Assistants in Nursing Working in the Acute Care Environment

Health Service Implementation Package

Revised edition

NSW GOVERNMENT

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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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SECTION 1

Introduction

The Assistants in Nursing Working in the Acute Care Environment document was originally developed in 2009 following an extensive consultation process. The document establishes a consistent approach of education, role and employment of assistants within nursing services in the NSW public health system.

The 2009 document has been reviewed and updated to remain relevant to current practice and to reflect changes to the national qualification relevant to Assistants in Nursing (AINs). This reviewed document strengthens the supports to consistency in service, clinical allocation and employment of AINs. It also promotes the role of an AIN as a valuable team member within acute care nursing services.

The Health Professionals Workforce Plan 2012-2022 (HPWP) sets out the actions required to deliver a health workforce with the right people, right skills and in the right place. The Assistants in Nursing Working in the Acute Care Environment document supports Strategy 7.7 of the HPWP to

> *'grow nursing and midwifery workforce in line with forecast health service demand and delivery requirements'.*

This strategy is in line with the NSW State Health Plan to support and develop the workforce.

The Policy Directive 'PD2018_017 - Employment of Assistants in Nursing (AIN) in NSW Health Acute Care' supports this document. The purpose of this supporting Policy Directive is to facilitate uniformed practice for employing, expanding and developing the AIN role in public health acute care facilities.

This document supports health services to:

- improve the utilisation of AINs in nursing teams
- integrate AINs in a ward and/or unit setting
- utilise AINs in appropriate models of care and into team work practices
- further develop the assistant role in supporting health professionals and better utilise skills within the professional workforce
- facilitate appropriate training programs for nursing assistant roles, in consultation with health professionals
- standardise titles and position descriptions for AINs across the NSW public health system.

The document is comprised of four sections:

1. Incorporating Assistants in Nursing into the Acute Care Clinical Skill Mix
2. Education and Development
3. Scope of Practice of Acute Care AINs
4. Delegation and Supervision

Assistant in Nursing

The title 'Assistant in Nursing' is used throughout this document to describe a health care worker who assists health care professionals in the provision of nursing care to patients in acute care settings.

SECTION 2

Incorporating Assistants in Nursing into the Acute Care Clinical Skill Mix

Having an appropriate skill mix is a complex process with a range of consideration to account for. This section includes tools to assist managers to make decisions about how to incorporate AINs in their clinical areas. These tools provide an overarching guide to simplify the navigation.

The following three stages are recommended to identify suitable areas for AINs.

Stage 1 – identify appropriate opportunities for AINs in acute care clinical areas.

Stage 2 – review nursing skill mix and manage the process for incorporating AINs.

Stage 3 – ask key questions to evaluate the stage 2 review process.

Implementation recommendations:

- Review all documents and modify to meet local requirements.
- Investigate, evaluate and modify Local Health District and Specialty Network (LHD/SN) organisational structure to incorporate AINs.
- Develop the required policies, protocols and guidelines to support the incorporation of AINs into the clinical environment.
- Identify the clinical areas that are appropriate for AIN positions.
- Isolate target positions for AINs.
- Develop a change management plan.
- Obtain an AIN employment plan.

2.1 Stage 1: Identifying opportunities for AIN positions in acute care clinical areas

Stage 1 identifies broad steps to assess the clinical environment. Each step develops support for specific reviews of clinical area with a view to incorporate AINs in the clinical skill mix.[1]

It is important for nurse managers to use a process to clearly distinguish between each of the steps. Figure 1 represents a process to identify the steps in a flowchart, which include:

- Legislative or regulatory requirements that could prohibit the allocation of an AIN in any particular clinical area. For example, the Poisons and Therapeutic Goods Act 1966, the Poisons and Therapeutic Goods Regulation 2008, or the Health Practitioner Regulation National Law (NSW).
- Practice standards or evidence that indicates a specific nurse skill mix in a clinical area.
- The patient case mix dependency levels and how this aligns with clinical areas, care activities, scope of practice and position descriptions of the AIN. This step involves asking questions such as:
  - What are the predominant patient care activities within the clinical environment?
  - Which of those patient care activities align with the scope of practice of an AIN?
  - What is the ratio/average number of patients who have predictable outcomes to patient care activities within the scope of practice of an AIN?
- The skill mix capacity for supervision of AINs in a clinical area.

During each of the steps, evidence is reviewed to identify or create opportunities to introduce AINs in appropriate clinical areas. In some cases, the evidence may not support the use of AINs in the skill mix of particular clinical areas and it is important to identify these situations.

2.2 Stage 2: Skill mix review and management process for incorporating AINs

Stage 2 provides specific elements to be considered when undertaking a skill mix review and management process to incorporate AINs. The steps in Stage 2 reflect a review and management process following on from Stage 1. Stage 2 consists of the following four steps which is presented as a flowchart in Figure 2.

- Step A: Assessment, recommends the analysis and alignment of patient needs, staff numbers, staff characteristics and the clinical environment using established and locally developed tools.
- Step B: Plan, recommend strategies and prepare the environment to support the introduction of AINs. This including identification of role changes and staff development needs.
- Step C: Implement recommended strategies to move forward with skill mix changes.
- Step D: Evaluate the clinical areas, identifies patient, skill mix and environmental outcomes that could influence the effectiveness of any skill mix changes. This should be completed by, using established and locally developed tools.

2.3 Stage 3: Key questions to evaluate the stage 2 skill mix review process

Stage 3 is comprised of a number of possible key questions designed to help review and evaluate considerations observed during the four steps in stage 2.

A list of possible questions that could be asked is represented in Table 1. The 'Yes', 'Not Applicable' (N/A) and 'To be addressed' columns in Table 1 can be used to identify assessments, relevant strategies, outcomes, elements for further action and new strategy developments over time.

Questions can be modified, added and/or removed according to the requirements of the health service, facility, or ward/unit where the skill mix review process is underway.

1. "Skill mix" refers to all staff that deliver nursing care.

