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
Provision of care is culturally safe and follows consultation with patient/whanau.

Definitions:
Nursing 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
- Teamwork
- Effective communication
- Evidence based practice.

Model of Care
Model of care refers to a team of two or more nurses, (including Enrolled nurses, Nursing Students and HCA’s), providing care to an identified group of patients under the direction/supervision of a Registered Nurse (RN) which is recorded on the observation chart.

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.

Within this model, RNs and ENs provide nursing care based on clinical Best Practice for their group of patients.
- Teams are identified on Trendcare patient allocation lists and/or on whiteboards.
- Each nurse within a team, is assigned a group of patients.
- Each nursing team receives clinical handover for their combined group of patients from staff on the preceding shift.

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.
McAuley/Callaghan Model of Care
The current Model of Care being practiced on McAuley is known as the total patient care or individual patient allocation approach. Patients are allocated between the nurses on shift, and nurse’s work independently providing care primarily for their allocated patients. Each nurse is paired with another nurse on shift, however, these only provide meal relief for their team members. Patients are allocated to the nurses before the start of the shift, and while continuity of care is preferred, nurses may have different patients allocated if it means the nurse has better workflows and to avoid heavy workloads.

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. 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.

Sources: