Women’s Health

Care domains and care outcomes

Essentials of care – resource guide (for facilitators)

Women’s Health
Introduction to Essentials of Care for Women’s Health Nurses

Background and Context for Women’s Health in NSW

Local Health Districts across New South Wales provide a range of Well Women’s Health Programs delivered by Women’s Health Coordinators and Registered Nurses specialised in Women’s Health. Women’s Health Nurses may also be employed as Nurse Practitioners (NP’s) or employed within Women’s Health Centres and other Non-Government organisations.

Women’s Health Nurses work within the community in their Local Health Districts. The nurses work within a primary health care framework and complement existing health services provided for women. Developing initiatives for specific populations of under serviced women to meet their identified health needs are central to this role.

Women’s Health Nurses aim to increase women’s access to health literacy information that focuses on early detection and illness prevention, as well as providing health screening and referral to appropriate services. Women are involved in decisions made about their care.

Nurse Practitioner (NP): is defined as a Registered Nurse (RN) who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role. The NP role includes assessment and management using nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and initiating and interpreting diagnostic investigations. The title of ‘Nurse Practitioner’ is protected and may only be used by RNs endorsed by the NMBA to do so. (NSW Ministry of Health 2012)

Key Health Areas

The National Women’s Health Policy 2010 has four health priority areas:

1. Prevention of chronic disease and control of risk factors
2. Mental health and wellbeing
3. Sexual and reproductive health
4. Healthy ageing

Policy context

The Women’s Health Nurses role and activities are influenced from the following documents:

- NSW Women’s Health Framework for NSW 2013
- The National Women’s Health Policy (2010)

South Eastern Sydney (SES) and Illawarra Shoalhaven (IS) Local Health Districts initiated the Essentials of Care (EoC) program within their Local Health Districts utilising national, state and local policies to guide practice. Preliminary work of EoC had commenced in 2010/2011 when known as the South Eastern Sydney Illawarra Area Health Service.
Exclusion - This document can be used as a national framework for Women’s Health Nurses in other states. Reference to national, local policies and guidelines are subject to review every 3 years.

References for Local Health District (LHD) staff, Non-Government Organisations (NGO’s), Women’s Health Centres and Nurse Practitioners

- Essentials of Care documents – Resource Guide 2009 Working with Essentials of Care: A resource guide for Facilitators. NSW Department of Health 2009 (now referred to as The NSW Ministry of Health)

- Essentials of Care, Nursing and Midwifery office (NaMo) Ministry of Health website/nursing projects

- Essentials of care, resource guide for facilitators - care domains and care outcomes for Community Health, Maternity, Paediatric and Mental Health are available on the ARCHI (Australian Resource Centre for Healthcare Innovations) website

SESLHD related policies and guidelines included are stated in the

Well Women’s Health Activities Interventions and Resource Handbook SESLHDHB/017
Current version on the LHD intranet. This site and handbook contains relevant links to the Local Health District (LHD) and The Ministry of Health (MoH) intranet/internet websites.

ISLHD related policies and guidelines included are stated in the

Well Women’s Health Activities Interventions and Resource Handbook (Unpublished).

Policies and Procedures – these references and links are listed below
(Note some links may not work externally as linked to the SESLHD internal intranet)

National and Local Health District specific documents linked to NSW Ministry of Health (MoH) policy directives - this will vary within each Local Health District, NGO, Women’s Health centres and for Women’s Health Nurse Practitioners

- Aboriginal and Torres Strait Islander documents for example:
  - the National Aboriginal and Torres Strait Islander Women’s Health Strategy
  - The National strategic framework document
  - the Aboriginal Impact Statement and guidelines
  - Aboriginal Health Infonet

- Multicultural Health Plans
- Refugee Health Plans
- Youth Health plans
- Homelessness plans
NSW Ministry of Health Policy Directives internet and LHD intranet from the Well Women’s Activities, Interventions and Resource Handbook links and references are listed below:

- Healthcare Record Documentation. [Health Care Records and Management PD2012_69](#)
- National Safety and Quality Health Service Standards 2012
- Annual Mandatory training as per LHD/employee directives
- Aggression Management as per LHD Directives
- Performance Development as per LHD Directives
- Clinical Audit forms for Health Care Records as per LHD Directives
- Clinical Abbreviations as per LHD Directives
- CHIME (Community Health Information Management Enterprise) or electronic database used within your own area
- The Health Language/ Health Care Interpreter Service - Email: Interpreters.bookings@swahs.nsw.gov.au
- Telephone Interpreter Service (TIS). Phone No. 1300 655 030 or 131450
- Privacy Policy Version 2, NSW Ministry of Health
- National Hand Hygiene Policy, April 2013
- Sharps Management Policy NSW Ministry of Health
- Infection Control Policy NSW Ministry of Health Waste Management Guidelines for Health Care Facilities, NSW Ministry of Health
- Work, health and Safety, NSW Ministry of Health and LHD policies and directives

Child Wellbeing and Child Protection, Children and Young Persons Policies and Procedures

