Nursing & Midwifery Council
New South Wales

Protecting the public
Regulating nurses and midwives

Hello,

This is my first message to you as Council President and I'm proud to continue protecting the public in New South Wales in a greater capacity. I would like to acknowledge our outgoing President, Adjunct Professor John G Kelly AM, and his extraordinary legacy of service and leadership. He has left some big shoes to fill, a challenge which I am excited to accept!

A little about me - I'm a mental health nurse and sociologist. My professional background includes mental health nursing and psychotherapies, palliative care, rural remote health, psycho-oncology and mental health first aid. My work in Aboriginal and Torres Strait Islander health and education has continued over two decades. I also work in clinical supervision services and do teaching and research in the university sectors. This is my third term as a member of the Council.

I would like to congratulate Adjunct Professor Greg Rickard RN OAM on his appointment as Deputy President of the Council. Greg is currently the Director of Sydney Campuses, University of Tasmania. He is a former Vice President and Board Member of the Australian College of Nursing and has held high level positions at KPMG, Healthcare Australia and the NT Department of Health. Greg has been serving on the Council since July 2018.

I also welcome our new Council member, Veronica Croome. Read on for a full introduction to Veronica.

Would you like to join the Council? We're accepting applications for a tertiary education member. Details are below, along with our take on a NCAT tribunal decision that holds lessons for all of us, and new research on how Australian nurses and midwives believe the Code of Conduct applies to everyday practice. Thank you for reading.

Best regards,

Associate Professor Dr Bethne Hart
President, Nursing & Midwifery Council of NSW

Meet Veronica Croome, New Council Member

This month we're pleased to introduce our newest Nursing & Midwifery Council member, Veronica Croome. Get to know her through our interview:

How did you become interested in being a Council member?

Following my retirement in late 2017 I always intended to remain connected to the Nursing and Midwifery professions in some way that was meaningful. In my role as Chief Nurse in the ACT I enjoyed regulation and accreditation of the professions so when I saw the vacancy advertised with the NMC I jumped at the opportunity that this would provide.

What are you most looking forward to about the role? What have you found surprising or what has been different than you expected?

As a Council member I sit in a privileged position to know of and learn about regulating the practice of nursing and midwifery. To keep the public safe is our mandate and to minimize and mitigate the risks to our patients that may arise from the practice of nursing and midwifery can be challenging. Learning and understanding the behaviours of those practitioners referred to the Council is fundamentally important to continue to promote a safe health care environment. So I am very much looking forward to making a positive contribution in that regard.

What I have found surprising is the complexity of the work undertaken by Council staff and members. The whole process of regulation and governance of the professions is thorough, with many checks and balances to ensure a fair and equitable process. When I was Chief Nurse in the ACT and sadly albeit rarely required to refer a practitioner to the NMBA, I was unaware of the work “behind the scenes” following that point of referral. I naively assumed there was a process rolled out and had little appreciation for the extent to which there was a rigorous and comprehensive undertaking for each and every practitioner referral. It has been rewarding for me to be part of this perspective.

Tell us about your career in nursing and midwifery. What did you like the best? What did you find most challenging?

My career in nursing started back in 1973 when as an 18-year-old I left home in the suburbs of Sydney to go to Royal North Shore Hospital to join more than 100 other novice nurses embarking on our chosen career. It was such an overwhelming experience. But nursing opened up so many opportunities for me to live and work in many different places, meet so many wonderful people and to travel the world. I enjoyed all aspects of my career as a clinician, an educator and finally in a variety of management roles. I left nursing for a period of four years in the mid-1980’s and bought a delicatessen in Eastwood where I learned many things about food and finances but also about working with the public and the importance of personalized service. Customers loved the fact that you knew their name, that you took the time to chat and that you understood their needs. It’s no different in nursing.

When I returned to the profession I embarked on my management career which took me from the role of Nursing Unit Manager through to that of Chief Nurse with many roles in between. While I enjoyed them all, the role of NUM was the most rewarding as it is where I truly felt I could and did make a difference. The role of Chief Nurse was by far the most challenging as it sometimes required a fine balance between organizational support and support for the individual. But there was not a day of my nine years in the ACT in that role where I thought twice about going to work and doing the best that I could for the nurses and midwives of the ACT.

