



# Code of Conduct – what it means for practice

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# Presentation overview

- Outline of new code of conduct
- Links to practice – using the “trust” value theme.
- Case reviews

# Introducing the Code of Conduct Nursing Council of NZ, 2012





# Code of Conduct

“The *Code of Conduct for nurses*, together with the competencies for nursing scopes of practice and other Council guidelines, provide a framework for safe and responsible nursing practice that protects public safety”

- Nursing Council July 2012




# What is a code of conduct?


- NCNZ states:– pg 2
  - A set of standards defined that **describes the behaviour or conduct** that nurses are expected to uphold
  - **Provides guidance** on appropriate behaviour
  - Can be used by NCNZ & others to **evaluate the behaviour** of nurses.



# Requirements of nurses – NCNZ pg 2

- Nurses are expected to **uphold exemplary standards** of conduct
- Because of the trust the public have while undertaking their professional role they must have a **high standard of behaviour in their personal lives.**
- Expectation nurses **will adhere** to these standards.

- 
- *“failure to uphold these standards of behaviour could lead to a disciplinary investigation”*
  - *NCNZ pg 2*



# Four values underpinning professional conduct

- Respect
- Trust
- Partnership
- Integrity





# Value: Trust –pg 3

- *“ health consumers need to be able to trust nurses to be safe and competent, not to harm them and to protect them from harm...”*



# Knowing the 2012 NCNZ Code of conduct for nurses

- **8** principles which include **81** standard of behaviour statements
- Additional guidance statements are included and refers nurses to other publications & legislation e.g. professional boundaries, cultural safety, NZNO code of ethics.



# Overview of the 8 principles

- **PRINCIPLE 1.**

Respect the dignity and individuality of health consumers.

- **PRINCIPLE 2.**

Respect the cultural needs and values of health consumers.



- **PRINCIPLE 3.**

Work in partnership with health consumers to promote and protect their well-being.

- **PRINCIPLE 4.**

Maintain health consumer trust by providing safe and competent care.



- **PRINCIPLE 5.**

Respect health consumers' privacy and confidentiality.

- **PRINCIPLE 6.**

Work respectfully with colleagues to best meet health consumers' needs.



- **PRINCIPLE 7.**

Act with integrity to justify health consumers' trust.

- **PRINCIPLE 8.**

Maintain public trust and confidence in the nursing profession.



These principles are of  
equal importance.



# Identify the red flags: Case study 10HDC01201

- (note: case study occurred in 2010, 2012 NCNZ Code of conduct is not reflected in this case). Previous code of conduct used by HDC and expert advisor.

69 year old man. Admitted with chest pain. Diagnosis MI. Also found thrombocytopenia and acute myeloid leukaemia. Was in CCU and transferred to a side room in the cardiac/medical ward for symptom management. Was NFR and not for ICU admission. Had delirium and agitation. Had a HCA special for the am shift.





# Case study 10HDC01201

cont:

RN in charge of the shift was allocated the patient. 3 other Rns and one HCA on duty for 23 patients

Nursed in reverse isolation in a side room 

The RN had 5 other patients and was co-ordinating the shift.

Gave the wrong medications to the wrong patient. Sotalol, simvastatin, co-trimoxalole.

Over-rode the Pyxis machine 3 times to obtain the medications. 

Gave patient analgesia and sedation medications

# Case study 10HDC01201 cont:

- Self checked the pharmacy reference book and self reassured this was OK.
- Did not record in the medication chart she gave the 3 additional drugs
- Did not write an incident report
- Did not inform duty manager of medication error
- Did not request medical review.
- Pt died within 2-3 hours.
- Reported to DHB the medication error – however the body was embalmed by then and was removed from the families home for post-mortem.
- Partner complained about nurses interactions during the protocols of dealing with the deceased and grieving families.
- NCNZ reported to HDC. HDC found nurse in breach of Right 4(1)
- HDC referred to Director of Proceedings at the Health Practitioners Disciplinary Tribunal – fined \$12,000, censured, suspended, supervision, needs to attend education and ethics programmes, is to refrain from duty co-ord role and leadership roles



# Implications against new code of conduct:

- If reviewed against new code of conduct the following would apply:



## Principle 4: Maintain health consumer trust by providing safe and competent care

- 4.1 Use appropriate care and skill when assessing the health needs of health consumers, planning, implementing and evaluating their care.
- 4.2 Be readily accessible to health consumers and colleagues when you are on duty.
- 4.3 Keep your professional knowledge and skills up to date.
- 4.4 Recognise and work within the limits of your competence and your scope of practice.
- 4.5 Ask for advice and assistance from colleagues especially when care may be compromised by your lack of knowledge or skill.
- 4.6 Reflect on your own practice and evaluate care with colleagues.