- [Child Wellbeing and Child Protection Policies and Procedures for NSW Health was Children and Young Persons Care and Protection](#)
- [Child Wellbeing and Child Protection Fact Sheet for health workers](#)
- [Child Wellbeing & Child Protection – NSW Interagency Guidelines](#) This also provides a link to the NSW legislation

Other Related Policies

Child Protection Issues for Mental Health Services - Risk of Harm Assessment

- [Checklist NSW Health PD2006_003](#): This policy aims to direct mental health clinicians assessing pregnant women and carers of children (parents and others) in recognising and responding appropriately to specific risk factors associated with symptoms of mental illness
- [Child Related Allegations, Charges and Convictions against Employees NSW Health PD2006_025](#): This policy directive sets out the mandatory requirements for responding to any allegation, charge or conviction against a NSW Health employee where it involves children
- [Consent to Medical Treatment – Patient Information NSW Health PD2005_406](#): Requirements for the provision of information to patients and obtaining consent to medical treatment
- [Criminal Allegations Charges and Convictions against Employees NSW Health PD2006_026](#): This policy directive sets out the mandatory requirements for responding to any allegation, charge or conviction against a Health Service employee where it involves a criminal matter
- [Drug & Alcohol Treatment Guidelines for Residential Settings NSW Health GL2007_014](#) These guidelines provide recommendations for residential treatment of
people with drug or alcohol dependence. In particular section 11.2 deals with
people with children in these programs

➢ Maternal & Child Health Primary Health Care Policy NSW Health PD2010_017:
The NSW Health / Families NSW Supporting Families Early package brings together
initiatives from NSW Health’s Primary Health and Community Partnerships Branch
and Mental Health and Drug & Alcohol Office. It promotes an integrated approach
to the care of women, their infants and families in the perinatal period

➢ Neonatal Abstinence Syndrome Guidelines NSW Health PD2005_494:
Procedures to improve the health outcomes for opioid-dependent pregnant women,
mothers and their newborn infants, and their families

➢ Privacy Manual (Version 2) - NSW Health PD2005_593: Provides operational
guidance for health service staff to the legislative obligations imposed by the Health
Records and Information Privacy Act 2002. (section 15.3 'Child protection issues')

➢ Subpoenas NSW Health PD 2010_065: Outlines legislative provisions and procedures
to be followed when the DoH and public health organisations are required to
produce documents on subpoena

➢ Victims Rights Act 1996 NSW Health PD2005_287: This policy identifies the role of
health workers and ensures that counselling, support and information is available to
Victims of Crime and their families as soon as possible after a crime to minimise
secondary trauma and assist in recovery

Intellectual Disability

➢ NSW Ministry of Health
➢ Centre for Developmental Disability preventative health care brochure, or
➢ Family Planning NSW fact sheets/Disability
➢ Family Planning NSW – resources and Intellectual disability fact sheets
➢ NSW Ministry of Health internet/intranet – Being a Healthy woman Working with people
with Intellectual Disabilities
➢ Centre for Developmental Disability website (Victoria)

Other sources for documents and resources:

Cervical Screening

➢ Screening to prevent cervical cancer, guidelines for the management of asymptomatic
women with screen detected abnormalities (May 2006), National Health and Medical
Research Council
➢ National Cervical Screening Program Renewal website. (Proposed recommendations April
2014)
➢ The NSW Cervical Screening Program provides information in a range of languages
➢ The Cancer Institute (Cervical Screening, Pap test Register)
➢ Cancer Australia (Breast, Ovarian, Gynaecological)
➢ The Cancer Council Diethylstilbestrol (DES) and Cancer Position Statement (2013) DES and
Cancer - Position Statement

Family Planning N.S.W. Clinical Handbooks

➢ Reproductive and Sexual Health: An Australian Clinical Practice Handbook 2nd
➢ Contraception: an Australian clinical practice handbook Third edition FPA
Health/Family Planning NSW 2012 (hard copy edition only available. Online
access is available which incurs a subscription fee)
- FPA Health/Family Planning NSW (FPNSW) Talk line phone number 1300 658 886 (business hours)
- Australian Council of Natural Family Planning
- World Health Organisation, Selected Practice use of contraception (WHO: 2004)

Female Genital Mutilation
- Female Genital Mutilation Information for Australian health professionals (1997). The Royal Australian College of Obstetricians and Gynaecologists 1997
- FGM Clinical Management Guidelines - A Self Directed learning package for health professionals (2000) NS Education Program on Female Genital Mutilation. Family Planning NSW
- Diversity Health Clearinghouse website

Heart Foundation

National Continence Foundation
- Australian Government Dept of Health and Ageing Bladder and Bowel website Continen
c Foundation of Australia website.
- Take Control an initiative of the National Continence Management Strategy Bladder and Bowel Website, Australian Government Department of Health and Ageing

Medicare Locals(national)

Mental Health
- Beyond Blue Website Clinical Practice Guidelines 2011
- The Black Dog institute
- Transcultural Mental Health NSW

