



Caring with Kindness

The Nursing and Midwifery Professional Practice Framework

Professional Practice Interactive Resource



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The Nursing and Midwifery Professional Practice Framework Interactive Resource

The Nursing and Midwifery Professional Practice Framework has been developed to provide the mechanism to guide the professional practice requirements for nursing and midwifery across SA Health. Transforming Health aims to provide a world class health system for the South Australian community underpinned by nursing and midwifery practice excellence.

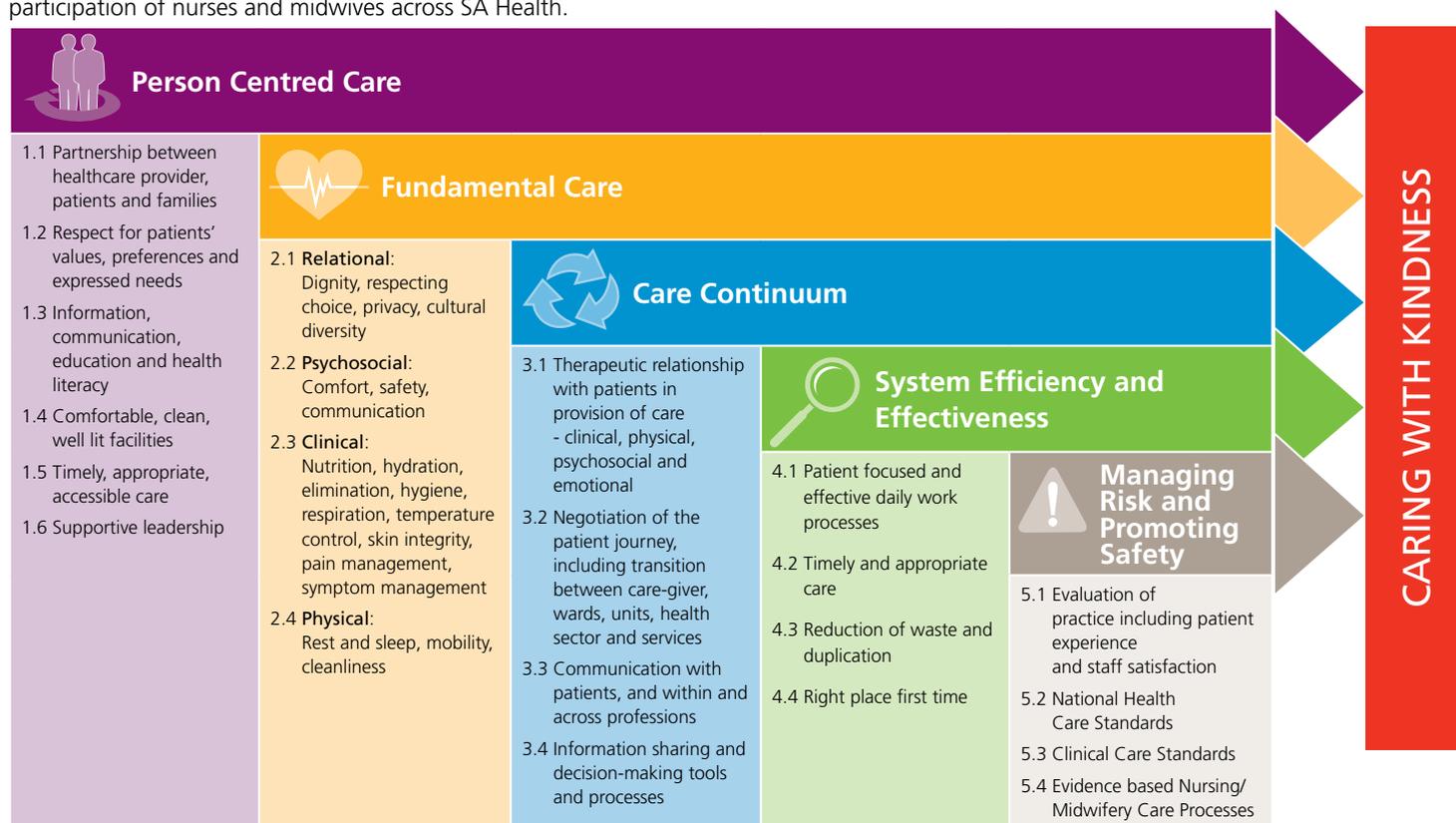
The most central recurring tenet in all the initiatives explored when developing the Framework is the concept of person centred care and if this ideal is achieved, it is reasonable to expect that the ensuing workplace culture would reflect core values that align with caring with kindness.

To achieve **'Caring with Kindness'** the care and needs of our patients must be at the centre of our purpose. Patients must receive person centred fundamental care across the care continuum that is evidence based, safe, efficient and effective.

These priorities have informed the five core components which direct nursing and midwifery care and form the foundation of our framework.

The components and elements of the Professional Practice Framework are aligned to the Nursing and Midwifery Strategic Framework, 2013 - 2015, Strategic Priorities (NMSF/SP) and to the National Safety and Quality Health Service Standards (NSQHSS).

The success of the Nursing and Midwifery Professional Practice Framework, and the achievement of Caring with Kindness, require the participation of nurses and midwives across SA Health.



CARING WITH KINDNESS

CULTURE

We want to demonstrate a culture where the person is at the centre of every interaction, and which is underpinned by a philosophy of caring with kindness.

VALUES AND BEHAVIOURS

Our values and behaviours are the living breathing evidence of our nursing and midwifery Vision.