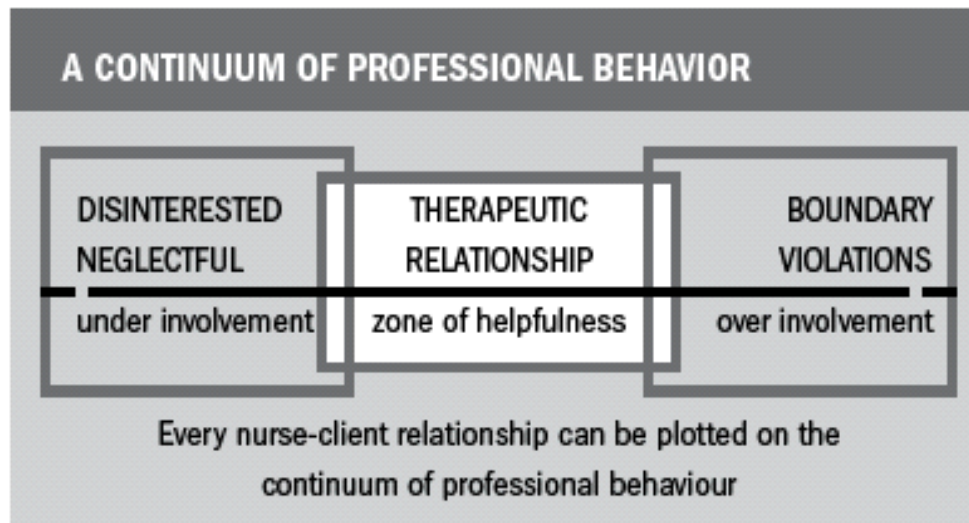
# Principle 4: continued

- 4.7 Deliver care based on best available evidence and best practice.
- 4.8 Keep clear and accurate records
- 4.9 Administer medicines and health care interventions in accordance with legislation, your scope of practice and established standards or guidelines.
- 4.10 Practice in accordance with professional standards relating to safety and quality health care.
- 4.11 You must ensure the use of complementary or alternative therapies is safe and in the best interests of those in your care.
- 4.12 Offer assistance in an emergency that takes into account your own safety, your skill and the availability of other options.



# Be aware!

- A nurses personal life can reflect on the profession
- The public trusts nurses
- Of the values that underpin the profession
- Continuing competence requirements



Adapted from: National Council of State Boards of Nursing (2004)



# Changes in the profession

Act with integrity to justify health consumers' trust.

■ 7.14

- Do not engage in sexual or intimate behaviour or relationships with health consumers in your care or with those close to them





# Conduct in question

- Improper disclosure of personal information about patients/clients
- Lack of expected professional knowledge/judgment
- Entering into a sexual or inappropriate intimate relationship with a client or ex-client
- Sexual/intimate or inappropriate relationships
- Accepting gifts from clients or ex-clients
- Offer of/acceptance of bribes, or other favours, or sexual advances
- Inappropriate financial dealings with patients



# Case Studies

## Registered Nurse (HPDT decision 459/Nur12/202P)

Graduated in 2006. Commenced employment in a DHB ward. 2007 - upon discharge of a patient the RN commenced a sexual relationship with the patient.

The RN continued to provide nursing interventions and care to the patient during two inpatient admissions (2008&2009). Evidence in clinical records. E.g. RN completed admission procedures including risk screening, falls assessment, and pressure area assessment.

Moved into the patients home in 2009.

August 2010 admission RN was listed as an alterative contact and had the same address as patient. Did not nurse the patient during that admission.

Stole money and property, charged by police, admitted guilty and was granted discharge without conviction from the district court.



# Case Studies

Registered Nurse (HPDT decision 459/Nur12/202P) continued

Patient disclosed relationship to ward charge nurse manager on another admission to hospital in 2010. CNM and ADON encouraged patient to lay a complaint with NCNZ. Referred to Health Practitioners' Disciplinary Tribunal.

Penalty:

1. Suspension of registration for 3 years
2. Censured
3. Fined costs of \$10,000.00
4. Copy of report sent to UK Nursing and Midwifery Council
5. Undertake education on professional boundaries & ethics



# New HPDT cases involving enrolled nurses

- 566/Nur13/239P - non-practising EN – accessed health information when she had no authority to do so and breached patient’s privacy.
- 678/Nur14/286D – (rest home manager) – failed to ensure adequate standards of care planning, and falls risk management.



# Decisions influencing practice

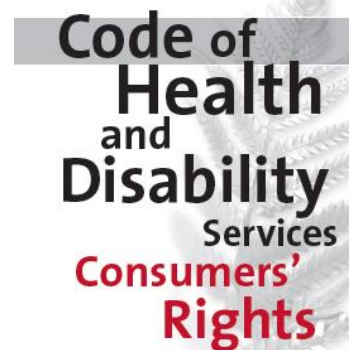
- Inappropriate use of restraint techniques
- Assault
- Medication errors
- Patient privacy breaches
- Theft
- Breaches of Acts – e.g. crimes act, film, misuse of drugs act
- Failure to document
- Incomplete assessments
- Failure to supervise appropriately
- Professional boundaries breaches



# Risk factors

- Poor systems that are accepted as workable
- Unsupportive managers and colleagues
- Time pressures too challenging for the skill set
- Busy environments
- Accepting responsibilities beyond manageability or competence level
- Nurses practising while stressed, drug and alcohol dependant, depressed, or when a health issue might not be readily apparent

# Patient safety in NZ – can we do better? Where are the links?



Care Capacity Demand Management

[www.nzno.org.nz](http://www.nzno.org.nz)



# As a profession how will we apply of this code of conduct?

- Enabling practice?
- Empowering nurses?
- All nursing team?
- Or a punitive tool?







# conclusion

- Whole team approach to nurse and patient safety
- Practice within appropriate standards and legislation
- Escalate concerns
- Work effectively with each other
- Work in partnership and communicate with consumers
- Maintain education and **professional awareness**



## References:

- Nursing Council of NZ (2012) . Code of Conduct. Wellington, New Zealand
- Health and Disability Commissioner case 10HDC01201 [www.hdc.govt.nz](http://www.hdc.govt.nz)
- Health Safety & Quality Commission
- HPDT decision 459/Nur12/202P