TEAM BASED MODELS OF CARE

Working Together and Caring for Each Other

NURSING+
MIDWIFERY

Western Health

Learning Outcomes

After this presentation and with further practice you should be able to:

- Describe team-based nursing and midwifery models
- Utilise the principles of supervision and delegation in working with the team model of nursing
- Deliver care to the patients using the team-based models ensuring that all team members are practicing within their scope of practice

Recognition of achievements thus far

- Western Health was the most effected health service in 2020 – and we did it well
- We have continued to deliver Best Care and make improvements in challenging times
- Huge numbers of nurses and midwives have come forward to offer to be redeployed if needed
- We have supported and cared for each other and our patients – and maintained kindness

THANK YOU

Introduction:

- Due to COVID-19 and the predicted influx of patients to Western Health, we need to **plan for significantly more patients requiring our care**.
- We have recruited extensively, but there is a **finite number** of nurses and midwives.
- To manage increased numbers of there have been **alternative staffing models proposed** to look at possible ways of delivering care to larger cohorts of patients.
- There is some potential that **staff personal leave may increase** as restrictions are eased.
- We need to care for our patients, each other, and ourselves.

What are team-based models:

Model of Care Delivery

- Team-based models are models of care that ensures that elements of care are delegated depending on education preparation, skills and experience.
- Delegation is informed based on Position Descriptions/Duty Lists and each individual's education, skills and experience.
- It supports each member of the team to work at 'top of scope' whilst ensuring that all elements of care are provided.
- Safety and quality is maintained through appropriate delegation and supervision by the Registered Nurse or Registered Midwife.

What are team-based models:

Why Team-based models?

- Ensures we have the right people, with the right skills, in the right place, at the right time caring for our patients safely.
- **Every role** is essential within the team to ensure comprehensive and safe care is delivered to our patients.

Why now?

- There may not be enough nurses or midwives to continue working the way we currently are through this surge.
- It is **an alternative safe way** we can support each other **and** provide safe care to our patients during this surge of COVID-19 related activity.

Specialty Areas:

- To meet increased ICU demand, the introduction of non-critical care RNs from across WH into ICU to work alongside critical care RNs.
- These RNs will be from Pool, Bank, peri-operative services or wards.
- Nurses with critical care experience not actively working in ICU have been 'refreshed'.
- These staff **work within their own scope of practice**, and **under the delegation and supervision** of experienced critical care RNs to ensure patient care needs are safely met.

Wards:

- For some clinical areas this means the introduction of some new or expanded roles. RUSONs, RUSOMs, PCA's and health profession students have been employed to support the delivery of patient care.
- New nurses with varying levels of experience have also been employed to assist.
- These staff work **within a duty list** or their **own scope of practice**, and under the delegation and supervision of RNs/RMs to ensure patient care needs are safely met.

A Comparison

Patient Allocation/Buddy Nurse Model of Care

Principles: Patient allocation

- Patient Allocation – based on ratio e.g. 1:4 or 1:5
- Each nurse/midwife assigned a buddy to assist as needed, complete medication checks, assist with 2 person tasks.
- Allocated nurse/midwife ultimately responsible for allocated 4 or 5 patients including assessment, documentation, care delivery and planning.
- Number of patients can vary depending on acuity.

Team-based Model of Care

Principles: Team & Role allocation

- A team of staff are allocated a group of patients e.g. 3 staff in varying roles to care for 12 patients
- Each team member will probably have a completely different scope of practice.
- Elements of care and tasks are delegated to different roles within the team according to education, skill and experience.
- Patients **cannot** be sub-allocated within the team.
- Number of patients and team members can vary depending on acuity.

What will Team-based
Models look like in
your area?

Suggested Medical Ward Roles

Role 1	Role 2	Role 3
• RUSON • Personal Care Attendants. • Health Care Workers • AH students	• Graduates • ENs • RN's	• Expert Registered Nurses • CNS's • Experienced RN's
A guide to the delegation of Patient Care Tasks		
• Hygiene needs • ADLs • Toileting and continence care • Assistance with feeding • Restocking IV trolley, calibrating glucometers • Making beds • Patient rounding-toileting • Reporting concerns to Team Leader – Role 3.	• Vital signs/BGL's • Drain tube management • Dressings • NGT insertion/management • IDC insertion/management • Enteral feeding • EMR documentation • Hygiene and toileting assistance as able/required • Comprehensive Care risk assessments	• Medications and IV infusions • IVC care • ICC management • Complex dressings • Hi flow o2 and NIV • Tracheostomy care • EMR documentation/overview • Respond to emergencies and escalated care as required • Lead regular huddles • Support roles 1 and 2 • Comprehensive Care risk assessment review and action • Update ANUM and handover sheets