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Person Centred
I will:

- > include and involve patients in conversation/decisions and acknowledge their needs, values, preferences and perspective
- > have a knowledge of my patient's history and enable them to be a partner in their care
- > communicate as if the patient is in the room.

Respect
I will:

- > negotiate with patients in the way I communicate and care for them
- > be genuine when I am interacting with patients and others
- > respectfully address all instances where my colleagues are not displaying the behaviours required for a culture of caring with kindness.

Integrity
I will:

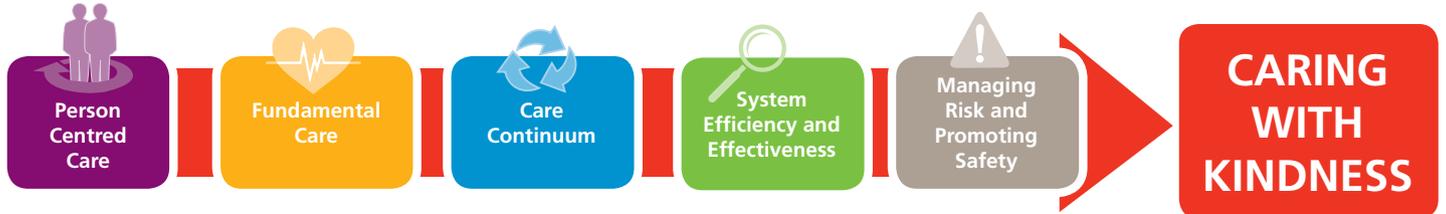
- > treat everyone as an individual, not a diagnosis, and never 'label' staff or patients
- > be transparent about what I undertake to do and I deliver on promises I make
- > actively support my colleagues to debrief when facing challenging circumstances.

Accountability
I will:

- > never walk past a standard of care that is unacceptable - the standard I walk past is the standard I accept
- > admit and seek advice when I don't know, or am outside my scope of practice
- > work proactively to find a solution if I am unable to meet a request.

PROFESSIONAL PRACTICE FRAMEWORK COMPONENTS

The components will help us to achieve our vision through influencing the required values and behaviours that result in an exemplary culture. They form the foundations of the Professional Practice Framework to inform and influence our day to day work at the operational/patient level.



Practice Evaluation Context

Professional Practice Framework:

The Nursing and Midwifery Strategic Framework (NMSF) five strategic priorities are reflected in the Nursing and Midwifery Professional Practice Framework (NMPPF). Each of the components and elements have been aligned to the relevant Nursing and Midwifery Strategic Framework, 2013-2015 Strategic Priorities (NMSF/SP) to facilitate evaluation of both the NMSF and the NMPPF. The outcomes for each of the enabling elements have been split into three different levels, namely:

P

Patient experience of care

Patient experience is more than just satisfaction. It is about the actual care that a patient and their family/carers experience. It involves a focus on individualised services that meet their values, needs, preferences and expectations, and how these services are experienced. It is about all the interactions that make up the care process.

NM

Nursing/midwifery practice

Nursing/midwifery practice reflects the capacity of the nurse or midwife to connect with the patient and provide person-centred care through the establishment of a therapeutic relationship, and to meet the patients' care needs through the nursing process (assessment planning, implementation and evaluation).

S

Organisational systems and structures

This includes consideration of the elements in the broader health context (organisational, state policy, regulatory, financial) that may impact the capacity of the nurse or midwife to provide care, and influence the patient experience of care.

The three different levels reflect the notion that it is not enough to focus on care processes alone. The care processes that are provided by the nurse/midwife, and the patient experience of those care processes and their care environment are impacted by the particular organisational context in which the nurse/midwife-patient interactions take place. Therefore, the broader contextual factors such as culture, administrative style, and the models of care delivery that exist within an organisation should also be considered, because these will ultimately have a significant effect on what patients experience. They will also have a significant impact on the interactions that occur between nurses/midwives and their patients and their families/carers.

The framework allows for measuring and evidencing current practice and any required improvements at the local level through the use of existing tools and processes in use throughout SA Health, and at the Local Health Network (LHN) level, and through alignment to the NSQHSS.



Person Centred Care

Person-centred care establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs and preferences and that patients have the education and support they need to make decisions and participate in their own care. From a nursing and midwifery perspective, this means:

- > working with a patient's values, needs, preferences and expectations
- > engaging with the patient and their family/carers
- > sharing decision-making
- > providing for a patient's physical, social, and psychosocial needs.

P Patient experience of care **NM** Nursing/midwifery practice **S** Organisational systems and structures

Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
1.1 Partnership between healthcare provider, patients and families	Patients and their families/carers provide information to guide the organisations' strategic direction.	P	SA Health Charter of Health & Community Services Rights	1.15, 1.20 2.1, 2.2, 2.5
	Nurses/midwives clarify the patient and their families/carers perspective regarding their health and quality of life, and document patient and family/carers involvement and wishes.	NM	Nursing and Midwifery Board of Australia (NMBA) Competency/Practice Standards, Codes & Guidelines	1.16
	Nurses/midwives seek feedback from patients and their families/carers about the quality of care to inform care provision.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.20
	The organisation's commitment to person-centred care is formally recognised in governance, and consistently communicated with patients and their families/carers, staff, and leadership teams.	S		1.18 2.2, 2.5, 2.6
NMSF/SP 1.2				
1.2 Respect for patients' values, preferences and expressed needs	Patients and their families/carers are involved in shared decision making in care planning.	P	SA Health Charter of Health & Community Services Rights	1.18 2.1, 2.5
NMSF/SP 1, & 2.3	Nurses/midwives accept individuals/groups regardless of race, culture, religion, age, gender, sexual preference, physical and/or mental state.	NM	NMBA Competency/Practice Standards, Codes & Guidelines NMBA Professional Boundaries for Nurses, NMBA Professional Boundaries for Midwives	All of Standard 2
	Nurses/midwives consider and incorporate patients' values, preferences and expressed needs in decision making about their health.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18 2.5
	The organisation has policies and procedures that support patients and their families/carers to participate as a partner in making healthcare decisions that affect their lives.	S	Australian Health Ministers' Advisory Council (AHMAC) Rural Health Standing Committee (RHSC). 2012. National Strategic Framework for Rural and Remote Health.	1.17, 1.18. 1.20 2.5
1.3 Information, Communication, Education and Health Literacy	Patients and their families/carers are informed and supported in relation to raising concerns related to their safety and/or their care from the health care service.	P	SA Health Charter of Health & Community Services Rights	1.17, 1.18, 1.20 9.9
NMSF/SP 1.2	Nurses/midwives plan care in partnership with patients and their families/carers, and communicate required changes, including the reasons for those changes.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18, 4.14 7.9, 8.9, 8.10, 9.7, 9.8 10.10
	Nurse/midwives provide information to patients and their families/carers in a way that is accurate, timely, relevant, and is able to be understood sufficiently to ensure informed consent in all aspects of care.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18, 3.19 4.13, 4.15, 7.9 8.9, 9.7, 9.8
	The organisations' policies and structures promote inter-professional practice.	S		1.7, 1.9, 1.10, 1.19
1.4 Comfortable, clean, well lit facilities	Patients and their families/carers experience facilities that create a sense of welcome, comfort and healing.	P	SA Health Charter of Health & Community Services Rights	1.20 2.5
NMSF/SP 1.2	Nurses/midwives listen to patient and their family/carers expressed concerns and offer support/options, and/or provide opportunities to meet and discuss issues with other health care members.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18, 3.4
	Nurses/midwives ensure environmental impacts on patient comfort are considered in the provision of care.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18 2.5
	Organisations have systems in place to ensure a welcoming, respectful, clean and hygienic environment.	S		3.11, 3.15



Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
1.5 Timely, appropriate, accessible care	Patients and their families/carers are able to access necessary services in a timely way, regardless of their condition, location, or socio-economic status.	P	SA Health Charter of Health & Community Services Rights	9.7, 9.9
	Nurses/midwives determine priorities for care based on comprehensive assessment in collaboration with the patient, and their families/carers.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.7, 1.9, 1.18, 10.5, 10.6, 10.7, 10.8, 10.10
	Nurses/midwives identify and report when resources are insufficient to meet the care needs of patients and their families/carers.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.8, 1.10, 1.11, 1.13, 1.14
	The organisation has clear strategies, policies, procedures and guidelines in place on how services are offered to patients, to support efficient and effective models of person-centred care, including nurse-led services that improve access.	S		9.5
NMSF/SP 3				
Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
1.6 Supportive leadership	Opportunities exist for patients and their families/carers to interact directly with the organisation's leadership to guide operational and strategic responses.	P	SA Health Charter of Health & Community Services Rights	1.18, 2.1, 2.2, 2.3, 2.6, 2.7
	Nurse/midwives at all levels are leaders who consistently convey the importance of patients and their families/carers experience of care.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.12, 2.6
	Nursing/midwifery leaders reinforce core components of person-centred care.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.11, 2.6
	The organisation provides training for its clinical leaders, senior management, and the nursing/midwifery workforce on the value of, and ways to facilitate engagement and partnerships with patients and their families/carers.	S		1.12, 1.15, 2.6, 9.9
NMSF/SP 2.2 & 2.3				







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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
1.1 Partnership between healthcare provider, patients and families	Patients and their families/carers provide information to guide the organisation's strategic direction.	P					
NMSF/SP 1.2	Nurses/midwives clarify with the patient and families/carers perspective regarding their health and quality of life, and document patient and family/carers involvement and wishes.	NM					
	Nurses/midwives seek feedback from patients and their families/carers about the quality of care to inform care provision.	NM					
	The organisation's commitment to person-centred care is formally recognized in governance, and consistently communicated with patients, families/carers, staff, and leadership teams.	S					



Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
1.2 Respect for patients' values, preferences and expressed needs NMSF/SP 1, & 2.3	Patients and their families/carers are involved in shared decision making in care planning.	P					
	Nurses/midwives accept individuals/groups regardless of race, culture, religion, age, gender, sexual preference, physical and/or mental state.	NM					
	Nurses/midwives consider and incorporate patient values, preferences and expressed needs in decision making about their health.	NM					
	The organisation has policies and procedures that support patients and their families/carers to participate as a partner in making healthcare decisions that affect their lives.	S					
Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
1.3 Information, Communication, Education and Health Literacy NMSF/SP 1.2	Patients and their families/carers are informed and supported in relation to raising concerns related to their safety and/or their care from the health care service.	P					
	Nurses/midwives plan care in partnership with patients and their families/carers, and communicate required changes, including the reasons for those changes.	NM					
	Nurse/midwives provide information to patients, families/carers in a way that is accurate, timely, relevant, and is able to be understood sufficiently to ensure informed consent in all aspects of care.	NM					
	The organisation's policies and structures promote inter-professional practice.	S					



Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
1.4 Comfortable, clean, well lit facilities NMSF/SP 1.2	Patients and their families/carers experience facilities that create a sense of welcome, comfort and healing.	P					
	Nurses/midwives listen to patient and family/carers expressed concerns and offer support/ options, and/or provide opportunities to meet and discuss issues with other health care members.	NM					
	Nurses/ midwives ensure environmental impacts on patient comfort are considered in the provision of care.	NM					
	Organisations have systems in place to ensure a welcoming, respectful, clean and hygienic environment is provided.	S					
Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
1.5 Timely, appropriate, accessible care NMSF/SP 3	Patients and their families/carers are able to access necessary services in a timely way, regardless of their condition, location, or socio-economic status.	P					
	Nurses/midwives determine priorities for care based on comprehensive assessment in collaboration with the patient and families/carers.	NM					
	Nurses/midwives identify and report when resources are insufficient to meet the care needs of patients and their families/carers.	NM					
	The organisation has clear strategies, policies, procedures and guidelines in place on how services are offered to patients, to support efficient and effective models of person-centred care, including nurse-led services that improve access.	S					



Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
1.6 Supportive leadership NMSF/SP 2.2 & 2.3	Opportunities exist for patients and their families/carers to interact directly with the organisations' leadership to guide the operational and strategic responses.	P					
	Nurses/midwives at all levels are leaders who consistently convey the importance of patients, and their families/carers experience.	NM					
	Nursing/midwifery leaders reinforce core components of person-centred care.	NM					
	The organisation provides training for its clinical leaders, senior management, and the nursing/ midwifery workforce on the value of, and ways to facilitate engagement and partnerships with patients and their families/carers.	S					





Fundamental Care

Fundamental Care is the basis upon which care is provided in a patient-focussed and structured way to meet the fundamental care needs, including the activities of daily living, for patients.

From a nursing and midwifery perspective, fundamental nursing and midwifery care focusses on:

- > the nursing process,
- > patient centred nursing care and woman-centred midwifery care
- > provision of comprehensive and quality clinical care in the context of meeting the fundamental needs of patients, where patients require nursing or midwifery intervention to meet those needs.

P Patient experience of care	NM Nursing/midwifery practice	S Organisational systems and structures
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Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
2.1 Relational Dignity, respecting choice, privacy, cultural diversity NMSF/SP 1	Patients and their families/carers are respected as a partner in care decisions, including their right to choice.	P	SA Health Charter of Health & Community Services Rights	1.18
	Nurses/midwives explain to the patient, their healthcare rights when first meeting with patients and their families/carers.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.17
	The care provided by nurses/midwives will take account of the patient's individual needs, abilities and wishes.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18
	The organisation provides mechanisms for patients to ensure that their dignity, choices, cultural requirements and privacy is protected.	S	SA Health Charter of Health & Community Services Rights of Healthcare Rights	1.17, 1.19

Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
2.2 Psychosocial Comfort, safety, communication NMSF/SP 1	Patients and their families/carers have access to communication methods to facilitate engagement in and understanding of their own care.	P	SA Health Charter of Health & Community Services Rights	1.18 9.7
	Nurses/midwives include psychosocial elements when assessing and monitoring the patient status to inform care, and to determine if changes need to be made to care plans.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	9.7
	Nurses/midwives provide information about care in a language and manner that is sensitive to the patient's needs.	NM	NMBA Competency/Practice Standards, Codes & Guidelines National Disability Strategy 2010-2020	1.18
	The organisation monitors their systems for reporting, investigating and managing adverse incidents and uses it to inform practice change.	S		1.14

Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
2.3 Clinical Nutrition, hydration, elimination, hygiene, respiration, temperature control, skin integrity, pain management, symptom management NMSF/SP 1,2,2,4,3 & 5.2	Patients and their families/carers are consulted as a partner in care and provided with choices to ensure their personal preferences and care requirements are met.	P	SA Health Charter of Health & Community Services Rights	1.18, 2.2 7.9, 7.10, 7.11 8.9, 8.10, 9.7, 9.9
	Nurses/midwives undertake a comprehensive nursing assessment to inform and plan care, and monitor and evaluate care outcomes.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18 8.5 9.3, 9.4, 9.5
	Nurses/midwives use evidence-based practice guidelines and protocols when planning, documenting, and providing care to patients.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.7, 7.5, 7.6 8.6, 8.8 9.3, 9.4, 9.5
	The organisation, including nursing/midwifery leaders, monitors and analyses nursing/midwifery sensitive practice indicators to inform and facilitate quality improvement in care provision.	S		1.7, 1.8, 1.10, 1.14, 7.1, 7.2, 7.3, 7.4, 7.7 8.1, 8.2, 8.3, 8.4 9.1, 9.2, 9.6

Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
2.4 Physical Rest and sleep, mobility, cleanliness NMSF/SP 1, 2.3 & 4.3	Patients and their families/carers perspectives about their care environment are actively listened to and considered in care provision.	P	SA Health Charter of Health & Community Services Rights	3.19 9.7, 9.8, 9.9 10.10
	Nurses/midwives regularly assess patients' status to determine if changes need to be made to their care plans, or if patients require further assistance.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	3.11, 3.12 9.3, 9.4 10.5, 10.6
	Nurses/midwives collaborate with patients and their families/carers to explore the physical and environmental elements that impact them, and identify suitable strategies to manage their specific care requirements.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	3.15 6.2 10.10
	The organisation has procedures and policies that clearly identify the required practices in relation to the provision of nursing/midwifery care.	S		1.7 3.1, 3.3, 3.13, 3.14 3.15 9.1, 10.1