It can be challenging to find ways to incorporate the profession's standards into everyday work. What is your view on this, and how we can achieve it?

I agree, this is a huge challenge for all of us. Every day the pressures of work, time constraints, competing demands and the requirements of our patients means we are struggling to get the balance right. Sometimes we see opportunities to cut a corner or to step outside our scope of practice in an effort to meet all the workload demands and to maintain professional standards. I can absolutely see why some nurses and midwives find themselves in difficult circumstances.

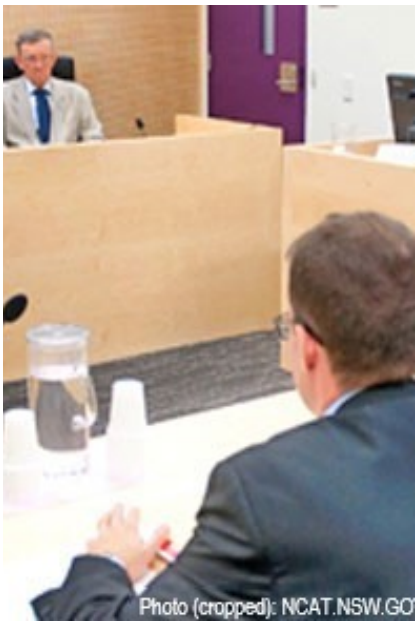
However, each of us has the responsibility to work safely, legally and professionally. To not do so is not only unacceptable but it means we fail to meet the standards set by our own professions. We are obliged as health professionals to uphold these standards and if we feel we cannot, we need to speak up, seek guidance and ask for support. One of the biggest issues for me in my time as Chief Nurse was that nurses and midwives, on occasion, worked outside their scope of practice. This was rarely intentional and nor was it done to cause harm and it was invariably caused by everyday work pressures. But a license to practice the profession is one of the most precious assets we have and we need to protect it. By so doing, we are protecting the public, a difficult concept for some to understand but paramount in upholding the standards of nursing and midwifery.

What is life like for you in your free time?

Now I am semi-retired and living on the beautiful central coast of NSW, not far from the beach. I enjoy the great outdoors rather than the four walls of my office. I take walks on the beach with my dog, Molly, and like lunching with family and friends as well as reading and watching BBC dramas on television. I am learning to play Bridge and of course I now have my regular train trips to Sydney to the NMC offices. There is plenty of reading to do in preparation for these meetings so with all that there is little time for much else. I still visit Canberra every six weeks or so and do some occasional teaching as well as consulting. All in all, as so many retirees say, I don't know how I ever had time to work!

Do you have any advice or favourite words of wisdom for our readers?

I do. Nursing and Midwifery are wonderful professions where making a difference to the lives of others is an everyday occurrence. Respect the relationship we have with patients, appreciate the importance of teamwork and practice safely, ethically and professionally. The fundamental core of what we do is caring, so care for yourselves as well as for others.



Tribunal decision highlights lessons for all nurses

Trigger warning: This article discusses mental health and suicide, which some readers may find distressing. If you are experiencing distress, please contact Nurse & Midwife Support 24/7 on 1800 667 877 or Lifeline on 13 11 14 for confidential help.

The Patient

You may have heard of Ahlia Raftery. Ahlia was a patient in a psychiatric intensive care unit when she committed suicide in March 2015. The shock and tragedy of the incident lead to widespread news coverage. There was intense scrutiny around the circumstances of her death. After investigation and prosecution, the NCAT tribunal decision for this case delivered some noteworthy lessons for nurses.

A Tragic Incident

The Tribunal decision explains what happened that tragic day:

"*At the time of her death, Ahlia was 18 years old and an involuntary patient of the PICU, having been placed there the previous evening on the basis that she was a high suicide risk […]*

Despite the fact that she was under 'close observations' involving no more than 15 minute intervals between observations, Ahlia was able to […] hang herself in the period between 6.30 am and 7.25 am on 19 March 2015. This took place in full view of the nurses' station in the unit, which was approximately 10 to 12 metres away […] While the nurses present assumed that from 6.45 onwards Ahlia was standing half behind her half open door watching them, she was in fact dying, or already dead.

