STANDARDS TO BE MET

Team nursing is a model of care which utilises the resources within a nursing team on a shift by shift basis to deliver safe patient care within the clinical unit.

The Bay of Plenty District Health Board (BOPDHB) model of team nursing is based on core principles:

- **Patient centred care** – patients and families must be able to identify the Registered Nurse (RN) and other team members (Enrolled Nurse [EN] and / or Healthcare Assistant [HCA]) who are responsible for their care on a shift by shift basis.

- **Variance Response** - Clinical demand is dynamic and changes throughout the shift, therefore team communication and responsiveness to change is required to ensure that variations in demand are identified and responded to safely.

- **A healthy and safe workplace** - Nurses and HCA’s have a range of skills and experience which contribute to the overall delivery of care within a clinical unit. Supervision, delegation and support of team members is required to maintain both patient and staff safety.

Operational Guidelines For Team Nursing:

1. **CARE Principles**
   1.1. As a nursing service we respect and demonstrate CARE values in how we work together in teams. This includes demonstrating patient centred care, along with compassion, attitude, responsiveness and excellence in caring for patients and nursing team members.

   1.2. We all take responsibility for responding to any call bells or patient / family requests for assistance within our clinical unit, and for sharing our skills and ability to support other members of the nursing team with workload demands.

2. **Variance Response Management (VRM)**

2.1 The use of agreed VRM protocols is required to ensure that we respond to changes in demand within the clinical unit.

3. **Communication**

The key indicator that a service is delivering team nursing is the communication strategies used at the commencement, throughout and on the completion of each shift.

3.1 **Commencement of shift**

   a) a brief handover of all patients, including expected admissions, occurs with all team members. This may include a review of handover list with identification of key risks, e.g. most unwell patients, complex care needs, out of department activities such as x-ray or theatre (refer 7.104.1 P2).

   b) Allocation of patients to specific nursing team members is communicated at this time.

3.2 **Bedside handover**

   a) a more complete handover occurs with oncoming staff visually assessing the patient and receiving a 1:1 handover of more indepth information at the patient bedside.

   b) This provides an opportunity for the patient and family to identify the new shift RN / EN and to communicate the plan of care at the start of shift.
3.3 Within 1 hour of shift commencement
   a) clinical unit team have an informal 5 minute meeting (huddle) to share any concerns, problem solve any issues and further plan how care will be delivered over the shift.
      i. This allows for identification and support of care delivery within the team, e.g. the more junior staff to ask for advice or assistance; the more senior staff to assess if patient allocation is appropriate and offer support and assistance.
      ii. Reviewing VRM status at this point will also allow for reference to SOP to assist with management of clinical care delivery.
      iii. This time should also be used to arrange meal breaks for staff and identify and plan for any unexpected or unpredicted variations in workload, e.g. support and assistance with deteriorating patient, sharing of workload.
      iv. Along with patient and workload safety, huddles give an opportunity for team members to practice self care, e.g. ensure that breaks are taken, share tasks.
   b) Huddles should occur regularly during the course of the shift. Escalation of frequency of huddles is a variance response activity and needs to be instituted at least every 2 hours if clinical unit is Yellow; and more regularly if ward is Orange or Red.

3.4 Completion of shift
   a) prior to completion of shift the outgoing team should hold a brief huddle to identify any outstanding issues, final tasks requiring completion and briefly review the shift.
   b) Handover to the oncoming shift occurs as per 3.1 a)

4. Allocation of patients
4.1 Patients are allocated to team members based on acuity and anticipated care needs within the clinical area.
4.2 EN’s receive supervision from a named RN (shift leader or identified RN) to whom they escalate any concerns around allocated patients. In this situation the EN/RN form a team with patient’s allocated to staff member based on acuity and anticipated care requirements
4.3 HCAs are allocated to an identified RN for all or a designated part of the shift. Any requests for assistance from the HCA across the team are negotiated as part of the regular huddle to ensure that all team members are aware of HCA workload and to prevent multiple requests.
4.4 Ideally patients are allocated by geographical location within the clinical area to reduce unnecessary travel within the department and to optimise the opportunities for observation and interaction with patient by the team.

5. Responsibilities for Team members
5.1 Clinical Nurse Manager (CNM). The CNM / or delegate will:
   a) Be on the ward and available as the co-ordinator of clinical care delivery and point of contact for response to variance in clinical demand in the mornings Monday to Friday.
   b) Lead and co-ordinate Huddle communication and workload allocation on their shift.
c) Ensure that clinical unit VRM status is updated as workload changes through shift.
d) Carries the Shift Leader / Co-ordinator cell phone as first point of contact for duty managers and admissions / transfer co-ordination.
e) Attend multidisciplinary team (MDT) meeting and Board rounds - update patient EDD information in Trendcare
f) Trendcare responsibilities:
   i. Allocate 2 hours clinical administration for shift leader in the absence of the CNM being on the ward (excluding night shift)
   ii. Allocate nurse workloads
   iii. Ensure new graduates have a workload within their level of practice work and work with an experienced RN to provide support
   iv. Allocate pagers to all nurses and pager numbers to staff allocation
   v. Record their CNM hours of direct clinical care delivery within Trendcare
   vi. Ensure daily updated patient EDD entered
   vii. Ensure TrendCare 24 hour predictions are completed by 1100, actualisation by 1500, 2100 and 0430 hours (7.104.5 P5)
g) Allocate workload on Trendcare staff workload allocation sheets and display in staff stations. This includes allocation of HCA time to individual team members and non-clinical tasks at the commencement of shift
h) Identify the team leader for each shift. This will be identified on Trendcare.
   i. The team leader is an experienced RN; competent year 3, proficient or expert and should be a permanent staff member of the ward / department.
i) Allocate any relevant tasks on Trendcare e.g. resuscitation trolley checking, fire warden