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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
2.1 Relational Dignity, respecting choice, privacy, cultural diversity NMSF/SP 1	Patients and their families/carers are respected as a partner in care decisions, including their right to choice.	P					
	Nurses/midwives explain to the patient, their healthcare rights when first meeting with patients and their families/carers.	NM					
	The care provided by nurses/midwives will take account of the patients' individual needs, abilities and wishes.	NM					
	The organisation provides mechanisms for patients to ensure that their dignity, choices, cultural requirements and privacy is protected.	S					
Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
2.2 Psychosocial Comfort, safety, communication NMSF/SP 1	Patients and their families/carers have access to communication methods to facilitate engagement in and understanding of their own care.	P					
	Nurses/midwives include psychosocial elements when assessing and monitoring the patient status to inform care, and to determine if changes need to be made to care plans.	NM					
	Nurses/midwives provide information about care in a language and manner that is sensitive to the patient's needs	NM					
	The organisation monitors their systems for reporting, investigating and managing adverse incidents and uses it to inform practice change.	S					



Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
2.3 Clinical Nutrition, hydration, elimination, hygiene, respiration, temperature control, skin integrity, pain management, symptom management NMSF/SP 1,2,2,4,3 & 5.2	Patients and families/carers are consulted as a partner in care and provided with choices to ensure their personal preferences and care requirements are met.	P					
	Nurses/midwives undertake a comprehensive nursing assessment to inform and plan care, and monitor and evaluate care outcomes.	NM					
	Nurses/midwives use evidence-based practice guidelines and protocols when planning, documenting and providing care to patients.	NM					
	The organisation, including nursing/midwifery leaders, monitors and analyses nursing/midwifery sensitive practice indicators to inform and facilitate quality improvement in care provision.	S					

Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
2.4 Physical Rest and sleep, mobility, cleanliness NMSF/SP 1, 2.3 & 4.3	Patients and their families/carers perspectives about their care environment are actively listened to and considered in care provision.	P					
	Nurses/midwives regularly assess patients' status to determine if changes need to be made to their care plans, or if patients require further assistance.	NM					
	Nurses/midwives collaborate with patients and their families/carers to explore the physical and environmental elements that impact them, and identify suitable strategies to manage their specific care requirements.	NM					
	The organisation has procedures and policies that clearly identify the required practices in relation to the provision of nursing/midwifery care.	S					





Care Continuum takes a ‘whole person’ approach, seeking to meet clinical, physical, social and emotional needs. Care Continuum recognises the individual patient in the context of their family, wider community, and collaborative care context, and therefore takes action at multiple levels. This means that patient services are delivered to ensure that care/treatment is seamless within units, between units, and between SA Health sites/services and other organisations. The transition of responsibility for care should not impede access to timely care and clinical excellence.

From a nursing and midwifery perspective, there are three significant aspects of patient encounters across the continuum:

- > ongoing therapeutic relationship with patients in any health encounter
- > clinical, physical, psychosocial, relational aspects of care
- > negotiation of the patient’s journey from dependence to independence/managing dependence, including consideration of coordination of care, and inter-professional practice.

P Patient experience of care	NM Nursing/midwifery practice	S Organisational systems and structures
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Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
3.1 Therapeutic relationship with patients in provision of care – clinical, physical, psychosocial and emotional NMSF/SP 1.2 & 1.3	Patients and their families/carers are informed about and supported to become a partner in their own care.		P	SA Health Charter of Health & Community Services Rights	1.18, 4.14, 6.5
	Nurses/midwives work within the therapeutic nurse/midwife-patient relationship (including recognising boundaries) to assist in decision making to meet patient and their family/carers needs.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.10, 1.11, 1.13
	Nurses/midwives take an accurate patient history and assessment when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at all points of care.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.8, 1.9, 1.10, 1.11 1.13
	A system is in place for developing and/or receiving comprehensive care plans in partnership with patients and their families/carers.		S		1.9, 4.12 6.1, 6.2, 6.3

Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
3.2 Negotiation of the patient journey, including transition between care-giver, wards, units, health sector and services NMSF/SP 1.2 & 1.3	Patients are given the opportunity to be included in clinical handover processes.		P	SA Health Charter of Health & Community Services Rights	1.18, 4.15 6.5, 9.7
	Nurses/midwives use effective handover processes to facilitate transfer of responsibility and accountability for care.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	4.12 6.2, 6.3
	Nurses/midwives collaborate with patients and their families/carers, and other healthcare professionals to identify what expertise is required to best meet health care needs.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.10, 4.13 6.2
	Systems and processes exist to facilitate patient clinical handover across care settings, and are regularly monitored and reviewed.		S		1.9, 6.1, 6.3, 6.4, 6.5

Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
3.3 Communication with patients, and within and across professions NMSF/SP 1.2 & 2.3	Patients and their families/carers are given verbal information, education, and follow-up written information when transitioning to ensure their needs are met in relation to medication, self-management, appointments, symptom management, and related actions.		P	SA Health Charter of Health & Community Services Rights	1.18, 3.19 4.13, 4.15 6.5, 9.7
	Nurses/midwives use effective communication methods to share information with patients, and other members of the health care team during care transitions.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18, 1.19, 4.6, 4.7, 4.8, 4.12 4.13, 4.14, 4.15
	Nurses/midwives identify and document patient/family/carer beliefs, values and wishes for care to ensure all members of the health care team are aware and reduce the potential for conflict.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.19 4.8, 4.12
	The organisation implements effective communication processes and tools to support collaboration and communication in teams, professions, with patients and their families/carers, and across programs, and organisations.		S		1.18, 1.19 4.1, 4.6, 4.9, 4.12

Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
3.4 Information sharing and decision making tools and processes NMSF/SP 1.2, 1.3, 2.3 & 3.3	Patients and their families/carers are actively encouraged to be a key decision maker in their care.		P	SA Health Charter of Health & Community Services Rights	1.18, 4.14, 4.15
	Nurses/midwives collaborate with patients and other health care team members and document relevant information accurately, to inform care plans.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.18, 1.19, 4.6, 4.7, 4.8, 4.12 4.13, 4.14, 9.8
	Nurses/midwives use relevant decision making tools and processes to facilitate a coordinated approach to care.		NM	NMBA Competency/Practice Standards, Codes & Guidelines Rural Nurses Association of Ontario (RNAO) , Best Practice Spotlight Organisation (BPSO) Best Practice Guidelines (BPG) Care Transitions	4.6, 4.8, 4.12
	Organisational structures and processes exist that foster teamwork, and facilitate innovation to support coordination and continuity of care.		S		1.17, 1.18, 1.19 4.2, 4.3, 4.12





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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
3.1 Therapeutic relationship with patients in provision of care – clinical, physical, psychosocial and emotional NMSF/SP 1.2 & 1.3	Patients and their families/ carers are informed about and supported to become a partner in their own care.	P					
	Nurses/midwives work within the therapeutic nurse/midwife-patient relationship (including recognising boundaries) to assist in decision making to meet patient and their family/carers needs.	NM					
	Nurses/midwives take an accurate patient history and assessment when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at all points of care.	NM					
	A system is in place for preparing and/or receiving comprehensive care plans in partnership with patients, families and carers.	S					



Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
3.2 Negotiation of the patient journey, including transition between care-giver, wards, units, health sector and services NMSF/SP 1.2 & 1.3	Patients are given the opportunity to be included in clinical handover processes.	P					
	Nurses/midwives use effective handover processes to facilitate transfer of responsibility and accountability for care.	NM					
	Nurses/midwives collaborate with patients and their families/carers, and other healthcare professionals to identify what expertise is required to best meet health care needs.	NM					
	Systems and processes exist to facilitate patient clinical handover across care settings, and are regularly monitored and reviewed.	S					
Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
3.3 Communication with patients, and within and across professions NMSF/SP 1.2 & 1.3	Patients and their families/ carers are given verbal information, education, and follow-up written information when transitioning to ensure their needs are met in relation to medication, self-management, appointments, symptom management, and related actions.	P					
	Nurses/midwives use effective communication methods to share information with patients, and other members of the health care team during care transitions.	NM					
	Nurses/midwives identify and document patient/ family/carer beliefs, values and wishes for care to ensure all members of the health care team are aware and reduce the potential for conflict.	NM					
	The organisation implements effective communication processes and tools to support collaboration and communication in teams, professions, with patients and their families/carers, and across programs, and organisations.	S					



Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
3.4 Information sharing and decision making tools and processes NMSF/SP 1.2, 1.3, 2.3 & 3.3	Patients and their families/ carers are actively encouraged to be a key decision maker in their care.	P					
	Nurses/midwives collaborate with patients and other health care team members to document relevant information accurately, to inform care plans.	NM					
	Nurses/midwives use relevant decision making tools and processes to facilitate a coordinated approach to care.	NM					
	Organisational structures and processes exist that foster teamwork, and facilitate innovation to support coordination and continuity of care.	S					





System Efficiency and Effectiveness

System efficiency and effectiveness means being responsive to patient's needs and requirements in an effective and timely manner, in order to provide a patient-centred service in the most efficient way.

From a nursing and midwifery perspective, this means:

- > ensuring care is provided in a timely way
- > ensuring that the provision of services is not determined by history, tradition, or routine practices that have not been audited for their effectiveness
- > nurses and midwives should avoid both under-use of effective care, and over use of ineffective care.

P Patient experience of care **NM** Nursing/midwifery practice **S** Organisational systems and structures

