



# Nursing & Midwifery

# Generic Orientation Manual





## VALUES AND BEHAVIOURS

Our VALUES and Supporting Statements	OUR BEHAVIOURS
<p><b>People First</b> Taangata i te tuatahi</p> <p>People are central to all that we do</p>	<p>He whakapapa, he mokopuna, he tamariki, he maatua, he tupuna He aha te mea nui. He tangata, he tangata, he tangata.</p> <p>We are inclusive</p> <p>We acknowledge individuality, teamwork and partnership</p> <p>We bring humour in to our work</p>
<p><b>Respect</b> Whakaute (tuku mana)</p> <p>We treat others as we would like to be treated</p>	<p>Kia ngohengohe, whakaaro nui ki etahi atu</p> <p>We show courtesy, care and respect for people's needs, values and beliefs</p> <p>We enquire</p> <p>We take personal responsibility for our actions</p> <p>We honour commitments</p>
<p><b>Caring</b> Manaaki</p> <p>We nurture those around us, and treat all with dignity and compassion</p>	<p>Ko te manaaki – he whangai – he kakahu he ropiropi. Akona e te whanau whaanui</p> <p>We understand the impact of our actions on others</p> <p>We are sensitive and empathetic</p> <p>We are available and accessible</p> <p>We are kind to each other</p> <p>We display integrity</p>
<p><b>Communication</b> Whakawhitiwhiti korero</p> <p>We communicate safely, openly and with respect to promote clear understanding</p>	<p>Tika, pono, aroha</p> <p>We listen</p> <p>We use language the recipient understands</p> <p>We openly share information and knowledge</p> <p><b>We are timely in our responses</b></p> <p>We smile</p>
<p><b>Excellence</b> Taumata teitei (hiranga)</p> <p>Our attitude of excellence inspires success, competence, confidence and innovation</p>	<p>Kia mataara te wairua – kia ngakau whakaiti</p> <p>We display leadership, efficiency and commitment in all our activities</p> <p>We are open to new ideas and doing it differently</p> <p>We are accountable</p> <p>We value personal and professional development</p> <p>We make decisions based on fact and best evidence</p>



### **Version Control**

The Nursing & Midwifery Orientation Manual is updated regularly. The only version that is current is on the Northland District Health Board intranet. If the version you have is provided from a different source it will not be current, please do not use.

## CONTENTS

<b>Introduction</b>	<b>5</b>
<b>Introduction to NDHB Credentialing Process &amp; Flow Charts</b>	<b>6-11</b>
<b>NDHB Orientation for Nurses &amp; Midwives- Competencies – Record of Achievement</b>	<b>12</b>
<b>1.0 IT Systems</b>	<b>13-14</b>
<b>2.0 Legislative Framework</b>	<b>15</b>
<b>2.1</b> Legislation that protects the rights of consumer & Code of Rights	15
<b>2.2</b> Direction and Delegation	16-17
<b>2.3</b> Cultural Safety, Maori Health, Treaty of Waitangi	18
<b>3.0 Nurse &amp; Midwifery Career pathway</b>	<b>19</b>
<b>3.1a</b> Professional Development Nurses	19-20
<b>3.1b</b> Professional Development Midwives	21
<b>3.2</b> Professional Development Recognition Programme (PDRP) & Quality Leadership Programme (QLP) – Midwives	21
<b>3.3</b> Preceptorship Programme	22
<b>3.4</b> New Entry to Practice Programme	23
<b>3.4a</b> Graduate Nurse Programme (Nurses only)	23
<b>3.4b</b> Midwifery First Year of Practise Programme (Midwives only)	24
<b>4.0 Risk Management / Quality</b>	<b>25</b>
<b>4.1</b> Infection Control	25
<b>4.2</b> Professional Presentation	26
<b>4.3</b> Environmental Risk /Manual Handling/ Restraint Minimisation	27
<b>4.4</b> Basic Life support	28-29
<b>4.5</b> Domestic violence, elder and child abuse	30
<b>5.0 Professional Standards</b>	<b>31</b>
<b>5.1</b> Medication Safety	31
<b>5.2</b> Nursing & Midwifery documentation	32
<b>7.0 Evaluation – feedback form</b>	<b>33</b>
<b>Appendix 1 &amp; 2 &amp; 3 – Legislation summary, HDC &amp; Glossary</b>	<b>34-48</b>

## **INTRODUCTION**

### **NAU MAI HAERE MAI**

#### **Welcome to the Northland District Health Board (NDHB)**

Your professional development is important to us and begins with familiarisation, the first 6 weeks in your clinical area. All new nursing and midwifery staff entering the organisation will be required to complete this generic Nursing and Midwifery Orientation manual. You will also be given an orientation manual specific to the learning needs of your practice area.

Your preceptor, Nurse Educator, (where available), Clinical Nurse/Midwife Management team, as well as your work colleagues, will support you through this period.

Thank you for choosing to join the nursing & midwifery team at NDHB.

We look forward to working with you.

#### **Background**

New Zealand health legislation such as the Health Practitioners Competence Assurance Act 2003, is explicit that health care professionals and organisations are accountable for protecting public safety. Competence assurance is provided by Statutory Authorities and District Health Boards mechanisms, standards and processes.

#### **Nurses**

The Nursing Council has developed the Continuing Competence Framework to monitor the continuing competence of nurses on application for a practising certificate, and through a recertification programme (audit).

#### **Midwives**

The Midwifery Council is responsible for ensuring that midwives in New Zealand are competent to practise so that the public of New Zealand can be assured of a certain level of care from midwives. The Midwifery Council of New Zealand monitors competency through the Midwifery Standards Review.

#### **NDHB Nurses and Midwives Workplace Competence Assurance Framework**

Northland District Health Board provides accountability for health outcomes through clinical governance. A key component of clinical governance is clinical risk management, clinical and cultural competency and workforce development. Ongoing competence of Nurses and Midwives is ensured utilising the NDHB Workplace Competence Assurance Framework.

This framework has been developed based on the NDHB standards, mechanisms and processes. NDHB policies assure continued quality and standards of competence and behaviour. The Nursing and Midwifery workplace competence assurance framework in this context measures the nurse or midwife’s ability to comply with these policies.

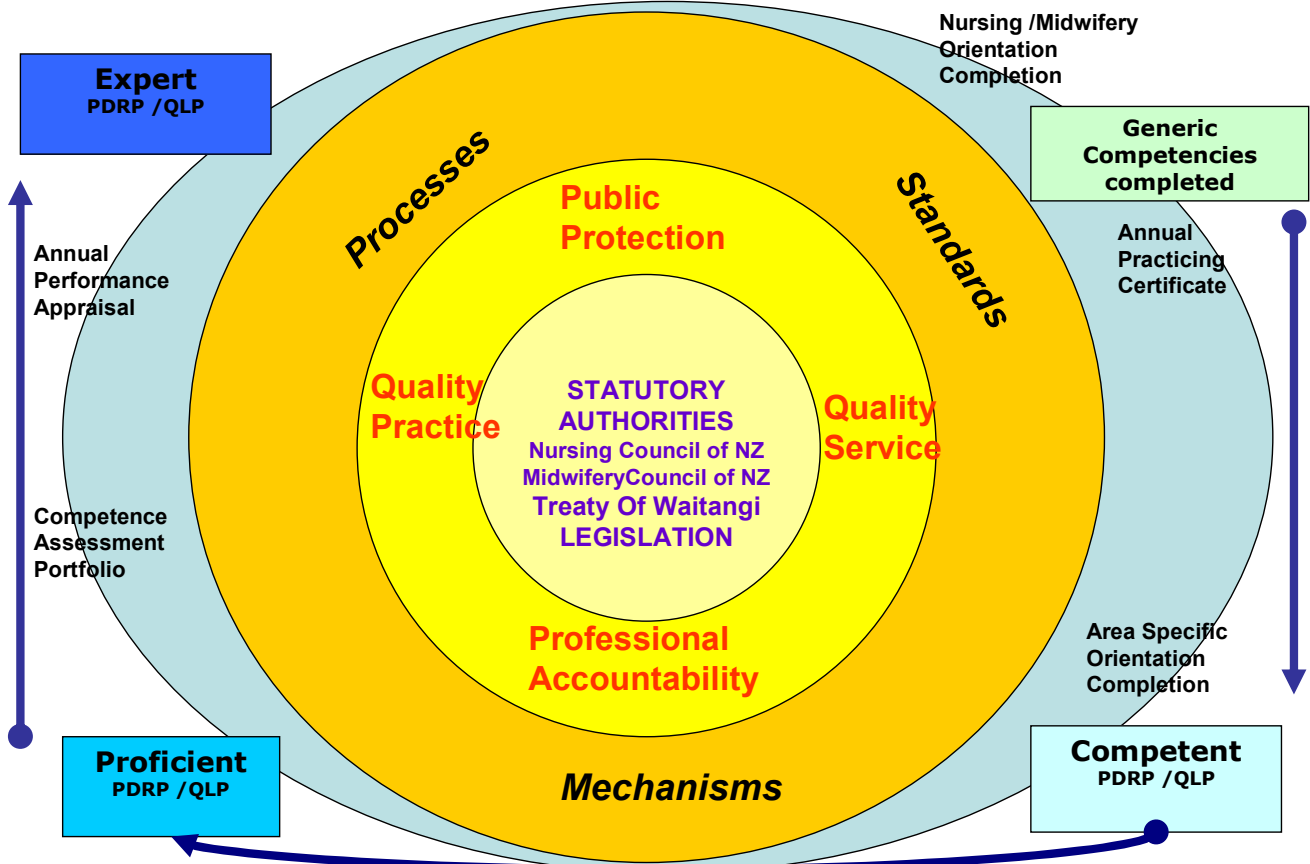
Each section identifies a broad statement of competency followed by standard(s) as identified within the relevant policy. The performance outcomes are the expectations following the learning. The learning resources are listed in order for the nurse or midwife to access information related to the performance outcomes.