Menopause
- Jean Hailes Foundation
- Australasian Menopause Society

Multicultural Health
- NSW Health Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016 Clinical/ Patient Services - Non-English speaking
- Multilingual Health Resources by AHS, DoH and NGOs Funded by NSW Health (Guidelines for Production)Health Services for Culturally Diverse Society An Implementation Plan (21Mb)
- Non-English Speaking Background - Standard Procedures - Improved Access Area/Public Health Services
- Interpreters - Standard Procedures for Working with Health Care Interpreters
- Diversity Health
Osteoporosis
- Dieticians Association of Australia
- NSW Health website – CIAP (Clinical Information Access Program) for medication manual MIMS and the Natural Medicines comprehensive database
- Osteoporosis Australia website - National toll free phone number is 1800 242 141,

Pregnancy
- Pre-Conception Health Information Checklist, August 2009, Mothersafe/Royal Hospital for Women, Randwick Intranet /Internet
- Sex Matters: Fact sheets, Pre-Pregnancy Planning, January 2008. FPA Health/Family Planning NSW Family Planning NSW
- Thinking of having a baby-planning a pregnancy and becoming pregnant, NSW Health SHPN 080346
- NSW Health PD2211_020 Maternity - Management of Hypertensive Disorders of Pregnancy
- Reproductive and Sexual Health: an Australian clinical practice handbook. 2nd edition (2011) Family Planning NSW
- Termination of Pregnancy A resource for health professionals (2005), The Royal Australian College of Obstetricians and Gynaecologists
- NSW Health Maternity - Towards Normal Birth PD2010_045

Refugee Health
- Refugee Health (includes Refugee Nurse Program)
- Refugee Health Plan 2011-2016
- Strategic Directions in Refugee Health Care in NSW
- Transcultural Mental Health NSW

Sexual Health
- National Management Guidelines for Infections (7th Edition), Sexual Health Society of Victoria (SHSOV) 2008
- Contact Tracing Guidelines for the Sexually Transmissible Diseases and Blood Borne Viruses
- Sydney Sexual Health clinic
- Sexual Health Infoline 1800 451 624 Mon to Friday 8.30am-5.00pm (Information included for general public)
- NSW Ministry of Health HIV Strategy 2012-2015 A New Era

Nursing and Midwifery websites
- Australian Women’s Health Nurse Association (AWHNA) Inc.
  - Advanced Practice Standards 2010. This publication has been endorsed by the Royal Australian College of Nursing, Australia. ISBN NO. 978-0-9807839-0-2.
  - Clinical Practice Guidelines, Protocols and Procedures 2007 – currently in review
- AHPRA – Health Practitioner Board
- Australian Nursing & Midwifery Council
- Australian College of Nursing
• University of New England
• Melbourne University
• Queensland University
• Edith Cowan University, Western Australia
• The Joanna Briggs Institute
• Australian College of Nurse Practitioners
• Australian Practice Nurse Association
• Non Government organisations in Australia
• Women's Health centres within NSW
• Australian College of Midwives
• CATSINaM (Congress of Aboriginal and Torres Strait Islander Nurses)
Introduction

Essentials of Care has been identified as a suitable framework that supports the philosophy and service of Women’s Health Programs. In addition to the generic framework of community health domains, other services (mental health, maternity, and paediatrics) have developed the domains to meet the need of their specific services. It is timely that the Women’s Health Nurses develop similar service specific domains to support their practice.

The six domains identified for the Women’s Health are:

- Respectful woman-centred care
- Promoting self management
- Learning and development culture
- The woman’s wellbeing
- Preventing Risk and Promoting Safety
- Documentation and Communication

Through the development of the Women’s Health domains in Essentials of Care (EoC) the benefits and challenges to Well Women’s Health Programs have been identified and will lead to exploration methods to optimise and measure the efficacy and efficiency of the programs.

Benchmarks have been identified for each domain. These are informed by the National Safety Quality Health Service Standards 2012, NSW Ministry of Health (MoH) Policy and the Australian Women’s Health Nurse Advanced Practice Standards 2010 – this version is currently in review (endorsed by the Australian College of Nursing (formerly RCNA).

Key Principles underlying the Women’s Health Nurse Role:

- Encompass a gendered approach to health
- Applies social model of health
- Enables clients to make independent health choices
- Encompass holistic health care practice
- Emphasis on a combination of clinical and advocacy skills
- Utilises a collaborative approach
- Provides education to clients, community groups and other health care workers
- Provides accessible, affordable and equitable health care
- Identifies key groups of women.

The choice of models has been influenced by the location of the services whether metropolitan, rural or remote. Nurses working in Women’s Health are placed in broader contexts to provide strategic directions to local and state-wide projects, through clinics or by building partnerships with other service providers and organisations.

