

Policy Applies to:

All Mercy Hospital nursing staff involved in the delivery of patient care.

Rationale:

Mercy Hospital is committed to providing a safe environment for patients and staff. Important components of this are the safe and efficient delivery of nursing care and the processes by which relevant information is transferred between providers of care.

Cultural Considerations

Care is provided in a manner that the patient deems to be culturally safe. Staff work within a model that allows for independence of expression and individual choice for patients and their whanau.

Definitions:

Model of Care

The way in which nursing services are designed and delivered at a departmental or organisational level. Elements of a model of care should include:

- Patient centred focus
- Teamwork
- Effective communication
- Evidence based practice.

Here at Mercy hospital, clinical staff provide care to patients through a mixed model, where some areas do this individually, while others do it within teams. Registered Nurses direct and delegate and provide supervision to Enrolled Nurses and HCA's.

Area Specific Models of Care:

Manaaki Model of Care

- In Manaaki, a team leader and team members provide nursing care to a group of patients.
- A nurse is assigned to care for a group of patients at each stage of the patient's journey.
- As the patient moves from area to area e.g. admission to theatre to recovery & discharge, patient care is transferred from one nurse to another.

Inpatient Wards Model of Care

The Model of Care used on the wards has changed. Where we were previously working in a Total Patient Care or Individual Patient Allocation Model, we have moved to a Team Model of Care. Now clinical staff are organised into teams, and these teams can be made up of HCA's, EN's and RN's. Each team has an RN as a team leader.

The actual composition of a team will vary according to the skill mix of the rostered staff, students, orientating staff and the clinical needs at the time.

The team is allocated a set number of patients, and at the beginning of their shift, they all receive handover and hear about all of their allocated patients collectively. At the beginning of their shift, together they go and see all of the patients in their team. Together they then divide the patient care between the team, with the team leader delegating tasks as require to other team members. Throughout the shift, the team members have regular catch-ups to discuss progress to keep up to date.

Team members provide meal relief for each other. Consideration is given to continuity of care, though nurses may have different patients allocated if it means the nurse has a better workload with higher acuity patients.

Teams are identified on TrendCare patient allocation lists and/or on whiteboards.

Coolock Model of Care

The current Model of Care being practiced on Coolock is known as the total patient care or individual patient allocation approach. HCAs are assigned to a team and delegated task as appropriate to competency achieved Patients are allocated to the nurses before the start of the shift. The ACN takes responsibility for patient allocation and provides oversight and support (as required) to the team of nurses on shift.

Operating Theatre Model of Care

Team approach consisting of a Surgeon, Anaesthetist, Anaesthetic Technician, Registered and Enrolled nurses and Theatre suite assistants. Nurses in theatre work together in a systematic way to deliver high quality, safe and consistent care to patients following best practice guidelines. Continuity of care is achieved where possible, however the use of clinical handover tools such as S.W.I.T.C.H can be used for nurse to nurse handover in theatre during surgical procedures.

PACU Model of Care

Focus is on patient-centred care emphasising collaboration and safety in our health care teams. On-going quality improvement activities are supported and encouraged, with an emphasis on shared decision-making to optimise excellent patient care delivery.

Nurses work in teams in PACU, under the direction and support of Clinical Coordinator, providing effective communication with the multi-disciplinary team to ensure the safe and timely transition of patient from PACU to the ward. A PITSTOP handover tool is used when transitioning care from MOT to PACU. A modified version of this is used as a standardised handover tool from PACU to the ward.

Sources:

New Zealand Nurses Organisation (2013) Practice: Models of Care, Policy Statement.