Evidence to demonstrate competency achievement is in a table format, which is used as a reference point for the final sign off sheet (page 11). Competence criteria are listed and are the measurement or evaluation of the learning.

Staff may choose to use their evidence of NDHB competency achievement to support the PDRP/QLP process. Therefore relevant professional standards have been identified at the end of each competency.

The figure below demonstrates the relationships between the above processes.

**Nurse/Midwife Workplace Competence Assurance Framework**



## **NDHB NURSING & MIDWIFERY WORKPLACE COMPETENCE ASSURANCE PROCESS**

### **Introduction to the process**

The competencies will help you understand the policies, procedures and practices of the NDHB all of which can be found on the Intranet available from any computer in the NDHB.

Your specialty area of practice will also have resources to support the clinical skills you require for your role. Ask your preceptor how to access these.

At the end of the familiarisation period you will have a performance review. At this stage completion of this Nursing and Midwifery Orientation manual and achievement of specific area competencies will be reviewed by your preceptor, Nurse or Midwifery Educator, (where available), and/or Clinical Nurse /Midwife Management team.

### **Generic (Nurse or Midwife new to NDHB)**

**The Nursing & Midwifery Orientation Manual** provides an introduction to generic policies and procedures that guide nursing and midwifery practice across the care continuum.

Following commencement date to a unit/area, the nurse or midwife has dedicated orientation time to the unit/area and

- is supernumery.
- a preceptor is allocated.
- It is expected that generic nurse/midwife competencies are completed **within the first 6 weeks of being in the unit/area.**
- Once competency is demonstrated the Record of Achievement checklist is signed off by the preceptor or area/unit nurse/midwife educator.
- Completion of the manual is recorded in the Professional Development database.
- Professional development hours recorded – 18 hours

### **Area Specific Orientation Manual**

Each specialty area of practice requires specific competencies of the nurse and midwife.

**An Area Specific Orientation manual** is provided by each specialty area.

- Relevant experience and prior learning is assessed.
- Area Specific Competencies manual completed.
- Once a competency is demonstrated the Record of Achievement checklist is signed off by the preceptor or area/unit nurse educator.
- Area Specific Study days are attended and recorded.

- It is expected that area specific nurse/midwife competencies are completed **within one year of being in the unit/area.**
- A performance review will take place at the end of this period.
- The Area Specific Orientation manual is signed off as completed. Alternatively, further learning needs of the nurse or midwife is identified, and objectives with a plan of action developed to meet learning needs with timeframes documented.
- Completion of the manual is recorded in the Professional Development database.
- Professional development hours recorded – as indicated in area specific manual.

### **Area Specific Competence– Ongoing**

The development of specialty practice is a cumulative process, building on the previous level or domain competencies, through knowledge and experience.

**The annual performance appraisal provides an opportunity to review and validate generic and area specific competencies and replaces the current designation process.**

The Registered Nurse/Midwife with clinical nurse/midwife manager can validate competency in identified areas by;

- Review of area specific clinical tasks for scope of practice validated by unit/area nurse/midwife educator or clinical nurse/midwife manager as per ward/unit/area protocol
- Certificate of attendance at relevant area specific study days
- Portfolio presentation and validation (PDRP) or QLP for midwives

## **References**

Nursing Council of New Zealand, (2008) *Guidelines for Direction and Delegation* NCNZ: Wellington.

Nursing Council of New Zealand, (2004) *Competencies for the registered nurse scope of practice* NCNZ: Wellington.

Nursing Council of New Zealand, (2004) *Competencies of the nurse assistant and enrolled nurse* NCNZ: Wellington.

Australian Nursing Council (2002) *Principles for the assessment of national competency standards for registered and enrolled nurses*. ANC: ACT.

Midwifery Council of New Zealand, (2004) *Recertification Programme: competence-based practicing certificates for midwives Policy Document*. MCNZ: Wellington

Midwifery Council of New Zealand (2005) *Information for Midwives in relation to the Midwifery scope of practice – further interpretation* March 2005. MCNZ: Wellington

Midwifery Council of New Zealand, (2004) *Qualifications Notice Of Scopes Of Practice And Related Qualifications Prescribed By The Midwifery Council*. MCNZ: Wellington

New Zealand District Health Boards (2007). *Quality and Leadership Programme & Professional Development and Recognition Programme For Midwives Covered By The Meras and NZNO Employment Agreements*. DHBNZ: Wellington

HDC (1994) *Health and Disability Commissioners' Act*. Wellington

MOH (2003). *The Health Practitioners Competence Assurance Act*. NZ Govt: Wellington

Halligan, A. (2000) Clinical Governance in Health Care. *Health Care and Informatics Review*, Vol 4: Page(4)

## **Acknowledgements**

The following people need to be acknowledged and thanked for their commitment and support in making this process a reality.