Figure 1: Steps to identify opportunities for utilising AINs

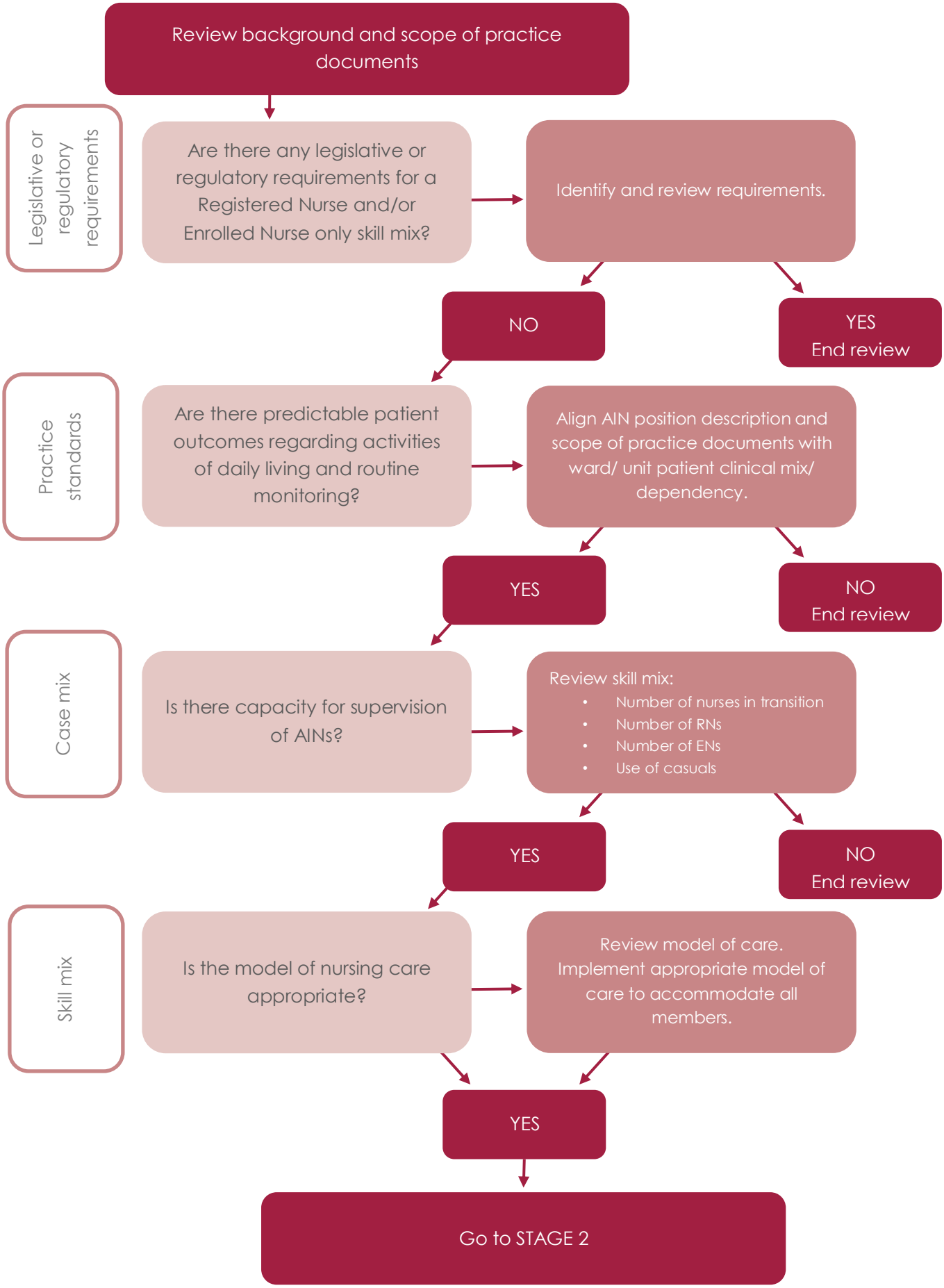

Figure 2: The skill mix review and management process for incorporating AINs

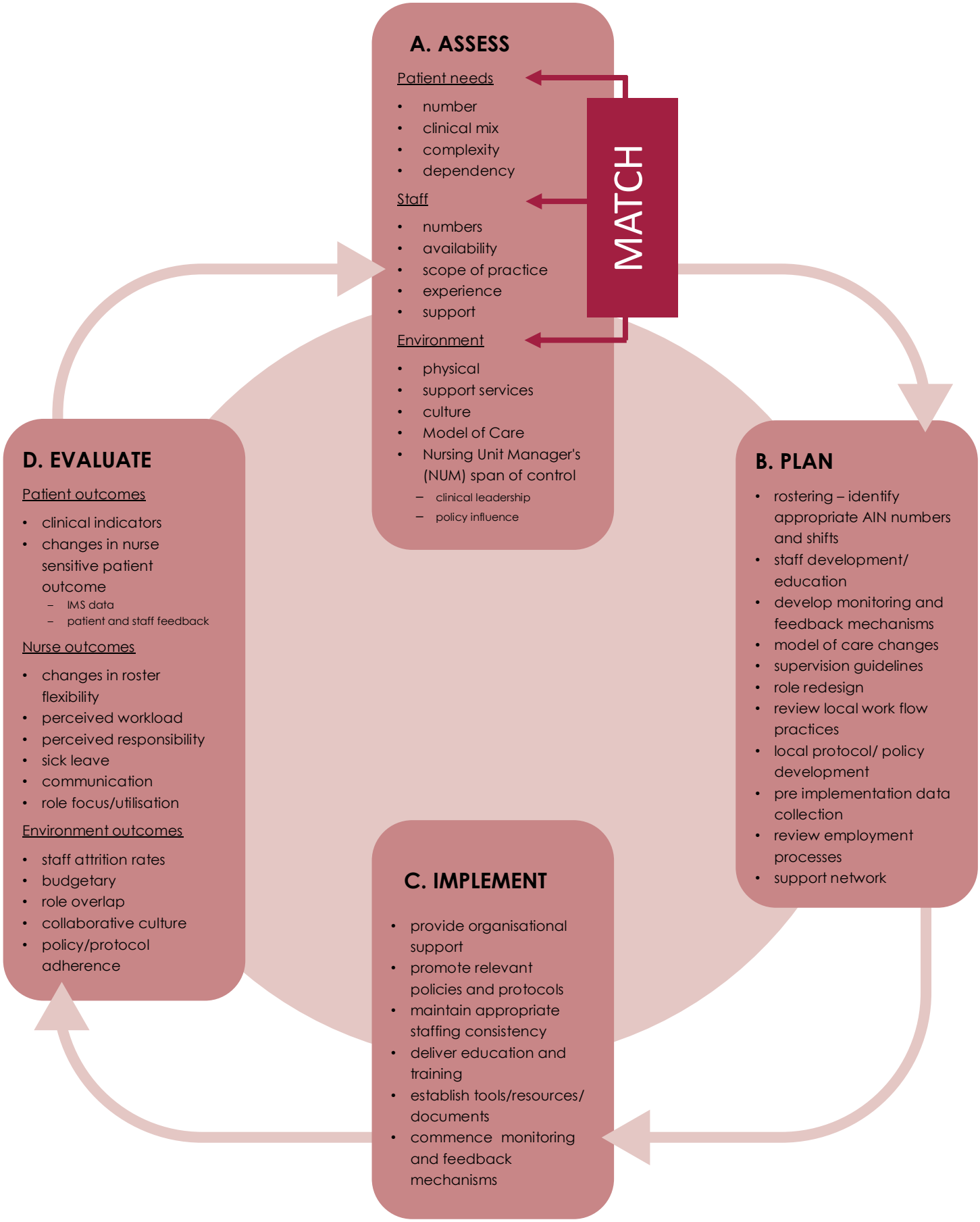

Table 1: Key questions to evaluate the stage 2 skill mix review process

A. Key questions				
A.	Assessment	Yes	N/A	To be addressed
1	Is the patient needs central to all skill mix decisions?			
2	Are there mechanisms in place for matching the skill mix with patient needs/ dependency?			
3	Are patient numbers (census) monitored consistently?			
4	Are there protocols for managing clinical areas are over patient census?			
5	Is the patient clinical mix consistent?			
6	Are there low to no levels of outlier fluctuations?			
7	Is there little or no change in patient complexity patterns across the unit/ward?			
8	Are there protocols for skill mix responses to changes in patient care demands?			
9	Are there protocols for redeployment of staff in response to staff deficits e.g. unplanned leave?			
10	Are nursing skill mix decisions consistent with regulatory/mandated/ recommended requirements?			
11	Are nursing staff decisions made by a nurse leader?			
12	Are there policies/guidelines for ongoing evaluation of staff skill mix decisions?			
13	Are there roles and responsibilities of nursing care providers articulated in policies and position descriptions?			
14	Are there sufficient resources to support the implementation of the skill mix?			
15	Is staff safety considered in skill mix?			
16	Is the physical environment considered in skill mix decisions?			
17	Do skill mix decisions support the best use of all nursing resources?			
18	Do skill mix decisions consider patient outcomes in relance to model of care?			
19	Are skill mix decisions made and evaluations conducted in consultation with other members of the nursing team?			
20	Does the process to make skill mix decisions measure patient acuity, complexity, variability and number?			
21	Do skill mix decisions allow flexibility in response to changes in patient acuity, complexity, variability and number?			
22	Does evidence support skill mix decisions regarding workload, productivity, availability and employment status (i.e. full/part time, casual, and agency)?			