This structure enables Women’s Health to target specific population groups through outreach and other community development approaches.
Women specifically targeted include:

- Aboriginal and Torres Strait Islanders
- culturally and linguistically diverse backgrounds
- refugees within new and emerging communities
- economically/socially disadvantaged
- mental health issues
- drug and alcohol issues
- physical disabilities
- same sex attracted
- older women
- victims of violence
- young mothers
- homeless women

The Phases of Essentials of Care

The EoC evaluation and improvement framework is based on transformational practice development principles including engagement of those who provide care in a person-centred approach.

- Preparation and assessment (phase 1 and 2) engage, observe, measure and ask
- Critical reflection and discussion, (phase 3)
- Collaborative analysis (phase 4)
- Action planning (phase 5)
- Evaluation and practice development activities (phase 6)

Actions are implemented and the cycle continues with ongoing action planning, implementation and evaluation. It is important that successes are celebrated during these phases. The continuing cycle is an approximate two year process that becomes a model of practice.
Figure 1: Essentials of Care Cycle Working with Essentials of Care: a Resource guide for facilitators (Page 3)

- Preparation and assessment (phase 1 and 2) engage, observe, measure and ask
- Critical reflection and discussion, (phase 3)
- Collaborative analysis (phase 4)
- Action planning (phase 5)
- Evaluation and practice development activities (phase 6)
Domain 1 Respectful Woman Centred Care

Purpose

- To ensure that the central focus of all care is on the woman and is respectful of the woman and her cultural background, and is free from inappropriate intrusion or intervention.
- To maintain an environment where the woman has her privacy respected.
- Promoting relationships of trust.

Includes but not limited to:

- providing privacy and dignity
- diversity of background
- relationships of trust
- individual assessment and care planning.
<table>
<thead>
<tr>
<th>Care Outcome</th>
<th>Optimal / Highest Attainable</th>
<th>Not attained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing privacy and dignity</td>
<td>Appropriate attitudes and behaviour are promoted and assured, including consideration of non-verbal behaviour and body language, and inappropriate attitudes and behaviours are challenged. The woman’s fears and anxieties relating to her clinical visit and physical condition are explored and addressed in a compassionate and empathetic manner. Complete privacy is effectively maintained with respect for the woman’s personal boundaries.</td>
<td>Inappropriate attitudes and behaviours are not addressed with individuals. The woman experiences a negative and offensive attitude and/or behaviours. The woman’s fears and anxieties are not addressed and/or ignored. There is no evidence of maintenance of privacy. Personal boundaries are ignored or not respected.</td>
</tr>
<tr>
<td>Culture and diversity of background</td>
<td>Respect for the woman’s background and values is demonstrated. There is no evidence of stereotypical, racial and/or patronising views.</td>
<td>Cultural sensitivity and diversity is not tolerated. Stereotypical, racial and/or patronising views exist and are never challenged.</td>
</tr>
<tr>
<td>Relationships of trust</td>
<td>The woman’s preferred name is agreed and used and there is evidence of client nurse equality. Personal boundaries, including touch and eye contact are identified and communicated.</td>
<td>The woman is addressed by an inappropriate name and there is no evidence of client nurse equality. The woman’s personal space and boundaries are disregarded or invaded.</td>
</tr>
<tr>
<td>Individual assessment and care planning attended according to current local clinical policies</td>
<td>Healthcare providers respect the woman’s rights to make her own decisions. Confidentiality is maintained. An individual assessment is conducted to determine care.</td>
<td>The woman’s decisions are not respected. Information is shared or enters the public domain without the woman’s consent. There is no evidence that an individualised assessment has been attended.</td>
</tr>
<tr>
<td>An individual management plan is developed with the woman/carer based on the assessment findings</td>
<td>There is no evidence of planning, assessment and continuous evaluation of the woman’s needs</td>
<td></td>
</tr>
</tbody>
</table>
Domain 2 Promoting self management

Purpose

- Promoting self management will optimise the woman’s physical function and independence.
- Integrating the principles of health promotion, prevention and early intervention.
- Self management is defined as activities that individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health.

Includes but is not limited to:

- self efficacy and autonomy facilitated
- woman is supported in self care
- acknowledgement of gatekeeper role of family health
- care is based on primary health care principles
- staff work in partnership with the woman
- informed choices.
## Domain 2 Promoting self management