Nurse Midwife Leaders Group

Nurse Midwife Credentialing Working Party

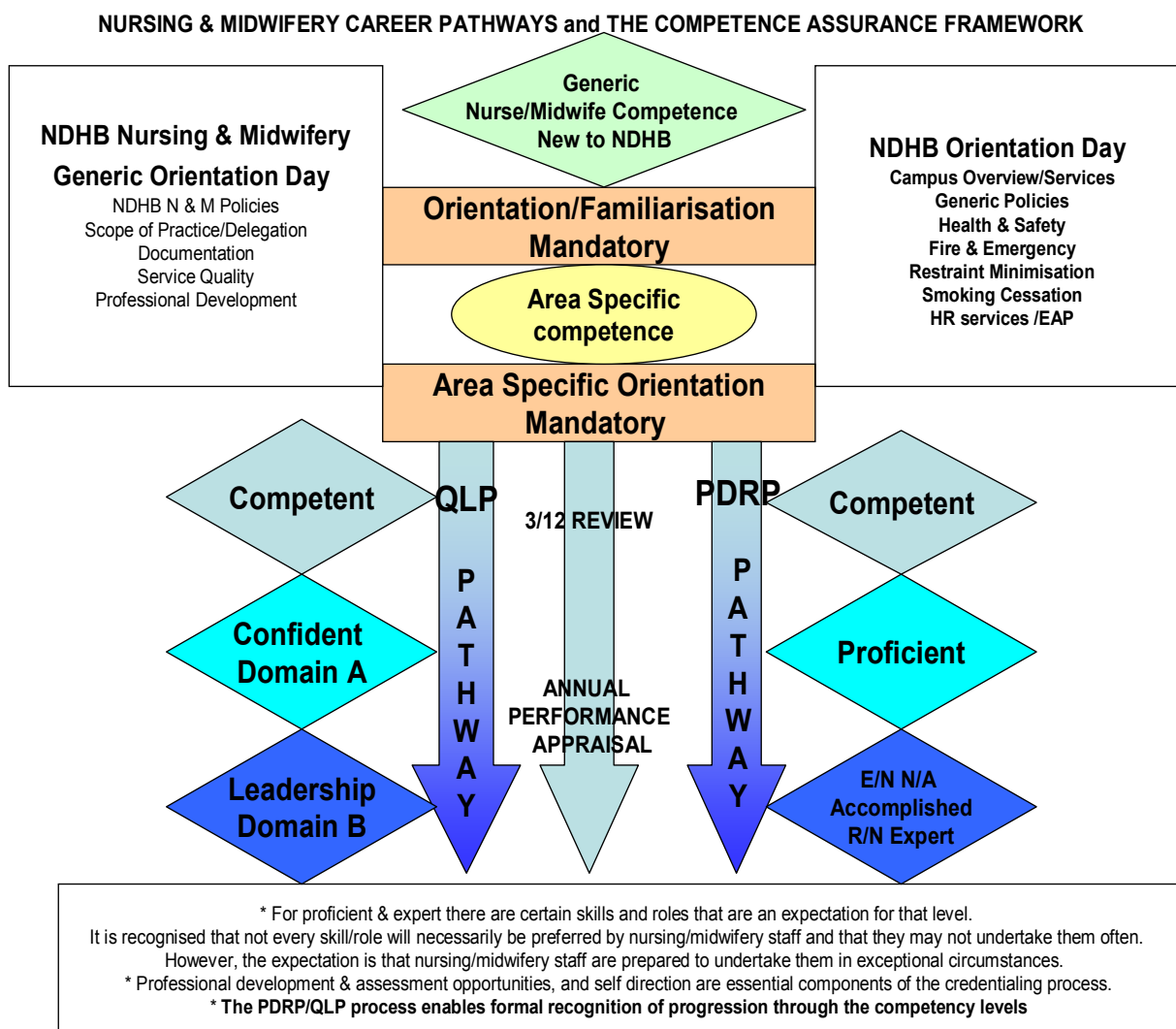
Auckland District Health Board

Nursing & Midwifery Directorate

Nurse Educators – Professional Development

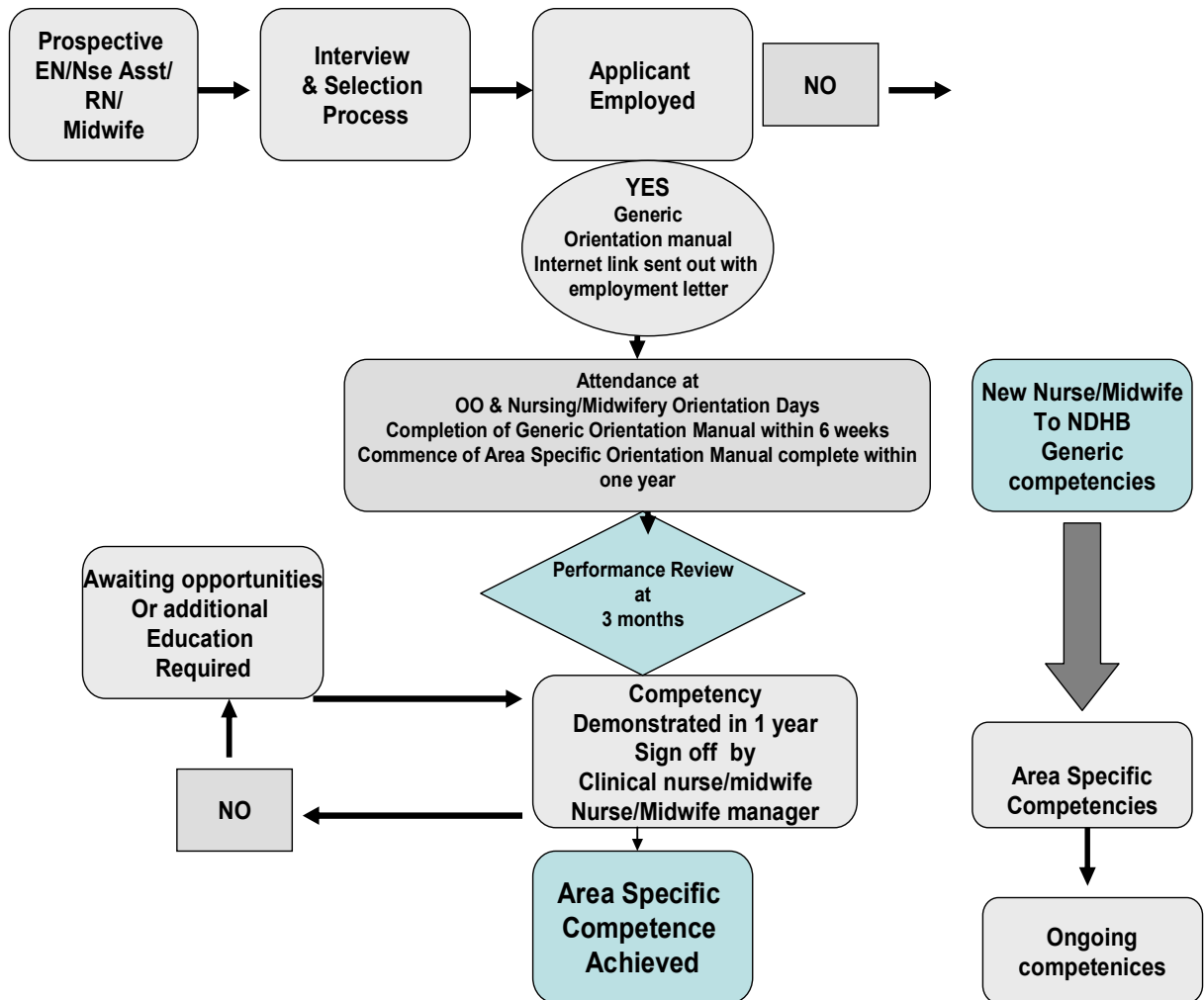
## Nursing & Midwifery Career Pathways and Competence Assurance

The figure below illustrates the links between the various professional development related processes. It demonstrates that there is integration between the Competence Assurance process, professional development and PDRP/QLP processes.



The flowchart below demonstrates the credentialing pathway.

### NURSE/MIDWIFE COMPETENCE ASSESSMENT





## Generic Orientation for Nurses and Midwives NDHB Competencies RECORD OF ACHIEVEMENT (Sign, tear off & return to Nursing & Midwifery Directorate)

4<sup>th</sup> floor Room 19

<b>Employee Name:</b>		
<b>Commencement Date:</b>		<b>Achieved Sign/date</b>
<b>1.0 IT Systems</b>		
<b>2.0 Legislative Framework</b>		
2.1 Legislation that protects the rights of clients		
2.2 Direction and Delegation		
2.3 Cultural Safety, Maori Health, Treaty of Waitangi		
<b>3.0 Nursing and Midwifery Career pathway</b>		
3.1 Professional Development		
3.2 Professional Development Recognition Programme (PDRP & QLP)		
3.3 Preceptorship Programme		
3.4 Graduate Nurse Programme		
<b>4.0 Risk Management / Quality</b>		
4.1 Infection Control		
4.2 Professional presentation		
4.3 Environmental Risk /Patient Handling/ Restraint Minimisation		
4.4 Basic Life Support		
4.5 Patient abuse, domestic violence & child abuse		
<b>5.0 Professional Standards</b>		
5.1 Medication Safety		
5.2 Nursing & Midwifery documentation		

**Competency Achieved - Professional development Hours - 18hrs**  
**Signed by Preceptor/Nurse/Midwife Educator**

\_\_\_\_\_  
Signature  
Forward to:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## SECTION 1.0 INFORMATION TECHNOLOGY SYSTEMS

### COMPETENCY STATEMENT

Uses a computer, with the Patient Information Systems in accordance with NDHB business rules and procedures.

Logs onto TrendCare to categorise and predict patient acuity at required times of the 24 hour day.

Utilises library databases to access information to support evidence based practice.

### STANDARD

**Policy Number:** SEC 140-6

**Access:** Intranet – Policies – Information Systems

### PERFORMANCE OUTCOMES

- Access user name and password from IS.
- Log on to the computer
- Navigate the intranet environment using a mouse
- Access network drives to find and store information
- Identify each system and know what it is used for.
- Use each system in accordance with the business rules, procedures and privacy guidelines.
- Access library databases.

### LEARNING RESOURCES

Learning Centre Computer Course

IS for ALPHA training and password

Nurse Coordinator – Information Management for training and password

Quick reference guides in your area.

Library Databases.

COMPETENCE CRITERIA	ACHIEVED Sign/date
Demonstrate windows/mouse skills ( <i>attend windows mouse training course if required</i> )	
Attend Information Systems training relevant to your area. This may include: <ul style="list-style-type: none"> <li>• ALPHA</li> <li>• I-Health</li> <li>• TrendCare</li> <li>• JADE</li> <li>• Other</li> </ul>	
Log on to TrendCare Access the following: <ul style="list-style-type: none"> <li>• Predict</li> <li>• Actualise</li> <li>• Admit</li> <li>• Update patient notes</li> <li>• Discharge</li> <li>• Allocate workloads</li> </ul>	
Access library databases via intranet <ul style="list-style-type: none"> <li>• Find article related to practice area that provides evidence to support a nursing / midwifery intervention.</li> </ul>	

**Professional Standards**

Nursing Council of NZ Competencies: 1.1; 2.3; 2.9.

Midwifery Council of NZ Competencies: 4.5

## Section 2.0 LEGISLATIVE FRAMEWORK

### 2.1 LEGISLATION THAT PROTECTS THE RIGHTS OF CLIENTS

#### COMPETENCY STATEMENT

Protects the rights of individuals and maintains safe practice based on knowledge of the key elements contained in the health practice legislation

#### STANDARD

**Policy Number:** Com 100-6, Con 100-12, PRI 140-2, PRI 100-2, PRI 180-5, RIG 100-2

**Access:** Intranet – Policies – Patient Related

#### PERFORMANCE OUTCOMES

- Access summary of legislation - Appendix 1 – page 33
- Access Health Practitioners Competency Assurance Act (2003)
- Access Code of Health and Disability Services Consumer's Rights - Appendix 2
- Relate legislation to practice
- Provide safe and appropriate care to clients

#### LEARNING RESOURCES

- Nursing Council of New Zealand website [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)
- Midwifery Council of New Zealand website [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)
  - HPCA Act (2003) summary related to Nursing & Midwifery Practice

Health and Disabilities Commission website [www.hdc.org.nz](http://www.hdc.org.nz)

Appendix 1 Generic Orientation Manual

Burgess, M (2008) Guide to the law for nurses & midwives (4<sup>th</sup> Ed) Pearson education: Auckland.

COMPETENCE CRITERIA	ACHIEVED Sign/date
Describe the key elements of legislation related to the protection of clients' rights.	
Describe how this legislation relates to your care of a client.	
Outline the relationship between the HPCA Act (2003) and the requirement for ongoing competency assessment in nursing or ongoing standards review in midwifery practice	
Provide an accurate response to the following questions. A client requests to read their file, what is your response?	
The client has signed the consent form, with the doctor, for a procedure and then asks you what is it that the doctor is going to do? What is your responsibility as the nurse / midwife?	
A client states they are unhappy with an aspect of treatment during the preceding shift, what is your responsibility?	

Professional Standards :Nursing Council of NZ Competencies: 1.1; 1.2; 1.5; 2.4

Midwifery Council of NZ Competencies: 4.0

## **2.2 DIRECTION AND DELEGATION**

### **COMPETENCY STATEMENT**

Maintain safe practice within the legal requirements of the Health Practitioner’s Competence Assurance (HPCA) Act 2003 and the Nursing Council & Midwifery Council of New Zealand Scopes of Practice.

Understands the accountability and responsibilities related to direction and delegation.

Understands the process related to the direction and delegation of nursing & midwifery responsibilities in practice.

