



Staying Professionally Safe

NZNO Regional Convention
Professional Safety
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2021

www.nzno.org.nz

Aspects of professional safety



Legislation

Regulation

Codes / Standards

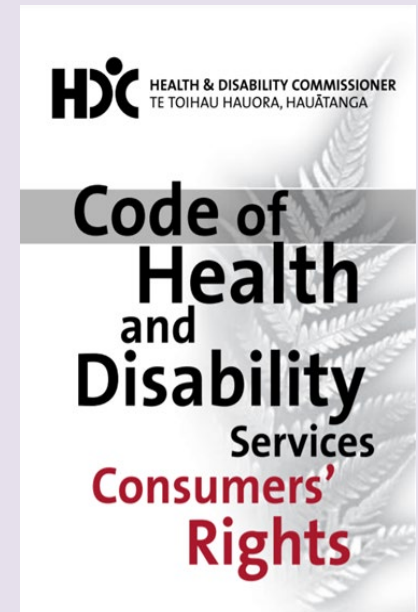
Professional accountability

Raising Issues

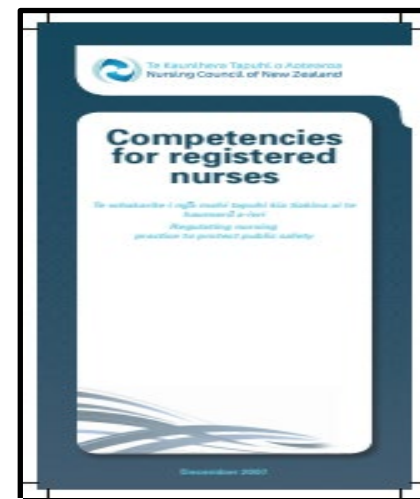
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Underpinning Legislation

- HPCA Act 2003
- Health and Disability Commissioner Act 1994
- New Zealand Public Health and Disability Act 2000
- Misuse of Drugs Act 1975
- Health and Safety at Work Act 2015



Regulation:



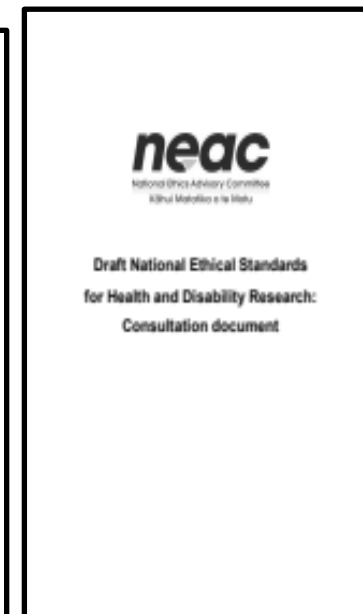
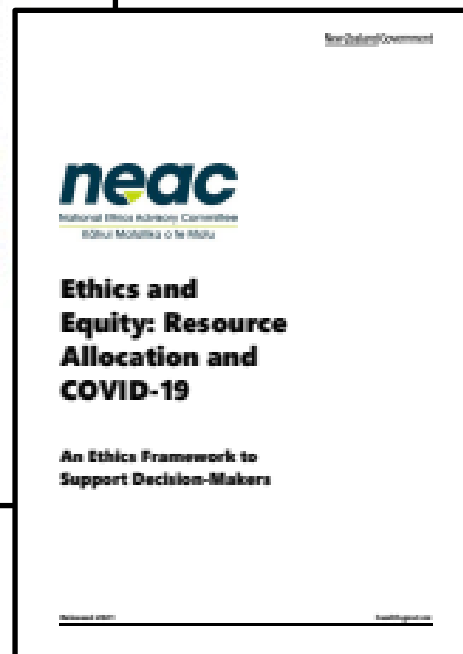
Midwifery **First**
Year of **Practice**



Codes and Standards



Medicines Care Guides for Residential Aged Care



www.nzno.org.nz



Workplace policies & procedures



Obligation To Follow



Obligation To Identify
When Policies Are
Inadequate



Participating In The
Development Of
Workplace Policies





Professional Accountability

“taking responsibility for one's nursing judgments, actions, and omissions as they relate to lifelong learning, maintaining competency, and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one's nursing practice.”