Enabling Element	Key Outcomes	Context	Related Resources	NSQHSS
4.1 Patient focused and effective daily work processes NMSF/SP 1.2, 2.3 & 4.3	Patients and their families/carers are able to actively participate in the analysis, planning and implementation of work processes.	P	SA Health Charter of Health & Community Services Rights	2.8
	Nurses/midwives incorporate the patient perspective into daily care provision.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	7.9, 8.10, 9.8, 9.9, 10.10
	Nurses/midwives participate in mapping patient pathways and associated processes to ensure optimal clinical outcomes.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.7
	An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures, guidelines and/or protocols that incorporates the patient perspective.	S		1.1, 1.7
4.2 Timely and appropriate care NMSF/SP 1.2, 1.3, 2.3, and 4.3	Patients and their families/carers are informed of available options and outcomes in relation to their care.	P	SA Health Charter of Health & Community Services Rights	2.4, 9.7, 9.8, 9.9, 10.10
	Nurses/Midwives collaboratively identify actual and potential health issues through accurate interpretation of data/assessment of patients and modifies/transfers care to the appropriate care giver.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	8.8, 9.3,9.4, 9.5, 9.6, 10.5, 10.6, 10.7, 10.8
	Nurses/midwives take the patient and their families/carers choices into account to facilitate appropriate care in a timely way.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	10.9
	Organisations have clearly documented referral processes to ensure patients receive timely and appropriate care.	S		1.7, 1.9, 1.18, 2.4, 2.5, 3.14, 3.15
4.3 Reduction of waste and duplication NMSF/SP 1.2, 2.3, 3.1, 3.3, & 5.1	Patients and their families/carers are involved in comprehensive care planning decisions.	P	SA Health Charter of Health & Community Services Rights	7.9
	Nurses/midwives have the opportunity to provide input into the design of efficient work practices.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	7.8
	Nurses/midwives use resources effectively and efficiently in providing care.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	3.15, 7.8
	Organisations undertake benchmarking analysis to determine operational efficiency for staffing, and when choosing procedures and interventions.	S		1.1, 3.14, 7.8
4.4 Right place, first time NMSF/SP 1.2, 1.3, 3.3 & 5	Patients and their families/carers are involved in service planning to ensure care is provided in the most appropriate location.	P	SA Health Charter of Health & Community Services Rights	1.18, 2.2, 2.5, 6.5
	Nurses/midwives undertake comprehensive assessments in consultation with the patient and the interdisciplinary health care team to determine agreed priorities for planning and responding to health care needs.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	8.8, 9.3,9.4, 9.5, 9.6, 10.5, 10.6, 10.7, 10.8
	Patient needs, and appropriate staff skill mix are considered when rostering, including ensuring nurses/midwives work to their full scope of practice.	NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.10, 6.2, 6.3
	Organisations have clear care pathways to facilitate timely, reliable and consistent care provision.	S	Australian Health Ministers' Advisory Council (AHMAC) Rural Health Standing Committee (RHSC). 2012: National Strategic Framework for Rural and Remote Health.	1.19, 5.4, 5.5, 6.1, 6.2





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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
4.1 Patient focused and effective daily work processes NMSF/SP 1.2, 2.3 & 4.3	Patients and their families/carers are able to actively participate in the analysis, planning and implementation of work processes.	P					
	Nurses/midwives incorporate the patient perspective into daily care provision.	NM					
	Nurses/midwives participate in mapping patient pathways and associated processes to ensure optimal clinical outcomes.	NM					
	An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures, guidelines and/or protocols that incorporates the patient perspective.	S					

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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
4.2 Timely and appropriate care NMSF/SP 1.2, 1.3, 2.3, and 4.3	Patients and their families/ carers are informed of available options and outcomes in relation to their care.	P					
	Nurses/midwives collaboratively identify actual and potential health issues through accurate interpretation of data/ assessment of patients and modifies/transfers care to appropriate care giver.	NM					
	Nurses/midwives take patient and families/carers choices into account to facilitate appropriate care in a timely way.	NM					
	Organisations have clearly documented referral processes to ensure patients receive timely and appropriate care.	S					

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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
4.3 Reduction of waste and duplication NMSF/SP 1.2, 2.3, 3.1, 3.3 & 5.1	Patients and their families/ carers are involved in comprehensive care planning decisions.	P					
	Nurses/Midwives have the opportunity to provide input into the design of efficient work practices.	NM					
	Nurses/Midwives use resources effectively and efficiently in providing care.	NM					
	Organisations undertake benchmarking analysis to determine operational efficiency for staffing, and when choosing procedures and interventions.	S					

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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
4.4 Right place, first time NMSF/SP 1.2, 1.3, 3.3 & 5	Patients and their families/ carers are involved in service planning to ensure care is provided in the most appropriate location.	P					
	Nurses/midwives undertake comprehensive assessments in consultation with the patient and the interdisciplinary health care team to determine agreed priorities for planning and responding to health care needs.	NM					
	Patient needs, and appropriate staff skill mix are considered when rostering, including ensuring nurses/midwives work to their full scope of practice.	NM					
	Organisations have clear care pathways to facilitate timely, reliable and consistent care provision.	S					

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Managing risk and promoting safety

Managing risk and promoting safety are a crucial component in ensuring that the gap between current and best practice outcomes are minimised to provide safe, high quality healthcare for patients and their families.

From a nursing and midwifery perspective, this means:

- > nursing and midwifery care should minimise the risk of harm to patients
- > nursing and midwifery care should be based on the best available evidence.

P Patient experience of care **NM** Nursing/midwifery practice **S** Organisational systems and structures

Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
5.1 Evaluation of practice including patient experience and staff satisfaction	Patients and their families/carers are able to participate and provide input into quality improvement activities.		P	SA Health Charter of Health & Community Services Rights	1.15, 2.2, 2.5, 2.7, 2.8, 2.9
	Nurses/midwives assess /document any risks to patient health status using recognised tools, and monitor and evaluate their clinical practice to facilitate care outcomes.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	8.5, 8.6 10.5, 10.6,
	Nurses/midwives are given the opportunity to provide feedback to influence standards of practice within the clinical care environment.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.7, 1.13, 1.14
	The organisation has a documented process for analysing and responding to patient experience surveys and staff feedback to facilitate the provision of person-centred services.		S		2.7, 2.8, 2.9
NMSF/SP 1.2, 2.3, 4.2 and 4.3					
Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
5.2 National Health Care Standards	Patients and their families/carers are involved in: service planning, developing models of care, measuring service delivery, evaluating systems of care, and making decisions about their own health care.		P	SA Health Charter of Health & Community Services Rights	All Standards
	Nurses/midwives continuously evaluate the effectiveness of care given, modify care as needed, and document interactions, assessments, and related outcomes.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	8.7, 9.9, 10.5
	Nurses/midwives are committed to creating and maintaining sustainable, quality, environments that are patient and family/carer centred, driven by information and organised for safety.		NM	NMBA Competency/Practice Standards, Codes & Guidelines SA Health, Patient safety report 2012-2013	All of Standard 1
	The organisation has a quality assurance mechanism in place that tests relevant systems to ensure minimum standards of safety and quality are met.		S		All of Standard 1
NMSF/SP 1.2, 2.3, 4.2, 4.3 & 5.2					
Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
5.3 Clinical Care Standards	Patients and their families/carers participate in determining how care is delivered to better meet patient care and preferences.		P	SA Health Charter of Health & Community Services Rights	1.18 2.5, 2.6, 2.9
	Nurses/midwives have access to education to facilitate the development of appropriate skills for the provision of safe, quality care.		NM	NMBA Competency/Practice Standards, Codes & Guidelines Australian Health Ministers' Advisory Council (AHMAC) Rural Health Standing Committee (RHSC). 2012: National Strategic Framework for Rural and Remote Health	1.10, 1.11, 1.12, 1.13
	Nurses/midwives use agreed clinical guidelines and pathways when planning and providing care.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.7
	Nursing/midwifery sensitive clinical practice indicators are identified, monitored and evaluated by the organisation to inform best practice.		S		1.10, 1.11, 3.1, 3.5, 3.9, 3.10
NMSF/SP 1.2, 2.3, 4.2, 4.3 & 5.2					
Enabling Element	Key Outcomes	Info	Context	Related Resources	NSQHSS
5.4 Evidence based Nursing/Midwifery Care Processes	Patients and their families/carers knowledge of and participation in research opportunities is valued, supported and actively encouraged.		P	SA Health Charter of Health & Community Services Rights	2.8, 2.9
	Nurses/midwives participate in the development and provision of evidence based practice that supports innovation and improvement to guide best practice.		NM	NMBA Competency/Practice Standards, Codes & Guidelines Joanna Briggs Institute – Best Practice Information Sheets, Evidence Based Recommended Practices, Evidence Summaries	1.10, 1.11
	Nurses/midwives question practice that is known to be different or contrary to local policies, procedures, protocols or guidelines.		NM	NMBA Competency/Practice Standards, Codes & Guidelines	1.13, 1.15
	Organisations assist in advancing nursing/midwifery knowledge by disseminating research, supporting nurses/midwives in using these findings, and supporting nurses/midwives participation in the research process.		S	Rural Nurses Association of Ontario (RNAO), Establishing Therapeutic Relationships, Best Practice Guideline (BPG)	1.14
NMSF/SP 1.2, 2.3, 3.3, 4.1, 4.2, & 4.3					





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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
5.1 Evaluation of practice including patient experience and staff satisfaction NMSF/SP 1.2, 2.3, 4.2 & 4.3	Patients and their families/carers are able to participate and provide input into quality improvement activities.	P					
	Nurses/midwives assess / document any risks to patient health status using recognised tools, and monitor and evaluate their clinical practice to facilitate care outcomes.	NM					
	Nurses/midwives are given the opportunity to provide feedback to influence standards of practice and clinical care environment.	NM					
	The organisation has a documented process for analysing and responding to patient experience surveys and staff feedback to facilitate the provision of person-centred services.	S					

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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
5.2 National Health Care Standards NMSF/SP 1.2, 2.3, 4.2, 4.3 & 5.2	Patients and their families/ carers are involved in: service planning, developing models of care, measuring service delivery, evaluating systems of care, and making decisions about their own health care.	P					
	Nurses/midwives continuously evaluate the effectiveness of care given, modify care as needed, and document interactions, assessments, and related outcomes.	NM					
	Nurses/midwives are committed to creating and maintaining sustainable, quality, environments that are patient and family/ carer centred, driven by information and organised for safety.	NM					
	The organisation has a quality assurance mechanism in place that tests relevant systems to ensure minimum standards of safety and quality are met.	S					

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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
5.3 Clinical Care Standards NMSF/SP 1.2, 2.3, 4.2, 4.3 & 5.2	Patients and their families/carers participate in determining how care is delivered to better meet patient care and preferences.	P					
	Nurses/midwives have access to education to facilitate the development of appropriate skills for the provision of safe, quality care.	NM					
	Nurses/midwives use agreed clinical guidelines and pathways when planning and providing care.	NM					
	Nursing/midwifery sensitive clinical practice indicators are identified, monitored and evaluated by the organisation to inform best practice.	S					

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Enabling Element	Key Outcomes	Context	CURRENT EVIDENCE – what you currently do that achieves identified outcomes	Is the REQUIREMENT met Yes/No	STRATEGIES/ACTIONS to address the enabling Element - what are you going to do	PERSON responsible	TIMEFRAME for resolution
5.4 Evidence based Nursing/ Midwifery Care Processes NMSF/SP 1.2, 2.3, 3.3, 4.1, 4.2, & 4.3	Patients and their families/carers knowledge of and participation in research opportunities is valued, supported and actively encouraged.	<p style="text-align: center;">P</p>					
	Nurses/midwives participate in the development and provision of evidence based practice that supports innovation and improvement to guide best practice.	<p style="text-align: center;">NM</p>					
	Nurses/midwives question practice that is known to be different or contrary to local policies, procedures, protocols or guidelines.	<p style="text-align: center;">NM</p>					
	Organisations assist in advancing nursing/ midwifery knowledge by disseminating research, supporting nurses/ midwives in using these findings, and supporting nurses/midwives participation in the research process.	<p style="text-align: center;">S</p>					

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