Suggested Surgical Ward Roles

<table>
<tr><th>Role 1</th><th>Role 2</th><th>Role 3</th></tr>
<tr><td>• RUSON
• Personal Care Attendants
• Health Care Workers
• AH students</td><td>• Graduates
• ENs
• RN’s</td><td>• Expert Registered Nurses
• CNS’s
• Experienced RN’s</td></tr>
<tr><td colspan="3">A guide to the delegation of Patient Care Tasks</td></tr>
<tr><td>• Hygiene needs
• ADLs
• Toileting and continence care
• Assistance with feeding
• Restocking IV trolley, calibrating glucometers
• Making beds
• Patient rounding-toileting
• Mobilise patient as able
• Assist with TEDs
• Monitor for falls risk and PI risk
• Reporting concerns to Team Leader – Role 3.</td><td>• Preparing patients for Theatre
• PIVC insertion and care
• IV therapy management
• CVC management
• Vital signs/BGL’s
• O2 therapy
• Drain tube management
• Dressings
• FBC documentation
• NGT insertion/management
• IDC insertion/management
• Enteral feeding
• EMR documentation
• Hygiene and toileting assistance as able.
• Comprehensive Care risk assessments.</td><td>• Medications and IV infusions
• CVC insertion assistance and management
• ICC management
• Complex dressings
• Hi-flow O2 and NIV
• Tracheostomy care
• EMR documentation/overview
• Respond to emergencies and escalated care as required.
• Lead regular huddles
• Support roles 1 and 2
• Comprehensive Care risk assessment review and action
• Update ANUM and handover sheets</td></tr>
</table>

Suggested ICU Roles

Role 1	Role 2		Role 3	
• Not expected to be used in ICU	• RN's		• Expert Critical Care Registered Nurses • Experienced Critical Care RN's	
A guide to the delegation of Patient Care Tasks (not exhaustive)				
	• Intravenous Catheter Insertion • IV therapy • Clean and disinfect procedure room surfaces promptly • Crisis Model of Care – Intensive Care Unit (ICU) • CVC care • ICC/NGT/IDC management • Hygiene, eye and mouth care • Tracheostomy management	• Provide assistance with Arterial Line insertion • Arterial line management • Comprehensive Risk Screening Assessment • Vital signs • Recording 12 Lead ECG • Medication administration • Incident reporting • Drain tube management • Dressings	• Airway management • Assistance with intubation • Management of the Ventilated Patient • Management of Arterial lines • Blood Gas sampling and interpretation • In depth Patient Assessment • Haemodynamic monitoring • Management of multiple infusions	• ETT management • Haemofiltration • Therapeutic plasma exchange • Ventilation manipulation • Management of intra-aortic balloon & Impella pumps, • ALS • Arterial Blood Gases (ABG) • ECG interpretation • Haemodynamic Monitoring

Suggested Maternity Ward Roles

<table>
<tr><th>Role 1</th><th>Role 2</th><th>Role 3</th></tr>
<tr><td>• RUSOM
• Personal Care Attendants
• Health Care Workers
• RM students (supervised) postnatal only</td><td>• Graduates RM
• RN undertaking PG
• ENs
• RN’s</td><td>• Expert Registered Midwives
• CMS’s
• Experienced RM’s</td></tr>
<tr><td colspan="3">A guide to the delegation of Patient Care Tasks</td></tr>
<tr><td>• Hygiene needs women/baby
• Empty and record IDC
• Document/report lochia and elimination amounts to RM
• Changing of maternity pads
• Assist baby changing baby
• Assist with basic infant cares and settling/safe sleeping
• Assist with ADL’s
• Assist with infant feeding and report nutritional outcomes for woman/baby
• Restocking IV trolley, calibrating glucometers
• Making beds/cots
• Reporting concerns to Team Leader – Role 3.</td><td>• Vital signs (excluding fundus and blood loss) and report to Role 3
• BGL’s (mother)
• Dressings
• IDC insertion/management
• EMR documentation Hygiene and toileting assistance as able/required and baby hygiene
• risk assessments
• PIVC insertion and care
• IV therapy management
• O2 therapy
• Baby bloods and NST
• Safe formula prep
• Feeding chart
• Medication (mother and baby)</td><td>• EMR documentation/overview
• Respond to emergencies and escalated care as required.
• Lead regular huddles
• Support roles 1 and 2
• Medications and IV infusions
• Hi-flow O2 and NIV
• Coordinate admissions /discharges
• Assessment of Maternal fundus and blood loss
• CTG assessment</td></tr>
</table>

Team-based Models – Activity Lists

Detailed Duty Lists are available for different clinical areas as a guide:

https://coronavirus.wh.org.au/nursing-midwifery/working-in-new-roles-for-nurses-midwives/

Organising the Team

- Team-based models will be slightly different in each clinical department due to the different skills required in that area
- For example ICU will use RNs that are not ICU trained but have skills that can be used in ICU under delegation of ICU trained RNs
- Similarly, Grads and RUSONs will have skills that can be used on acute and subacute wards

STEP 1: Review Crisis Model of Care for your area

- Link to documents on intranet
- Review tasks
- Familiarise yourself and your team with tasks that will be completed by the different roles

STEP 2: Identify needs of patients

- Use EMR dashboard to work through examples of care needs and who can do what tasks

STEP 3: Identify how allocation will work

- AUMs assigns a group of patients to a team
- The composition of the team will depend on the level of care and acuity of patients

STEP 4: Understand how different roles will work in practice

- An RN or RM must lead the team
- RN lead will identify who has the skills to do the tasks and assign tasks to the right person with the right skills

STEP 5: Understand how to delegate responsibly

Principals of Delegation

Delegation is a RN/RM using their professional judgment.

Delegation involves transferring authority to a competent person to perform an activity.

What are some considerations when delegating?

- Patient health status
- Complexity of the delegated activity
- Level of knowledge
- Experience of the person to whom the task has been delegated
- The expected outcomes of the delegated task
- How outcomes will be monitored and communicated
- Legislative requirements

Supervision

The level of clinically-focused supervision should be appropriate to the degree of risk of the activity

Direct Supervision

- Is when the supervisor is present and personally observes, works with, guides and directs the person being supervised

Indirect Supervision

- Is when the supervising RN/RM is on site and easily contactable and available for reasonable access but does not directly observe the activity

Accountability when delegating

- Delegation and supervision is, and always has been, a core responsibility of Registered Nurses and Midwives
- The Registered Nurse or Midwife **remains accountable** for ensuring that the task is undertaken safely and effectively, and monitoring and evaluating the effect of any care that has been delegated

Responsibility of person delegating

The delegator is responsible for:

- teaching (although this may be undertaken by another competent person, and teaching alone is not delegation)
- competence assessment
- providing guidance, assistance, support and supervision
- ensuring that the person to whom the delegation is being made understands their accountability and is willing to accept the delegation
- evaluation of outcomes
- reflection on practice.

Responsibility of person accepting the delegation (the recipient)

The recipients is responsible for:

- Their own actions, and doing the task safely
- Seeking clarification if unsure
- Seeking support from RN/RM if concerned about safety
- Raising concerns in a timely manner if they feel they do not have the knowledge or skills
- Participating in the professional development
- Never accepting a delegation beyond scope or training
- Actively participating in the clinical supervision process and evaluation of the delegation

What if:

My ward has an uneven number of patients, how do we split into teams that are fair?

We have two staff that have the same skill level in the same team. Who decides what role we each have?

Working Together and Caring for Each Other

SCARF Model

A model that can be applied in situations where people work together to assist in the recognition of behaviours in order to achieve a common goal:

Status | Certainty | Autonomy | Relatedness | Fairness

Status

- Relative importance to others
- Each team member is a valued member of the team and of equal importance
- Team work makes the dream work

SCARF Model

Certainty

- Predicting the future
- Fear of the Unknown
- Team approach ensures the right people are supporting the task that have the skill

Autonomy

- Control over events
- Delegating and checking-in
- Building trust

SCARF Model

Relatedness

- Relating to each other and feeling safe
- Build rapport and an environment of respectful behavior and interaction

Fairness

- Fair exchange in interaction
- Everyone has a role to play
- Every task can be of equal importance

What now?

Consider how your ward/unit can be split into team allocations

Example: Ward 2A – 36 beds:

- Potentially split into three teams each shift of 12 patients per team with three staff in each team.
- If one area on the ward has a higher acuity, consider allocating less patients to one team and more to another.

OR

Example: UWW – 30 subacute beds:

- Potentially split into two teams of 15 patients with 3 staff in each team.

Review common patient care tasks in your area:

- Adapt as needed and create your Role Task List

Talk to your teams and prepare them:

- Use opportunities at handover, in email, huddles, Red Coal SMS messaging, Zoom ward meetings

Educate and inform:

- Please forward the presentation, also on WeLearn and prepare for team-based models on your ward

Start in a planned way, prior to it being needed:

- Start team-based models in your department using your existing team in your area. Get staff used to it prior to it being necessary

Assess and Adapt:

- Maintain open communication, and address any issues
- Attend Friday sessions (Toolbox Talks) - Q&A, Tips and Tricks, share experiences

How can we **help** you?

Support Team

- Allison Lamb – DDON (Acting)
  0421 950 501
- Sharon Collard - Sunshine
  0435 512 645
- Rebecca Woltsche - Footscray
  0402 124 600
- Tony McGillion – DONM Inspiring Innovation
  0466 925 108
- Robyn Peel – Director Education & Learning (Acting)
  0468 608 141

References

- Nursing & Midwifery Board of Australia. Decision Making Framework. 2020 https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29157&dbid=AP&chksum=9LilUkdFvM5AJeKIaJZd1A%3d%3d
- SCARF: a brain-based model for collaborating with and influencing others. David Rock. 2008 Wayback Machine (archive.org)
- Delegation and Supervision for Victorian Nurses and Midwives. 2014 https://www2.health.vic.gov.au/about/publications/ResearchAndReports/delegation-and-supervision-nurses-and-midwives-element-1

- Acknowledgement of the WH Education Department

- Activity Lists https://coronavirus.wh.org.au/nursing-midwifery/working-in-new-roles-for-nurses-midwives/