### **STANDARD**

**Policy Number:**

**Access:** Intranet – Nursing – Direction & Delegation policy

### **PERFORMANCE OUTCOMES:**

- Access policy on intranet
- Review NCNZ / MCNZ Scopes of Practice
- Review direction and delegation principles
- Identify accountability and responsibility related to your scope of practice
- Identify responsibilities of other scopes of practice within your area of practice
- Outlines the process for direction and delegation of nursing responsibilities
- 

### **LEARNING RESOURCES:**

- HPCA Act (2003)
  - [www.moh.govt.nz](http://www.moh.govt.nz)
- Nursing Council of New Zealand Competencies for registered nurses.
- Nursing Council of New Zealand Competencies for EN’s / NA’s
- Midwifery Council of New Zealand Competencies for midwives
- Nursing Council Guidelines for Direction and Delegation
- Nursing Council and Midwifery Scopes of Practice
  - [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)
  - [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
Demonstrates ability to access policy on intranet	
Outlines difference between registered nurse /midwife, enrolled nurse and nurse assistant scope of practice	

<p>Discusses RN's accountability and responsibility related to direction and delegation of nursing practice</p> <p>Discuss RM's accountability and responsibility related to direction and delegation of midwifery practice to RN's in maternity.</p>	
<p>Discusses EN / NA's and non-regulated worker responsibilities when directed or delegated nursing/midwifery tasks</p>	
<p>Answers the following critical thinking questions:</p> <p>What model of care is the NDHB direction and delegation policy based on?</p> <p>What components of care must an RN or RM <b>not</b> delegate to an EN / NA/HCA/ Non- regulated worker?</p> <p>The EN /NA has completed the delegated task, what is the RN's or RM's responsibility at this stage?</p>	

Professional standards: Nursing Council of NZ Competencies: 1.1; 1.3; 2.2;2.6;2.8; 2.9;3.3

Midwifery Council of NZ Competencies: 4.6

## **2.3 CULTURAL SAFETY, MAORI HEALTH, & TREATY OF WAITANGI**

### **COMPETENCY STATEMENT**

Maintain safe practice by applying the principles of the Treaty of Waitangi to nursing practice. Recognise the relevance of the Treaty of Waitangi to the health of Maori and its application to nursing and midwifery practice. Acknowledge the differing health and socioeconomic status of Maori and non-Maori. Practise nursing or midwifery in a manner that the client determines as being culturally safe.

### **STANDARD**

**Policy number:** CUL 100-1

**Access** – intranet – Maori health

Intranet – Policies – Patient Related

### **PERFORMANCE OUTCOMES**

- Describes the principles of the Treaty of Waitangi
- Demonstrates knowledge of the differing health and socioeconomic status of Northland Maori compared to non-Maori
- Recognises the relevance of the Treaty of Waitangi to Maori health
- Reflects on own practice to determine whether the principles of cultural safety, as defined by the Nursing / Midwifery Council of New Zealand, are being applied.

**N.B.** This competency is currently under review and will be changed subject to further consultation

### **LEARNING RESOURCES**

Intranet – Maori health

NDHB Tikanga Recommended Best Practice Standards / Guidelines 2<sup>nd</sup> Ed (2007)

Nursing /Midwifery Councils' website.

- [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)
- [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)
- Nursing Council Competencies for registered nurses
- Cultural Safety Guidelines

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
Explains the link between the Treaty of Waitangi and Maori Health	
Demonstrates an understanding of the impact of socioeconomic deprivation on the health status of Northlands population	
Reflects on a personal practice experience which demonstrates application of the NCNZ principles of cultural safety.	
Completed NDHB Treaty of Waitangi training day	

Professional Standards: Nursing Council of NZ Competencies: 1.2; 1.5; 2.7; 2.8; 2.9; 3.1; 3.2; 3.3; 4.1;4.2 Midwifery Council of NZ Competencies: 1.3, 1.4, 1.5

## Section 3.0 NURSING & MIDWIFERY CAREER PATHWAY

### 3.1a PROFESSIONAL DEVELOPMENT

#### - Nurses

#### COMPETENCY STATEMENT

NDHB has an expectation that nurses will undertake and complete competence assurance processes relevant for their scope and specialist areas of practice in accordance with NDHB policy.

Nurses are responsible for seeking opportunities for ongoing professional development.

#### STANDARD

**Policy Number:** PDR 100-2

**Access:** Intranet – Policies - Nursing

#### PERFORMANCE OUTCOMES

The Nurse can;

- explain the purpose for ongoing professional development and the competence assurance process.
- access NZNO MECCA agreement
- explain the evidence required to demonstrate a Competency Based Practicing Certificate

#### LEARNING RESOURCES

- NDHB Policies/Guidelines
  - Nursing & Midwifery Career Pathways and Competence Assurance Flowcharts
  - Ongoing education
  - Performance appraisal
  - Professional development activities record
- NDHB Intranet - Nursing
- Nursing Council of NZ statement on Competency Based Practicing Certificates and Professional Development
- Nursing Council of NZ Domains of Competence
- Intranet – HR – NZNO MECA
  - [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

COMPETENCE CRITERIA	ACHIEVED Sign/date
Access via the web and read the NZ Nursing domains of competence and position statements on Competency Based Practicing Certificates and Professional Development.	
Access the intranet to locate the relevant Northland District Health Board Policies and Guidelines	
Describe the evidence required to maintain a competence based annual practicing certificate and if selected by Nursing Council for audit, how you would demonstrate that you have met the criteria.	

Relates to: Nursing Council of NZ Domains of Competence  
NZNO MECA agreement

### **3.1b PROFESSIONAL DEVELOPMENT**

#### **- Midwives**

#### **COMPETENCY STATEMENT**

NDHB has an expectation that midwives will undertake and complete competence assurance processes relevant for their scope and specialist areas of practice in accordance with NDHB policy.

Midwives are responsible for seeking opportunities for ongoing professional development.

#### **STANDARD**

**Policy Number:** PDR 100-2

**Access:** Intranet – Policies - Nursing

#### **PERFORMANCE OUTCOMES**

The Midwife can;

- explain the purpose for ongoing professional development and the credentialing process.
- explain the Midwifery Standards Review process

#### **LEARNING RESOURCES**

- NDHB Policies/Guidelines
  - Nursing & Midwifery Career Pathways and Competence Assurance Flowcharts
  - Ongoing education
  - Performance appraisal
  - Professional development activities record
- Midwifery Council of NZ Standards of Practice
- [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
Access via the web and read the Midwifery Council of NZ Recertification guidelines	
Access the intranet to locate the relevant Northland District Health Board Policies and Guidelines	
Describe the credentialing process for nursing & midwifery staff at NDHB	
Explain the Maternity Standards Review (MSR) process	

## **3.2 PROFESSIONAL DEVELOPMENT AND RECOGNITION PROGRAMME (PDRP) & QUALITY LEADERSHIP PROGRAMME (QLP)**

### **COMPETENCY STATEMENT**

Nurses and Midwives who are maintaining a clinical workload and require a practicing certificate, recognise the PDRP /QLP as a framework for

1. professional/practice development and
2. recognition of nursing practice competency.

### **STANDARD**

**Policy Number:** PDR 100-2

**Access:** Intranet – Policies - Nursing

### **PERFORMANCE OUTCOMES**

The Nurse can;

- explain the Nursing Council of NZ and organisational requirements of maintaining a competency based portfolio
- explain how to access the PDRP programme at Northland DHB
- where applicable to the Nurse, explain the process of transferability of levels of practice within the organisation, within the Northern Districts region and from outside the Northern Districts region.

The Midwife can;

- explain the process of maintaining a portfolio for presentation at the 2 yearly Midwifery Standards review and can explain how to access the QLP programme at NDHB.

### **LEARNING RESOURCES**

- NDHB PDRP/QLP Guidelines, 2007 PDR 100-2
- Nursing Council of NZ – Competency based practicing certificates
  - [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)
- New Zealand College of Midwives - Standards Review
  - [www.midwife.org.nz](http://www.midwife.org.nz)

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
<ul style="list-style-type: none"> <li>• Access via the website and read the NZ Nursing or Midwifery Council guidelines for annual competency based practice certification</li> </ul>	
<ul style="list-style-type: none"> <li>• Access the intranet to locate the Northland PDRP /QLP guidelines</li> </ul>	
<ul style="list-style-type: none"> <li>• Where applicable to the Nurse /Midwife, identify the process of transferability of levels of practice within the organisation, within the Northern Districts region and from outside the Northern Districts region.</li> </ul>	

Professional Standards :Nursing Council of NZ - Competence Assurance

### **3.3 PRECEPTORSHIP PROGRAMME**

(Nurses only)

#### **COMPETENCY STATEMENT**

Nurses recognise the Preceptorship Programme as a model for facilitation of effective clinical learning and support for nurses new to

- the organisation and/or
- area of practice, and/or
- the scope of nursing practice.

All graduate nurses are required to participate in the Graduate Programme.

RNs can become Preceptors by completing the Preceptor Training Programme and Graduate Nurse Specific Training.

#### **STANDARD**

**Policy Number:** ORI 200 -1

**Access:** Intranet – Policies - Nursing

#### **PERFORMANCE OUTCOMES**

The Nurse can;

- explain the purpose for the Preceptorsip Programme
- explain how to access the Preceptorship training programme at NDHB.

