

Educational Resource



Health
Hunter New England
Local Health District

Registered Nurse Curriculum

Target audience: Educators, managers, registered nurses

Purpose: The Registered Nurse curriculum provides a structured approach to undertaking what is known as a discipline specific mandatory education, which is generic in nature and applied to all Registered Nurses. In some areas, there is a requirement to integrate theory with practice (where there is an online or face to face course to attend or a reflective process to undertake). This supports the continual learning of professional knowledge and skills for Registered Nurses across all levels of experience and skills.

Description: The curriculum identifies the minimum required training Registered Nurses, at HNELHD and is designed to be applied by educators and managers. Each learning module contains information where the target group, learning outcomes, resources and assessment is outlined. Links with relevant policies, guidelines and standards are also identified. Additionally, the curriculum guides those responsible to enable reporting within HETI online, by providing the codes to the programs.

Keywords: Registered nurse, curriculum, education

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

The Nursing and Midwifery Board of Australia (NMBA) :

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards>

Applying Nursing Scope of Practice: [scope of practice](#)

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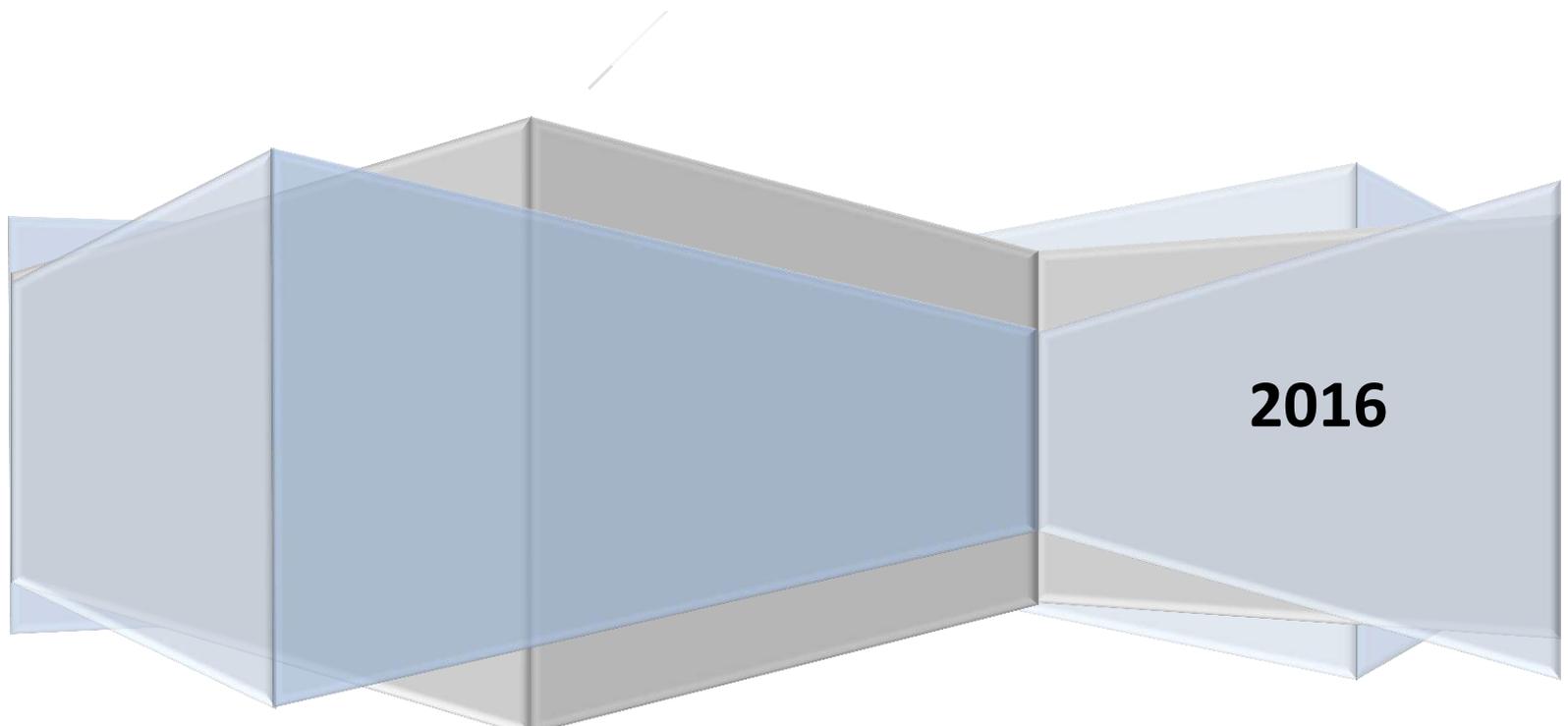
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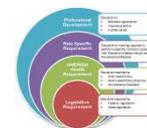
Registered Nurse

Curriculum Guide

Hunter New England Local Health District



2016



Acknowledgements

This curriculum has been developed with the sponsorship of HNELHD Nursing and Midwifery Services in collaboration with numerous individuals and groups including educators, managers, and senior nurses. We would like to acknowledge the contribution of those consulted who have provided their expertise and perspective and given generously of their time, in the development and review of this body of work.

The primary authors are Felicity Williams (Nurse Manager, Development) and Catherine Rutledge (Curriculum and Learning Project Manager, Nursing and Midwifery Services) with early content being collated by Jennifer Greig (CNE, Nursing and Midwifery Services).

A number of workshops were facilitated with members of the District Educators Network to inform the scope of the initial content. These members were:

| | | |
|-------------------|------------------|--------------------|
| Emma Burgess | Melisa Grujovski | Kim Henderson |
| Natalie Hicks | Debbie Hynds | Leila Kuzmiuk |
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| Liz Newham | Sarah Nixon | Kris Owen |
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| Robyn Smith | Neridah Thomson | Susan Walker |

Further consultation was held with identified key individuals and groups to align the scope with strategic intent and organisational responsibility.

Key contributors to this process were:

Jane Conway Professor Teaching, Learning and Scholarship
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Karen Hayes, Manager Organisational Capability, Organisational Capability and Learning

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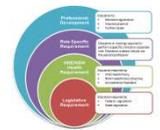
Jen McCormack, Capability Development Consultant, Organisational Capability and Learning

Teena Pattison, GNC Manager for Education Planning and Development

Phil Way, District Clinical Network Manager

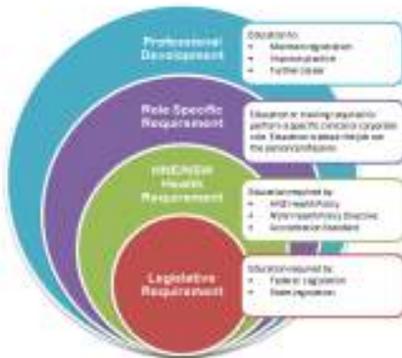
Key contributing groups were:

HNE Strategic Education Committee
HNE Senior Nurse/Midwife Consultative Committee
HNE Nurse/Midwives Educators Network
Organisational Capability and Learning



Forward

HNELHD has been developing a district approach to Mandatory Education and defining required training for staff members. The Strategic Education Committee (SEC) has aligned this work, driving a multidisciplinary approach and endorsed the development of the required learning stratification which identified the purpose of required programs, and how they aligned with policies, procedures and legislation.