This shocking and tragic event was the product of a great many errors, failures and omissions in the care afforded to patients of the PICU at the [Regional] Mental Health Centre at that time. These failures were both institutional and individual; they compounded to produce an appalling situation in which as many as six nurses were present in and around the nurses' station at the time of Ahlia's death, all assuming that she was alive and all assuming that someone else had recently checked on her well-being. In fact, Ahlia was unattended between at least 6.30 and 7.25 am when another patient found her and raised the alarm."

The Complaints Against the Nurses

Following investigation, the Health Care Complaints Commission brought proceedings against the four registered nurses who were responsible for Ahlia's care in the relevant period, which happened during shift change.

The case alleges unsatisfactory professional conduct in failure to conduct observations against:

- The nurse in charge of the nightshift (NIC)
- Registered nurse on night shift
- Nurse unit manager (NUM) in charge of the overall running of the unit; also the NIC of the dayshift
- Registered nurse on day shift

The case also alleges failures of supervision against the supervisors (NIC and NUM), and professional misconduct for all except the registered nurse on night shift.

Lesson One – Observations

The Tribunal noted that, "*Due to the following combination of factors:*

- *no one nurse on the night shift was allocated to Ahlia;*
- *nurses present were signing for observations they had not personally undertaken;*
- *nurses were routinely making observations as mere sightings from a distance;*
- *no clinical notes were made apart from the progress note, 'Sleeping until 0500hr. Awake for H20. Currently sleeping' and handover notes to almost identical effect;*

there was no way of anyone on the either the night shift or day shift knowing accurately who had last seen Ahlia or what state she was in after 5 am."

A key lesson to be taken from the Tribunal's decision is confirmation that these nurses failed to meet the professional standards in regard to observations. The local LHD procedure dictated that for patients like Ahlia, at minimum, a sighting of the patient by the nurse was expected every 15 minutes and this did not occur.

The Tribunal specified, "*Whether a higher level of observation should have been accorded to Ahlia, given that she had been assessed as a high suicide risk, is no answer to the charge of a failure to properly undertake the level of observations which she was actually on. We determine that an observation is a qualitative assessment of a patient's state that requires the exercise of clinical judgement. The inclusion in the procedure of a quantitative element, a minimum sighting every 15 minutes, did not limit the professional obligations entailed in undertaking patient observations to the element of sighting alone*."

Lesson 2 – Supervision

Although the two nurse supervisors were not directly responsible for Ahlia's care, they each received 12 months' suspension while the other two nurses did not. The Tribunal held them responsible, as clinical leaders, for the standard of care provided, including clinical care delegated to their colleagues.

In regard to the NIC on night duty, the Tribunal said the NIC "*had responsibility for the patients during the nightshift, she was fully aware of the risk factors from the afternoon handover and should have been aware of further risk factors through reading of Ahlia's clinical file. Because no nurse was allocated to Ahlia it was up to [the NIC] to manage those risks through undertaking or allocating attendance on Ahlia, and she did not…Taken together, the proven and admitted conduct is significantly below the standard reasonably expected of a nurse with the experience [….] in a leadership role as [the] NIC."*

In regard to the NUM, the Tribunal said, "*It is clear that there were very serious systems failures, such as those concerning walkaround and the lack [of] staff on the floor during handover, for which [the NUM] was directly responsible...It was very concerning that throughout the hearing [the NUM] still saw his role as a manager as expecting or assuming proper practice rather than as ensuring it, through systems, monitoring, auditing and follow up."*

The NIC on night duty and the NUM's failures as supervisors amounted to their suspension.
In the Standards, supervision includes managerial supervision, professional supervision and clinically-focused supervision. The requirements of nurse supervisors are:

- Expected to be able to supervise and delegate
- Develop experience of supervision and delegation; and
- Adhere to fundamental principles of the protection of the health, safety and welfare of the public

When delegating, nurse supervisors should reflect on the Five Rights of Delegation to ensure that the delegation or assignment has the:

- Right task
- Right circumstances
- Right person
- Right direction/communication
- Right supervision and evaluation

The Standards and Cultures of Safety

While nurse supervisors bear added responsibilities for ensuring safe practice for all of their team and patients, we believe it is every nurse's responsibility to support a culture of safety in their workplace, to actively apply the standards and to call out sub-standard behaviour as required. The standard you walk past is the standard you accept.