#### **LEARNING RESOURCES**

- NDHB Graduate Nurse Programme Guidelines, 2007 (Intranet)
- NDHB Preceptorship Programme, 2007 (Intranet)
- Nursing Council of NZ Domains of Competence
  - [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
<ul style="list-style-type: none"> <li>• Access via the web and read the Nursing Council of NZ domains of competency applicable to the nurses role in preceptorship of nursing colleagues</li> </ul>	
<ul style="list-style-type: none"> <li>• Access the intranet to locate the NDHB Preceptorship Programme Guidelines, 2007</li> </ul>	

Professional Standards: Nursing Council of NZ Competencies 2.9 , 4.1

### **3.4a NEW ENTRY TO PRACTICE PROGRAMME -GRADUATE NURSE**

(Nurses only)

#### **COMPETENCY STATEMENT**

Nurses recognise the NETP Programme as a model for facilitation of effective clinical learning and support for newly graduate nurses new to

- the organisation and/or
- area of practice, and/or
- the scope of nursing practice.

All graduate nurses are required to participate in the NETP.

Experienced RNs can become Preceptors for the Graduate Nurse Programme by completing the Preceptor Training Programme and Graduate Nurse Specific Training.

#### **STANDARD**

**Policy Number:** ORI 200-1

**Access:** Intranet – Policies - Nursing

#### **PERFORMANCE OUTCOMES**

The Nurse can;

- explain the purpose for the Graduate Nurse Programme
- explain the role of all nurses in supporting graduates
- explain the process for RNs wanting to complete the Preceptorship training programmes at NDHB.

#### **LEARNING RESOURCES**

- NDHB Graduate Nursing Programme Guidelines, 2007
- Nursing Council NETP programme specifications
  - [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
<ul style="list-style-type: none"> <li>• Access via the web and read the Nursing Council of NZ domains of competency applicable to the RNs role in preceptorship of colleagues</li> </ul>	
<ul style="list-style-type: none"> <li>• Access the intranet to locate the NDHB Preceptorship Programme Guidelines, 2007</li> </ul>	
<ul style="list-style-type: none"> <li>• Describe three responsibilities of all nurses in supporting the practice of graduates during their first year of practice.</li> </ul>	

Professional Standards: Nursing Council of NZ Competencies 2.9 and 4.1

### **3.4b NEW ENTRY TO PRACTICE -MIDWIFERY FIRST YEAR OF PRACTICE**

#### **PROGRAMME**

(Midwives only)

#### **COMPETENCY STATEMENT**

- Midwives recognise the First year of Practice Programme as a model for facilitation of effective clinical learning and support for new graduate midwives

Midwives can become Mentors for the Midwifery First year of Practice Programme by completing the New Zealand College of Midwives study days.

#### **STANDARD**

**Policy Number:** ORI 200-1

**Access:** Intranet – Policies - Nursing

#### **PERFORMANCE OUTCOMES**

The Midwife can;

- explain the purpose for the Midwifery First year of Practice Programme
- explain the role of all midwives in supporting graduates

#### **LEARNING RESOURCES**

NZ College of Midwives First Year of Practice Programme at [www.midwife.org.nz](http://www.midwife.org.nz)  
 Midwifery Council at [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
<ul style="list-style-type: none"> <li>• Access via the web and read the Midwifery Council of NZ domains of competency applicable to the RM's role in mentorship of colleagues</li> </ul>	
<ul style="list-style-type: none"> <li>• Describe three responsibilities of all midwives in supporting the practice of graduates during their first year of practice.</li> </ul>	

## Section 4.0 RISK MANAGEMENT AND QUALITY

### 4.1 INFECTION CONTROL

#### COMPETENCY STATEMENT

Nurses and midwives working in the clinical area consistently utilise infection control practices based on current best evidence.

#### STANDARD

**Policy Number:** INF - all listed

**Access:** Intranet – Policies – Infection Control

#### PERFORMANCE OUTCOMES

The Nurse or midwife can;

- Identify general infection control practices that minimise risk of infection for the patient, the unit/area and self
- Demonstrate the safe disposal of sharps and waste
- Describe common conditions that require isolation practices.
- Demonstrate the use of Personal Protective Equipment (PPE) and identify the situations where the use of PPE is recommended
- Demonstrate hand hygiene protocol.
- Discuss the procedures for management of contaminated surfaces and expired products.
- Discuss the process for return of amputated limb/tissue to patient.
- Locate the MRSA policy and MRSA report and discuss pathway for eradication and control.

#### LEARNING RESOURCES

- NDHB Infection Control Guidelines,
  - Blood/Blood Products (Biological Items -storage of) INF230-2
  - Cleaning (Decontamination) Disinfection INF200-3
  - Cleaning of Toys INF 360-1
  - Event related-Shelf life LIF CSS100-3
  - Hand Hygiene INF280-5
  - Infection Surveillance INF 300-3
  - Isolation INF 210-5
  - Laundry / Linen INF 220-4
  - Medication vials Multiuse/Single patient use INF 290-4
  - MDRO INF 385-7
  - Mortuary DEC 140-8
  - MRSA 260-9
  - Notifiable Diseases PRI130-3
  - Outbreak Management INF310-5
  - Potentially Infectious Exposure INF245-2
  - Protecting Neonates from TB in Northland TUB100-2
  - Protecting Neonates from Hep B in Northland PAE 500-7
  - Reuse of medical devices labelled as single use INF275-4
  - Sharps-Handling & Disposal of. INF240-2
  - Sterilisation of Equipment & Materials INF250-3
  - Antibiotic-surgical prophylaxis recommendations INF285-4
  - Waste management INF270-4

COMPETENCE CRITERIA	ACHIEVED Sign/date
<ul style="list-style-type: none"> <li>• Access and be familiar with the NDHB Infection control guidelines</li> </ul>	

Professional Standards : Nursing Council of NZ Competencies 1.1, 1.4, 2.1, 2.7  
 Midwifery Council of NZ Competencies 2.0

## **4.2 PROFESSIONAL PRESENTATION**

### **COMPETENCY STATEMENT**

All clothing worn at work will project a professional image and meet the requirements of health and safety legislation for health care workers.

### **STANDARD**

**NDHB Policy numbers:** PRO140-2 , INF280-3, PRO 160.3, IDC100-2

**Access:** Intranet – Policies – Infection Control  
 - Policies – Staff Related

### **PERFORMANCE OUTCOMES**

The Nurse or midwife can;

- Describe the relationship between a professional standard of personal presentation and client/public confidence and acceptance of healthcare professionals.
- Discuss the health and safety requirements of working attire in clinical settings

### **LEARNING RESOURCES**

- Northland Health Policies/Guidelines
  - Professional Presentation PRO140-2
  - Health and Safety in Employment Act, 1992.
  - Hand Hygiene INF280-3
  - Identification Cards and Badges IDC100-2

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
Describe the relationship between a professional standard of personal presentation and client/public confidence and acceptance of healthcare professionals.	
Discuss the health and safety requirements of working attire in clinical settings Jewellery, Hair, Fingernails, Footwear, Uniform, Identification Badges	

Professional Standards:

Nursing Council of NZ Competencies: 1.1, 1.4, 2.1, 2.5, 4.1

Midwifery Council of NZ Competencies 4.5, 4.7

**4.3 ENVIRONMENTAL RISK / MANUAL HANDLING/ RESTRAINT MINIMISATION – RISK ASSESSMENT**

**COMPETENCY STATEMENT**

Utilises evidence based manual handling practices to ensure personal and patient safety.

**STANDARD**

**NDHB Policy numbers:** MAN100-2, RES100-12, INC 100-8, HAZ100-2

**Access:** Intranet – Policies - Patient related

**PERFORMANCE OUTCOMES**

The Nurse or midwife;

- Accurately assesses the patient’s risk of potential incident causing injury and implement appropriate preventive measures.
- Appropriately uses manual handling equipment/practices and/or involves other team members to support patient lifting/transfer.
- Following a patient fall, provides safe and appropriate care, involves the appropriate multidisciplinary team members and initiates the incident reporting pathway.

**LEARNING RESOURCES**

- NDHB Policies/Guidelines Manual Handling MAN100-2
- Restraint Minimisation RES100-12
- Safe Work Practices Manual
- Liten Up & Reduce the Risk
- Incident Reporting INC 100-8/intranet
- NDHB Health & Safety manual
- Hazard register

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
Describe the assessment you would undertake for your patient who you believe is at risk of falling	
Describe the incident reporting pathway	
Demonstrate <ul style="list-style-type: none"> <li>• Safe manual handling practice (relevant to your clinical area)</li> <li>• Correct use of lifting devices (relevant to your clinical area) Including use of patient slides.</li> </ul>	
The use of bedrails/cot sides <ul style="list-style-type: none"> <li>• Describe the assessment required</li> <li>• Describe the documentation required</li> <li>• Describe frequency for the above</li> </ul>	
Describe the relationship between Informed Consent and Restraint Minimisation	

Professional Standards: Nursing Council of NZ Competencies: 1.1, 1.4, 2.1, 2.2, 2.5, 3.2

## **4.4 BASIC LIFE SUPPORT**

This competency should be completed in your clinical area within the first 4 weeks with your preceptor, Nurse/Midwife Educator or Clinical Nurse/Midwife Manager. This needs to be updated annually.

### **COMPETENCY STATEMENT**

Demonstrate the appropriate action to take in a medical emergency situation.