The conceptual framework (Fig 1.1) stratifies required training from that which was required by Legislation, MOH/HNE policy, Role Specific, Professional Development. The purpose of this was to identify the priorities from a state, and organisational level and then apply a risk management perspective to role specific required training to determine curriculum that aligns initial development of a staff member, and their continued development, along a career path.

Figure: 1.1 HNE Learning and Development Conceptual Framework (HNELHD Strategic Education Committee 2015)

The HNELHD Safety and Quality Curriculum identifies training required for all, including learning outcomes, resources and assessment methodology by determining how the content aligns to the first two levels of the conceptual framework.

Development of a curriculum for Nursing and Midwifery become an opportunity to identify the core training components for nurses and midwives within HNELHD. This would illustrate not only how often these need to be undertaken, but also enable clear identification of what was required and the purpose of that requirement. The curriculum approach enables learning outcomes and assessment methodology to be clarified. This provides a transparent approach to learning that enables local contextualising of key principles (for educators) and recognition of minimum learning for staff.

The Registered Nurse curriculum has emerged out of the New Graduate Registered Nurse Curriculum, which identified the minimum training requirements for New Graduate RNs at HNELHD. These documents enable transparency of training and recording of that training in HETI online and provides the foundation from which development of specialised curriculum can be developed, as each one builds upon previous learning and experience in the same way that career pathway is formed.

Authors

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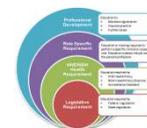


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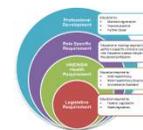


Curriculum Guide

(January 2016)

Registered Nurse

DRAFT



Registered Nurse Curriculum

Introduction

A Registered Nurse is a person who has met minimum competency standards to be registered with AHPRA and there is a requirement for registered nurses to engage in ongoing education and training to continually develop skills, and remain safe practitioners. The Nursing and Midwifery Board of Australia (NMBA) (2006, p10) defined competence as: “the combination of skills, knowledge attitudes, values and abilities that underpin effective and/or superior performance in professional/occupational area.”

According to the NMBA (2006) the following is the definition of a registered nurse on entry to practice:

The registered nurse demonstrates competence in the provision of nursing care as specified by registration requirements, National Board standards and codes, educational preparation, relevant legislation and context of care. The registered nurse practises independently and interdependently, assuming accountability and responsibility for their own actions and delegation of care to enrolled nurses and health care workers. Delegation takes into consideration the education and training of enrolled nurses and health care workers and the context of care.

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#competencystandards>

Defining minimum required training for Registered Nurses who work across all contexts of care and along the continuum of care is difficult due to the enormous contextual variation of the roles. What has and will continue to inform this process is legislation, NSW MOH policy, National Safety and Quality Health Service Standards, HNELHD strategic direction and ANMC competency standards. Assessment of or re-assessment of skills, may be required for some high risk interventions where the assessment is used to validate learning and ensure that practice meets an identified minimum standard.

The curriculum serves as an *educational program* where completion of each activity is documented in the staff members learning record, via HETI online. It has been developed by applying the HNELHD conceptual framework of education and training (Appendix 1) as endorsed by the HNELHD Strategic Education Committee (developed by the HNELHD mandatory training sub-committee). In addition to the above, the curriculum has been developed using contributions from HNELHD Nurse Midwives Educators Network and following consultative workshops.

Imbedded within the curriculum are the HETI identified minimum requirements for training/ education for all nurses and midwives. These may change as the curriculum is developed and to align with policy and clinical risk or outcomes.

Aim

The Registered Nurse curriculum provides a structured approach to undertaking what is known a discipline specific mandatory education, which is generic in nature and applied to all Registered Nurses. In some areas, there is a requirement to integrate theory with practice (where there is an online or face to face course to attend or a reflective process to undertake). This supports the continual learning of professional knowledge and skills for Registered Nurses across all levels of experience and skills.

Outcomes

In the context of their practice the registered nurse will continue to:

- Apply principles and practices of Excellence, every patient, every time
- Demonstrate relevant skills and knowledge to continually develop as a professional
- Apply the [scope of practice](#) of a registered nurse to own practice
- Reflect on and in practice to identify learning needs for continual professional development
- Participate as member of the multidisciplinary team
- Provide quality, safe, person centred compassionate care to patients, families and carers



Principles of Assessment

The Australian Nursing and Midwifery Board have developed a framework for the assessment of competency in Registered Nurses to assist the person responsible for undertaking the assessment. Assessment against the NMBA national competency standards is an important measure to ensure initial and continuing competence of nurses and midwives.

The framework identifies the principles, critical issues and key elements of the assessment model. The aim is to guide the assessment of competence against the Nursing and Midwifery Board of Australia (National Board or NMBA) national competency standards for registered nurses, enrolled nurses, nurse practitioners and midwives. The principles within this framework should be considered when undertaking assessment of RN's for the purpose of completing modules, which require skills assessment.

The 5 key principles are:

- Principle of evidence based assessment
- Principle of validity and reliability in assessment
- Principle of participation and collaboration
- Principle of accountability
- Principle of performance based assessment