23	Do skill mix decisions recognise the competencies and experience of the staff providing nursing care?			
24	Do staff have opportunity for input into skill mix decisions?			
25	Are results from monitoring and evaluation used to improve skill mix decisions?			

A. Elements to be addressed		
No.	Issue	Action
e.g. 20	No current mechanism for measuring. Day-to-day decisions are based on the professional judgement approach.	Support the development of processes that are also sensitive to patient dependency changes and safe care standards. Allocate specific responsibility to a Nurse Unit Manager.

B. Key questions				
B.	Plan	Yes	N/A	To be addressed
1	Have identified elements of assessment requiring action been addressed?			
2	Is the roster reflective of appropriate capacity for supervision requirements?			
3	Have staff attended education and training regarding position roles, responsibilities, accountabilities and support mechanisms?			
4	Have monitoring and feedback mechanisms been developed?			
5	Has the Model of Care been evaluated and appropriate changes made?			
6	Are staff resources and guidelines available?			
7	Have staff participated in processes to reflect on and identify productive and progressive work practices?			
8	Has a formal and documented process been developed to ensure AIN activities are appropriate and monitored?			

B. Elements to be addressed		
No.	Issue	Action

C. Key questions			
C.	Implement	Yes – evidence	To be addressed
1	Has there been an orientation/resource book/package developed for AINs?		
2	Are there established mechanisms to support staff and AIN team building/development?		
3	Are staff aware of mechanisms to manage skill mix concerns/disputes?		
4	Have health care colleagues received communication regarding nursing team changes and AIN role?		
5	Have nursing support staff received communication regarding nursing team changes and AIN role?		
6	Are there strategies to support consistent messages regarding nursing team roles to patient, family and/or carer?		
7	Are tools/resources/documents readily available to all staff?		
8	Have monitoring and feedback mechanisms been communicated to staff and put in place?		
9	Are all nursing staff aware of processes to review AIN activities?		
10	Are all nursing staff aware of the process to monitor and maintain appropriate AIN activities?		