### **STANDARD**

**NDHB Policy numbers:** RES 210-10 ; RES 200-2

**Access:** Intranet – Policies – Patient related

### **PERFORMANCE OUTCOMES**

- Recognises signs of cardio-pulmonary collapse / medical emergency
- Initiates BLS protocol
- Activates emergency call system
- Locate emergency resuscitation equipment.
- Performs effective CPR
- Demonstrates correct use of emergency equipment
  - AED/ Defibrillator
  - Portable Oxygen and Suction
- Records resuscitation event

### **LEARNING RESOURCES**

- Nurse Co-ordinator Resuscitation, Nurse /Midwifery Educator and experienced staff.
- Resuscitation site on Intranet
- NDHB Policies
  - Treatment Decisions for Adults
  - Adult Emergency RES 200-2

Professional Standards :

Nursing Council of NZ Competencies 1.1,1.4, 2.1, 2.2

Midwifery Council of NZ

- recertification requirements
- adult/newborn resuscitation guidelines

## ADULT RESUSCITATION

SKILL	COMPETENCE CRITERIA	ACHIEVED Sign/date (BLS educator only)
Recognise signs of medical emergency	Discusses signs of cardiopulmonary collapse and medical emergencies	
Ensure safety of rescuer and patient	Demonstrates assessment of safety	
Check response	Demonstrates tapping and shouting	
Call/Send for help	<ul style="list-style-type: none"> <li>• Discusses emergency call system in clinical area</li> <li>• When alerting the Resuscitation Team describe information that needs to be given to the telephone operator</li> </ul>	
Open airway	Demonstrates head tilt and chin lift	
Assess breathing	Demonstrates looking, listening, and feeling for normal breathing for no more than 10 seconds whilst maintaining head tilt / chin lift	
Chest compressions	Demonstrates effective chest compressions (correct hand position, rate, and depth)	
Compression: ventilation ratio	Demonstrates 30 compressions to 2 breaths	
Minimises interruptions in CPR	Demonstrates minimal interruption in chest compressions	
Locates emergency equipment	Demonstrates retrieval of emergency equipment	
Safe use of emergency equipment	Demonstrates placement of AED pads and following of prompts	
	Demonstrates insertion of oral airway when available	
	Demonstrates ventilation with Bag-Valve-Mask Attaches to O2 > 10 l/m	
	Demonstrates placement of defibrillator pads	
	Demonstrates correct use portable Oxygen / Suction	
	Locates laryngeal Mask Airway (LMA) when requested	
	Locates Drugs: Adrenaline 1mg (1:10000) Amiodarone 300 mg Adenosine 6 mg Atropine 1 mg Others as appropriate for specific clinical area	
Maintains Record	Demonstrates correct use of resuscitation record AND Resuscitation audit/evaluation	

## **4.5 DOMESTIC VIOLENCE, ELDER AND CHILD ABUSE – ASSESSMENT OF RISK**

### **COMPETENCY STATEMENT**

Utilises risk assessment tools to identify those at risk from domestic violence and/or child/elder abuse and appropriate pathway of notification and care when domestic violence or child/elder abuse is suspected.

### **STANDARD**

**NDHB Policy numbers:** ABU 100-4, Child Protection Policy 110-3+

**Access:** Intranet – Policies – Patient related

### **PERFORMANCE OUTCOMES**

The Nurse or Midwife;

- Use the appropriate assessment criteria to accurately identify those at risk from domestic violence and/or child/elder abuse and appropriate pathway of notification and care when domestic violence or child/elder abuse is suspected

### **LEARNING RESOURCES**

- Northland Health Policies/Guidelines
  - Child Protection Policy –
    - Video Surveillance
    - MOU between CYFS and NDHB Jan 07
    - Supervision of at risk inpatients – interagency guidelines
  - Domestic Violence Policy (to be completed)

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
Locate the Child Protection Policy and discuss the pathway of care implemented if child abuse is suspected.	
Name members of the multidisciplinary team that you would involve if child or other family member abuse is suspected.. Describe their role and how you would contact them.	
Describe community services available to assist patients who disclose domestic violence and where you would access patient resource information	

Professional Standards: Nursing Council of NZ Competencies, 1.1, 1.4, 2.1, 2.2, 2.5, 3.2  
 Midwifery Council of NZ Competencies, 2.3, 4.9

## **Section 5.0      PROFESSIONAL STANDARDS**

### **5.1 MEDICATION SAFETY**

#### **COMPETENCY STATEMENT**

Manage all medications according to NDHB policies and legislation

#### **STANDARD**

**Policy Number:** DRU100-3, DRU190-2, DRU100-1, EDC100-1, DRU160-3, DRU140-3, DRU180-2, DRU130-2, DRU110-4, DRU290-1, DRU150-1, IVT100-3, ALL110-3, STA120-2

**Access:** Intranet – Policies - drugs

#### **PERFORMANCE OUTCOMES**

In development

**Relates to: Nursing Council of NZ Competencies, 1.1; 1.4; 2.3; 2.6; 2.9; 3.3; 4.1; 4.2; 4.3**

**5.2 NURSING & MIDWIFERY DOCUMENTATION**

**COMPETENCY STATEMENT**

Consistently completes nursing or midwifery documentation in the clinical record that meets the standard for documentation as per the NHDHB policy

**STANDARD**

**Policy Numbers:** ABB100-7, DOC120-2, DOC130-3, INC100-8

**Access:** Intranet – Policies – Documentation.

**PERFORMANCE OUTCOMES**

- Clinical records are professionally maintained in a clear and accurate manner and integrated with the documentation of other team members.

**LEARNING RESOURCES**

Policies:

- Clinical Records Management
- Abbreviations
- Nursing / Midwifery documentation
- Documentation – Assessment, care, writing
- Incident Reporting

<b>COMPETENCE CRITERIA</b>	<b>ACHIEVED Sign/date</b>
Outline 3 pieces of information that every entry in the clinical record must include.	
Completes documentation in the client’s clinical record that: <ul style="list-style-type: none"> <li>• Demonstrates ongoing assessment that links with care plan</li> <li>• Describes patient response to treatment</li> <li>• Meets all criteria for documentation standards</li> </ul>	
Describe the procedure you would use when making alterations/amendments to the clinical record.	
Access incident form recognising pathway of responsibility	

Professional Standards: Nursing Council of NZ Competencies 1.1; 1.2; 1.3; 1.4; 1.5; 2.1; 2.3  
 Midwifery Council of NZ Competencies 2.16



<b>NDHB Nurses &amp; Midwives Competencies Feedback Form</b>		<b>Commencement Date:</b>	
<b>Name:</b>		<b>Preceptors Name</b>	

**Instructions**

*This form is provided for you to evaluate the content and the process, and how it could be improved to better meet your needs. Please circle your response to the following statements.*

<b>The Competency Framework Content</b>	Strongly Disagree <span style="float: right;">Strongly Agree</span>					
Was achievable during the 12 week period	1	2	3	4	5	6
Was relevant to my role	1	2	3	4	5	6
Met my expectations	1	2	3	4	5	6
Am now able to apply the learning	1	2	3	4	5	6

**How much time do you estimate that this workbook took you?**

<b>The Competency Framework Process</b>	Strongly Disagree <span style="float: right;">Strongly Agree</span>					
Was achievable during the 12 week period	1	2	3	4	5	6
Was clearly set out	1	2	3	4	5	6
Was easy to understand	1	2	3	4	5	6
Supported orientation to my new role	1	2	3	4	5	6

***Please share ideas and opinions concerning the content and the process of familiarisation with us.***

What do you suggest we CONTINUE doing
What do you suggest we START doing?
What do you suggest we STOP doing
Any other comments?

**Thank you for completing this survey. Please tear this out and return to the Nursing & Midwifery Directorate, 4<sup>th</sup> floor, Room 19, Whangarei Hospital.**

## APPENDIX 1

### Legislation that Protects the Rights of Consumers

1. Health Practitioners Competency Assurance Act 2003
2. Health and Disability Commissioner Act 1994
3. Code of Health and Disability Services Consumers' Rights 1996
4. Privacy Act 1993
5. Health Information Privacy Code 1994
6. Other Information that Provides Protection for the Rights of Consumers

#### Legislation that may restrict the Privacy Act

This section describes some of the key elements contained in the main legislation that contains provisions that protect the rights of clients. Please note that this is not a comprehensive list, and if staff require further information they should contact the Office of the Health and Disability Commissioner. [www.hdc.org.nz](http://www.hdc.org.nz)

### 1. Health Practitioners Competence Assurance Act 2003

The HPCAA is about public safety. Its purpose is to protect the health and safety of members of the public by providing mechanisms to ensure the life long competence of health practitioners.

The HPCAA builds on the framework created by earlier legislation, in particular the Medical Practitioners Act 1995, and the Nurses Act 1977, to create a more generic framework that can apply to all health practitioners.

The Act incorporates the basic principles of ongoing competence and the separation of the registration process from the disciplinary process.

The Act also continues provisions for the declaration of protected quality assurance activities.

**Important key protections** are in place, with provisions that ensure that:

- Only health practitioners who are registered under the new Act will be able to use the titles protected by the Act or claim to be practising a profession that is regulated by the Act.
- Registered health practitioners will not be permitted to practice outside their scopes of practice
- Registration authorities will be required to certify that a practitioner is competent to practise when they issue an annual practising certificate
- Certain activities will be restricted and only be able to be performed by registered health practitioners

Further information regarding the HPCAA can be obtained on the Ministry of Health website [www.moh.govt.nz](http://www.moh.govt.nz)

For the purposes of the Health Practitioners Competence Assurance Act 2003, The Nursing Council of New Zealand has reworded the definition of nursing to ensure that it fulfils its purpose of protecting the health and safety of members of the public by ensuring that nurses are competent and fit to practise.

#### Definition of Nursing Practice

*Nursing practice is using nursing knowledge in a direct relationship with clients or working in nursing management, nursing administration, nursing education, nursing research, nursing professional advice or nursing policy development roles, which impact on public safety.*

### **Explanatory Note**

- This means that if a person has the responsibilities of a nurse as defined by the Nursing Council scopes of practice and is using his or her nursing knowledge in a direct relationship with clients he or she should hold a practising certificate.
- If a nurse is employed in one of the other roles set out in the definition he or she may not require a practising certificate unless his or her role impacts on public safety.