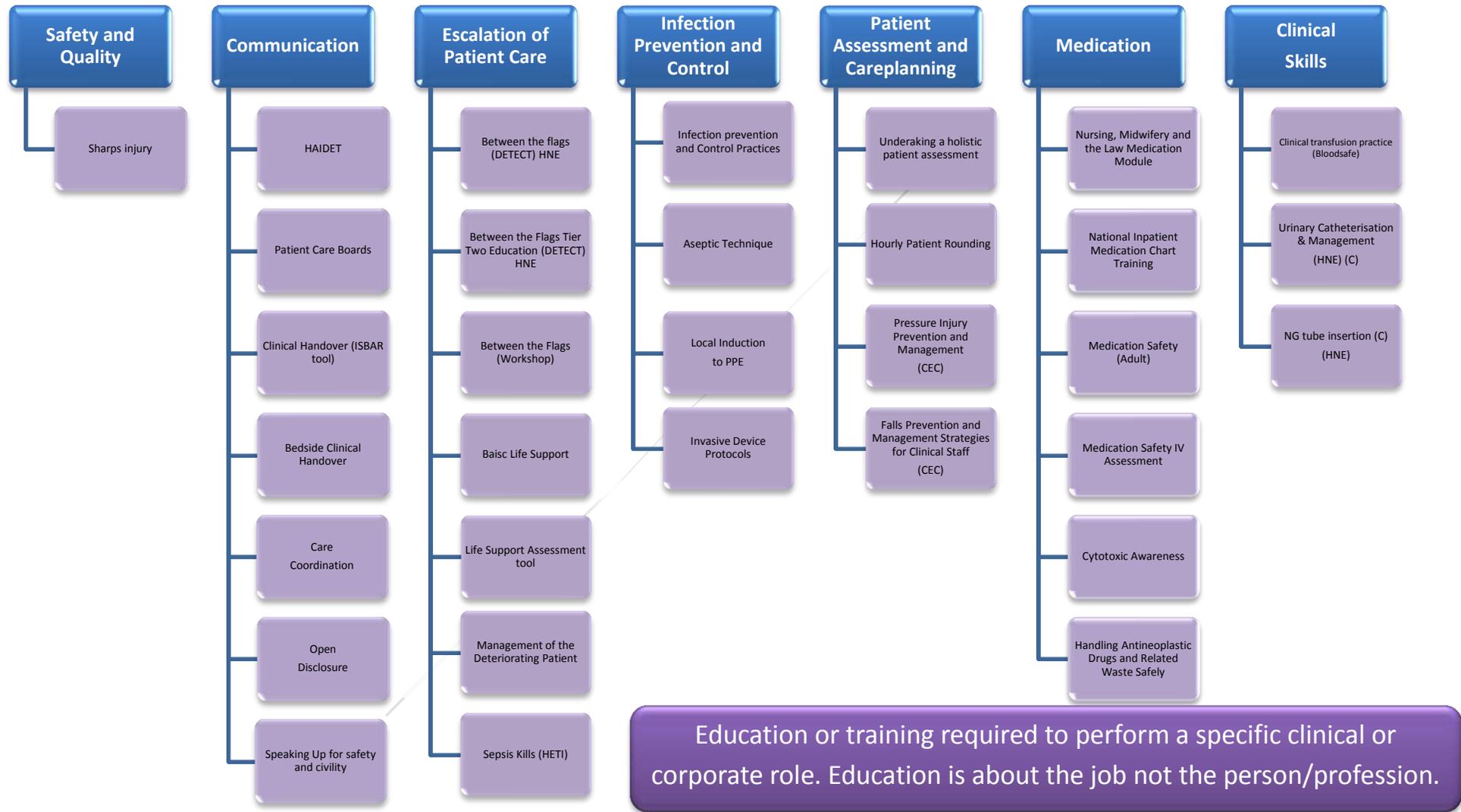
Using the Curriculum

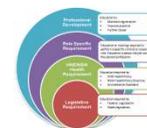
The curriculum identifies the minimum required training Registered Nurses, at HNELHD and is designed to be applied by educators and managers. Each learning module contains information where the target group, learning outcomes, resources and assessment is outlined. Links with relevant policies, guidelines and standards are also identified. Additionally, the curriculum guides those responsible to enable reporting within HETI online, by providing the codes to the programs.

The RN curriculum builds on the HNELHD Safety and Quality Curriculum for all staff, as it relates to discipline specific education and training. Learning modules are not required to be undertaken in a lineal manner, with the order in which modules are undertaken, a topic for discussion between the New Graduate, their manager and/or education support. As each clinical context may have different requirements, some Registered Nurses will be required to apply a specialist curriculum to their practice in addition to the RN curriculum.



Patient Care Essentials National Standards Excellence

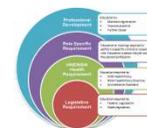




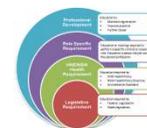
| The way we do things: Patient Care Essentials | |
|---|--|
| Legislation: | N/A |
| Policy Doc: | Minimum Standards of care PD, Clinical Handover PCP, ISBAR, HNE Strategic Direction |
| National Standards Alignment: | Standard 1: Governance for safety and quality in health service organizations Standard 2: Partnering with Consumers Standard 3: Infection prevention and control Standard 4: medication Safety Standard 5: Patient Identification and procedure matching Standard 6: Clinical handover Standard 7: Blood and Blood products Standard 8: Pressure injury prevention and management Standard 9: Recognizing and responding to clinical deterioration in acute health care Standard 10: Prevention falls and harm from falls. |
| Module/s: | Patient Care Essentials: Connection to Purpose |
| Target: | Nurses and Midwives |
| Duration: | 1 hour |
| Frequency: | Once |
| Recommended timeframe for completion: | During Orientation |
| Mode: | Online via intranet or Face to face |
| CPD | |
| Program Description: | The Excellence program is a cultural change initiative that focuses on the delivery of safe, quality person centred care using a range of communication/ behavioural strategies and accountability structures. |
| Learning Outcomes: | After participating in a range of learning opportunities staff members can <ul style="list-style-type: none"> • Articulate the purpose of Excellence and Patient Care Essentials • Describe how Excellence and Patient Care Essentials aligns with National Standards and Person Centred Care • Illustrate how the components of Patient care essentials are applied to support quality, safe, compassionate care. • Identify what their key responsibilities to provide quality, safe, compassionate care using patient care essentials • Demonstrate the expected behaviours identified within patient care essential to provide clinical care to patients. |
| Prerequisites: | Attend Excellence accountability framework module. Is a prerequisite to: <ul style="list-style-type: none"> • HAIDET • Patient Care Boards • Hourly Patient Rounding • Bedside Clinical Handover • Speaking up for Safety and Civility. |



| | |
|-------------------|--|
| Assessment | Validation of skills within the clinical environment as part of the PCEs curriculum |
| Resources | HNELHD Excellence Intranet Page, Observational Assessment tools, Minimum Standard of patient care guidelines, Hourly rounding care plan, Patient Care Board Examples, Powerpoint presentations |
| HNE Contact / SME | Kelley Lennon |



| The way we do things: Excellence | |
|---------------------------------------|--|
| Legislation: | |
| Policy Doc: | Minimum Standards of care PD , Clinical Handover PCP, ISBAR, HNE Strategic Direction |
| National Standards Alignment: | Standard 2 Standard 3 |
| Module/s: | Excellence: Accountability and Expectations |
| Target: | All staff |
| Duration: | 30mins-1hour |
| Mode: | Various: Online via intranet Face to face Workshops with skills labs |
| Frequency: | Once |
| Recommended timeframe for completion: | During Orientation |
| Program Description: | The Excellence program is a cultural change initiative that focuses on |
| Continuous Professional Development: | |
| Learning Outcomes: | <p>After participating in a range of learning opportunities staff members can</p> <ul style="list-style-type: none"> • Articulate the purpose of Excellence and the accountability structure • Understand how Excellence and Patient Care Essentials aligns with National Standards and Person Centred Care • Identify what expected behaviours are • Identify the components of Excellence and how they are applied in the context of the care setting. • Adhere the requirement for your position |
| Prerequisites: | |
| Assessment: | Skills labs for initial skills assessment Validation of skills within the clinical area Clinical handover: audit tool Minimum standards of care self-assessment |
| Evaluation: | |
| Resources: | HNELHD Excellence Intranet Page, Observational Assessment tools, Minimum Standard of patient care guidelines, Hourly rounding care plan, Patient Care Board Examples, Powerpoint presentations |
| HNE Contact / SME | Kelley Lennon |