C. Elements to be addressed		
No.	Issue	Action

D. Key questions			
D.	Evaluation/Outcome	Yes – evidence	To be addressed
1	Have there been positive, negative or no changes identified and reported in clinical indicators and/or patient outcomes related to skill mix decisions?		
2	Is there other evidence of appropriate skill mix decisions?		
3	Has there been stability or improvement to roster flexibility?		
4	Are staff expectations of team member roles reasonable?		
5	Are staff expectations of team member responsibilities reasonable?		
6	Have there been any trends identified in sick leave related to skill mix decisions?		
7	Do staff express satisfaction with their communication?		
8	Do staff recognise role boundaries and minimise practice overlaps?		
9	Do Register Nurses report confidence in their supervisory capabilities?		
10	Have there been any trends reported in attrition rates attributed to skill mix decisions?		
11	Is the cost of skill mix decisions sustainable?		
12	Are there overt and covert signs indicating positive progress towards collaborative practice within the allocated skill mix?		
13	Are there positive signs/reports indicating adherence to policy and guideline?		
14	Do skill mix decisions make the best use of resources?		
15	Are there cost savings related to turnover, reduced absenteeism, and reduced overtime/agency staff that can be linked to skill mix decisions?		
16	Are there cost savings related to improved nurse sensitive patient outcomes that can be linked to skill mix decisions?		

D. Elements to be addressed		
No.	Issue	Action
e.g. 1	Increase in medication errors in two areas that have experienced recent skill mix changes. Staff feedback suggests perceived ambiguity in roles and responsibilities within team.	Review incident investigations. Review and ensure education and training has been provided and attended. Review communication and feedback mechanisms and consult staff.

SECTION 3

Education and Development

The qualification, HLT33115 Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care), is the nationally recognised qualification for AIN in the acute care environment.

This section provides information on the qualification as well as other information related to the education and development of AINs. These include:

- The units of competency required to obtain the qualification and support employment as acute care AINs in the NSW public health system
- Minimum assessment requirements for students to be successful in acute care
- Unified practice for qualification and experience of acute care AIN
- Convert or upgrade current qualifications through a Recognition of Prior Learning (RPL) process
- Obtaining AIN qualification and working within the Information about 'up-skilling' existing workers
- Supervision guidelines for staff to assist and support students on their clinical placement
- Benefits and future opportunities for AINs.

Implementation recommendations:

- Build and develop relationships with training providers, Registered Training Organisations, to maintain program to practice relevance by monitoring and feedback mechanisms.
- Disseminate information across nursing services.
- Maximise positive student and clinical placement area experience.
- Identify and support existing workers in nursing care or health care roles who would benefit from converting their qualifications or gaining a qualification.
- Develop or incorporate AINs in established mentoring systems to progress their career in nursing where desired.

3.1 General information on the Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care)

Outlined in Table 2 is the skill pathway for the elective skill set in Assisting in Nursing Work in Acute Care. It consists of seven compulsory core units and a further eight elective units.

Under the National Training Package qualification packaging rules, all of the five Group B electives must be selected for the award of Certificate III in Health Services Assistance with the descriptor 'Assisting in nursing work in acute care'. There are a further two NSW Health preferred electives listed below.

Students must complete a minimum of 80 hours of clinical placement as detailed in the units of competency.

Notes on Table:

1. These units are current as at 8 December 2015 and may be subject to future change. Further information about the content covered in the core units and electives, such as performance evidence, knowledge evidence, and assessment conditions is available on training.gov.au.

2. The Group B elective are content elements define the essential outcomes of the unit, providing a snapshot of the course competencies. Detailed information about the unit specific performance criteria is located on training.gov.au.

3. Legend:

C	Compulsory for issue of this qualification
RE	Required Elective for assisting in nursing work in acute care – as listed in the Training Package rules
E	Preferred elective proposed by NSW Health. While there are a range of electives to select from to allow for flexibility related to specific workforce needs, NSW Health has specifically requested preferred training providers to include these electives in the qualification

Table 2: National Training Package rules for HLT33115 Certificate III in Health Services Assistance (release 2)

CORE UNITS – 7 Units		
Competency Code		Competency Title
CHCCOM005	C	Communicate and work in health or community services
CHCDIV001	C	Work with diverse people
HLTAAP001	C	Recognise healthy body systems
HLTINF001	C	Comply with infection prevention and control policies and procedures
HLTWHS001	C	Participate in workplace health and safety
BSBMED301	C	Interpret and apply medical terminology appropriately
BSBWOR301	C	Organise personal work priorities and development
GROUP B ELECTIVES – 7 Units		
Competency Code		Competency Title
CHCCCS002	RE	Assist with movement
CHCCCS020	RE	Respond effectively to behaviours of concern
CHCCCS026	RE	Transport individuals
HLTAIN001	RE	Assist with nursing care in an acute care environment
HLTAIN002	RE	Provide non-patients support in an acute care environment
HLTAID003	E	Provide first aid
CHCDIV002	E	Promote Aboriginal and/or Torres Strait Islander cultural safety

3.2 Assessments included in Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care)

Assessments undertaken as part of the qualification must meet the criteria set out for Registered Training Organisations (RTOs) by the National Training Package rules.

Each of the competency units are assessed in formal classroom settings, workplace settings and/or by simulated assessments.

The minimum specific clinical skills assessments that a student must successfully complete to be awarded the HLT33115 Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) are:

- Temperature, pulse and respiration measurements
- blood pressure measurement
- blood glucose/sugar level measurement
- simple wound cleansing and dressing
- collecting and testing urine specimen
- hand washing
- cardiopulmonary resuscitation
- manual handling
- patient physical movement.

Clinical placements require assessments. The RTO is responsible for oversight of the education, including clinical education, of its students. This comprises all learning outcomes and assessments.

The RTO needs to provide the health service with the learning objectives of the student's placement and the relevant learning assessment tools prior to the commencement of each placement.

The nominated student supervisor/s will provide education, supervision and assessment of students on a clinical placement. This supervisor is also responsible for any performance management issues that may arise.

The RTO is responsible for the administration and conduct of the course and will have to address and manage any performance issues the student may have during clinical placement.

3.3 AIN qualification and experience in the NSW public health system

People can be employed as an AIN in the NSW public health system in a number of different ways. They may not necessarily have obtained the Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) and can have a variety of qualifications/experience levels, including:

- undergraduate students of nursing studies
- Cert III qualification in Health Services Assistance or equivalent
- RPL.

