



# Care Partnership



Sharing the Load

# Care Partnership



Is were a group of Nurses / Midwives take on a number of patients and share the responsibilities of care.

# Challenges

The background of the slide features a faded, semi-transparent image. The upper portion shows a close-up of a person's face, looking slightly to the left. The lower portion shows two hands shaking in a firm grip, symbolizing agreement or partnership. The overall image is light and serves as a subtle backdrop for the text.

- Reducing workforce  
(World Wide)
- Increasing Demand for Service provision

# Royal Brisbane & Women's Hospital

## Workforce

within Service Line

- Midwife Only Registration
  - Post Graduate Student Midwives
  - Undergraduate Student Midwives
  - Registered Nurses
  - Enrolled nurses
- 
- Looking at accepting New Graduate Registered Nurses

# Practice Standards

## Nurses and midwives in Queensland must practise in accordance with:

- the relevant professional standards including:
  - the Australian Nursing and Midwifery Council (ANMC) [Code of ethics for nurses in Australia](#) and the Australian College of Midwives Incorporated (ACMI) [Code of ethics](#) which identify the fundamental moral commitments and values that nurses and midwives can be expected to hold.
  - the ANMC [Code of professional conduct for nurses in Australia](#) which states the minimum standards for professional conduct.
  - the ANMC [National competency standards for the registered nurse](#), the ANMC [National competency standards for the enrolled nurse](#) and the ANMC Competency standards for midwives which outline the scope of practice of a nurse or midwife who is beginning practice. (The ANMC [Principles for the assessment of national competency standards for registered and enrolled nurses](#) provides information on how to assess a nurse's ability to meet these standards.)
- other QNC codes and standards, including:
  - [Code of practice for midwives incorporating guidelines for midwifery practice](#)
  - [Policy on medication administration by enrolled nurses](#)
  - [Guidelines for RNs and ENs regarding the boundaries of professional practice](#)
  - [Guidelines on standards of practice for RNs with drug therapy protocol endorsement](#)
  - [Nurses infected with a blood-borne virus](#)
  - [Responsibilities of employers, nurses and midwives under s121A of the Nursing Act 1992](#)
  - [Scope of practice framework for nurses and midwives](#)
  - [Statement on sexual relationships between health practitioners and their patients](#)
  - [Notification of convictions, judgments, settlements and disciplinary action by licensed nurses and midwives](#)
  - [Enrolled nurse medication policy amendment \(2006\)](#)
- standards established through [legislation](#) and [Common Law](#)

# CARE PARTNERSHIP

## Principles behind Care Partnership Model

### GOVERNING PRINCIPLES

- Appropriate allocation of 2 staff members to co-ordinate the care of a group of clients. Usually a student Midwife, enrolled Nurse or an Agency Midwife. May extend to a Direct Entry Midwife graduate caring for Gynae patients.
- The responsibility and accountability within the Partnership is shared, with no member taking more or less dominant role in relation to care delivery. The Midwife or Registered Nurse does have the scope of practice responsibility of supervision of the partner.
- The allocation of primary responsibility of the patient is done in collaboration between the 2 partners. The overall allocation of the group is done by the NUM or team leader.

### Principles

#### Practice Partnerships – evolving from team nursing.

- *Concept Practice Partners* provide care to the same group of patients.
- *Development* of less experienced staff to become independent functioning practitioners.
- Provides for the *Scope of Nursing Practice* in delegation of Duties and Supervision Strengths
- Promotes continuity of care and communication
- Useful to promote graduate transition and preceptor programs
- Decentralised decision making
- Staff empowerment
- Supports mixture of qualifications and the Scope of Nursing practice

#### Weaknesses

- Difficult Rostering Opportunities
- To mentor the development of critical thought processes amongst less experienced staff .

#### Threats

- Revert to functional team nursing

### Responsibility

- Team Leader – continuity of care. Appropriate pairing of skill
- Experienced staff (including casuals)
- Middle Group of experience staff
- Less Experienced staff – New Graduates / agency
- Skill Mix – EEN

### Experienced Staff

- Acceptance of leadership role / dissemination of information
- Provide knowledge and skill
- Provide support, direction and supervision (According to Delegation Scope).
- Remain Objective
- Training and development issues identified at PAD and adhoc

### Less experienced Staff

- Open provision of knowledge and skill
- Provide support and acceptance of guidance
- Objectivity
- Training and Development issues identified on PAD and adhoc
- Required good communication skills and collaboration among members
- Maintain positive attitude – provision of a learning organisation ie succession planning
  - Opportunities of professional growth and development recognised and acted upon.