Education required by NSW or HNE Health Policy for Registered Nurses New Graduate Year or Experienced Nurse employed from outside NSW Health

| Minimum Frequency | Module Name | Target Group | Authority | Recommend time for completion | ✓ |
|-----------------------------|---|--|-----------|-------------------------------|---|
| Once | Patient Care Essentials: Connection to purpose | Nurses and Midwives | HNE | Orientation | |
| Once | The way we do things: Excellence | All staff | HNE | Orientation | |
| Every 5yrs | Sharps Injury | All staff exposed to the risk of sharps injury | State | week 4 | |
| Once | HAIDET | All staff who have patient contact | HNE | Orientation | |
| Once | Patient Care Boards | Clinical staff with direct patient care | HNE | Orientation | |
| Once | Clinical Handover (ISBAR Tool) | Clinical staff | HNE | week 4 | |
| Once | Bedside clinical handover | Nurses and Midwives | HNE | week 4 | |
| Once | Care Coordination | Clinical staff | State | week 4 | |
| Once | Open Disclosure | Clinical staff | State | week 4 | |
| Once | Between the Flags Awareness | Clinical Staff | State | Week 4 | |
| Once | Between the Flags Tier Two Education (DETECT) HNE | Nurses and Midwives | HNE | week 12 | |
| Every 5yrs | Basic Life Support (Adult) Theory | Clinical Staff | State | Week 4 | |
| Annual | Life Support Assessment Tools (= BLS Competency) | Clinical staff with direct patient contact | State | week 12 | |
| Every 5yrs | Management of the Deteriorating Patient | Clinical staff with direct patient contact | State | week 4 | |
| Once | Sepsis Kills (HETI) | Clinical staff with direct patient care | CEC | week 26 | |
| Every 5yrs | Infection Prevention and Control Practices | All Clinical staff | State | week 4 | |
| Every 5yrs | Aseptic Technique | Clinical staff using aseptic technique | State | week 4 | |
| Every 5 yrs | Local Induction to PPE | Staff required to use or wear PPE | State | week 4 | |
| Every 5yrs | Invasive Device Protocols | Clinical staff who perform procedures with invasive medical devices | State | week 4 | |
| Once every clinical context | Undertaking a Holistic Patient assessment | Nurses and Midwives | HNE | week 12 | |
| Once | Hourly Patient Rounding | Nurses and Midwives | HNE | Orientation | |
| Once | Pressure Injury Prevention and Management (CEC) | Nurses, Midwives and clinical staff prescribing pressure relieving equipment | CEC | Week 12 | |



Education required by NSW or HNE Health Policy for Registered Nurses New Graduate Year or Experienced Nurse employed from outside NSW Health

| | | | | | |
|------|--|--|-------|--------------------------------|--|
| Once | Falls Prevention and Falls Risk Management Strategies for Clinical Staff | Clinical Staff | CEC | Week 12 | |
| Once | Nursing, Midwifery and the Law medication module | Nurses and Midwives | HNE | Week 12 | |
| Once | National Inpatient Medication Chart Training | Clinical staff who prescribe, dispense or administer medications | State | Week 2 | |
| Once | Medication Safety (Adult) | Nurses and Midwives | State | Week 2 | |
| Once | Medication Safety IV Assessment (competency) | Nurses and Midwives | HNE | Orientation/ Induction | |
| Once | Cytotoxic Awareness | Nurses and Midwives | State | Week 4 | |
| Once | Handling antineoplastic drug and related waste safely | Nurses and Midwives | HNE | Week12 | |
| Once | Clinical Transfusion Practice (Bloodsafe) | Clinical staff who administer or transport blood products | State | Week 12 | |
| Once | Urinary Catherisation and Management (c) | Nurses and Midwives | HNE | Depends on context of practice | |
| Once | NG Tube Insertion (c) | Nurses and Midwives | HNE | Depends on context of practice | |



Role Specific Requirements: Safety and Quality

| Role Specific Requirement: Sharps Injury | |
|--|--|
| Legislation: | |
| Policy Doc: | PD2007_052 Sharps Injuries - Prevention in the NSW Public Health System |
| National Standards Alignment: | NCSQHS Standard 3 Preventing & Controlling Healthcare Associated Infections, |
| Module/s: | HETI Online Module: 47990247 |
| Target: | This course is applicable for all NSW Health Clinical Staff |
| Duration: | 20 minutes |
| Frequency: | Once |
| Recommended timeframe for completion: | 20 minutes |
| Continuous Professional Development | 0.3 Hours of Continuous Professional Development. |
| Mode: | Online module |
| Description: | This module is an introduction to sharps safety to prevent and minimise sharps injuries for all NSW Health staff working in clinical areas. This module is for clinical staff. Non-clinical staff should complete the module "Introduction to Sharps Safety (non-clinical staff) |
| Learning Outcomes: | <p>Upon completion of this module, you will be able to:</p> <ul style="list-style-type: none"> • Identify the risks associated with sharps in a healthcare setting; • Correctly use safe practices when handling and disposing of sharps in accordance with Ministry of Health and local policies and procedures; • Describe correct first aid procedures when a sharps injury is sustained; • Manage sharps injuries/ exposures in accordance with Ministry of Health and local policies and procedures; • Report and document any sharps injuries that occur. |
| Prerequisites | |
| Assessment: | NIL |
| Evaluation: | |
| Resources: | |
| HNE Contact / SME | |



Role Specific Requirements: Communication

Communication, the exchange and flow of information and ideas from one person to another, is the very foundation of our functioning as human beings.

Even the tiniest baby has a built-in communication system – it's called crying.