5.2 Shift Leader
a) Is the identified point of contact when the CNM is not in the unit
b) Carries the Shift Leader / Co-ordinator cellphone in the absence of the CNM or as delegated
c) Reviews and updates VRM status in response to changes in clinical demand.
d) Co-ordinates regular communication Huddles over the shift to ensure:
   i. Team members are supported to plan for changes in patient numbers / workloads.
   ii. Ensure casual, redeployed and new staff are supported by a delegated staff member
e) Co-ordinates communication with doctors when the CNM is not in the unit to ensure requests are grouped and appropriate.
f) Co-ordinates communication with the duty managers including changes in patient numbers / workloads and requests for admission or transfer patient from other wards as per variance management.
g) Is familiar with BOPDHB policy 7.104.5 Protocol 5 Safe Staffing – Trendcare Roles and Responsibilities and IOC protocols and completes Trendcare responsibilities (as per 5.1f) in the absence of the CNM.
h) Informs ward receptionist / after hours clerical staff of admissions, deaths, discharges and transfers
i) Allocation of beds for booked admissions
j) ICU / HDU / CCU specific:
   i. Responds to requests for admission or transfer of ICU / HDU / CCU patients appropriately, through reference to relevant ICU / HDU / CCU procedures and policies.
m) Co-ordinates all telephone contact with medical staff
n) Is responsible for the co-ordination of all telephone contact with Surgical Registrars through Telephony from 2200 to 0800 hours.
o) Coaches staff to utilise appropriate manual handling practices and resources to meet patient needs.
p) Bed space safety equipment checks and checklist completed.
q) Can identify which staff members are responsible for attending 777 emergencies.
r) Knows which staff member is carrying the drug keys.
s) May be required to provide relief for RN meal breaks

5.3 Team Leader Generic
a) Collaborate with CNM / Shift leader in allocation of patients to ensure that workload and skill mix is balanced within the team
b) Provide direct leadership resource within the team, including participation in workload planning (e.g. regular huddle activities as per 3.3.)
c) Provide regular timely feedback to CNM / shift leader of any issues related to team function or patient care needs.
d) Coaching and supervision of less skilled team members and facilitate learning opportunities.

5.4 ED2 specific
a) Allocation of the team leader is the responsibility of the ED Shift Co-ordinator.
b) Familiar with ED Standard Operating Procedures in particular the ED operating rules and extension criteria.
c) Awareness of staffing resource requirements for clinical situations in ED2. Awareness of staff capabilities and provision of support in all situations e.g. orientating staffs in ED2, including self.
d) Meets and greets all patients transferred into ED2 to hear triage information and facilitate appropriate disposition e.g. Resuscitation rooms versus Monitored1-5 versus Isolation room versus Procedure room.
e) Keep electronic whiteboard information up to date.
f) Promotion of completed patient detail forms to ensure data accuracy.
g) Communicating need for changes to resource or skill as it relates to patient acuity to ED CNC.
h) Maintains regular communication links with the CNC and medical staff throughout shift to support the progression of patient care to an inpatient admission, transfer to ED1 or discharge from the hospital.
i) Maintains an up to date overview on patient clinical management plans for ED2 to advocate for appropriate decision-making and support the ED CNC with patient flow and the adherence to organizational targets (ED 6thour target).
j) Identifies patients who do not require resuscitation rooms and can be moved to M1-5 on consultation with the ED CNC and ED SMO or lead IP doctor.
k) Identifies ATS 2 patients whom after assessment are deemed suitable for ED1 transfer. Movement needs to be in liaison with ED CNC.
l) Timely identification of patients whom require a period of observation and meet the ED observation suite criteria for admission.
m) Facilitates a safe environment in ED2 with regards drug and equipment checks and security risks.
n) Ensure electronic 777 form completed.
5.5 Team Member
   a) Participate in communication and liaison with Team Leader and other team members in planning and delivering of care by team.
   b) Immediate notification to Team Leader or Shift Leader of changes in patient acuity that impact on workload or are outside team members’ scope of practice

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 7.104.1 Care Delivery - Nursing and Midwifery and protocols
- Bay of Plenty District Health Board policy 7.104.1 protocol 10 Care Delivery – Interdepartment / Ward Communication Standards
- Bay of Plenty District Health Board policy 7.104.5 Safe Staffing and protocols
- Bay of Plenty District Health Board policy 6.4.1 Patient Transfers
- Bay of Plenty District Health Board policy 6.5.1 Discharge Planning - Inpatient
- Bay of Plenty District Health Board policy 2.5.2 Health Records Management
- Bay of Plenty District Health Board Clinical Practice Manual Lippincott’s Procedure Post-Operative Care
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.B1.1 Business Continuity - Variance Response Management (VRM) - Ward / Unit
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.1 SOP - Acute Patient Journey
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.2 SOP - Acute Patient Journey - ED, Inpatient Teams, Bed Management and Wards
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.3 SOP - Acute Patient Journey - Diagnostics, Allied Health and Hospital Support Services
- Bay of Plenty District Health Board Integrated Operations Centre (IOC) protocol IOC.S1.4 SOP - Acute Patient Journey - Daily Operations Management
- Bay of Plenty District Health Board ICU / CCU protocol ICU.A1.1 Admission of Patients to ICU or HDU
- Bay of Plenty District Health Board ICU / CCU protocol ICU.H1.1 Handover - Daily Review of ICU / HDU Patients by Medical & Nursing Staff
- Bay of Plenty District Health Board ICU / CCU protocol ICU.S3.1 Shift Work
- Bay of Plenty District Health Board ICU / CCU protocol ICU.S4.1 Staffing Level – Nursing Staff in ICU / CCU