<table>
<thead>
<tr>
<th>Care Outcome</th>
<th>Optimal / Highest Attainable</th>
<th>Not attained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women are informed participants in self care</td>
<td>Women/carer are informed and consulted regarding self management needs and deficits</td>
<td>The woman /carer not involved in identifying self management needs and deficits</td>
</tr>
<tr>
<td></td>
<td>The woman’s right to choose, dignity and independence is maintained</td>
<td>The woman’s dignity, interdependence or right to choose is not maintained</td>
</tr>
<tr>
<td></td>
<td>The woman’s concerns are listened to, respected and acted upon</td>
<td>The woman’s concerns not identified, listened to or addressed</td>
</tr>
<tr>
<td></td>
<td>Women and /or carers are provided with relevant education, resources and referral to maintain health</td>
<td>The woman and/or carers are not provided with relevant education, resources or referral to maintain health</td>
</tr>
<tr>
<td>Individualised assessment of ongoing educational needs in consultation with the woman</td>
<td>The woman/carers is provided with relevant education and resources to maintain optimal health</td>
<td>There is no evidence of an assessment of the woman’s needs and are not provided with education and resources to maintain optimal health or to make informed choices</td>
</tr>
<tr>
<td>Primary health care principles are evident in planning of care</td>
<td>The woman is informed of preventative screening programs</td>
<td>There is no evidence of preventative screening information provided</td>
</tr>
<tr>
<td>Health promotion activities are undertaken in line with the individual and community needs</td>
<td>There is evidence of health promotion activities and community education is undertaken</td>
<td>There is no evidence of health promotion activities or community education</td>
</tr>
<tr>
<td>Promote and participate in community development projects, after appropriate consultation with community leaders</td>
<td>There is evidence of participation in community development projects/programs with appropriate community consultation</td>
<td>There is no evidence of participation in community development activities and /or no evidence of appropriate consultation with community leaders</td>
</tr>
<tr>
<td>All care is provided in accordance with relevant policies and procedures</td>
<td>Women’s Health Nurses recognise and refer to relevant policy, protocol, business rules and guidelines in the provision of care</td>
<td>Women’s Health Nurses are unable to describe the relevant policy, protocol, business rule or guideline, or are unaware of the existence of same</td>
</tr>
<tr>
<td></td>
<td>The policy or protocol is current</td>
<td>The policy is not current, or not</td>
</tr>
<tr>
<td>and evidence-based</td>
<td>evidence-based, or not in existence</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------------</td>
<td></td>
</tr>
<tr>
<td>Women’s Health Nurses use appropriate referral guidelines and pathways when circumstances requiring consultation and referral arise</td>
<td>Women’s Health Nurses do not consult or refer appropriately</td>
<td></td>
</tr>
</tbody>
</table>
Domain 3 Learning and Development Culture

Purpose:

- To promote learning and development opportunities that will enhance person-centred care.

Includes but not limited to:

- orientation and induction
- mandatory education
- professional development of staff
- collegiate and inter-professional education
- access to research opportunities and use of study leave
- planning for the acquisition of skills, knowledge and resources
- clinical and medical supervision
- reflective learning
- peer review
- succession planning
- reliable internet sites, journal clubs, inservices, conferences / teleconferencing, professional days/updates performance development.
## Domain 3 Learning and Development Culture

<table>
<thead>
<tr>
<th>Care Outcome</th>
<th>Optimal / Highest Attainable</th>
<th>Not Attained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every staff member has orientation and induction to the service and the Unit</td>
<td>An orientation information package or online learning opportunities is provided for all new staff</td>
<td>There is no orientation information available</td>
</tr>
<tr>
<td></td>
<td>Orientation and mandatory training is attended by every new staff member at the commencement of their employment and annually or as required by local policy</td>
<td>Orientation not attended, or attended well after commencing employment. Mandatory training is not updated annually</td>
</tr>
<tr>
<td></td>
<td>A supernumerary period is negotiated according to learning needs for all new staff</td>
<td>There is no supernumerary period or the period provided is inadequate for staff requirements</td>
</tr>
<tr>
<td>Self development and competence</td>
<td>All staff have annual performance, learning and development opportunities</td>
<td>There is no evidence of performance, learning or development plan</td>
</tr>
<tr>
<td></td>
<td>Opportunities exist for access to continuing professional development or study leave</td>
<td>There are no opportunities for continuing professional development, and study leave is</td>
</tr>
<tr>
<td></td>
<td>Opportunities exist for succession planning and career progression</td>
<td>Opportunities for succession planning and career progression are not provided</td>
</tr>
<tr>
<td></td>
<td>AHPRA registration are recorded and met</td>
<td>AHPRA registration requirements are not recorded or met</td>
</tr>
<tr>
<td>Experienced clinicians act as role models and facilitate learning with clinicians</td>
<td>Every transitioning clinician has an identified resource person to facilitate their learning for the first 3 months of employment</td>
<td>There is no evidence of preceptorship, mentorship or facilitation of learning for new transitioning clinician</td>
</tr>
<tr>
<td></td>
<td>Staff at all levels challenge and critique practice, assumed knowledge and competence</td>
<td>Practice, knowledge and competence are never challenged</td>
</tr>
<tr>
<td></td>
<td>Clinicians Experienced clinicians and clinical resource people are identifiable,</td>
<td>Experienced clinicians are not available or utilised appropriately</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Educational &amp; information resources are readily available</th>
<th>Relevant resources are accessible</th>
<th>Relevant resources are not available, or utilised by staff appropriately or consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff have access to, and utilise the online clinical policy and procedure manuals as required to check local policy and procedures</td>
<td>Staff do not have computer access when required, or utilise the clinical policy and procedure manuals appropriately</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Up to date service-wide and unit specific orientation manuals are available and accessible</th>
<th>Orientation manuals are not available, or are out of date</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff have input into the critique, review and development of clinical policy, procedures and clinical/educational information</td>
<td>Staff do not contribute to the development, review or appraisal of information or clinical policies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities through reflective practice</th>
<th>All staff regularly participate in and contribute to case conferences, case review and clinical meetings, clinical supervision, coaching or mentoring and peer review</th>
<th>Limited staff participation in case conferences, case review and clinical meetings, clinical supervision, coaching, mentoring or peer review</th>
</tr>
</thead>
<tbody>
<tr>
<td>An education and training program exists</td>
<td>There is no education and training program</td>
<td>Incidents and errors are not discussed, reviewed and learnt from</td>
</tr>
<tr>
<td>Incidents and errors are used as opportunities for learning and to improve practice and client safety</td>
<td>Opportunities for reflection are provided regularly for individuals and/or groups</td>
<td>No evidence of reflective practice opportunities</td>
</tr>
</tbody>
</table>