But the end result of communication – understanding – occurs only if the receiver grasps the exact information or idea the sender intended to transmit

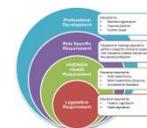
The Nurse Leader Handbook: The art and science of Nurse Leadership. Chapter 1, Page 3. Effective Communication

Ask yourself:

How important is

- **storytelling and**
- **transparency**

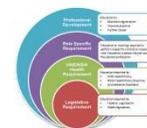
in effective communication.



| Role Specific Requirement: HAIDET | |
|---------------------------------------|---|
| Legislation: | |
| Policy Doc: | <ul style="list-style-type: none"> • Clinical Quality and Patient Safety Framework • HNELHD Pol 14_06- Minimum Standards of Patient Care for Adult Inpatients • HNELHD Pol 14_04- Minimum Standards of Care for the Multidisciplinary Management of the Child, Young Person and their Families • HNELHDPol12_04 Standards of Patient Care for Adult Mental Health Inpatients |
| National Standards Alignment: | NSQHS 2: Partnering with consumers NSQHS 6: Clinical Handover |
| Module/s: | Using HAIDET to enhance safety and communication with patients and their care. HETI Code: Excellence: HAIDET (Inservice) (43061191) Excellence: HAIDET (Skills Lab) (43061525) |
| Target: | Clinical staff who have patient contact |
| Duration: | 0.5 hours |
| Frequency: | |
| Recommended timeframe for completion: | During orientation |
| Continuous Professional Development | 0.5 hours of continuous professional development |
| Mode: | Various: Face to face during informal or formal program Workshops with skills labs to apply theory to practice Continue to practice using skills labs set within the clinical environment |
| Description: | HAIDET is a patient-focused approach of communicating for all patient interactions. HAIDET combines attending hand hygiene in line with the 5 moments of hand hygiene standards with a standardized communication tool that utilizes five important key words: <ul style="list-style-type: none"> • Acknowledge, Introduce/Identify, Duration, Explanation, and Thankyou/ Tidy-up/Time. |
| Learning Outcomes: | On completion of the program you will be able to: <ol style="list-style-type: none"> 1. Restate what the acronym HAIDET means and the reason for each word. 2. Understand when and why HAIDET is used as a framework to engage with patients/ consumers. 3. Apply HAIDET within a range of contexts both clinical and non-clinical. 4. Integrate HAIDET into hourly rounding and using patient care boards 5. Understand different levels of communication which patients can feel they are receiving the best care. 6. Distinguish between the use of HAIDET and ISBAR within the clinical setting and demonstrate how they can be used to communicate to team members and patients. |
| Prerequisites | NIL |
| Assessment: | Skills labs can be used to support ongoing learning by providing feedback on practice and modelling the way. Validation of skills to be undertaken during the skills labs and on an ongoing basis, so that learning continues. |



| | |
|-------------------|---|
| Evaluation: | |
| Resources: | Excellence Intranet Website: http://intranet.hne.health.nsw.gov.au/excellence/aligning_behaviours/patient_care_essentials/policy_directive |
| HNE Contact / SME | Senior clinical managers, senior clinicians & Excellence coaches |



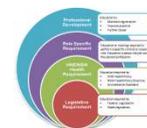
| Role Specific Requirements: Patient Care Board | |
|--|--|
| Legislation: | <ul style="list-style-type: none"> • |
| Policy Doc: | <ul style="list-style-type: none"> • Clinical Quality and Patient Safety Framework • HNELHD Pol 14_06- Minimum Standards of Patient Care for Adult Inpatients • HNELHD Pol 14_04- Minimum Standards of Care for the Multidisciplinary Management of the Child, Young Person and their Families • HNELHDPol12_04 Standards of Patient Care for Adult Mental Health Inpatients • HNE Strategic Direction |
| National Standards Alignment: | NSQHS 1: Governance for Safety and Quality in Health Service Organisations NSQHS 2: Partnering with consumers NSQHS 4: Medication Safety NSQHS 5: Patient Identification and Procedure Matching NSQHS 6: Clinical Handover NSQHS 8: Preventing and managing pressure injuries NSQHS 10: Preventing Falls and Harm from Falls |
| Module/s: | Patient Care Boards |
| Target: | Clinical staff working within a setting which uses patient care boards. |
| Duration: | 0.5 hours |
| Frequency: | Once |
| Recommended timeframe for completion: | During Orientation |
| Mode: | Face to face during informal or formal program Workshops with skills labs to apply theory to practice Continue to practice using skills labs set within the clinical environment |
| Continuous Professional Development: | This program may qualify for 0.5 hours of continuous professional development |
| Program Description: | The program has been developed for clinicians to ensure the appropriate use and completion of Patient Care Boards. Participants will be introduced to the concept of the Patient Care Board and how and when to complete the Patient Care Board. The program will also address the educational requirements of the patient, family and carers themselves. |
| Learning Outcomes: | On completion of the program you will be able to: <ol style="list-style-type: none"> 1. Understand what a Patient Care Board is 2. Express why, when and how Patient Care Boards can be utilised within the clinical setting 3. Use the patient care board to engage with patients about their wishes and communicate the plan. 4. Identify how patient care boards support the individualised patient care plan 5. Demonstrate a correct approach to patient care board use to ensure that information on the board is accurate, up to date and in agreement with the patient and/or carer. 6. Provide education and support to the patient and/or carer so that they can get the best use out of the patient care board. |
| Prerequisites: | NIL |
| Assessment: | Skills labs can be used to support ongoing learning by providing feedback on practice and modelling the way. Validation of skills to be undertaken during the skills labs and on an ongoing basis, so that learning continues. |
| Evaluation: | |



| | |
|-------------------|---|
| Resources | Excellence Intranet Website: http://intranet.hne.health.nsw.gov.au/excellence/aligning_behaviours/patient_care_essentials/care_boards |
| HNE Contact / SME | Senior clinical managers, senior clinicians & Excellence coaches |



| Role Specific Requirements: Clinical Handover (ISBAR tool) | |
|--|---|
| Legislation: | |
| Policy Doc: | PD2009_060 Clinical Handover – Standard Key Principles |
| National Standards Alignment: | NSQHS 2: Partnering with Consumers NSQHS 6: Clinical Handover |
| Module/s: | HETI Online (39831743) |
| Target: | All clinical staff |
| Duration: | 45mins |
| Frequency: | Once |
| Recommended timeframe for completion: | During orientation |
| Mode: | Online |
| Continuous Professional Development | 0.75 CPD points |
| Program Description: | <p><i>This course consists of only one module, and also forms part of the National Standards and Quality Framework</i></p> <p>Welcome to the eLearning module Clinical Handover (ISBAR tool). This module is intended for all health care workers. The module will focus on:</p> <ul style="list-style-type: none"> • Inter-professional practice with the needs of patients and carers at the forefront of all decision-making • Practical and relevant activities. |
| Learning Outcomes: | <p>On successful completion of this module you will be able to:</p> <ul style="list-style-type: none"> • Explain the importance of effective collaborative clinical handover in ensuring patient safety • Identify the key principles of clinical handover • Demonstrate the skills required to document aspects of patient care utilising the ISBAR tool • Apply skills required to use the ISBAR tool when communicating within a clinical context. |
| Prerequisites: | Nil |
| Assessment: | Completion of interactive activities within the program |
| Evaluation: | Online survey |
| Resources: | ISBAR HETI Online |
| HNE Contact / SME | Dr. Carolyn Hullick |



