigor of study
- bundle of interventions, and associated practices.

“Patient Parachute Model”

● **Practice Partnership Model** is a conceptual model that includes a philosophy, an understanding of our governing framework for practice, values all staff and a clarification of the notion of partner within our organisation that emphasises and supports safety.

● It guides the *way we think* about nursing



Principles Clinical Leadership

- Each ward is context specific therefore skillmix decisions are ultimately driven and informed by strong clinical leadership from NUM/CNC
- NUM's require strong commitment by organisation to support their clinical leadership
- Strategies – available to the floor until 12 midday
- NUM rounding
- Bed management in context of safety

Principles – Skillmix and ratios

- 75% RN skillmix
- RN's must be involved in direct and indirect activities
- Dynamic case mix and workflow in each context is best accommodated using a partnership skillmix approach for patient safety, workload management and staff development
- EBP on ratios between 4-8 patients per nurse depending on context, dependency, acuity, geography, skillmix
- BPF – Num context knowledge

Principles – Best Practice

Practice partnerships are best practice for:

- Professional communication
- Building team vitality
- Clinical surveillance
- Clinical supervision
- Patient safety, satisfaction
- Professional maturity


development/evaluation

- Virtual pod geography enhances quality patient care and limits distances between patients, nurses and equipment



Practice partnership Model

Patient Centred/Focussed Care

- **Partnership** - consists of 2 or more nurses and the patient
 - **Bedside handover** – this is about the patients, encourage their interaction
 - **Documentation** – written at bedside
 - Careplans – encouraging patients to have input into planing their day
 - Progress notes – ask patients how their day has been
 - **Traffic lights** – measure of nurse activity
 - **Peer Review** - quality
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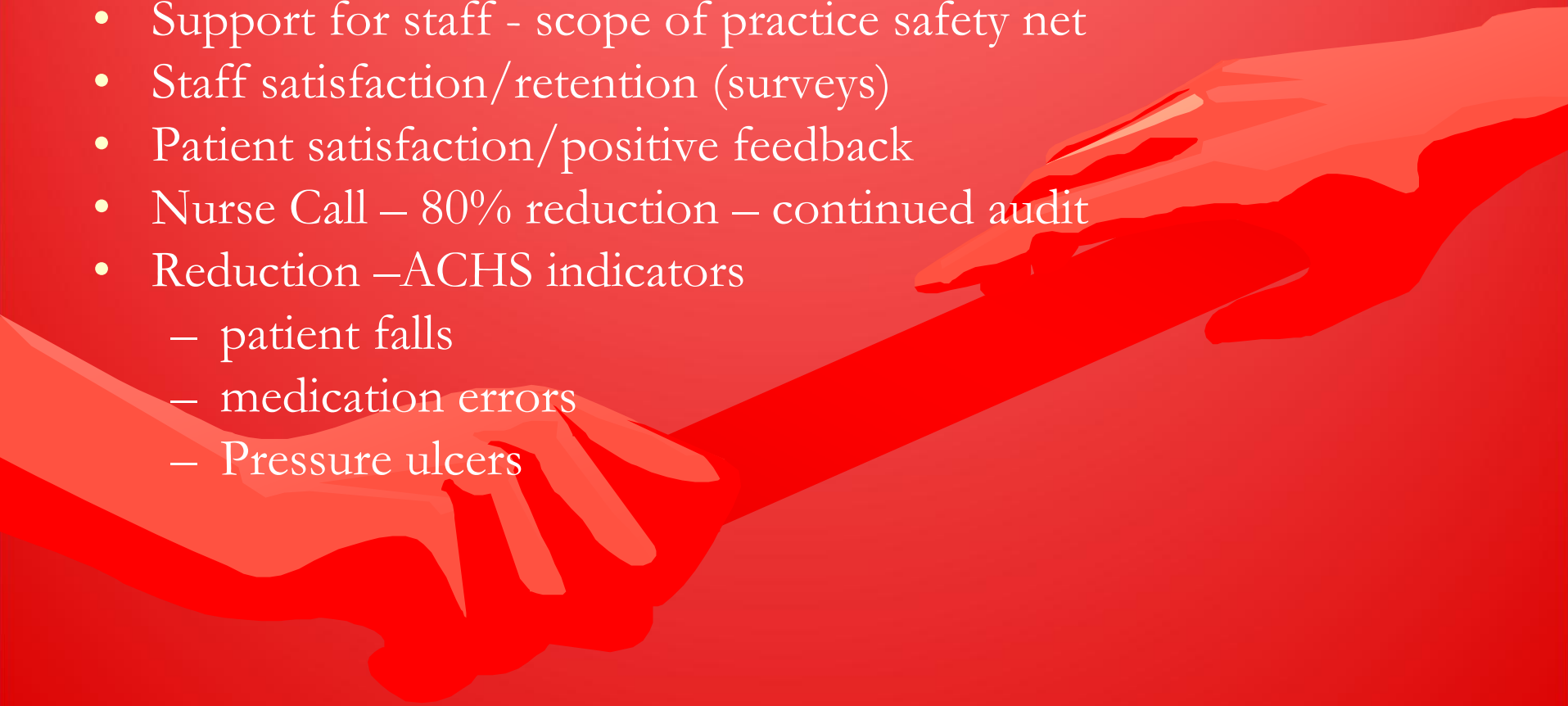
Keys to success – Regular Roundings

- 1st round - Sets the scene for the shift
 - Immediately after handover
 - Before medication round and surgery or procedure preparations
 - Introductions and write names on whiteboard
 - Meet needs needs eg safety; pain; comfort; toileting; call bell and water
- Hourly Roundings
 - Plan rounds to take place before medications rounds and patient meals
 - Protected medication rounds
 - Protected meal times
 - Meet needs- pain; comfort; toileting; call bell and water within reach
 - Team Leader & NUM rounding – ‘scrums’

Terminate encounters by letting the patients know that you have the time to help them if they require anything else, and that you will be back within the hour

Outcomes

- Cost neutral
- Enhanced communication –team/patients/family
- Support for staff - scope of practice safety net
- Staff satisfaction/retention (surveys)
- Patient satisfaction/positive feedback
- Nurse Call – 80% reduction – continued audit
- Reduction –ACHS indicators
 - patient falls
 - medication errors
 - Pressure ulcers

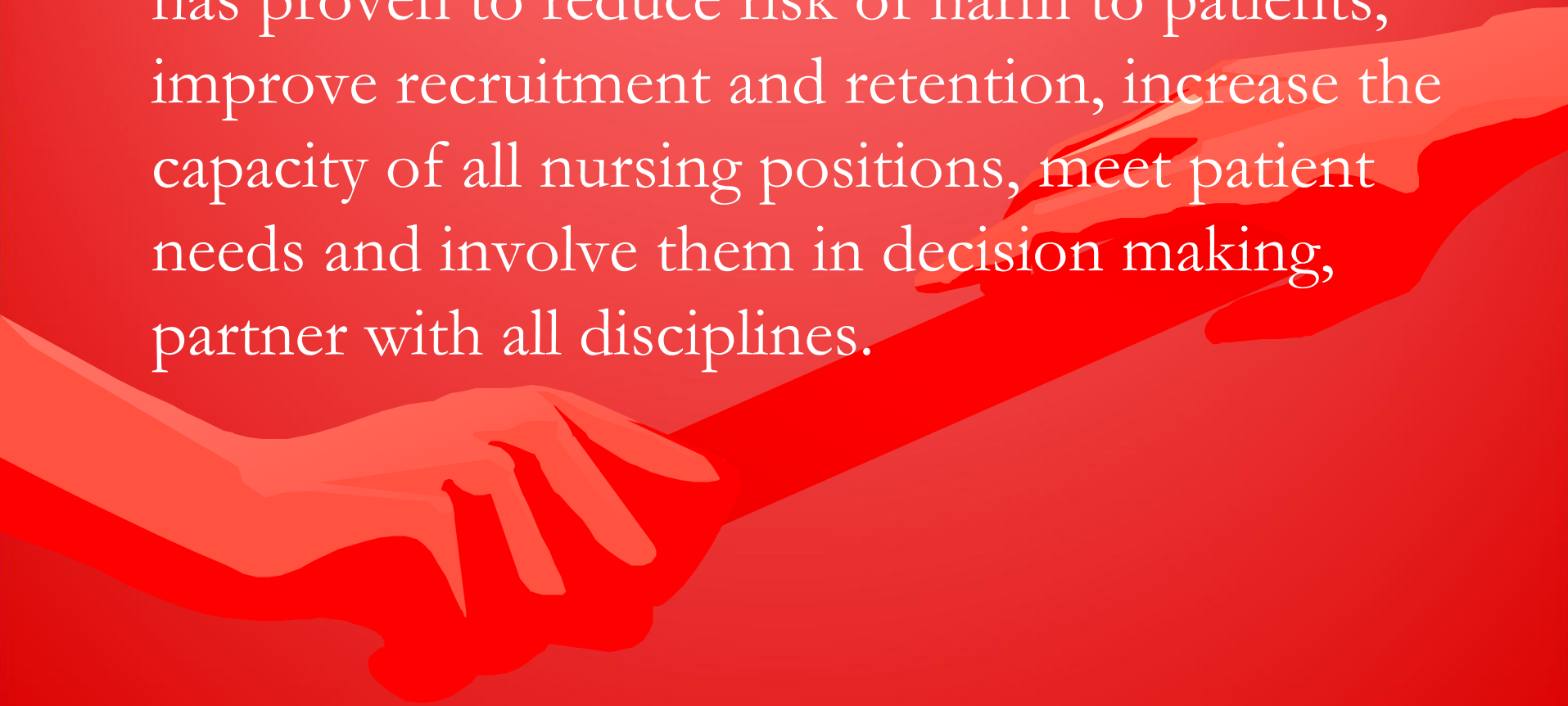


Centre of Excellence - Diversity of Care Settings

- The Prince Charles Hospital -Tertiary
 - Caboolture Hospital – General Hospital
 - Redcliffe Hospital – General Hospital
 - Eventide - Aged Care Facility
 - Ashworth House - Nursing home
 - Ellen Barron Family Centre – Maternal & child health residential facility
 - Royal Children’s Hospital
 - Qld
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- A stylized illustration of two hands shaking, rendered in shades of red and orange, positioned diagonally across the lower half of the slide. The hands are rendered with a soft, painterly texture, and the background behind them is a gradient of red.

Conclusion-The healthy hospital

The Practice Partnership evidence based Model has proven to reduce risk of harm to patients, improve recruitment and retention, increase the capacity of all nursing positions, meet patient needs and involve them in decision making, partner with all disciplines.



A new Era?

Moving from

‘We are the housewives of health’

To

“Together we share the care safely and interdependently as practice partners with colleagues and with patients”



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