<p>| Opportunities exist for generating evidence for practice | Nurses have access to research opportunities to enhance practice | Nurses have no access to research opportunities to enhance practice |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporation of policies and guidelines to clinical practice to maintain best practice</td>
<td>Nurses are to ensure practice is informed by the most recent evidence, policies and guidelines</td>
<td>Nurses do not incorporate the most recent evidence, policies and guidelines into practice</td>
</tr>
</tbody>
</table>
| Skill acquisition occurs in a timely manner relevant to clinical needs | All staff are competent in core skills within negotiated timeframes  
An agreed time frame exists for acquisition of unit specific advanced skill development | Core skill competencies are not met  
There is no plan for the development of unit specific skills |
| Medical Supervision meetings                  | Staff attend meetings as per roster  
Staff are able to contact Supervisor for medical supervision or as required for clinical issues | Staff do not attend meetings as per roster  
Staff do not contact Supervisor for meetings or as required for clinical issues |
| Reflective practice Clinical Supervision meetings | Staff have access to and are supported to participate in opportunities for clinical supervision as per local policy | Staff do not have access and are not supported to participate in opportunities for clinical supervision as per local policy |
| Peer review                                   | Staff are able to access peer review meetings                                 | Staff are unable or do not access peer review meetings                     |
Domain 4 Women’s Wellbeing

Purpose

- To provide optimal care that is safe and woman focussed that ensures all aspects of her physical, psychosocial, emotional, social and cultural wellbeing are maintained.

Includes but not limited to:

- psychosocial, emotional, social and cultural care
- preventative health screening (breast, cervical, domestic /family violence, psychosocial screening tools for example the Edinburgh postnatal depression scale (EPDS), mental/physical / general health including breastfeeding (if postnatal), other relevant screening tools within their own area
- opportunistic/symptomatic/testing of STI’s
- monitoring of physical care and emotional health
- consultation and referral as appropriate
- continuous evaluation of care
- medications
- evidence based practice.
<table>
<thead>
<tr>
<th>Domain 4 Women’s Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Outcome</strong></td>
</tr>
<tr>
<td>Each woman will have an individual assessment and management plan, which addresses her specific needs</td>
</tr>
<tr>
<td>Primary health care principles are evident in the planning of care</td>
</tr>
<tr>
<td>Procedures will be performed in a safe environment utilising principles of risk management including opportunistic/asymptomatic testing of sexually transmissible infections (STI’s)</td>
</tr>
</tbody>
</table>
Medications are stored and administered in accordance with relevant local policy guidelines/business rules.

Medications are stored and handled and administered in a manner that is safe and appropriate and follows local policy guidelines/business rules.

Medications are not stored and handled, or administered in a manner that is safe and appropriate and does not follow local policies, guidelines/business rules.

Best practice is achieved using current local clinical policies/procedures/guidelines that are evidenced based.

There is evidence of best practice with the application of current clinical interventions as per local policies/procedure/guidelines.

There is no evidence of best practice with the application of current clinical interventions as per local policies/procedure/guidelines.

### Women's Health (WH) Nurse Practitioners only

<table>
<thead>
<tr>
<th>Care Outcome</th>
<th>Optimal / Highest Attainable</th>
<th>Not attained</th>
</tr>
</thead>
<tbody>
<tr>
<td>WH Nurse Practitioners are able to autonomously perform advanced physical assessment, order diagnostic tests, interpret the results of these tests, initiate referrals to relevant healthcare providers, and prescribe appropriate medications and other therapies as needed</td>
<td>There is evidence of advanced physical assessment, ordering of diagnostic tests, interpreting the results of tests, initiation of referrals to relevant healthcare providers, and prescribed appropriate medications and other therapies as needed</td>
<td>There is no evidence of advanced physical assessment, ordering of diagnostic tests, interpreting the results of tests, initiation of referrals to relevant healthcare providers, and prescribed appropriate medications and other therapies as needed</td>
</tr>
<tr>
<td>WH Nurse Practitioners work as key members of the healthcare team and collaborate with other nurses and healthcare professionals including GPs, medical and surgical specialists, physiotherapists, dieticians, occupational therapists, social workers, and many others. They work in a variety of locations, both in hospital and community settings</td>
<td>There is evidence WH Nurse Practitioners work as key members of the healthcare team and collaborate with other nurses and healthcare professionals including GPs, medical and surgical specialists, physiotherapists, dieticians, occupational therapists, social workers, and many others</td>
<td>There is no evidence WH Nurse Practitioners work as key members of the healthcare team and collaborate with other nurses and healthcare professionals including GPs, medical and surgical specialists, physiotherapists, dieticians, occupational therapists, social workers, and many others</td>
</tr>
</tbody>
</table>
Domain 5  Preventing Risk and Promoting Safety