| Role Specific Requirement: Bedside Clinical Handover | |
|--|---|
| Legislation: | |
| Policy Doc: | Clinical Handover: ISBAR Clinical Handover: Shift Handover PD2009_060 Clinical Handover – Standard Key Principles Clinical Quality and Patient Safety Framework HNELHD Pol 14_06- Minimum Standards of Patient Care for Adult Inpatients HNELHD Pol 14_04- Minimum Standards of Care for the Multidisciplinary Management of the Child, Young Person and their Families HNELHDPol12_04 Standards of Patient Care for Adult Mental Health Inpatients |
| National Standards Alignment: | NSQHS 2: Partnering with Consumers NSQHS 6 Clinical Handover |
| Module/s: | Bedside Clinical Handover |
| Target: | Nurses and Midwives |
| Duration: | 0.5hour |
| Frequency: | Once |
| Recommended timeframe for completion: | During Orientation |
| Mode: | Face to face and via presentations |
| Continuous Professional Development | 0.5 hours |
| Program Description: | Clinical Handover is defined as ‘The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis’. This program provides clinical staff with the framework to undertake safe |
| Learning Outcomes: | At the completion of this program you will: Describe the standards and policies that relate to clinical bedside handover <ul style="list-style-type: none"> • Apply these standard practices within the clinical environment to facilitate bedside clinical handover • Integrate HAIDET and ISBAR into the clinical bedside handover to ensure that the patient is included in the handover and that communication with the clinical taking over the authority for care has all the information required. • Nursing/midwifery handovers must occur at the bedside a minimum of once in a 24 hour period and include the participation of the patient /carer/family as appropriate. |
| Prerequisites: | Undertaking ISBAR online training. |
| Assessment: | Assessment of skills through observational assessment and using a competency based assessment method. |
| Evaluation: | |
| Resources: | HNEH Clinical Handover Intranet Page |



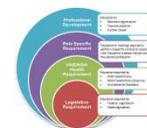
| | |
|-------------------|---------------------|
| HNE Contact / SME | Dr. Carolyn Hullick |
|-------------------|---------------------|



| Role Specific Requirement: Care Coordination | |
|--|--|
| Legislation: | |
| Policy Doc: | PD2011_015 Care Coordination: From Admission to Transfer of Care in NSW Public Hospital - Reference Manual |
| National Standards Alignment: | NSQHS 2: Partnering with Consumers NSQHS 6: Clinical Handover |
| Module/s: | 1 online module (46356692) |
| Target: | NSW health Clinical Staff |
| Duration: | 20 mins |
| Mode: | Online |
| Frequency: | Once |
| Recommended timeframe for completion: | 12 weeks |
| Continuous Professional Development: | 0.4 hrs of Continuous Professional Development |
| Program Description: | This module provides an overview of Care Coordination which looks at planning of patient care from admission to discharge. The training is mandatory for all clinical staff |
| Learning Outcomes: | On completion of this module, you will be able to: <ul style="list-style-type: none"> • Incorporate the five steps of care coordination • Use a process framework that facilitates communication during admission and transfer of patient care • Involve and engage the patient and careers in their care continuum • Liaise effectively with the multidisciplinary team in the planning for care transitions. |
| Prerequisites: | Nil |
| Assessment: | Complete the interactive components of the program |
| Evaluation: | |
| Resources: | Care Coordination Hand book HETI online Care Coordination program |
| HNE Contact / SME | |
| HNE Subject Matter Expert: | |



| Role Specific Requirement: Open Disclosure | |
|--|---|
| Legislation: | |
| Policy Doc: | Open Disclosure PD2014_028 |
| National Standards Alignment: | The NSCHS Standard 1.16.2 requires that "The clinical workforce are trained in open disclosure processes" |
| Module/s: | Open Disclosure (47311513) |
| Target: | Clinicians |
| Duration: | 0.5 Hours |
| Frequency: | Once |
| Recommended timeframe for completion: | 12 weeks |
| Mode: | Online |
| Continuous Professional Development: | 0.5 hrs of Continuous Professional Development |
| Program Description: | This lesson focuses on the essential principles of Open Disclosure and describes how and when it applies in the NSW Health context |
| Learning Outcomes: | <p>On completion of this module, you will be able to:</p> <ul style="list-style-type: none"> • Describe the concept of open disclosure Course Objectives • Outline the essential elements of open disclosure • Identify when open disclosure is required • Describe the role of an apology in open disclosure • Describe how to initiate open disclosure • Outline the difference between clinician disclosure and formal open disclosure • Outline the requirements for open disclosure in NSW Health facilities. |
| Prerequisites: | Nil |
| Assessment: | Completion of the Introduction to open disclosure: Quiz |
| Evaluation: | |
| Resources: | HETI Online program , HNE Open Disclosure intranet site Open disclosure Safety and Quality Clinical Excellence Commission - Open Disclosure |
| HNE Contact / SME | Dr. Anna Hackett. |



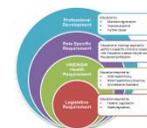
| The way we do things, Excellence: Speaking up for Safety and Civility | |
|---|---|
| Legislation: | |
| Policy Doc: | |
| National Standards Alignment: | |
| Module/s: | Speaking up: two challenge rule. |
| Target: | All Staff |
| Duration: | 30mins |
| Frequency: | Once |
| Recommended timeframe for completion: | 12 weeks |
| Mode: | Various: Online via intranet, Face to face, Workshops with skills labs |
| Continuous Professional Development: | |
| Description: | Speaking up provides a framework for all staff members to raise issues with others in the interests of patient safety, or where behaviours are below acceptable standards of behaviour. |
| Learning Outcomes: | After participating in a range of learning opportunities staff members can <ul style="list-style-type: none"> • Apply the two challenge rule to speak up • Identify situations where speaking up can be used • Practice using speaking up and the two challenge rule in scenario's |
| Prerequisites: | |
| Assessment: | Skills labs for initial skills assessment, Validation of skills within the clinical area, Clinical handover: audit tool, Minimum standards of care self-assessment |
| Evaluation: | |
| Resources: | HNELHD Excellence Intranet Page |
| HNE Contact / Subject Matter Expert | |



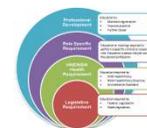
Role Specific Requirements: Escalation of Care

Ask:

- ***What does very good care look like to you?***
- ***Meaningful care, is it a whole team approach?***