Further information regarding the HPCAA and nursing practice can be obtained on the Nursing Council of New Zealand website [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz)

Further information regarding the HPCAA and Midwifery Practice can be obtained on the Midwifery Council of New Zealand website [www.midwiferycouncil.org.nz](http://www.midwiferycouncil.org.nz)

## **2. Health and Disability Commissioner's Act 1994**

The Act was passed to implement the recommendations of Judge Cartwright in her 1988 Cervical Cancer Inquiry Report.

The Act created the Office of the Commissioner with the role of promoting and protecting the rights of health and disability consumers, and facilitating the fair, simple, speedy, and efficient resolution of complaints. The Act also provides for a national network of independent advocates, under the Director of Advocacy; and an independent prosecutor, the Director of Proceedings.

## **3. Code of Health and Disability Services Consumers' Rights 1996**

The Code of Health and Disability Services Consumers' Rights was made by regulations in 1996, and applies to all providers of health and disability services. The Code sets out 10 consumer rights as follows :

- The right to be treated with respect.
- The right to freedom from discrimination, coercion, harassment, and exploitation.
- The right to dignity and independence.
- The right to services of an appropriate standard.
- The right to effective communication.
- The right to be fully informed.
- The right to make an informed choice and give informed consent.
- The right to support.
- Rights in respect of teaching or research.
- The right to complain, including the right to be advised of the availability of free independent advocates under the Health and Disability Commissioner Act 1994.

The Code outlines providers' responsibilities and the process to be followed to facilitate the fair, simple, speedy and efficient resolution of complaints.

Under Right 7 of the Code every consumer is considered competent to make an informed choice and give informed choice, unless there are reasonable grounds for believing the consumer is not competent.

The Code outlines the rights of patients who are not considered competent to give informed consent and the responsibility of a health care provider to contact an alternative person to obtain informed consent.

## **4. Privacy Act 1993**

This law covers all personal information, in whatever form (e.g. manual or electronic); and in both the public and private sectors.

The Privacy Act contains 12 information privacy principles. It also provides for the appointment of a Privacy Commissioner, and for each agency to have a Privacy Officer.

In summary the 12 information principles deal with :

- (1) The lawful and necessary purpose for which the personal information needs to be collected.
- (2) The personal information, with certain exceptions, needing to be collected directly from the individual concerned.
- (3) The individual from whom the information is being collected needing to be fully informed.
- (4) The manner in which personal information is collected needing to be lawful, fair and reasonable.
- (5) The storage and security of personal information.
- (6) An individual's right, with certain exceptions, to access to personal information held by an agency about them.
- (7) An individual's right to request correction of personal information held about them.
- (8) The obligation of an agency holding personal information to check the accuracy of the information before use.
- (9) An agency not keeping personal information longer than necessary.
- (10) Places limits on the use of personal information.
- (11) Places limits on the disclosure of personal information.
- (12) Deals with the assigning of a unique identifier to an individual.

## **5. Health Information Privacy Code 1994**

In 1994 the Privacy Commissioner issued the Health Information Privacy Code which commenced on 30 July 1994. It was in response to recognizing that health information is

highly sensitive, and that this information is at risk of being misused. The Code also recognises that much health information is collected in a situation of confidence and trust. The Code helps the health and disability sector to comply with the Privacy Act, and also contains reference to 'representatives' of people unable to act on their own behalf.

The twelve information privacy principles in the Privacy Act 1993 are modified by the Health Information Code 1994. The 12 rules of the Code encompass the 12 privacy principles as follows :

- Rules 1 - 4     Relate to the collection of personal health information.
- Rule 5         Requires adequate security for storage of health information.
- Rule 6         Sets out individuals' right of access to health information about themselves.
- Rule 7         Sets out a person's entitlement to request a health agency to correct health information held about them.
- Rule 8         States that information must be checked for accuracy and completeness before it is used.
- Rule 9         States that health information should not be kept longer than necessary (however, it must not be destroyed in breach of any enactment, such as section 22.1 of the Health Act).
- Rule 10        Requires that health information obtained for one purpose may not be used for any other purpose, with certain exceptions.
- Rule 11        States, with certain exceptions, that a health agency shall not disclose health information.
- Rule 12        Places controls on the assignment of unique identifiers.

## **6. Other Information That Provides Protection for the Rights of Consumers**

Consumer rights are also protected in a range of other legislation. A brief list is provided here to give the staff an awareness of the range of relevant legislation. For further information on this legislation search the website [www.knowledge-basket.co.nz](http://www.knowledge-basket.co.nz) for free browsing access to the legislation.

- The Human Rights Act 1993
- Consumer Guarantees Act 1993
- Equal Employment Opportunities Act

## **Legislation that may restrict the Privacy Act**

The list provided below is only a brief list, and only provides a general overview of the contents of the legislation. There are other Acts of Parliament that restrict clients' general right to consent and privacy. Staff should refer to Northland District Health Board's Privacy Officer if they have any queries.

### **1. Alcoholism and Drug Addiction Act 1966**

2. **Children, Young Persons and Their Families Act 1989**
3. **Contraception, Sterilisation and Abortion Act 1977**
4. **Guardianship Act 1968**
5. **Health Act 1956**
6. **Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003**
7. **Mental Health (Compulsory Assessment and Treatment) Act 1992**
8. **Official Information Act 1982**
9. **Protective Disclosures Act 2000**
10. **Protection of Personal and Property Rights Act 1988**
11. **Transport Act 1962 s58D Blood sample for alcohol**
12. **Tuberculosis Act 1948**

#### **Alcoholism and Drug Addiction Act 1966**

People who are addicted can be forced to undergo examination and treatment without their consent.

#### **Children, Young Persons and Their Families Act 1989**

*Abused or Neglected Children.*

Medical examinations can be ordered by the Family Court where it is satisfied that a person under 17 is suffering ill health, abuse, neglect or deprivation.

Authorisation is not essential from the child or parent in order to disclose situations where child abuse is known or suspected.

#### **Contraception, Sterilisation and Abortion Act 1977**

No person can consent to a sterilization of a person under age who has normal mental abilities.

Contraceptive advice and treatment in respect to normal minors only need informed consent of the minor as long as she is able to fully understand the consequences of her actions.

Requests for abortions, if the female is mentally disabled are assessed by the certifying consulted appointed under s30. Consultation has to take place with another medical practitioner. Any female, regardless of age, may consent or refuse to consent to an abortion performed on her.

#### **Guardianship Act 1968**

##### ***Under the age of 16***

If a child is under 16, but has the maturity and capacity to give informed consent, the child's consent will be effective. However, in this age group consent of the parent or guardian is required in most cases.

A wardship jurisdiction can be used where the medical practitioner considers it in the best interest of the child to receive medical treatment but the parent does not consent. The High Court has the authority over medical treatment once the child is a ward of the Court.

*Minors – 16 years or over or married*

These people can give consent. Consent can be over-ridden by a Court exercising Parts Patria jurisdiction. A refusal to consent can be over-ridden by the Court as well as a parent.

**Health Act 1956**

Contains provisions that curtail individuals right to consent in various circumstances including: the powers of medical officers to require notification, examination and intervention in the cases of certain infectious diseases such as venereal disease; examination of children on schools, and blood transfusions to persons under 20.

**Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003**

Sets out procedures for the compulsory assessment and services for people who are or may be suffering from an intellectual disability and are at risk of causing harm to themselves or to the public.

**Mental Health (Compulsory Assessment and Treatment) Act 1992**

Sets out procedures for the compulsory assessment and/or treatment for people who are or may be suffering from a mental disorder. . High lights the process of section 111 of the MH act for registered nurses working in hospital settings to detain person/s who present as mentally unwell, for up to 6 hours to be, or until, being assessed by a medical officer (refer to NDHB policy MH05 2-3). Contact with the NDHB DAO service will support you through the initiation of the mental health act.

**Official Information Act 1982**

Contains provisions to provide proper access to official information relating to a person. Members of the public may make requests for information under the Act.

**Protective Disclosures Act 2000**

Promotes the public interest by facilitating the disclosure and investigation of matters of serious wrongdoing in or by an organization. It also protects employees who in accordance with the terms of the Act, make disclosure of information about serious wrongdoing in or about the organization by which they are employed.

**Protection of Personal and Property Rights Act 1988**

This Act is designed to provide for the protection and promotion of the personal and property rights of persons who are not fully able to manage their own affairs. Under this Act an application can be made for an order that a person be provided with medical advice or treatment specified in the order.

**Transport Act 1962 s58D Blood sample for alcohol**

A medical practitioner has to take a blood sample if requested by a Police Officer, provided that :

1. The medical practitioner is in immediate charge of the patient.
2. The taking of the blood does not jeopardize the treatment of the patient.
3. The patient was involved in a road traffic accident. For the patient to refuse for a sample to be taken constitutes an offence.

**Tuberculosis Act 1948**

Sufferers from tuberculosis can be forced to undergo treatment.

**Reference:**

**Burgess, M (2008) Guide to the law for nurses & midwives (4<sup>th</sup> Ed) Pearson education: Auckland.**

APPENDIX 2

# The HDC Code of Health and Disability Services Consumers' Rights Regulation 1996

## 1. Consumers have Rights and Providers have Duties:

- 1) Every consumer has the rights in this Code.
- 2) Every provider is subject to the duties in this Code.
- 3) Every provider must take action to -
  - a) Inform consumers of their rights; and
  - b) Enable consumers to exercise their rights.