Purpose

- To maintain an environment that minimises risk and promotes safety for women and staff during episodes of care.

Includes but is not limited to:

- risk assessment in clinical and home environment
- prevention strategies are implemented for identified risks
- documentation completed
- optimising health, education and screening prevention
- assessment, planning, implementation and evaluation (review)
- universal precautions
- work, health and safety and injury management
- IIMS (Identified Incident Management System).
## Domain 5  Preventing Risk and Promoting Safety

<table>
<thead>
<tr>
<th>Care Outcomes</th>
<th>Optimal/Highest Attainable</th>
<th>Not attained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk assessment of the woman/carer and clinical environment is conducted according to policy requirements</td>
<td>Risk assessment is conducted according to policy using validated tools</td>
<td>There is no evidence that a risk assessment has been completed</td>
</tr>
<tr>
<td>Prevention strategies are implemented in response to a risk identified</td>
<td>An individualised management plan is developed based on the assessment findings for each identified risk</td>
<td>There is no evidence that an individualised risk management plan has been developed</td>
</tr>
<tr>
<td></td>
<td>Strategies identify risks and promote safety for the woman</td>
<td>Strategies do not identify risks and promote safety</td>
</tr>
<tr>
<td></td>
<td>All outcomes of the risk assessment are documented in the Health care record</td>
<td>Risk assessment outcomes are not documented in the Health care record</td>
</tr>
<tr>
<td>Risk assessment is reviewed as frequently as required according to the woman’s clinical condition and is evident throughout the continuum of care</td>
<td>The outcomes from the management plan are continuously evaluated and the management plan revised</td>
<td>There is no evidence of continuous evaluation of the woman’s risk assessment</td>
</tr>
<tr>
<td>All changes in clinical condition, actions and outcomes are documented in the Health Care record</td>
<td>Clinical condition, actions and outcomes are documented in the Health Care record</td>
<td>There is no evidence of documentation or communication of care</td>
</tr>
<tr>
<td>Infection prevention and control measures are identified and implemented as per the National Safety and Quality Health Service Standards 2012</td>
<td>Standard precautions, including hand hygiene and the use of appropriate PPE, are used for all episodes of direct care according to local policy directives/guidelines/business rules</td>
<td>Standard precautions are not used for all episodes of care, hand hygiene does not occur at the appropriate times and local policy/guidelines/business rules are not followed</td>
</tr>
<tr>
<td></td>
<td>Additional precautions (airborne, droplet and/or contact precautions) for the prevention of transmission of microorganisms are implemented where there is known or suspected infection</td>
<td>Requirements for the implementation of additional precautions for preventing the transmission of infection are not identified or are not implemented at the appropriate time</td>
</tr>
<tr>
<td></td>
<td>Sharps and contaminated waste are handled and</td>
<td>Sharps are not disposed of in an appropriate sharps container</td>
</tr>
</tbody>
</table>
disposed of responsibly using safe practice according to local policy directives  

by the user, or are not handled in a safe manner and local policy directives are not adhered to

| Work, Health and Safety | The Women’s Health Nurse ensures they are working in safety and follow Workplace Health and Safety, manual handling, and universal infection control policy and procedures when working onsite at facilities and when working off site | The Women’s Health Nurse does not ensure they are working in safety and follow Workplace Health and Safety, manual handling, and universal infection control policy and procedures when working onsite at facilities and when working off site |

Domain 6 Documentation and Communication

**Purpose**
- Communication is required to ensure continuity in care and prevent communication breakdown in the woman’s care.
- Documentation provides an accurate detailed account of the woman’s care, issues and outcomes throughout their episode of care.

