

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
- [NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence, March 2003. Revised 2006.](#)

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 Edition (2011) Family Planning NSW (hard copy edition only available)
- 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

- Integrating the Prevention and the Management of the Health Complications into the curricula of nursing and midwifery. A [Student's Manual](#) (2001) World Health Organisation (note this link is very slow)
- [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) NSW 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](#) Continence Foundation of Australia website.
- O'Connell, B. and Day, K. (2003) [The National Continence Management Strategy](#) Implementation and evaluation of an innovative continence discharge education package in acute and subacute settings Deakin University
- 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](#)
- [Drabsch, T., Abortion and the law in New South Wales \(2005\) Briefing Paper No 9/05](#) NSW Parliamentary Library Research Service
- 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](#)
- [Australasian Contact Tracing Manual](#) Reproductive and Sexual Health: an Australian clinical practice handbook. 2nd Edition (2011) Family Planning NSW
- [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](#)
- [National HIV Testing Policy 2011 National Testing Portal for resources and informed consent for HIV National Testing Portal for HIV and Hepatitis](#)<http://testingportal.ashm.org.au/hiv>

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

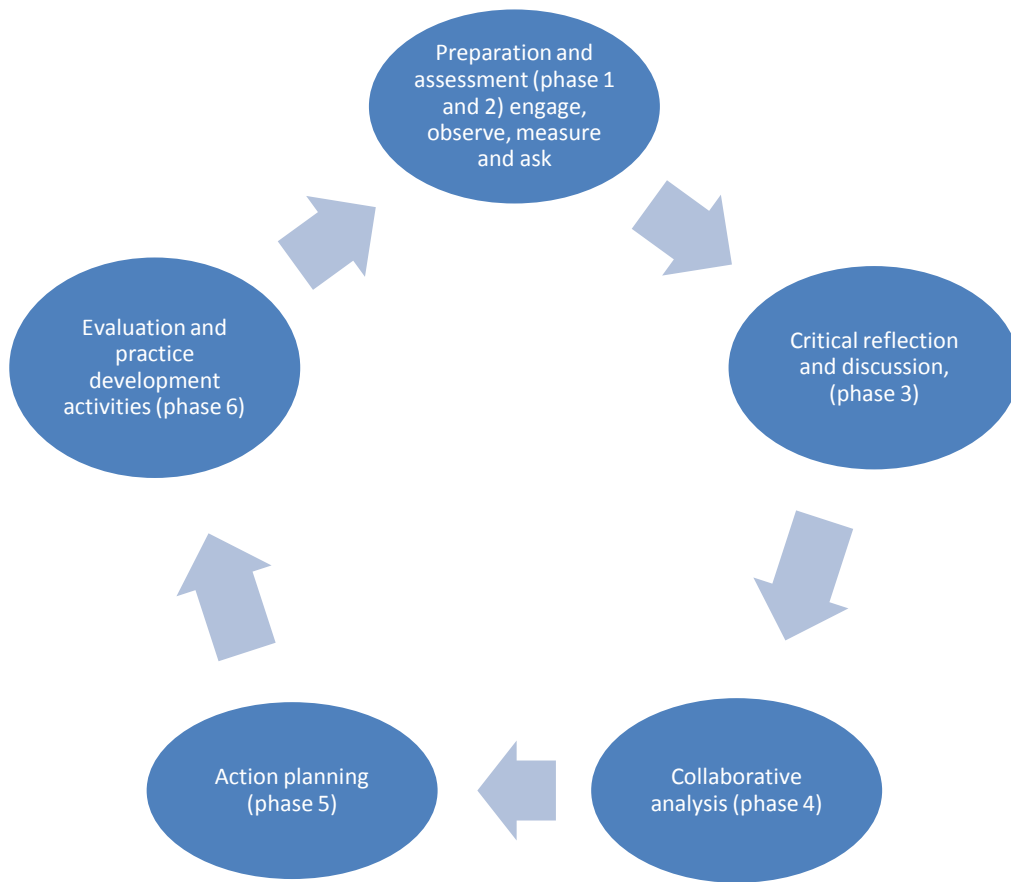
The Phases of Essentials of Care

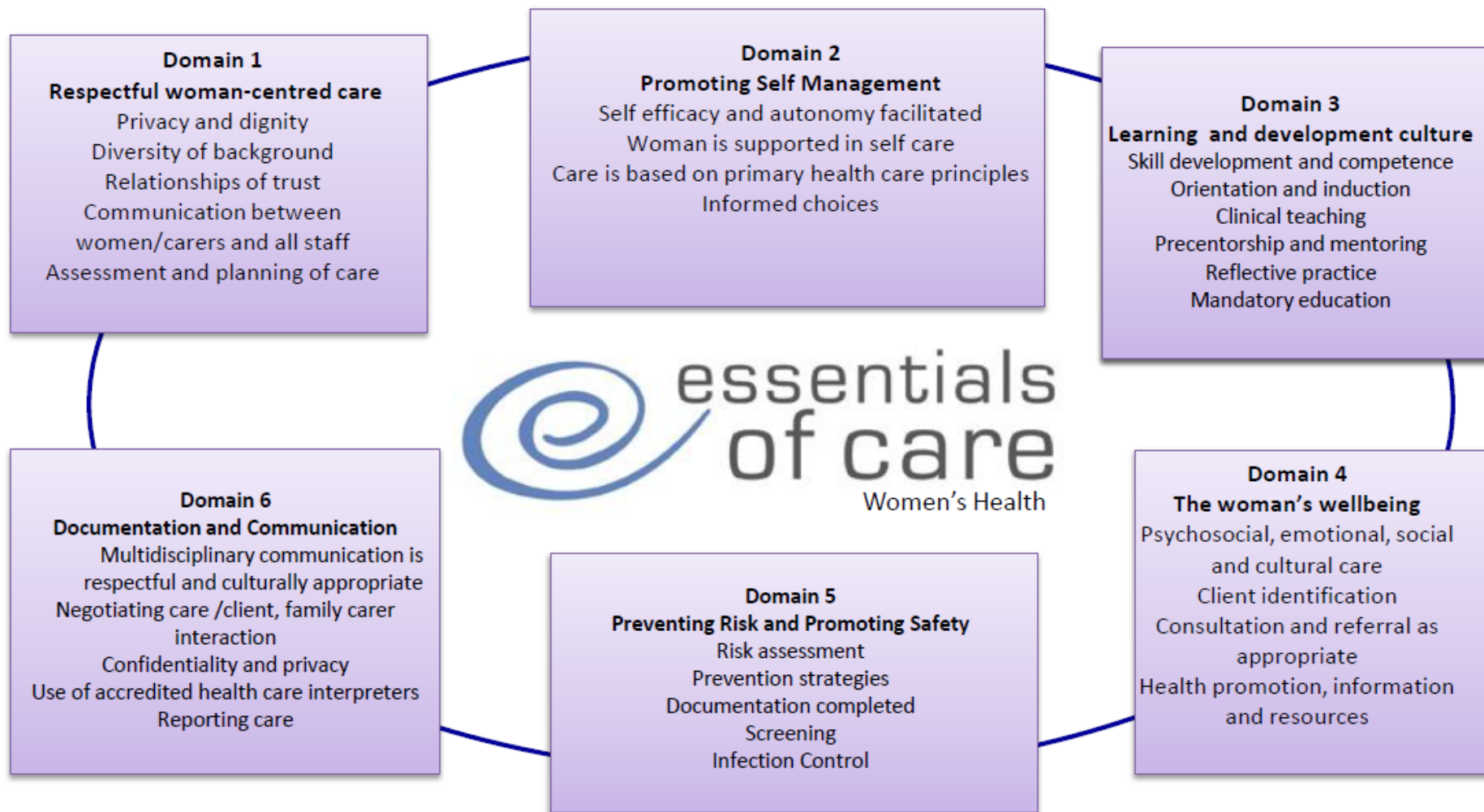
The EoC evaluation and improvement framework is based on transformational practice development principles including engagement of those who provide care in a person-centred approach.

- 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)





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.

Domain 1 Respectful Woman Centred Care

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

	An individual management plan is developed with the woman/carer based on the assessment findings	There is no evidence of planning, assessment and continuous evaluation of the woman's needs