NSW Health has developed a Policy Directive to clarify the acute care AIN role and support health services to employ uniform practices in developing the role of all AINs.

3.4 Upskilling existing workers for work in acute care

Attainment of the units of competency in the Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) qualification for existing workers can occur in a number of ways including through:

- formal education and training
- previous experience in the workplace
- other relevant experiences, and/or any combination of the above through a process of RPL.

RPL is the process through which a person's skills, knowledge and experience are assessed by a qualified and experienced trainer/assessor in order to ascertain the person's level of competency against a range of vocational skills.

A person's previous work experience and current qualifications are assessed and compared with the units of competency contained in the qualification in which they hope to enrol.

The person seeking recognition is required to provide evidence of their skills, knowledge and experience. The types of evidence required will be determined by the RTO. Evidence may be sought in a variety of ways.

Recognition processes can only be approved by appropriately qualified and experienced trainers/ assessors on behalf of an RTO.

3.5 Clinical placements

AIN students who are undertaking the Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) qualification are required to have clinical placement in the NSW public health system.

The purpose of clinical placements is to:

- supervised practical experience
- student orientation
- student education and learning.

The facilitation model including supervision arrangements must be agreed to by both the health service and the RTO before the clinical placement is due to commence.

The supervision requirements and facilitation model of a student attending a clinical placement must be in accordance with the NSW Health Student Placement Agreement (SPA).[2]

In this context, supervision means the organised and approved mentoring or preceptor education by a qualified person for students enrolled in Certificate III Health Services Assistance (Assisting in Nursing Work in Acute Care).

The amount and nature of supervision to be provided to each student will be cooperatively determined between the RTO and the health service. This will take into account the individual educational needs of students and the respective roles, where applicable, of student supervisors.

A student may only participate in the delivery of health care or treatment as instructed by their student supervisor/s in partnership with the supervising Registered Nurse (RN) at a level commensurate with the stage of preparation and progress in their course.

A student's practice must be supervised by the student supervisor/s in accordance with the SPA at the level determined by such student supervisor to be necessary to ensure that the care offered to patients is safe and at an adequate standard.

3.6 Other opportunities in health and nursing

Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) supports students who wish to work as an AIN in acute care environments. This qualification also supports the development of student confidence by providing an entry level towards a health career.

The Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) shares competency units with several other certificates and may lead to other qualifications in health.

Shared competency units are found, in the Certificate III in Allied Health Assistance, Certificate III in Individual Support, and the Certificate IV in Allied Health Assistance. On successful completion of a qualification, a student may be able to apply for RPL and credit transfer if applicable to other qualifications.

Completing the Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) qualification will provide individuals with the opportunity to gain valuable clinical experience. This may also be useful in further studies in nursing in either a diploma or a bachelor of nursing.

2. NSW Ministry of Health. (2016) NSW Health Student Placement Agreement (SPA) for Entry into a Health Occupation. Accessed from: http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_024.pdf.

SECTION 4

Scope of Practice of Acute Care AINs

This section includes a position description and a care activities list. They outlining the roles, responsibilities and scope of practice of the AIN working in acute care in NSW Health. Both have been develop with workplace understanding and confidence in the scope of practice of the AIN working in acute care.

Implementation recommendations:

- Utilise the AIN position description to inform staff of the roles and responsibilities of the AIN acute care position and its contribution to the AIN scope of practice.
- Formulate local protocols and guidelines to support practices appropriate to AIN scope of practice.
- Develop or utilise current processes that formally monitor and authorise appropriate AIN care activities.
- Maintain standardised AIN roles and responsibilities within health services.

4.1 Position description

The position description outlines the acute care AIN primary purpose, qualifications, skill required, key accountabilities, key challenges and key relationships.

An AIN will be allocated nursing activities that are within the parameters of the position description. Any additional context specific nursing activities allocated must follow a formally documented process that reflects the Nursing and Midwifery Board of Australia's (NMBA) Decision Making Framework as well as health services' guidelines.[3]

The following sample position description has been adapted from Northern Sydney Local Health District

3. Nursing and Midwifery Board of Australia. (2013) *National framework for the development of decision-making tools for nursing and midwifery practice.*

Sample Position Description

CLASSIFICATION	Assistant In Nursing
STATE AWARD	Public Health System Nurses & Midwives (State) Award

PRIMARY PURPOSE	Provision of support to the nursing team in order to deliver a high standard of care to patients.

KEY ACCOUNTABILITIES	**Functional, Operational and Clinical:** The Assistant in Nursing will provide support to the nursing team, both Enrolled and Registered, in the delivery of nursing care in an acute care environment. They will be directed tasks and monitored by the registered nurse. The incumbent will retain responsibility for their own actions and remain accountable to the registered nurse for all allocated functions. The tasks an Assistant in Nursing may undertake include: room preparation, handling/ positioning of patients, gathering of equipment, simple wound dressing, assisting in toileting, showering and bathing patients and removal/ cleaning of bedpans/ urinals. The incumbent will document all patient responses to direct care given, including progress notes and clinical records in accordance with the plan of care and organisational protocols. **Safe Practice and Environment:** The Assistant in Nursing will work according to the departmental safe work methods and guidelines. The incumbent must adhere to all NSW Health and LHD/SN's policies and procedures. **Workforce Health and Safety:** The incumbent must take all reasonable care for themselves and others and comply with any reasonable instructions, policies and procedures relating to work health safety and wellbeing.

SELECTION CRITERIA	• Consistently demonstrate behaviours that reinforce the CORE values of our organisation: Collaboration, Openness, Respect and Empowerment. • HLT33115 Certificate III in Health Service Assistance (Assisting in Nursing Work in Acute Care) OR currently studying Bachelor of Nursing OR a degree deemed appropriate • Demonstrated interpersonal, written and verbal communication skills with the ability to communicate with internal and external stakeholders. • Ability to work independently, under delegation and the ability to collaborate within a multi-disciplinary team. • Demonstrated computer literacy skills and knowledge of Microsoft Office, email applications and electronic filing systems.

