

 <p><b>BAY OF PLENTY</b> DISTRICT HEALTH BOARD HAUORA A TOI</p> <p><b>CARE DELIVERY PROTOCOL</b></p>	<p><b>CARE DELIVERY - MAINTENANCE OF NURSING / MIDWIFERY CARE STANDARDS</b></p>	<p><b>Policy 7.104.1 Protocol 11</b></p>
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## PURPOSE

Clinical managers have a consistent, structured approach to achieving and sustaining uniformly high standards of safe, patient care within each clinical area.

These guidelines embed the principles from quality improvement processes, which underpin the “way we work”, to deliver safe patient and family centred care. They integrate Productive Programmes principles, data requirements for Care Capacity Demand Management and the Clinical Nurse Manager (CNM) / Clinical Midwifery Manager (CMM) accountability matrix.

This approach supports sharing of learning and comparing of best practice between departments

## STANDARDS TO BE MET

### Guidelines

1. Knowing How We Are Doing Boards (KHWD) will be used within clinical units to display and share ward / department performance data based on patient safety, patient satisfaction, staff satisfaction, and productivity (refer to KHWD Board standards and audit tool).
2. KHWD Board meetings will be held at least monthly to discuss and identify improvement opportunities but may be more frequently where agreed by the ward.
3. Mandatory nursing / midwifery audits will be completed monthly or in line with national reporting requirements e.g. hand hygiene. The required audits include: patient experience, incidence of falls, assessment and care planning, resuscitation trolley, pressure area management (quarterly), hand hygiene.
4. Wards will complete additional audits as part of quality improvement activities to address other issues specific to their area.
5. Relevant audits will be agreed for specialised areas.
6. Audit findings will be used to develop action plans to meet best practice standards, these will include:
  - 6.1. Changes required to improve practice
  - 6.2. Who is responsible for leading the actions
  - 6.3. The timeframes in which they should occur
7. Unit performance reports to be displayed include: NHPPD required / provided TrendCare graph (for areas using TrendCare), variance response management (VRM) month audit report, absenteeism report.

### Responsibilities

1. The Director of Nursing (DON) provides executive leadership and ensures ongoing commitment across the organisation.
2. Nurse / Midwifery Leaders (NL / ML) are responsible for implementation, ensuring the standards are met and improvements occur. NL / ML to audit the KHWD Board against the standards monthly.
3. CNM / CMMs are to ensure the audits are completed, KHWD board information is current and action plans are developed and implemented in conjunction with clinical staff.

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<p>Protocol Steward: Nurse Leader, Surgical &amp; Anaesthetics</p>	<p>Authorised by: Director of Nursing</p>	

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### Reporting and Monitoring

1. Audit results to be tabled at Clinical Governance Committee and CNM / CMM meeting.
2. Action plans are monitored by the service and outcomes included in the monthly service report and the Productive Programmes Steering group.
3. Share benchmarking data and improvement strategies across services to disseminate best practice improvements.
4. Where improvements have not occurred review action plans.

### ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 7.104.1 Care Delivery – Nursing and Midwifery
- Bay of Plenty District Health Board IOC protocol IOC.B1.1 Business Continuity – Variance Response Management

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