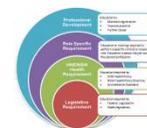
| Role Specific Requirement: Deteriorating Patient (Adult) | |
|--|--|
| Legislation: | |
| Policy Doc: | NSW Health Policy Directive PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating |
| National Standards Alignment: | NSQHS 9: Recognition and Responding to Clinical Deterioration in Acute Health Care |
| Module/s: | HETI Online Course Code 39829919 |
| Target: | This course is applicable for all NSW Health Clinical Staff |
| Duration: | 40 Minutes |
| Frequency: | Once |
| Recommended timeframe for completion: | |
| Mode: | Online |
| Continuous Professional development: | This program may qualify for up to 0.7 hrs of Continuous Professional Development |
| Program Description: | The BTF program addresses the Australian Commission on Safety and Quality in Health Care National Standard 9 Recognition and Responding to Clinical Deterioration in Acute Health Care. |
| Learning Outcomes: | <p>The Between the Flags (BTF) system is a 'safety net' for patients who are cared for in NSW public hospitals and health care facilities. It is designed to protect these patients from deteriorating unnoticed and to ensure they receive appropriate care if they do.</p> <p>Course Structure:</p> <ol style="list-style-type: none"> 1) Between the Flags Awareness 2) Standard Observation Charts & Escalation |
| Prerequisites: | NIL |
| Assessment: | Online Declaration of Learning |
| Evaluation: | |
| Resources: | <ul style="list-style-type: none"> • Clinical Excellence Commission website: http://www.cec.health.nsw.gov.au/programs/between-the-flags • HNE Intranet: Deteriorating Patient. http://intranet.hne.health.nsw.gov.au/cg/deteriorating_patient#BTF • "Clinical Emergency Response System" protocol from your local Emergency Response protocol • Standard Observation Chart |
| HNE Contact / Subject Matter Expert | Mary Bond, Manager, Health Systems Improvement, Clinical Governance on Ph: 4985 5553 or Email Mary.Bond@hnehealth.nsw.gov.au |



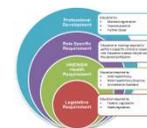
| Role Specific Requirement: Between the Flags Tier Two Education: DETECT eLearning (Adult) | |
|---|--|
| Legislation: | |
| Policy Doc: | NSW Health Policy Directive PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating |
| National Standards Alignment: | NSQHS 9: Recognition and Responding to Clinical Deterioration in Acute Health Care |
| Module/s: | HETI Online Course Code 52884073 |
| Target: | Clinical Staff working in adult environments |
| Duration: | 20 Minutes |
| Frequency: | All Clinical Staff (excluding Staff that only work with Paediatric patients and Maternity - Paediatric is covered by DETECT Junior and Maternity by FONT). |
| Recommended timeframe for completion: | 4 weeks |
| Mode: | Online |
| Continuous Professional development: | |
| Program Description: | The aim of this module is to provide participant with the theoretical information in preparation for attending the face-to-face component of the Between the Flags Tier Two Education DETECT. |
| Learning Outcomes: | <p>At the completion of the module participants will be better prepared for the practical component of DETECT (BTF Tier two Education) by being able to:</p> <ul style="list-style-type: none"> • DETECT signs of deterioration in patients • Identify when a Clinical Review or Rapid Response should be activated • Provide simple and timely interventions to reverse deterioration • Communicate effectively as a team member |
| Prerequisites: | Deteriorating Patient (Adult) |
| Assessment: | Online Declaration of Learning |
| Evaluation: | |
| Resources: | <ul style="list-style-type: none"> • Clinical Excellence Commission website: http://www.cec.health.nsw.gov.au/programs/between-the-flags • HNE Intranet: Deteriorating Patient. http://intranet.hne.health.nsw.gov.au/cg/deteriorating_patient#BTF • “Clinical Emergency Response System” protocol from your local Emergency Response protocol • Standard Observation Chart |
| HNE Contact: HNE Subject Matter Expert: | Mary Bond, Manager, Health Systems Improvement, Clinical Governance on Ph: 4985 5553 or Email Mary.Bond@hnehealth.nsw.gov.au |



| Role Specific Requirement: Basic Life Support (Adult) | |
|---|--|
| Legislation: | |
| Policy Doc: | PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating |
| National Standards Alignment: | NSQHS 9: Recognition and Responding to Clinical Deterioration in Acute Health Care |
| Module/s: | HETI Online Course Code: 40101256 |
| Target: | Clinical staff who are deemed appropriate to undertake BLS Assessment. |
| Duration: | 30 Minutes |
| Frequency: | Theory five yearly |
| Recommended timeframe for completion: | During orientation and induction |
| Mode: | Online |
| Continuous Professional Development: | May qualify for up to 0.5 hrs of Continuous Professional Development |
| Program Description | In accordance to the NSQHS Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care it is a mandatory requirement for all clinical staff to be trained and proficient in basic life support (Action 9.6.1). |
| Learning Outcomes: | <p>On successful completion you will be able to:</p> <ul style="list-style-type: none"> List the steps in the Australian Resuscitation Council (ARC) flowchart to provide Basic Life Support (BLS) Outline the steps involved in the DRSABCD Basic Life Support flowchart Apply the BLS DRSABCD algorithm to a simulated scenario |
| Prerequisites: | |
| Assessment: | Online assessment |
| Evaluation: | |
| Resources: | HETI website: Basic Life Support BLS Assessment Tools |
| HNE Contact / HNE Subject Matter Ex: | |



| Role Specific Requirement: Life Support Assessment Tool (skill assessment) | |
|--|---|
| Legislation: | |
| Policy Doc: | PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating |
| National Standards Alignment: | NSQHS 9: Recognition and Responding to Clinical Deterioration in Acute Health Care |
| Module/s: | HETI Online Course Code: 46498168 |
| Target: | Clinical staff required to have the skill of providing BLS. This assessment is applicable for Medical & Dental, Nursing & Midwifery Staff, Allied Health Staff and Clinical Staff. |
| Duration: | 30 Minutes |
| Frequency: | Annual |
| Recommended timeframe for completion: | Annual |
| Mode: | Simulated Scenario |
| Continuous Professional Development: | May qualify for up to 0.5 hours of continuous professional development |
| Program Description | In accordance to the NSQHS Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care it is a mandatory requirement for all clinical staff to be trained and proficient in basic life support (Action 9.6.1). This Assessment is an annual practical assessment to demonstrate competency in basic life support (BLS.)This assessment is conducted at the LHD/SN level by suitably qualified assessor. |
| Learning Outcomes: | On successful completion you will be able demonstrate in a simulated scenario <ul style="list-style-type: none"> • The steps in Australian Resuscitation Council (ARC) Basic Life Support (BLS) • Application of the BLS DRSABCD algorithm |
| Prerequisites: | Current knowledge in BLS protocol |
| Assessment: | Skills Assessment by a suitably qualified instructor/assessor |
| Evaluation: | |
| Resources: | HETI website: Basic Life Support BLS Assessment Tools |
| HNE Contact / HNE Subject Matter Ex: | |