(Krautscheid, 2014)



TŌPŪTANGA
TAPUHI
KAITIAKI O AOTEAROA

Scenario: Greta

Consider your professional accountability in this scenarios.




How do the regulation, legislation, professional standards and ethics apply?



Greta

- Nurse A is a new graduate nurse responsible for 36 residents in a rest home. She had been working as an HCA there for 110 hours between her graduation and authorisation as an RN. On her second shift as an RN she was rostered to work as the nurse-in-charge. Half of the residents had high needs and all required medication.
- The shift was very busy and she asked for assistance with managing an unwell resident, while at the same time trying to complete the medication round.

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- Greta was prescribed an analgesic patch for pain due to arthritis and morphine sulphate prn for break-through pain.
 - Nurse A was unfamiliar with the packaging and labelling of morphine ampoules and was not familiar with the normal dose range.
 - When nurse A went to administer the medication she incorrectly read the ampoule strength as 1mg/ml when it was actually 10mg/ml and administered 25 mg instead of 2.5 mg (the dosage was double checked by an HCA).
 - 5 hours later Greta significantly deteriorated and was found unconscious..

Questions




- What should an inexperienced nurse do when advised he/she will be in charge of a shift?
- What should a nurse do when faced with situations that could be outside the nurse's breadth of practice / skill?
- If your facility does not comply with professional standards relating to nursing practice, e.g. in medicines management, what can be done to institute a best practice model of care?
- In a high demand situation without adequate nursing support, what should an RN do to ensure quality care is maintained?

....Greta regained consciousness and moves to a Rural Hospital for assessment



- Within a couple of weeks of starting a new job Nurse B, who had yrs of experience, observed sub-standards of nursing care in the hospital. Nurse B reported these to the manager.
- Incidents of concern continued – Nurse B used an electronic reporting system. Manager denied there was a problem. Nurse B saw there was a lack of supervision of less experienced/new staff.

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- When there was no response to the reports, Nurse B contacted NZNO.
 - She raised her concern that staff were inadequately trained and patients were at risk.
 - Nurse B felt it was no longer professionally safe to work in this environment. Nurse B felt they were holding their breath each shift and hoping no patients would die.
 - After 2 months she resigned.
 - She continued to raise her concerns by writing to the board of trustees. Subsequently systemic changes began.

Questions



- What legislation, codes, standards, policies could Nurse D use to raise these issues?
- How could she use these documents/guides to offer solutions

Greta deteriorates further and after a stroke moves to the medical ward

- Nurse C working in busy medical ward in teaching hospital. It's rural and has patients with many differing acute and chronic conditions. There is a shortage of staff and ward feeling chaotic each day. Often skill mix is so that Nurse A (RN*2yrs) is the most senior nurse
- On a particularly busy shift Nurse C made a serious medication error. Subsequently Nurse C was put into a disciplinary situation. Her defence was how busy and short staffed the ward was. Nurse C's defence was they were too busy to complete Trendcare.





Accountability at a glance

Some key areas of professional accountability include:

- working within your scope of practice as defined by the regulator.
- comply with professional standards and staying up dated as those standards change.
- use evidence-based practice in patient care.
- accept shared accountability with others in the interprofessional team members for quality patient outcomes.
- follow workplace policies and procedures.



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What this means



Understand your scope of practice



Understand professional expectations related to conduct



Maintain professional development



Be aware of own level of knowledge and skill



Admit when you don't know



Asking for help

Take home messages

Stay safe

Escalate
concerns and...

Always expect
feedback

Be involved in
solutions

No feedback? –
always **ask for**
feedback

Get support –
from colleagues
and NZNO


NZNO Membership Support Centre
0800 28 38 48

www.nzno.org.nz



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