



PROTOCOL

SUBJECT: Collaborative Nursing in NICU

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Disclaimer:

It should be noted that this document reflects what is currently regarded as a safe and appropriate approach to care. However, as in any clinical situation there may be factors that cannot be covered by a single set of guidelines, this document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgment to each individual presentation.

Rationale:

The current nursing model used in NICU at JHCH is the primary care model whereby nurses are allocated a number of patients and are responsible for their total care and needs throughout their shift.

However, there are two situations where the primary care model may not be appropriate and a form of collaborative team nursing needs to be instigated. The two situations are:

1. Assistant in Nursing (AIN) – 3rd year undergraduate nurse
2. A Registered Nurse (RN) who requires ongoing support and assistance to care for the babies in NICU.

Outcomes:

1. NICU Nursing Management will implement collaborative nursing as necessary
2. Allows nurses at different levels of training and expertise to perform their work more effectively
3. “The aim of a CNM (Collaborative Nursing Model) is to utilise and develop the skills of the nurses to the fullest extent by providing a supportive learning environment. Clear guidelines and communication and reporting structures are required to enable the team to function efficiently.” the NSW Health Ways of Working Resource package (2011)

Collaborative Care

Definition

“Collaboration is a process where two or more people work together to realise shared goals. Collaborative problem solving relies on sharing knowledge, learning, and building consensus” (NSW Health, 2011)

1. Core components of a collaborative practice model are suggested as:
 - An identified group of patients to be cared for
 - Common goals for patient outcomes and a shared commitment to meeting these goals
 - Each member functions to their individual education and expertise (scope of practice)
 - An understanding by team members of each other’s role
 - There is a mechanism for communication
 - There is a mechanism for monitoring patient outcomes
2. There is a set of recognised values/behaviours that is the foundation of a collaborative practice model noted as:
 - Mutual trust and respect among all team members
 - Knowledge of varying degrees
 - Responsibility and accountability (independent and shared)
 - Effective communication
 - Cooperation and coordination that promotes the use of skills of all team members

Principles of Collaborative Nursing

The team, led by an experienced nurse in consultation with the team, thinks critically about the plan for the shift, prioritizing the care and assigning responsibility for care delivery within the group. They all participate in the handover at the bedside.

In the NICU, collaborative nursing generally relates to either an AIN or RN who is teamed with a more experienced RN/Clinical Nurse Specialist (CNS). The two nurses are allocated a number of patients and the experienced RN/CNS will delegate, directly supervise or indirectly supervise the more junior team member throughout their shift to ensure they provide evidenced based clinical care. The number of patients allocated should be less than the number allocated to two nurses in the primary care model e.g. maximum of 6 inpatients in Level 2.

Role of the RN in collaborative nursing

The role of the experienced RN/CNS is clearly outlined in 'The National Competency Standards for the RN' – Domains (NSW Health, 2011)

Professional practice

- Practices in accordance with legislation affecting nursing practice and health care.
- Practices within a professional and ethical nursing framework.

Critical thinking and analysis

- Practices within an evidence-based framework.
- Participates in ongoing professional development of self and others.

Provision and coordination of care

- Conducts a comprehensive and systematic nursing assessment.
- Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team.
- Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes.
- Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care teams.

Collaboration and therapeutic practice

- Establishes, maintains and appropriately concludes therapeutic relationships.
- Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.

Standards	RN Skills
1. Recognises the differences in accountability and responsibility between RNs, Enrolled Nurses (EN) and unlicensed care workers such as AINs	Delegation
2. Contributes to the professional development of others.	Supervision Clinical teaching and coaching

3. Delegates aspects of care to others according to their competence and scope of practice.	Clinical teaching and coaching: Supervision Delegation
4. Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately.	Delegation Supervision Leadership
5. Facilitates coordination of care to achieve agreed health outcomes	Leadership and collaboration

Delegation and Supervision

In a collaborative care framework delegation and supervision are fundamental skills that are required and these are defined as:

Delegation

“A delegation relationship exists when one nurse delegates aspects of patient care to another clinical person, which they are competent to perform and which they would normally perform themselves, to a less experienced nurse” (NSW Health:2011).

Whilst the National Framework for Decision Making by Nurses and Midwives does not define specific practice activities or procedures, use of the tools will assist nurses to navigate the complex practice environments when incorporating the role of the AIN (Australian Nursing and Midwifery Council, 2007).

Regarding Delegation the ANMC states:-

- *Delegation to an AIN occurs when the required task is primarily (not historically) performed by registered or enrolled nurses. The delegated task is always patient specific, in the interests of the patient and is not contradicted by facility policy. If the task/function is classified as a ‘shared’ (common) competency it does not require delegation, however the patient/context complexity influences the knowledge/skill level required and accordingly the allocation of the task/function to AINs,*
- *An active process of transferring authority to a competent individual to perform a particular activity in a specific situation*
- *Those delegating retain the accountability for the decision to delegate and monitoring outcomes of the delegated task.*

In other words: AIN’s will not be asked to work outside of their scope of practice

Responsibilities when delegating

- *Teaching*
- *Competence assessment*
- *Providing guidance, assistance, support and supervision*
- *Ensuring person to whom delegating accepts and understands their accountability*
- *Evaluation of outcomes and patient safety*
- *Critical thinking, problem solving and reflection on practice to plan next shift and handover of care*

Responsibilities when accepting delegation

- *Negotiate teaching, competence assessment, support, guidance and supervision as required*
- *Notify/inform delegator of inability to perform the activity in a timely manner*
- *Be aware of the extent of the delegation and any monitoring and/or reporting requirements*
- *Perform delegated activity safely*
- *Participate in evaluation of the delegation*
- *Do not delegate the activity to someone else unless authorised*
- *Consult with the delegator if context/situation changes*

Supervision/supervise

Clinically-focused supervision, as part of delegation

Clinically focused supervision includes:

1. Providing education, guidance and support for individuals who are performing the delegated activity
2. Directing the individual's performance
3. Monitoring and evaluating outcomes, especially the consumer's response to the activity

There is a range of clinically-focused supervision between direct and indirect. Both parties (the delegator and the person accepting the delegation) must agree to the level of clinically-focused supervision that will be provided.