One small mistake overlooked can create the slippery slope to serious consequences. As the tribunal noted, "*Some failures, taken alone, may seem minor – such as not recording respiration rates for each patient every 15 minutes. Yet that omission allowed and contributed to other much more dangerous and substandard practices, such as sighting patients from a considerable distance and signing for patients not sighted.*"

Full text of the tribunal decision: www.caselaw.nsw.gov.au/decision/5c8b2f34e4b02a5a800bf4e3

How NSW nurses and midwives regard the Code of Conduct

A new study by Cowin et al in the International Nursing Review explored Australian nurses' and midwives' familiarity with the newly revised Codes of Conduct (2018) for nurses and for midwives and what it means to them.

A total of 136 nurses and midwives from an acute care hospital in Sydney responded to the research survey, which was designed to discover their understanding, relevance and use of the latest Code of Conduct in their clinical work.

The research sample is small and we acknowledge the results might not necessarily apply to the wider population of nurses and midwives in NSW; however, the study may prompt refection on whether the results are relevant to your workplace.

Knowing the Code

The study found that 59% of participants were aware of the Codes. Most participants understood that the Codes were important but reported that they weren't familiar with them. Most felt it was a good referral document, noting it "embodies the spirit of nursing as a trustworthy, person centred profession. The new version of the code is simple and explicit."

The study results showed that the principle rated highest for importance and familiarity by the nurses and midwives was 4: "Nurses/midwives embody integrity, honesty, respect and compassion."

Those who found it very relevant noted two features, its foundation as a guide to practise and its patient-centeredness.

A large proportion of the nurses and midwives surveyed (41%) weren't aware of the new version of the Code or hadn't read it. This is surprising given all nurses and midwives agree to uphold the Codes of Conduct at registration and annual renewal.

The Codes and professional standards are tools that provide principles of behaviour. These can be used by managers, team leaders and colleagues to identify expected standards within a unit.

The four domains in the Codes are:

- Practise legally
- Practise safely, effectively and collaboratively
- Act with professional integrity
- Promote health and wellbeing

Challenges with the Code

A few participants felt the Codes were not specific enough to guide them and that examples are needed for each principle. There were also times when participants felt the Code was difficult to live up to, such as when staffing was low and patient ratios were high.

A strategy that may help with applying the Codes in complex and diverse health care environments is to use staff meetings and huddles to identify and discuss the specific essential safe behaviours required in the unit which align with the principles identified in the Codes and practice standards. The unit staff can than agree together on their expected behaviour, with all staff accountable individually and to each other for maintaining the principles and behaviours that ensure that patients in the unit are receiving safe person-centred care.

In complex health settings such as these, it's highly likely that a variety of unexpected risks could occur that, at times, may require different-than-usual ways of working. Such changes should be made in an informed way, planned and documented to ensure risk is minimised. The changes should be only temporary, such as when you're short of staff and must determine the most important things to do for safety. Maintaining such changes when the risk is no longer present may actually decrease safety over time, so once conditions return to normal, usual practise must be re-established to ensure standards don't slip. When the same risks occur regularly, then system or resource changes are required.

Near the end of this article we provide more tips on how to apply the Codes in daily practise. The Clinical Excellence Commission also provides resources for monitoring key priorities for safe care and quality improvement.

How the Code gets breached

Study participants were asked if they had faced a situation that breached the code; 47% said yes. The most common themes of code violations were bullying, lack of collegiality (unwillingness to teach) and managing misconduct. Other violations included inappropriate conduct (rudeness and aggression), unprofessional behaviour, and violation of privacy and confidentiality.