**Includes but is not limited to:**
- communication is documented between the woman and the health care provider and between health care professionals and other relevant organisations
- interpersonal communication is respectful, engaging, effective and is considerate of her cultural background
- in consultation with the woman care planning is accessible, evaluated, evidence based and is culturally appropriate
- confidentiality and privacy is maintained
- use of Health Care/Language interpreters/Telephone Interpreter Service (TIS)
- documentation is clear, legible, progressive and accurate with accepted clinical abbreviations used
- medico-legal requirements are maintained
- documentation is entered on an electronic database
## Domain 6 Documentation and Communication

<table>
<thead>
<tr>
<th>Care Outcome</th>
<th>Optimal / Highest Attainable</th>
<th>Not Attained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication is effective and inclusive of the woman, with a comprehensive plan including all referrals and follow up</td>
<td>Communication between health professionals, and the women or carers and other relevant organisations is documented. The woman’s and carer’s communication needs are assessed and the need for Health Care/Language Services (Interpreters) is determined and culturally competent. Individualised care planning is accessible, evaluated and evidence based.</td>
<td>Communication is not recorded or documented. The woman and carer’s communication needs are not assessed and Health Care/Language Services (Interpreters) are not used when required and is not culturally competent. There is no evidence of individualised care planning.</td>
</tr>
<tr>
<td>Documentation is clear, concise, contemporaneous, progressive and accurate</td>
<td>Documentation incorporates clinical observation, assessment, issue identification, activities, review and referral to achieve identified outcomes. Observation and assessment information is recorded in the appropriate record at the time of collection.</td>
<td>Documentation of assessment and intervention is incomplete and does not reflect identified outcomes. Observation and assessment information is incomplete, documented incorrectly in an inappropriate place or delayed.</td>
</tr>
<tr>
<td>Conditional confidentiality and privacy are maintained</td>
<td>The woman’s confidentiality and privacy is maintained.</td>
<td>There is no evidence that confidentiality and privacy has been maintained.</td>
</tr>
<tr>
<td>Documentation meets all necessary medico-legal requirements</td>
<td>All documentation is legible and contains correct identification and is recorded in appropriate electronic management system. The date and time recorded is an accurate reflection of the time observations were collected or the intervention took place.</td>
<td>Documentation is unreadable and lacking identification information and there is no evidence of documentation in the electronic record. The date and time recorded does not accurately reflect the time the interventions or observations occurred.</td>
</tr>
<tr>
<td>Only accepted clinical abbreviations are used</td>
<td>Documentation contains abbreviations that are non-standard or not accepted for use</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>All documentation includes identification of the person, their signature and designation</td>
<td>Documentation does not include identification of the person, their signature and designation</td>
<td></td>
</tr>
</tbody>
</table>
Women's Health Nurse Flowchart Guide of Clinical Management for a Well Women’s Health Check

The flowchart aims to provide the Women's Health Nurse with a generic framework in clinical assessment to enhance consistent clinical practice.

Assessment

- Clinical History
  - Complete Women's Health Care Record form
  - Explore situations with women using
  - Active listening
  - Open ended questions
  - Clarification of concerns
  - Empathy, non-judgemental

- Physical Examination
  - Blood Pressure
  - Abdominal examination
  - Genital examination
  - Pelvic examination
  - Pelvic Floor Muscle assessment
  - Clinical Breast Examination

- Investigations
  - Pap test (smear) - conventional slide
  - Thin Prep if required - client to sign consent form for payment if required within their area
  - Pregnancy testing - Urine HCG
  - HPV DNA Test of Cure if indicated
  - May include and not limited to other diagnostic testing tools e.g. STI’s

Guidelines used to support clinical decision making are: The Australian Women's Health Nurse Association Clinical Guidelines, FPA Health Clinical Guidelines (Sexual and Reproductive Health/ Contraception), the National Management Guidelines for Sexually Transmissible Infections, Cancer Australia (National Breast and Ovarian Council Guidelines), the National Heart Foundation Guidelines, the National Continence Foundation Guidelines, the NHMRC Guidelines for Pap test screening and follow-up. The Cancer Renewal Report 2014. The program influences include the NSW Pap Test Register and the NSW Cervical Screening and Breast Screen programs. Mandatory policies include Routine Domestic Violence Screening and the Child Wellbeing and Child Protection, Young Persons policies. The National Safety and Quality Health Service Standards 2012.

Diagnosis/Interpretation

- Non pharmacological interventions
  - Information
  - Woman led decision making
  - Supportive counselling
  - Referral

- Consider conditions for referral
  - Breast mass/abnormality
  - Pap Test result requiring further investigation/Colposcopy
  - Abnormalities detected on examination
  - Medical conditions
  - Psychosocial issues
  - Suspected sexually transmissible infection/s

- Pharmacological medication as approved to dispense by local policy

  "Across the counter" medication for women is available for certain conditions i.e. vaginal/vulval health

Management

Client education

Referral and follow up

Documentation

- Provide information, education and language specific resources (if available) on alcohol and other drugs, breast health, contraception, cardiac risk awareness/health, domestic violence, diet/nutrition, exercise, falls prevention, heart health, menstrual problems, premenstrual symptoms (PMS), menopause, osteoporosis, preconception, postnatal care, reproductive issues, safe sex/sexual health, stress management, smoking cessation, vulval/vaginal health, and other services available for women within the community.

- All clients who are referred will be provided with a written letter by the Women's Health Nurse with relevant information for the service provider.

Copy is kept in Women's Health Care Record.

Follow-up and review is determined as per client need.

- Women's Health Care Record, Pathology form, Pap test clinical register, statistics recorded on electronic database