## 2. Rights of Consumers and Duties of Providers:

The rights of consumers and the duties of providers under this Code are as follows:

### ***RIGHT 1***

#### ***Right to be Treated with Respect***

- 1) Every consumer has the right to be treated with respect.
- 2) Every consumer has the right to have his or her privacy respected.
- 3) Every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social, and ethnic groups, including the needs, values, and beliefs of Maori.

### ***RIGHT 2***

#### ***Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation***

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

### ***RIGHT 3***

#### ***Right to Dignity and Independence***

Every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual.

## **RIGHT 4**

### ***Right to Services of an Appropriate Standard***

- 1) Every consumer has the right to have services provided with reasonable care and skill.
- 2) Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.
- 3) Every consumer has the right to have services provided in a manner consistent with his or her needs.
- 4) Every consumer has the right to have services provided in a manner that minimises the potential harm to, and optimises the quality of life of, that consumer.
- 5) Every consumer has the right to co-operation among providers to ensure quality and continuity of services.

## **RIGHT 5**

### ***Right to Effective Communication***

- 1) Every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.
- 2) Every consumer has the right to an environment that enables both consumer and provider to communicate openly, honestly, and effectively.

## **RIGHT 6**

### ***Right to be Fully Informed***

- 1) Every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, would expect to receive, including -
  - a) An explanation of his or her condition; and
  - b) An explanation of the options available, including an assessment of the expected risks, side effects, benefits, and costs of each option; and
  - c) Advice of the estimated time within which the services will be provided; and
  - d) Notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval; and
  - e) Any other information required by legal, professional, ethical, and other relevant standards; and
  - f) The results of tests; and

g) The results of procedures.

2) Before making a choice or giving consent, every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, needs to make an informed choice or give informed consent.

3) Every consumer has the right to honest and accurate answers to questions relating to services, including questions about -

- a) The identity and qualifications of the provider; and
- b) The recommendation of the provider; and
- c) How to obtain an opinion from another provider; and
- d) The results of research.

4) Every consumer has the right to receive, on request, a written summary of information provided.

## **RIGHT 7**

### ***Right to Make an Informed Choice and Give Informed Consent***

1) Services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent, except where any enactment, or the common law, or any other provision of this Code provides otherwise.

2) Every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing that the consumer is not competent.

3) Where a consumer has diminished competence, that consumer retains the right to make informed choices and give informed consent, to the extent appropriate to his or her level of competence.

4) Where a consumer is not competent to make an informed choice and give informed consent, and no person entitled to consent on behalf of the consumer is available, the provider may provide services where -

- a) It is in the best interests of the consumer; and
- b) Reasonable steps have been taken to ascertain the views of the consumer; and
- c) Either, -

i. If the consumer's views have been ascertained, and having regard to those views, the provider believes, on reasonable grounds, that the provision of the services is consistent with the informed choice the consumer would make if he or she were competent; or

ii. If the consumer's views have not been ascertained, the provider takes into account the views of other suitable persons who are interested in the welfare of the consumer and available to advise the provider.

5) Every consumer may use an advance directive in accordance with the common law.

6) Where informed consent to a health care procedure is required, it must be in writing if -

a) The consumer is to participate in any research; or

b) The procedure is experimental; or

c) The consumer will be under general anaesthetic; or

d) There is a significant risk of adverse effects on the consumer.

7) Every consumer has the right to refuse services and to withdraw consent to services.

8) Every consumer has the right to express a preference as to who will provide services and have that preference met where practicable.

9) Every consumer has the right to make a decision about the return or disposal of any body parts or bodily substances removed or obtained in the course of a health care procedure.

10) No body part or bodily substance removed or obtained in the course of a health care procedure may be stored, preserved, or used otherwise than

(a) with the informed consent of the consumer; or

(b) For the purposes of research that has received the approval of an ethics committee; or

(c) For the purposes of 1 or more of the following activities, being activities that are each undertaken to assure or improve the quality of services:

(i) a professionally recognised quality assurance programme;

(ii) an external audit of services;

(iii) an external evaluation of services.

## **RIGHT 8**

### ***Right to Support***

Every consumer has the right to have one or more support persons of his or her choice present, except where safety may be compromised or another consumer's rights may be unreasonably infringed.

## **RIGHT 9**

### ***Rights in Respect of Teaching or Research***

The rights in this Code extend to those occasions when a consumer is participating in, or it is proposed that a consumer participate in, teaching or research.

## **RIGHT 10**

### ***Right to Complain***

- 1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.
- 2) Every consumer may make a complaint to -
  - a) The individual or individuals who provided the services complained of; and
  - b) Any person authorised to receive complaints about that provider; and
  - c) Any other appropriate person, including -
    - i. An independent advocate provided under the Health and Disability Commissioner Act 1994; and
    - ii. The Health and Disability Commissioner.
- 3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.
- 4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.
- 5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.
- 6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that -
  - a) The complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and
  - b) The consumer is informed of any relevant internal and external complaints procedures, including the availability of -
    - i. Independent advocates provided under the Health and Disability Commissioner Act 1994; and
    - ii. The Health and Disability Commissioner; and
  - c) The consumer's complaint and the actions of the provider regarding that complaint are documented; and

d) The consumer receives all information held by the provider that is or may be relevant to the complaint.

7) Within 10 working days of giving written acknowledgement of a complaint, the provider must

a) Decide whether the provider -

i. Accepts that the complaint is justified; or

ii. Does not accept that the complaint is justified; or

b) If it decides that more time is needed to investigate the complaint, -

i. Determine how much additional time is needed; and

ii. If that additional time is more than 20 working days, inform the consumer of that determination and of the reasons for it.

8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the provider must inform the consumer of -

a) The reasons for the decision; and

b) Any actions the provider proposes to take; and

c) Any appeal procedure the provider has in place.

### 3. Provider Compliance

A provider is not in breach of this Code if the provider has taken reasonable actions in the circumstances to give effect to the rights, and comply with the duties, in this Code.

The onus is on the provider to prove it took reasonable actions.

For the purposes of this clause, "the circumstances" means all the relevant circumstances, including the consumer's clinical circumstances and the provider's resource constraints.

### 4. Definitions

In this Code, "**Advance directive**" means a written or oral directive -

(a) By which a consumer makes a choice about a possible future health care procedure; and

(b) That is intended to be effective only when he or she is not competent:

"**Choice**" means a decision-(a) To receive services:

(b) To refuse services:

(c) To withdraw consent to services:

"**Consumer**" means a health consumer or a disability services consumer; and, for the purposes of rights 5, 6, 7(1), 7(7) to 7(10), and 10, includes a person entitled to give consent on behalf of that consumer:

"**Discrimination**" means discrimination that is unlawful by virtue of Part II of the Human Rights Act 1993:

"**Duties**" includes duties and obligations corresponding to the rights in this Code

"**Ethics committee**" means an ethics committee -

(a) established by, or appointed under, an enactment; or

(b) approved by the Director-General of Health.

"**Exploitation**" includes any abuse of a position of trust, breach of a fiduciary duty, or exercise of undue influence:

"**Optimise the quality of life**" means to take a holistic view of the needs of the consumer in order to achieve the best possible outcome in the circumstances:

"**Privacy**" means all matters of privacy in respect of the consumer, other than matters of privacy that may be the subject of a complaint under Part VII or Part VIII of the Privacy Act 1993 or matters to which Part X of that Act relates:

"**Provider**" means a health care provider or disability services provider:

"**Research**" means health research or disability research:

"**Rights**" includes rights corresponding to the duties in this Code:

"**Services**" means health services, or disability services, or both; and includes health care procedures:

"**Teaching**" includes training of providers.

## 5. Other Enactments

Nothing in this Code shall require a provider to act in breach of any duty or obligation imposed by any enactment or prevents a provider doing an act authorised by any enactment.

## 6. Other Rights

An existing right is not overridden or restricted simply because the right is not included in this Code or is included only in part

### Reference:

Health & Disability Commissioner (1996) Code of Health and Disability Services Consumers' Rights [www.hdc.org.nz](http://www.hdc.org.nz)

## Appendix 3

### Glossary of terms

#### Alpha

Alpha is the main hospital programme that most users (including nurses) used to admit, transfer, discharge and create appointment, etc

#### Continuum

A continuous series or whole, no part of which is noticeably different from its adjacent parts, although the ends or extremes of it are very different from each other.

#### Competence

Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse or midwife

#### Cumulative

Incorporating all data up to the present.

#### Deprivation

The act of depriving, dispossessing, or bereaving.

#### Generic

Pertaining or appropriate to large classes or groups as opposed to specific members of the group. E.g.pertaining to all nurses/midwives across NDHB.

#### ICN

International Council of Nursing

#### I-Health

Web-based version clinical information system which give clinicians web-base view into patient data.

#### Intranet

An intranet is a private computer network that uses Internet protocols and network connectivity to securely share part of an organization's (NDHB) information or operations with its employees.

#### IS

Information Systems

#### Jade

A programme which holds Community based clinical records

## **Legislation**

The act or process of law-making.

## **Legislative Framework**

Relating to law making

## **Mandatory**

Obligations required by authority

## **MECA**

Multi Employer Collective Agreement

## **Portfolio**

An organized presentation of an individual's education, work samples, and skills

## **Preceptor**

An experienced nurse who has a role modelling, coaching relationship with a novice nurse or new to the area nurse, in a process whereby the new or novice nurse is assisted to define goals, clarify and validate perceptions. The preceptor is involved in sharing information, giving corrective feedback, and provides strategies to achieve goals.

## **Trend Care**

Trend Care is a computerised clinical information system specialising in patient acuity/patient nurse dependency measurement and clinical pathway management.

## **Validation**

The process of checking if something satisfies a certain criterion.