### Accountability

- Endorsed Midwife/Midwife/ EEN accountable for own practice within policy and legislative framework.
- Increased Communication and collaboration

### Authority

- Channels of communication
- Reporting lines : All report to the NUM adhoc to CN after hours
- Accountable for own practice within the scope of practice framework
- Autonomy within practice / within the partnership
- Growth & Development

### Standard of Care

- Set by the NUM / Organisational policies & Legislation
- Carried out by members of the team
- Quality
- Delivered quality care
- Monitor performance indicators
- Resource utilization
- Finance / Budget – individual / organisation
- HRM issues
- Roster practices
- Use of material resources
- Equity.

### Scope of Practice

- Conferring authority to perform activities by delegation incorporates responsibilities relating to teaching, assigning and supervising
- Undertaken by a Registered Nurse/ Midwife

### Delegation

- The acceptance of delegation is dependent on continuing education and competence assessment.
- Cannot be delegated
  - Interpretation of assessment data
  - Development of a nursing plan
  - Evaluation of clients responses

### Supervision

Monitoring and directing performance of specific activities during a defined time period

May be **direct** or **indirect**

#### Direct Supervision

- The Registered Nurse is:
    - present
    - observes
    - works with
    - directs and
- the person who is being supervised

#### Indirect Supervision

The Registered Nurse works in the same facility or organisation **delegates but does not constantly observe the delegated activities** and must be available for **reasonable access** for the supervised person

### Which supervision to Use

#### Direct Supervision

- With Health workers who have not had their clinical skills assessed
- Training health Workers until assessments complete

#### In-Direct Supervision

- Used for health worker who have had assessment of their **clinical skills**, ie EEN, Student Midwives, Casual Midwives, Agency Staff

### Processes Collaboration

- Working in **partnership** with health care personnel
- For the **benefit** of people receiving health services

# GOVERNING PRINCIPLES

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# Issues Surrounding Care Partnership

- Delegation
- Responsibility of care



# What are my responsibilities when delegating an activity?

- To maintain a high standard of care when delegating
- Midwives' delegate activities from the care plan to non- Midwives and responsibilities to consider must include:
  - teaching and competence assessment
  - clinically-focused supervision
  - evaluation of client outcomes
  - reflection on practice.

# Areas that cannot be delegated

- Formulating a plan of Care
- Assessing the responses regarding development of a plan of care
- Evaluating changes in patients condition
- Interpretation of assessment data.

## Slide 10

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**C8** these issues needed to be addressed in parallel with our model.

