Team Based Models of Care
Frequently Asked Questions (FAQs)

NURSING+ MIDWIFERY

Western Health

Background

COVID-19 is posing unprecedented challenges to the health system, health practitioners and the wider community. The Nursing & Midwifery Board Australia (NMBA) understands that in these challenging circumstances, there may be a need to adjust established procedures to provide appropriate care to patients and clients.
https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/COVID19-guidance.aspx

There is a need to establish workforce models that will be able to respond to both the increase in the number of inpatients and acuity and work with a diverse team with varying skills.

The past 2 years have disrupted undergraduates' access to education, clinical placements and exposure to clinical experience and skills development opportunities. Clinical placement is a vital part of nursing and midwifery education to ensure nurses and midwives are fully equipped to practise safely. The reduction in access to clinical placements has led to reduced opportunity to graduate with the broad range of skills and experience as nurses and midwives who graduated before 2019.

Purpose

The *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* provides for safe patient care in Victoria public hospitals by establishing requirements for a minimum number of nurses or midwives per number of patients in specified wards or beds, recognising that nursing workloads impact on the quality of patient care. https://www.health.vic.gov.au/nursing-and-midwifery/safe-patient-care-nurse-to-patient-and-midwife-to-patient-ratios-act-2015

The team based model of care will allow us to respond to both the increase in the number of inpatients and acuity and work with a diverse team with varying skills. The team based model of care is designed to support our colleagues with orientation, education, and appropriate supervision to ensure that they are safe whilst they develop skills, build competence and confidence at working together as one team to care for our patients. We will continue to have staff joining us over the next 2 years who have had a reduction in access to clinical placements and the opportunity to graduate with the broad range of skills and experience as nurses and midwives.

Team based care will allow us to support our colleagues develop the skills required and provide patient care under the leadership of our more experienced nurses and midwives.

The following Frequently Asked Questions have been developed to assist understanding and provide information to support the implementation of Tem Based Care across Western Health nursing and midwifery teams.

What is team based model of care?

In the team based model of care, an experienced nurse or midwife oversees the work of a team of clinicians and support staff for a group of patients. Instead of 1 nurse looking after a designated patient load, the team will be responsible for looking after the allocated group of patients.

In the team nursing model, a shift in mindset from "I" to "we" is necessary. Rather than thinking "I will do x for this patient today", change to "We will do x, for these patient's today," and define exactly who will be responsible for each of those actions.

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What is the aim of the team based model of care?

To implement a model of care that will support our patients, by utilising the available workforce with varied skills to provide safe, quality, and timely care during the COVID surge and the ongoing legacy and recovery, while maintaining *Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015* staffing ratios. Only nurses and midwives can meet the ratio requirements, so RUSON/RUSOMs and unregulated care staff are supernumerary to ratios.

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

Ultimately team based models are about optimising the strength of the nursing or midwifery team to work together, sharing the workload, supporting each other, using our knowledge and expertise to make informed decisions and providing our patients and women with the very best care possible.

Who can I call on for support?

A range of senior staff are available to assist, including the ward and specialty educators, Directors of Nursing & Midwifery and Operations Managers. The Project Lead, Allison Lamb DDONM Surge Workforce can be contacted via 0421 950 501.

Supporting Joan Kirner Women's and Children's services are Sue Sweeney, Helen Sinnott, Maree McHarg and our Midwifery Educators.

On-site support at Sunshine Hospital can be accessed via Sharon Collard (Delirium CNC) on 0435 512 645, and for Footscray Hospital and Williamstown Hospital, Rebecca Woltsche (ADONM Improving Care) on 0402 124 600.

When does the team model need to be implemented?

Team based models of care should be implemented as soon as teams are ready to safely implement. We recognise that every area will journey through the implementation in a different way that works for their area and teams. The aim is to implement the model in a way that supports clinical teams through the COVID pandemic staffing impost and the legacy afterwards as we work through recovery and transition into 2022.

Which areas need to implement the team model?

All clinical areas where team nursing or midwifery is feasible to care for patients safely.

How do I implement the team model in my area?

Every team is encouraged to use the principles of team based models of care to modify the way they work to suit their context and clinical setting. There are suggested steps that can be found in the team model of care presentation:

https://westerly.wh.org.au/nursing-midwifery/wp-content/uploads/2021/10/Team-Based-Models-Nursing-Midwifery-1.pdf

However, it is recognised that every area is different and each area needs to lead the implementation in a way that works for them. Some teams will focus on communication huddles first and some areas have focused on handover first. Ultimately, teams should aims to have all principles implemented over time to get the most benefit from the model.

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Who can be a team leader?

A Registered Nurse or Registered Midwife is required to be a team leader; delegation and supervision is, and always has been, a core responsibility of Registered Nurses and Midwives. Enrolled Nurses are not able to be assigned as a team leader.

Are there tools and resources available to assist the implementation of the team model?

Tools have been emailed to managers and can be re-sent at any time. Please email Allison Lamb who can re-send the tools that can be adapted for your area. Resources are also located on the Nursing & Midwifery microsite.

How will my role change?

It is not expected that anyone's role will change. The team model supports everyone working at the top of their scope of practice. All nurses and midwives will continue to deliver patient care as regulated by their registration, qualifications, advanced skills or student competencies.

Which task/duties/activities am I able to complete?

Each member of the team is responsible for completing tasks/duties/activities that they have the skills, knowledge and competency to be able to perform.

Nurses and Midwives remain accountable for the care they plan and deliver and for supporting Registered Undergraduate Students of Nursing (RUSONs), Registered Undergraduate Students of Nursing (RUSOMs), undergraduate students and unregulated staff (for example personal care workers) in delivering the care delegated to them.

How do I know which tasks someone is able to perform?

To determine which tasks a member of the team is able to perform one must consider the following:

- The level of knowledge, skill, and competency – this can be evidenced or communicated
- Experience and education in performing the task
- Legislative requirements

What is my responsibility in delegation and supervision?

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

Responsibility of person delegating includes:

- Teaching (although this may be undertaken by another competent person, and teaching alone is not delegation),
- Competence assessment,

- Providing guidance, assistance,
- Support and supervision,
- Ensuring that the person to whom the delegation is being made understands their accountability and is willing to accept the delegation,
- Evaluation of outcomes, and
- Reflection on practice
- Ensuring the care delivered is evaluated and documented

How is safety and quality maintained in team-based models of care?

Safety and quality is maintained through appropriate delegation and supervision by the Registered Nurse (RN) or Registered Midwife (RM) using their professional judgment. Delegation involves transferring authority to a competent person to perform an activity. The key considerations when delegating include:

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

What is my responsibility when accepting a delegation?

The person accepting the delegation (the recipient) is responsible for:

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

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How do I provide supervision?

The level of clinically-focused supervision should be appropriate to the degree of risk of the activity. Clincally-focused supervision has 2 main forms:

- **Direct Supervision** is when the supervisor is present and personally observes, works with, guides and directs the person being supervised.
- **Indirect Supervision** is when the supervising RN/RM is on site and easily contactable and available for reasonable access but does not directly observe the activity.

How will we know if the team model has made improvements?

Reflecting on the care the team have provided, you might experience the following:

- Job satisfaction
- A feeling of shared workload
- All elements of care provided to patients
- Increased moral and team focus

Other measures include:

- Patient satisfaction and feedback
- No increase in adverse events or outcomes
- Safe, high quality patient care and outcomes as evidenced by performance and incident data