KEY CHALLENGES	• Ensuring the delivery of optimum standards of nursing care that meet patient needs and expectations. • Managing a varied workload with competing priorities.

KEY RELATIONSHIP	**WHO**	**WHY**
	Management	To report on day to day tasks and any issues.
	Allied Health and Nursing Staff	Communication purposes, to deliver a high standard of care.
	Patients, Families and Carers	Education, to delicately provide information.

4.2 Care Activities List

AINs are employed as part of the nursing team, responsibilities for patient care, supervision and practice. AINs activities should be viewed as follows:

- the provision of safe patient care is a shared responsibility of all those involved in the delivery of nursing care
- AINs are to work at all times under the supervision of a RN
- the RN allocate patient care activities with predictable patient outcomes to AINs
- AINs retain responsibility for their own practice, reporting patient care outcomes to RNs and working within their scope of practice and level of experience
- AINs are responsible for using their initiative relative to their scope of practice and role as a supportive team member.

Health services require a process for monitoring the practice of AINs as they develop skills and knowledge within the described scope of practice. This avoids underutilisation or inappropriate extension of AIN activities.

The Care Activities List provides scope and boundaries on the range of activities that a newly qualified AIN can be reasonably expected to undertake. It is important to note that this list is not absolute. Decisions on which activities an individual AIN may perform need to take into account the individuals education, experience, ongoing support and organisational context.

The Care Activities List is presented in Table 4 and Table 5.

Notes on Tables:

1 A defining factor of appropriate allocation to the activities identified below is the context in which the decision is being made – please refer to the NMBA's Decision Making Framework for practice guidelines. [4]

2 Activities refers to activities that are within the scope of practice of an AIN who has completed the qualification HLT33115 Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) i.e. expected entry level skills.

3 Explanatory comments can be made where applicable and should include examples of what could be expected to be reported to the RNs.

4. Nursing and Midwifery Board of Australia. (2013) *National framework for the development of decision-making tools for nursing and midwifery practice*.

Table 4: Direct Patient Care Activities List

Activities	Comments/ general examples of what to observe and report
Activities of daily living	
Toileting	Falls, rounding
Showering	Mobility, skin integrity
Bed bath	Skin integrity, comfort, mental orientation
Washes Face and hands Perineal toilets Post op Tepid	
Grooming Shave Hygiene Presentation	
Simple eye care Oral health	Discharge, comfort, inflammation of broken mucus membrane
Assist with dietary intake Set up meals Assist with oral intake	Positioning, low risk feeding as per risk assessment, intake capacity/appetite, ability to manage diet
Mobilisation Assist ambulation Posture maintenance and comfort Reinforce instructions on use of aids	Ability to maintain posture, comfort, ability to manage aids, respiratory rate on exertion
Skin integrity Pressure injury prevention Pressure area care Maintaining a dry environment	Condition of skin, identification of presence of dressings
Support with rehabilitation goals	Individual changes
Patient communication	
Involve patient in activities of daily living	Patient concerns/issues
Reflect the patient rights and responsibilities	
Introduction of self	Name and role
Support patient orientation to a ward environment	Patient disorientation
Clinical data collection	
Oxygen saturations	Individual changes
Temperature pulse respirations	
Blood pressure (manual and electronic)	
Weight and height measurements	
Girth/thigh measurements	
Fluid balance chart (basic)	

Food chart	Patient concerns/issues Individual changes
Stool documentation	
Emesis chart	
Blood glucose levels	
Urinalysis	Individual changes
Neurological observation	Basic consciousness Individual changes
Wound care	
Simple dressing	Description of wound patient experience
Specimen collection	Specimen obtained
Sputum via sterile container	
Urine via container/pan	
Stool	
Venous access observation	
Observation and reporting of venous access devices i.e. peripheral cannula, central venous catheter, peripherally inserted central catheter, vas cath.	State of surrounding tissue, insertion duration, dislodgement, entry site discharge
Care of drains	
Observation of drain sites	State of surrounding tissue, movement/dislodgement, output, entry site discharge, report the need for a change of dressing
Record drainage	Volume of output
Simple dressing of drain site	State of surrounding tissue, movement/dislodgement, output, entry site discharge, report the need for a change of dressing
Patient escort	
Suitability and modality as assessed by RN	Delays, individual patient changes, transport equipment issues
Cardiac/vascular	
Basic life support	As accredited
Assist in responding to emergencies, including chest pain, as directed by the RN	Reporting chest pain
Fitting and application of thromboembolic stockings	Changes in skin condition, stockings fitted correctly
Respiratory	
Assist patient positioning for optimal oxygen exchange	Patient complaints of shortness of breath/puffing/snoring, inability to position patient appropriately
Repositioning of non-invasive established oxygen support devices	Contaminated/soiled device, inflamed/broken skin from device, oxygen flow rate off, patient unable to manage/tolerate, patient removing oxygen support device
Digestive	
Record faecal elimination/bowel regularity	Individual patient changes in frequency, comfort, character of bowel motions
Observation of established nasogastric tube	Changes in position of tubing, kinking, displacement, discharge, inflammation of tissue around anchor/insertion site
Observation of established enteral feeding devices, e.g. PEG Tube	Changes in position of tubing, kinking, displacement, discharge, inflammation of tissue around anchor/insertion site, completion of feeds, volumetric pump alarm
Simple PEG site dressing of PEG Tube	Position, changes in position of tubing, kinking, displacement, state of surrounding tissue, entry site discharge
Position and prepare patient for meals	Patient refusal to eat/dislike of meal, inability to position appropriately, change in level

	of consciousness, wrong meal/diet
Feeding of patients according to risk assessment and care plan	Difficulty swallowing, coughing during meal, loose dentures
Renal/urinary	
Indwelling urinary catheter care, observation and output recording	Changes in position of tubing, kinking, displacement, discharge, inflammation of tissue around insertion site, dislodgement of anchor, patient changes in amount and/or character of urine
Supra-pubic catheter care, observation and output recording	
Nephrostomy catheter care, observation and output recording	
Simple dressing of Supra-pubic and Nephrostomy catheters	State of surrounding tissue, entry site discharge, movement of catheter
Last offices	
Care of the deceased person	Observe facility and coronial requirements, report breaches of above