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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

Care Outcome	Optimal / Highest Attainable	Not attained
Women are informed participants in self care	<p>Women/carer are informed and consulted regarding self management needs and deficits</p> <p>The woman's right to choose, dignity and independence is maintained</p> <p>The woman's concerns are listened to, respected and acted upon</p> <p>Women and /or carers are provided with relevant education, resources and referral to maintain health</p>	<p>The woman /carer not involved in identifying self management needs and deficits</p> <p>The woman's dignity, interdependence or right to choose is not maintained</p> <p>The woman's concerns not identified, listened to or addressed</p> <p>The woman and/or carers are not provided with relevant education, resources or referral to maintain health</p>
Individualised assessment of ongoing educational needs in consultation with the woman	The woman/carers is provided with relevant education and resources to maintain optimal health	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
<p>Primary health care principles are evident in planning of care</p> <p>Health promotion activities are undertaken in line with the individual and community needs</p>	<p>The woman is informed of preventative screening programs</p> <p>There is evidence of health promotion activities and community education is undertaken</p>	<p>There is no evidence of preventative screening information provided</p> <p>There is no evidence of health promotion activities or community education</p>
Promote and participate in community development projects, after appropriate consultation with community leaders	There is evidence of participation in community development projects/programs with appropriate community consultation	There is no evidence of participation in community development activities and /or no evidence of appropriate consultation with community leaders
All care is provided in accordance with relevant policies and procedures	<p>Women's Health Nurses recognise and refer to relevant policy, protocol, business rules and guidelines in the provision of care</p> <p>The policy or protocol is current</p>	<p>Women's Health Nurses are unable to describe the relevant policy, protocol, business rule or guideline, or are unaware of the existence of same</p> <p>The policy is not current, or not</p>