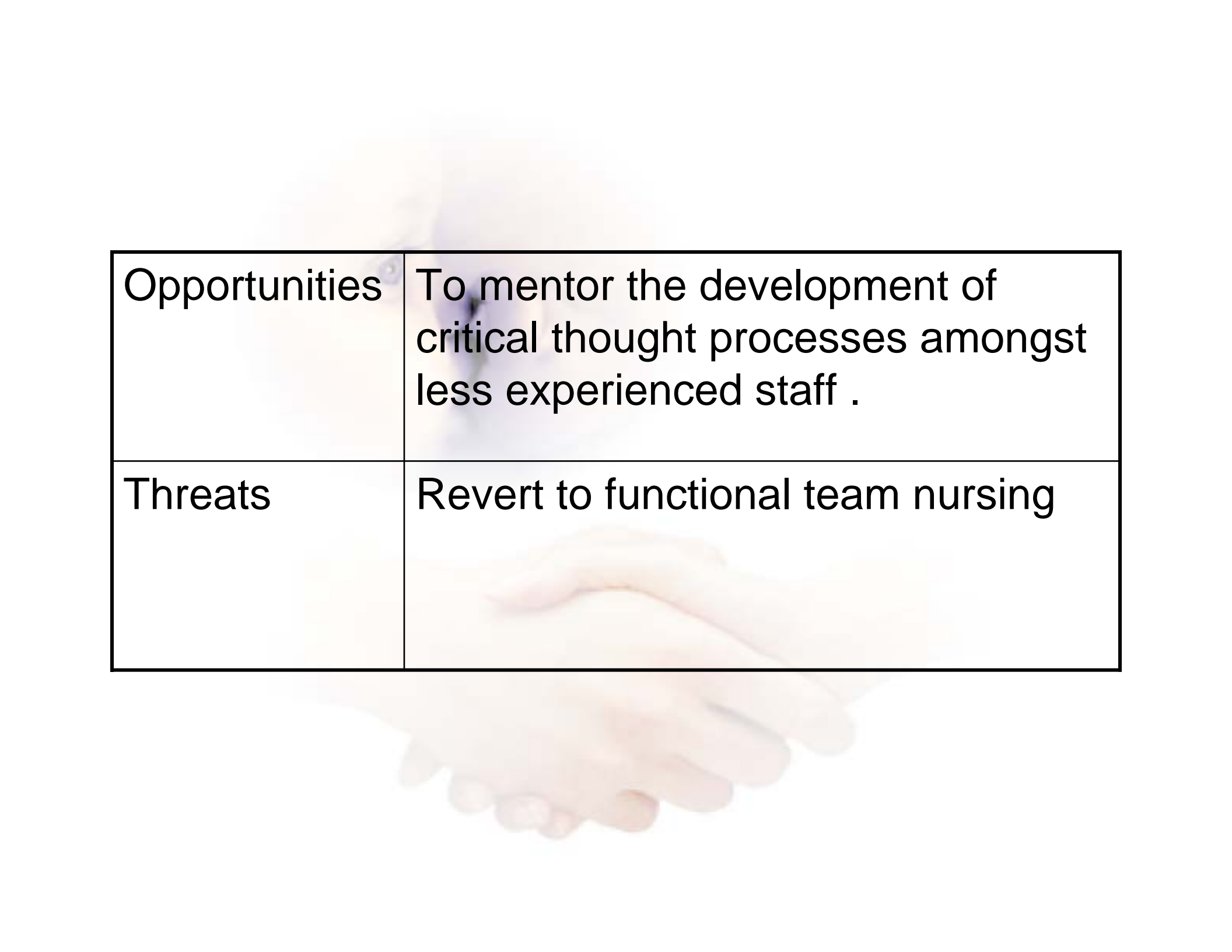
We use pathways to enable streamlining these delegation issues.

More experienced clinician is required to access if the patient falls within the standard pathway. Variation to the pathway are reported to the partner.

CullenShe, 30/10/2007

# Principles

|            |  |
|------------|--|
| Concept    | <ul style="list-style-type: none"><li>•Care Partners provide care to the same group of patients.</li><li>•Development of less experienced staff to become independent functioning practitioners.</li><li>•Provides for the Scope of Nursing Practice in delegation of Duties and Supervision</li></ul>               |
| Strengths  | <ul style="list-style-type: none"><li>•Promotes continuity of care and communication</li><li>•Useful to promote graduate transition and preceptor programs</li><li>•Decentralised decision making</li><li>•Staff empowerment</li><li>•Supports mixture of qualifications and the Scope of Nursing practice</li></ul> |
| Weaknesses | Difficult Rostering  |



|               |  |
|---------------|--|
| Opportunities | To mentor the development of critical thought processes amongst less experienced staff . |
| Threats       | Revert to functional team nursing  |

# Practical Application

- Ward allocation for 30 bed unit 7 staff
  - Advanced Level Midwife
  - Newly employed Midwife 10 year experience
  - 1 Student Midwife
  - 1 New Graduate Midwife
  - 1 EEN with 15 years experience in the unit
  - 1 Casual midwife (has worked 2 years in unit)
  - 1 Agency Midwife (not worked in unit)

# Shift Staffing Allocation

| <b>More experienced Partner</b> | <b>Less experienced Partner</b> |
|---------------------------------|---------------------------------|
| Advanced Level Midwife          | Newly employed Midwife          |
|                                 | EEN                             |
| Casual Midwife                  | Student Midwife                 |
| New Graduate                    | Agency Midwife                  |

# Future Direction for Care-Partnership



- Skill mix is an issue that will remain with us for the next few decades
- Model must be embraced to enable staff to work within their scope of practice.
- Produces collegiality and caring for ourselves.
- Requires constant vigilance