Table 5: Indirect Patient Care Activities List

Activities	Comments and general examples of what to report
Documentation	
Contribute to care plan development	Contribute own observations
Documentation of individual actions in contemporaneous notes (reports, including adverse incident)	Own actions and observations
Observation charts	Results of own observations
Information systems	
Intranet resource retrieval: • Clinical practice/policy manual • Continuing education opportunities • Human resource forms • Staff directory • StaffLink • My Health Roster • My Health Learning • eMR • CIAP • Bulletin/communication boards • IIMS reporting	Report access difficulties, identify training support needs
Team communication	
Workload concerns	Report to appropriate RN
Patient issues	
Contribute to clinical decisions	Communicate observations and patient concerns
Practice limitations	Inform RN immediately of own practice limitations regarding delegated/allocated activities
Patient care omissions	Report patient care omissions immediately to RN when identified
Equipment issues	Report broken/dysfunctional equipment through established processes
Interpersonal issues	Address issues/conflicts assertively, obtain support from colleagues/RN in-charge
Positive contribution to ward culture	Identify and contribute strategies to a positive work environment, maintain

	established/desired standards
Participate in clinical handover	Verbal and written clinical handover of contributions to care
Work Health and Safety	
Use of slide sheets and patient manual handling equipment	Issues with equipment/environment, any injury to self
Use and maintenance of patient lifters	Maintenance and operation issues
Use of chemical spill kit	Any spills and use of spill kit, unavailability of spill kit
Response to body contamination (staff)	Any contamination, lack of personal protective equipment

Delegation and Supervision

Supervision and delegation responsibilities to licensed and unlicensed health care professionals is recognised as a critical element of a RN's practice in all health care settings.

All members of the patient care team should be confident in their responsibilities and accountabilities with regard to supervision, assignment/allocation and delegation of tasks.

National decision-making framework

The NMBA developed the national framework in the context of national workforce strategies promoting diversity, flexibility and responsiveness in the workforce.[5] Whilst the framework does not define specific practice activities or procedures, use of the tools will assist nurses to navigate the complex practice environments when incorporating the role of the AIN.

It is recommended that each Nursing unit/ department access this document and discuss it with all levels of staff in the nursing team.

The national framework is designed as a resource to support the development of nurse's decision making skills and confidence in regards to their own and AIN nursing care practices.

For the National Framework for Decision Making by Nurses and Midwives, please refer to the NMBA website.

Recommended actions:

- Establish processes and resources in clinical areas to provide information regarding scopes of practice, supervision and delegation e.g. meetings, education, in service, resource folders.
- Implement the national framework and local practical scenarios in education and training sessions.
- Develop monitoring and feedback mechanisms for practice review.
- Develop the required policies, protocols and guidelines relevant to incorporate AINs into clinical practices.
- Establish support networks for nurses including AINs to help resolve conflict and provide progressive guidelines.

5. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

SECTION 6

Definitions

The following definitions are included to introduce common concepts within a nursing care delivery context. The list is not exhaustive, nor inclusive of all interpretations. It offers to facilitate consistency of understanding in organisational and collegial conversation.

Accountability

- The nurse or midwife who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation.[6]
- Accountability cannot be delegated. This means that nurses and midwives must be prepared to answer to others, such as patients, their nursing and midwifery regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles.

Activity/activities

- A service provided to a patient as part of a nursing or midwifery plan of care.
- A clearly defined individual task or more comprehensive care.
- The term can refer to interventions or actions taken by a health worker to produce beneficial outcomes to a patient.[7]

Activities of daily living

- The activities usually performed in the course of a normal day in the person's life such as eating, toileting, dressing, bathing and/or brushing teeth.[8]

Assistant in Nursing

- A worker who assists nurses to provide fundamental patient nursing care who is not licensed to practice as a registered or enrolled nurse/midwife. The NMBA defines this workforce as non-nurses.[9]
- The minimum educational standard for an AIN working in NSW Health in an acute care environment is a Certificate III in Health Services Assistance (Assisting in Nursing Work in Acute Care) or alternatively a student currently enrolled in a nursing degree program who has completed a minimum of 1 year study.
- AINs are individually accountable for their own actions and accountable to the nurse/midwife and their employer for their delegated duties.[10]

Collaboration/collaborate

- All members of the health care team working in partnership with patients and each other to provide the highest standards of, and access to, health care.
- Collaborative relationships depend on mutual respect, communication, consultation and joint decision making within a risk management framework. It enables appropriate referral and ensures effective, efficient and safe health care.[11]

Competence/competent

- The combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in an individual. This can encompasses confidence and capability.[12]

6. Nursing and Midwifery Board of Australia. (2016) Registered nurse standards for practice.

7. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

8. Harris P, Nagy S, Vardaxis N, (eds). (2006) Mosby's Dictionary of Medicine, Nursing and Health Professions, Elsevier, Sydney.

9. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

10. NSW Health Circular 2001/80. Employment of undergraduate nursing students as assistants in nursing in the public sector. Sydney Australia

11. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

12. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

Complexity

- The degree to which a patient's condition and/or situation is characterised. This is influenced by a range of variables e.g. multiple medical conditions/diagnosis, impaired decision making ability, challenging family dynamics.