	<p>and evidence-based</p> <p>Women's Health Nurses use appropriate referral guidelines and pathways when circumstances requiring consultation and referral arise</p>	<p>evidence-based, or not in existence</p> <p>Women's Health Nurses do not consult or refer appropriately</p>
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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

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

	available and utilised as required	
Educational & information resources are readily available	<p>Relevant resources are accessible</p> <p>Staff have access to, and utilise the online clinical policy and procedure manuals as required to check local policy and procedures</p>	<p>Relevant resources are not available, or utilised by staff appropriately or consistently</p> <p>Staff do not have computer access when required, or utilise the clinical policy and procedure manuals appropriately</p>
	<p>Up to date service-wide and unit specific orientation manuals are available and accessible</p> <p>All staff have input into the critique, review and development of clinical policy , procedures and clinical/educational information</p>	<p>Orientation manuals are not available, or are out of date</p> <p>Staff do not contribute to the development, review or appraisal of information or clinical policies</p>
Opportunities through reflective practice	<p>All staff regularly participate in and contribute to case conferences, case review and clinical meetings, clinical supervision, coaching or mentoring and peer review</p> <p>An education and training program exists</p> <p>Incidents and errors are used as opportunities for learning and to improve practice and client safety</p> <p>Opportunities for reflection are provided regularly for individuals and/or groups</p>	<p>Limited staff participation in case conferences, case review and clinical meetings, clinical supervision, coaching, mentoring or peer review</p> <p>There is no education and training program</p> <p>Incidents and errors are not discussed, reviewed and learnt from</p> <p>No evidence of reflective practice opportunities</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

Incorporation of policies and guidelines to clinical practice to maintain best practice	Nurses are to ensure practice is informed by the most recent evidence, policies and guidelines	Nurses do not incorporate the most recent evidence, policies and guidelines into practice
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.

Domain 4 Women's Wellbeing

Care Outcome	Optimal / Highest Attainable	Not attained
Each woman will have an individual assessment and management plan, which addresses her specific needs	<p>Care is discussed and negotiated before it is given</p> <p>The woman is fully involved in decisions about her care and outcomes are evaluated</p>	<p>There is no evidence that the woman has been involved in the assessment and management of her care</p> <p>There is no evidence of continuous evaluation of care</p>
Primary health care principles are evident in the planning of care	<p>There is evidence of education for health in all care planning</p> <p>Clinical services are accessible</p> <p>Strategies to promote healthy lifestyle and skills education</p> <p>Education and information is provided including resources regarding preventative health screening (breast, cervical, opportunistic testing of STIs)</p> <p>Preventative health screening (breast, cervical, domestic /family violence, cardiovascular), psychosocial screening tools for example the Edinburgh Postnatal Depression Scale (EPDS) or the self test tools on the Black Dog institute website is included in the planning</p>	<p>There is no evidence of education or care planning</p> <p>Clinical services are not accessible</p> <p>There is no evidence of strategies</p> <p>There is no evidence of education and information or resources provided</p> <p>There is no evidence of screening conducted</p>
Procedures will be performed in a safe environment utilising principles of risk management including opportunistic /asymptomatic testing of sexually transmissible infections (STI's)	<p>The clinical interventions are performed in a safe manner for the client and clinician</p> <p>The environment allows the provision of clinical interventions in a safe manner for the client and clinician</p>	<p>Clinical interventions are performed in an unsafe manner for the client and/or clinician</p> <p>The environment does not allow the provision of clinical interventions in a safe manner or increases the risk of injury or harm to the client and/or the clinician</p>

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

Care Outcome	Optimal / Highest Attainable	Not attained
W H 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	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	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
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	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	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

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

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

	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

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

	<p>Only accepted clinical abbreviations are used</p> <p>All documentation includes identification of the person, their signature and designation</p>	<p>Documentation contains abbreviations that are non-standard or not accepted for use</p> <p>Documentation does not include identification of the person, their signature and designation</p>
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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.