Direct Supervision

"When the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised."

Indirect Supervision

"When the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised."
(Australian Nursing and Midwifery Council, 2007)

Assistant in Nursing – AIN (2nd or 3rd Year undergraduate nurse)

NICU employs undergraduate 2nd and 3rd year nurses as AINs. In this situation the AIN MUST work collaboratively with a RN/CNS.

Key Functions for an AIN (NSW Health, 2009)

1. Provision of support to the nursing team in the delivery of nursing care in an acute care environment as directed by the Registered Nurse

2. Provide direct care activities to patients in accordance with the nursing care plan and under the supervision of a Registered Nurse
3. Assist Registered and Enrolled Nurses with patient care interventions as directed
4. Contribute to collecting accurate health care information and maintaining accurate health care documentation as required
5. Communicate effectively with patients and other health care team members in accordance with appropriate protocol (NSW Health, 2009)
6. Will report and document the functions that they perform.

The NSW Health Policy Directive PD 2010_059 outlines in detail the support that is given to this position. It states that the mandatory requirements include:-

1. An AIN will work within a plan of care under the supervision and direction of a registered nurse when providing aspects of nursing care.
2. While an AIN will be responsible for their own actions they will however remain **accountable to** the registered nurse for all allocated duties.
3. An AIN working in acute care will be allocated nursing activities that are **within the parameters** documented in the NSW Health Assistant in Nursing – Acute Care position description.
4. Any additional context specific nursing activities allocated must follow a formally documented process that reflects the Australian Nursing and Midwifery Council Decision Making Framework and Health Service guidelines.
5. AINs are to be assigned to appropriate clinical areas according to identified skill mix assessment process guidelines and be provided with support and supervision at all times.

Clinical Area Assignment for an AIN in the NICU JHCH

1. In the NICU the AIN will work in level 2 with an experienced RN/CNS.
2. The RN/AIN will be considered a “team” and be allocated 4-6 low level care patients
3. On the allocation list the name of the AIN will be written beside the supervising RN/CNS they are allocated to and the names of the patients will be allocated against the RN/CNS’s name. This indicates that the RN/CNS is accountable for those patients NOT the AIN. However, the AIN does have a legal responsibility to communicate and work within their scope of practice
4. At the beginning of the shift the RN/CNS and AIN will receive handover together from the previous shift.
5. The RN/CNS will then delegate specific aspects of care to the AIN. They will discuss the care plan for each patient and identify what is within the AIN scope of practice.

NB. AINs CAN NOT countersign for breast milk or medications but still necessary to check when administering.

Key Functions for an AIN

1. Provision of support to the nursing team in the delivery of nursing care in an acute care environment as directed by the RN/CNS.
2. Provide direct care activities to patients in accordance with the nursing care plan and under the supervision of a Registered Nurse
3. Assist Registered Nurse with patient care interventions as directed
4. Contribute to collecting accurate health care information and maintaining accurate health care documentation as required
5. Communicate effectively with patients and other health care team members in accordance with appropriate protocol (NSW Health 2009)
6. Will report and document the functions that they perform.

Medication and Breast milk checking

All medication and Breast milk have to be checked by two RNs. AINs may be the third person checking breast milk or medications and they must be the third person if they are actually going to give the milk or medication under direct supervision of the RN. They may give breast milk once it has been checked by two RN's and they should be fully involved with the checking as a third person. At least one RN should remain with the AIN until they have commenced the feed but do not have to stay for the whole feed. In the case of medication, the two RN's need to check and sign and both should remain at the bedside with the AIN if the AIN is giving the medication (or until connected up in the case of IV).

Collaborative Nursing an RN

This form of nursing is undertaken when it has been identified by management that another RN requires more formal clinical support for a period of time. The principles of collaborative nursing, delegation and supervision are as for the AIN. The RN works within their scope of practice and can therefore check and sign for breast milk and medications. Their reports will be reviewed by the senior staff member as a form of education and support.

Clinical Area Assignment for an RN using the collaborative model of care.

1. In the NICU the RN will work in level 2 with an experienced RN/CNS.
2. They will be considered a "team" and be allocated 4-6 low level care patients.
3. On the patient allocation list the name of the RN being collaboratively nursed will be written beside the supervising RN/CNS they are allocated to, and the names of the patients will be allocated against both the supervising RN/CNS and the RN. The allocation needs to be in the same area eg. Bays next to each other. As both nurses are RN's they are both accountable for the care given to those patients.
4. At the beginning of the shift the supervising RN/CNS and RN will receive handover together from the previous shift.

5. They will discuss the care plan for each patient identifying what clinical care can be delegated and/or supervised. The senior RN/CNS will discuss areas of clinical practice in which the supervised nurse requires further training and or support, and between them plan education to meet the supervised nurse's needs.

Documentation

In relation to documentation NSW Health Guideline GL2005_034 states:

1. All nurses who provide care, assessment, management and/or professional advice are responsible for legibly documenting and dating this activity in the patient care report.
2. Contemporaneous documentation is supported. Entries should be made in the health care record when the observation is made or the care given.
3. Nurses' records in themselves are not legal documents however they may be used as evidence as to what observations were made or what care was provided for a patient. In the case of the AIN Health care records must be counter-signed by the supervising RN/CNS.

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