

Relocation within a DHB

Your employer can require you to work in another area of the District Health Board (DHB) either temporarily or permanently, unless you can show that you have been employed to work in a specific area of the DHB (e.g. in the community or in mental health) or if there are conditions on your scope of practice.

Guidelines or policies may differ between DHBs. You can request these from your manager.

You must not work outside your scope of practice. Examples of working outside a scope are:

- > Registered general obstetric nurse being asked to work in mental health.
- > Midwife being asked to work in general adult health.
- > Nurse with scope conditions on their practising certificate to work only as a children's nurse but being asked to work in acute adult health.

Permanent changes

Your employer can permanently move you to a different ward or unit even if you have been in a particular ward for a long period. Your employer should consult with you in accordance with Clause 24.0 of the DHB Nurses and Midwives multi-employer collective agreement, Co-operation, Consultation and Management of Change. If you are concerned you are being asked to work outside of your scope you should refuse and contact NZNO.

If you are not confident with tasks you are expected to undertake in unfamiliar environments, you should firstly raise any concerns with your employer. If you are not satisfied with the outcome you can contact your delegate or NZNO organiser.

Rosters

Rosters should be posted 28 days prior to commencement unless in exceptional circumstances. Changes to rosters after the notice period should be by mutual agreement. If your employer is not following the required process you can raise this with them with the assistance of your delegate. If you don't know a delegate to assist you please contact NZNO.

Considerations when working in unfamiliar areas or wards

While you generally cannot refuse to work in another area within the DHB, safety of staff and patients must not be compromised.

You should recognise your knowledge, skills and limitations and if you are unable to perform a required task, then you should declare that to the person in charge or your manager.

It is not reasonable to expect a nurse new to an area to take the sickest patients.

If you are not confident, then you should ask to work as a team and not take direct patient responsibility for care and/or planning.

Your employer should support and anticipate where nurses may feel pushed to their limits and provide the resources such as staff, information, and courses so that nurses

can be prepared as well as possible in advance to take on these new configurations and contexts.

Raising scope concerns

Principal 8.4 of the Nursing Council's Code of Conduct (2012) states:

“Document and report your concerns if you believe the practice environment is compromising the health and safety of the health consumer.”

The Nursing Council's Code of Conduct also notes:

“You have an ethical obligation to raise concerns about issues, wrongdoing or risks you may have witnessed, observed or been made aware of within the practice setting that could endanger health consumers or others. Put the interests of health consumers first.

If you are unsure, seek advice from a senior colleague or professional organisation.

Raise your concerns with colleagues or other members of the team if they are contributing to your concerns.

Formally raise your concerns with your manager or a senior person within your employment situation, escalate your concern to a higher level within your employing organisation if the issue is not resolved.”

All nurses have an obligation to fill in incident forms if there is unsafe staffing. Include in the form: detail of patient acuity and skill mix; and specific information about clinical issues. Using terms such as “unsafe staffing” does not provide sufficient information.

There should be good systems in place identifying if nurses are currently certified for IV medication, medication administration system access (eg. PYXIS authority), CPR training, etc so the nurse in charge of the shift can be assured of the skill capabilities of the rostered nursing team. Orientation should ideally have occurred prior to the request to work in the area.

Care Point

NZNO's Care Point strategy using the Care Capacity Demand Management programme (CCDM) is being implemented in a number of DHBs. There have been some excellent resources developed by the Safe Staffing Healthy Workplaces Unit to assist staff being relocated to other areas.

If CCDM is yet to be implemented at your DHB, there are general practices which enable relocation to be easier for both the relocated staff and the requestor staff. These are:

- > orientate to the ward – e.g. ward layout, resuscitation and emergency equipment, update on patient conditions;
- > acknowledge the staff member is there to assist with tasks only e.g. observations, checking patients, working with the staff, answering call bells;
- > be courteous to relocated staff – you may be deployed/sent to their area one day – treat as you would like to be treated;
- > remember that the redeployed person is only with you for a limited period of time.

The Safe Staffing Healthy Workplaces Unit and Waitemata DHB have developed a guide for short-term assistance to support relocated staff members to work safely. The guide has been designed to be used on the ward/unit to aid both the requestors for assistance and the relocated staff member to work safely during a shift where the ward/unit is unable to meet patient demand.

The guide for short term registered nurse assistance will be reviewed by Waitemata DHB and the Safe Staffing Healthy Workplaces Unit as part of ongoing work in this area. The Safe Staffing Healthy Workplaces Unit and NZNO recommend all DHBs create a similar guide for their DHB.

Guide for short term RN assistance sample:

Guide for Short Term RN Assistance

FOR STAFF HELPING FROM ANOTHER AREA



Thank you for coming to help on our ward.
We appreciate your help and will try to make this a good experience for you.

Orientation [shift coordinator to arrange buddy to provide orientation]

- D Cover ward layout, including sterile set up room, pyxis, linen rooms, stores areas, bathrooms
- D Provide codes for locked areas & where to find keys for locked cupboards
- D Show where they can store their personal belongings
- D Show where to find Resuscitation/emergency equipment, and to call 3 bells and 777 in emergency
- D Overview any relevant ward-specific processes
- D Provide them with the global handover sheet with patient details
- D Tell them when they will be able to take their breaks
- D Make sure they know how to find their Buddy

Things you can do to help [ward buddy to highlight the priority tasks]

1. Hourly Rounds of all patients to check they are OK
2. Patient assessment i.e. vital signs, pain assessment
3. Comfort care: assist with turns, hygiene care, mobilisation
4. Dressings and procedures
5. Medication rounds, preparation of IV antibiotics
6. Answer phones and call bells
7. Note specific tasks here:



Where can I find out more?

Speak to the NZNO delegate on your ward

[DHB MECA](#) or policy documents at your workplace

NZNO Employment fact sheet:

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New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.nzno.org.nz

[Care Point/CCDM resources](#)

[Nursing Council Code of Conduct \(2012\)](#)

NZNO Member Support Centre (MSC) on 0800 28 38 48

Material referred to in this document is sourced from:

- > Nursing Council resources:
 - Code of Conduct
 - [Competencies for Enrolled Nurses](#)
 - [Competencies for Registered Nurses](#)
 - [Standards and guidelines for nurses](#)
- > [NZNO Publication: Incident reporting 2010](#)
- > Safe staffing healthy workplaces unit
- > [DHB MECA 2012-2015](#)

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Principal authors: Margaret Cain and Lesley Harry

Correspondence to: nurses@nzno.org.nz

Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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