Context

- The environment in which nursing or midwifery is practiced. This in-turn influences practice, including:
  - patient characteristics and complexity of care required
  - model of care, type of service, health facility and physical setting
  - amount of clinical support and/or supervision available
  - available resources, including staff, skill mix and level of access to other professionals.[13]

Delegation

- The relationship that exists when a RN delegates aspects of their nursing practice to another person such as an enrolled nurse, a student nurse, administration staff or other health professionals. Delegations enables the right person to be available at the right time to provide the right service.
- Delegation may be an active process of transferring authority to a competent person to perform a specific activity in a specific context.
- Those delegating retain the accountability for the decision to delegate and monitoring outcomes of the delegated task.
- To maintain a high standard of care when delegating activities, the professional's responsibilities when delegating includes:
  - teaching
  - competence assessment
  - providing guidance, assistance, support and (clinically-focused) supervision
  - ensuring the person who is being delegating accepts and understands their accountability
  - evaluation of outcomes
  - reflection on practice.
- A key component of delegation is the readiness of the recipient of the delegation to accept the delegation. The recipient responsibility of accepting delegation are to:
  - negotiate teaching, competence assessment, support, guidance and supervision as required
  - notify delegator of inability to perform the activity in a timely manner
  - be aware of the extent of the delegation and any associated monitoring and/or reporting requirements
  - seek support and direct clinically-focused supervision until confident of own ability to perform the activity
  - perform delegated activity safely
  - participate in evaluation of the delegation
  - do not delegate the activity to someone else unless authorised
  - consult with the delegator if context/ situation changes.[14]

Enrolled Nurse

- An Enrolled Nurse is a person with appropriate educational preparation and competence for practice, who is registered under National Law.[15]

13. Nursing and Midwifery Board of Australian. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

14. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

15. Nursing and Midwifery Board of Australia. (2013). National framework for the development of decision-making tools for nursing and midwifery practice

Model of care

- A model of care broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place.[16]

Patient outcomes

- The observable events/results of the interventions, care activities or the care environment on patients.
- The responses that indicate the patient's health status and/or level of knowledge as a result of the interventions and activities.[17]

Predictable patient outcomes

- The extent to which one can identify in advance a patient's response on the basis of observation, experience, or scientific reason.
- Involves assessment of how effectively a health condition is managed and the changes likely to occur. The type and timing of change can be predicted.

Registered Nurse

- A Registered Nurse is a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered under National Law as a Registered Nurse in that jurisdiction. The term also includes nurse practitioners.[18]

Registered Nurse responsibilities

- Registered nurses are responsible and accountable for supervision and the delegation of nursing activities to enrolled nurses and others, taking into consideration the scope of practice and clinical or non-clinical roles.
- The Registered Nurse accepts accountability for decisions, actions, behaviours, responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities.[19]

Risk assessment/risk management

- An effective risk management system incorporates the following strategies:
  - identify risks/hazards
  - assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur
  - prevent the occurrence of the risks, or minimise (mitigate) their impact.[20]

Registered Training Organisation

- An organisation that is registered to provide vocational education and training.

Scope of Practice

- Full spectrum of roles, functions, responsibilities, activities, and decision-making capacity which one is educated, competent and authorised to perform.

Scope of Professional Practice

- Set by legislation and professional standards such as, competency standards, codes of ethics, conduct and practice. This is influenced by public need, demand and expectation.

Scope of individual's practice

- Influenced by:
  - practice environment/context
  - patients health needs
  - level of competence, education, qualification/s and experience
  - service provider policy, quality and risk management framework and organisational culture.[21]

16. Agency for Clinical Innovation. (2013) Understanding the process to develop a Model of Care.

17. College and Association of Registered Nurses of Alberta, (2005) Standards for supervision of nursing students and undergraduate nursing employees providing client care. Edmonton.

18. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

19. Nursing and Midwifery Board of Australia. (2016) Registered nurse standards for practice.

20. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice.

21. Nursing and Midwifery Board of Australia. (2013) National framework fo the development of decision-making tools for nursing and midwifery practice.

Skill mix

- The combination of skills available to provide direct and indirect nursing care to patients with the staff mix provided

Supervision/supervise

- There are four types of supervision in a practice context:
    1. Managerial supervision involves but is not exclusive of: performance appraisal, rostering, staffing mix, orientation, induction and team leadership.
    2. Professional supervision is where preceptors supervises a student undertaking a course for entry to a profession.
    3. A RN supports and supervises the practice of an enrolled nurse.
    4. Clinically-focused supervision focuses on as part of delegation.
- Supervision of patient care activities should include:
    - the provision of education, guidance and support for individuals who are performing the delegated activity
    - direction to the individual's performance
    - monitoring and evaluating of outcomes, especially for the patient's response to the activity.
- Clinically-focused supervision ranges between direct and indirect. The supervisor and supervisee must agree to the level of clinically-focused supervision that will be provided.
    - Direct Supervision is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.
    - Indirect Supervision is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the patient and the needs of the person who is being supervised.[22]

Task

- Part of a patient care function with clearly defined limits.

22. Nursing and Midwifery Board of Australia. (2013) National framework for the development of decision-making tools for nursing and midwifery practice

SECTION 7

References

Agency for Clinical Innovation. (2013) Understanding the process to develop a Model of Care.

College and Association of Registered Nurses of Alberta. (2005) Standards for supervision of nursing students and undergraduate nursing employees providing client care. Edmonton.

College of Registered Nurses Nova Scotia. (2004) Delegation Guidelines for Registered Nurses. Halifax, Nova Scotia.

NSW Ministry of Health. (2015) Health Professionals Workforce Plan 2012-2022 (Revised Plan). Accessed from http://www.health.nsw.gov.au/workforce/hpwp/Pages/default.aspx

NSW Health Circular 2001/80. Employment of undergraduate nursing students as assistants in nursing in the public sector. Sydney, Australia.

NSW Ministry of Health. (2016) NSW Health Student Placement Agreement (SPA) for Entry into a Health Occupation. Accessed from: http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_024.pdf.

NSW Ministry of Health. (2014) NSW State Health Plan: Towards 21. Accessed from http://www.health.nsw.gov.au/statehealthplan/Pages/NSW-state-health-plan-towards-2021.aspx

Nursing and Midwifery Board of Australia. (2013) National Framework for the Development of Decision- Making Tools for Nursing and Midwifery Practice.

Nursing and Midwifery Board of Australia. (2016) Registered Nurse Standards for Practice.

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