It is critical that bullying and professional misunderstandings are addressed early and appropriately to build trust. Teaching and supervising is a critical element in this, and all nurses and midwives have this responsibility as described in the Codes. It's also important for nurses and midwives to acknowledge feedback and reflect on areas they may be able to improve.

Where to from here?

Most participants reported that they believe the Code of Conduct is a good guide for professional behaviour. The Code's effectiveness depends on nurses and midwives actively interpreting and applying it, and by the agreed adoption of it within a unit or work group. Here are some ideas on how to achieve this.

Increase awareness of the Code by:
1) Establishing visibility of the codes and standards within the unit
2) Providing and reviewing the codes and standards at orientation
3) Managers and supervisors modelling the expected behaviour (Leadership and the establishment of trust is essential for developing a safety culture.)

Increase understanding and application of the Code by:
1) Discussing and agreeing on expectations for how the code applies within the team's work context, with an understanding that members of the team hold themselves and others accountable
2) Reviewing and reflecting on performance when incidents occur and things didn't go as expected
3) Correcting and coaching when lapses occur
4) Identifying areas of focus for professional development
5) Reflecting the Code in performance management plans
6) Developing and evaluating policies and procedures to align with the Code
7) Developing job interview questions related to the Code

Reinforce the Code by:
1) Identifying, measuring and providing feedback on key elements that are essential to safety
2) Providing performance review and mentoring related to Code behaviours
3) Adopting a transparent, non-punitive approach to reporting and learning from adverse events
4) Implementing a feedback loop so staff know if actions are taken to address identified issues
5) Acknowledge and celebrate positive behaviours and good practice

How do you apply the Code?

We would love to hear how you think about the Code of Conduct and how you apply it in your everyday practice. If you're happy to share your reflections in an upcoming newsletter, please send your comments to us at newsletter@nursingandmidwiferycouncil.nsw.gov.au

Study citation:
COWIN L.S., RILEY T.K, HEILER J. & GREGORY L.R. (2019). The relevance of nurses and midwives code of conduct in Australia. International Nursing Review 00, 1–9

CALL FOR EXPRESSIONS OF INTEREST

Vacancy: 1 Registered Nurse or Midwife, Engaged in the education of nurses or midwives

Closing date: 27 September 2019 (close of business)

About the Role

Expressions of interest are sought from suitably qualified and experienced registered nurses or midwives engaged in the education of nurses or midwives for appointment to the Nursing and Midwifery Council of New South Wales.

The health professional Councils are statutory bodies established under the *Health Practitioner Regulation National Law (NSW)* to manage notifications and complaints about registered health practitioners practising and students studying in NSW. The Councils provide an important public safety role and aim to promote good practice in the relevant health profession.

Council Members are appointed by the Governor of NSW for a term of up to three years on the recommendation of the Minister for Health. Members must be able to demonstrate integrity, impartiality, open-mindedness, sound judgment, knowledge of the rules of procedural fairness and natural justice, and have an appreciation of the need for quality and consistency in decision-making. In addition, members should have the ability to apply legislation and demonstrate effective and proactive teamwork.

Applicants will be selected on merit and to provide an appropriate range of knowledge, skills and diversity within the Council membership.

Information for Applicants

The information package comprising the selection criteria, required member attributes and a nomination form is available online: nursingandmidwiferycouncil.nsw.gov.au/council-membership-10

How to Apply

Expressions of interest should include the following information and be submitted by email to appointments@hpca.nsw.gov.au:

- A brief expression of interest addressing the selection criteria and key attributes
- An up-to-date curriculum vitae outlining experience and qualifications (maximum 5 pages)
- A nomination form and signed declaration
- The names and contact details of two referees.

The information package and further information is also available from:
Health Professional Councils Authority (HPCA)
Locked Bag 20 Haymarket NSW 1238
Level 6, 477 Pitt Street, Sydney NSW 2000
Phone: 02 9219 0273
Email: appointments@hpca.nsw.gov.au
Website: www.hpca.nsw.gov.au