| Role Specific Requirement: Emergency/Inpatient Sepsis Kills Program | |
|---|---|
| Policy Doc: | Sepsis First Dose Antibiotics for Adults HNELHD CG 12_16 |
| National Standards Alignment: | NSQHS 9: Recognition and Responding to Clinical Deterioration in Acute Health Care |
| Module/s: | There are two modules staff members can do either or both: <ol style="list-style-type: none"> 1. Inpatient Sepsis Kills HETI Online Course Code: 49389821 2. Emergency Sepsis Kills HETI online Course Code: 39941883 |
| Target: | This course is applicable for all staff clinical that are deemed appropriate by the Local Health District (LHD) to complete this training. <ol style="list-style-type: none"> 1. This course is applicable for all NSW Health Clinical Staff 2. This module is designed for clinicians working in an Emergency environment. |
| Duration: | 60 Minutes |
| Frequency: | Once |
| Recommended timeframe for completion: | 12 weeks |
| Mode: | Online |
| Continuous Professional Development: | This program may qualify for up to 1 hr of Continuous Professional Development |
| Program Description: | The modules contain both adult and paediatric case studies that outline how to use the Sepsis Pathways to identify and treat sepsis. Sepsis is a public health problem that needs to be better managed, and you can make a difference. |
| Learning Outcomes: | After completing this module you will be better able to: <ul style="list-style-type: none"> • Recognise that sepsis is a medical emergency. • Identify the risk factors, signs and symptoms of sepsis. • Outline the escalation of the septic patient. • Define the initial management actions for sepsis. • Discuss the requirements for 48 hour sepsis management. |
| Prerequisites: | NIL |
| Assessment: | Online Survey |
| Evaluation: | |
| Resources: | HETI website: Sepsis Kills HNE Intranet: http://intranet.hne.health.nsw.gov.au/cg/deteriorating_patient#SK Clinical Excellence Commission: Sepsis Kills website http://www.cec.health.nsw.gov.au/programs/sepsis SEPSIS Pathway Emergency Adults SEPSIS Pathway Emergency Paediatrics |
| HNE Contact / Subject Matter | Mary Bond, Manager, Health Systems Improvement, Clinical Governance on Ph: 4985 5553 or Email Mary.Bond@hnehealth.nsw.gov.au |



| | |
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| Expert | |
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Role Specific Requirements: Infection Prevention and Control

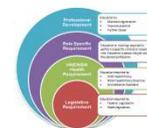




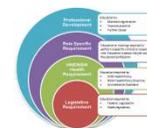
| Role Specific Requirement: Infection Prevention and Control (IPC) Practices | |
|---|--|
| Legislation: | |
| Policy Doc: | NSW Infection Control Policy Doc No. PD2007_036 |
| National Standards Alignment: | NSQHS 3: Preventing and Controlling Healthcare Associated Infections |
| Module/s: | HETI Online Course Code: 46777047 : Online Survey ID: 40002793 |
| Target: | This course is applicable for all NSW Health Clinical Staff |
| Duration: | 30 minutes |
| Frequency: | 5 years |
| Recommended timeframe for completion: | |
| Mode: | Online |
| Continuous Professional Development: | This program may qualify for up to 0.5 hrs of Continuous Professional Development |
| Program Description | This module is an introduction to infection prevention and control practices for all clinical staff. |
| Learning Outcomes: | <p>On completion of this module, you will be able to:</p> <ul style="list-style-type: none"> • Identify that healthcare associated infections pose a risk to patients and most are preventable • Describe the chain of infection and the different modes of transmission and the risk factors associated • Identify the standard and transmission based precautions required to prevent the spread of infection • Recognise the need to implement into clinical practice the management of a patient with an infection utilising current policies and guidelines |
| Prerequisites | NIL |
| Assessment | Online Survey |
| Evaluation: | |
| Resources | HETI website: Infection Prevention and Control Practices HNR Intranet: http://intranet.hne.health.nsw.gov.au/hne_infection_prevention_and_control |
| HNE Contact / SME | Infection Prevention and Control Unit, Hunter Area Pathology Service Level 2, John Hunter Hospital' Ph: (02) 4921 4473, Fax: (02) 4921 4972 HNELHD-InfectionControl@hnehealth.nsw.gov.au |



| Role Specific Requirement: Aseptic Technique | |
|--|---|
| Legislation: | |
| Policy Doc: | NSW Infection Control Policy Doc No.: PD2007_036 Aseptic Technique for Medium or Higher Risk Procedures Conducted in Clinical Settings |
| National Standards Alignment: | NSQHS 3.10.1: The clinical workforce is trained in aseptic technique |
| Module/s: | HETI Online Course Code: 40027445 |
| Target: | This course is applicable for all clinicians that perform procedures that involve aseptic technique |
| Duration: | 20 minutes |
| Frequency: | Every 5 years |
| Recommended timeframe for completion: | |
| Mode: | Online |
| Continuous Professional Development: | May qualify for up to 0.5 hrs of Continuous Professional Development |
| Program Description | This course consists of only one module; this module will provide participants with knowledge and skills to perform a procedure applying the principles of aseptic technique. A certificate is issued on completion. Published November 2013. HETI Website Links - Information about this course |
| Learning Outcomes: | On At the completion of the module participants will be able to: <ul style="list-style-type: none"> • Explain why aseptic technique is important • Describe definitions relating to aseptic technique • List the essential components of aseptic technique • Identify procedures that require aseptic technique • Apply the principles of aseptic technique to clinical procedures |
| Prerequisites: | NIL |
| Assessment: | Online Survey |
| Evaluation: | |
| Resources: | Aseptic Technique Tools : this document contains competence assessment tools and audit tools. |
| HNE Contact / SME | Infection Prevention and Control Unit, John Hunter Hospital' Ph: (02) 4921 4473, Fax: (02) 4921 4972 HNELHD-InfectionControl@hnehealth.nsw.gov.au |



| Role Specific Requirement: Local Induction to PPE: Donning and Doffing | |
|--|--|
| Legislation: | |
| Policy Doc: | NSW Infection Control Policy Doc No.: PD2007_036 WH&S Legislation <i>WHS Act 2011</i> <i>Health Practitioner Regulation NSW 2010</i> HNE Standard & Transmission-Based Precautions PCP (Draft) |
| National Standards Alignment: | NSQHS 3.11.1: Standard precautions and transmission-based precautions consistent with national guidelines are in use NSQHS 3.11.2: Compliance with standard precautions is monitored NSQHS 3.11.4: Compliance with transmission-based precautions is monitored |
| Module/s: | |
| Target: | Clinical workforce caring for and working with patients |
| Duration: | 30 minutes |
| Frequency: | On commencement of employment and yearly |
| Mode: | Face-to-face |
| Continuous Professional Development | |
| Program Description | <ul style="list-style-type: none"> This program provides an orientation and local induction to applying the principles of applying standard precautions within a local context of work. The type of PPE required will be dependent on the clinical setting. |
| Learning Outcomes: | After completing this program the staff members will be able to: <ul style="list-style-type: none"> Explain standard precautions within the context of the Australian Guidelines for the Prevention and Control of Infection in Healthcare Differentiate between standard and transmission-based precautions according to the NSW Infection Control Policy Identify the risks of not using the correct PPE Undertake hand hygiene prior, during and after application of PPE Identify the types of PPE required for the clinical setting/ procedure Demonstrate the correct application of PPE to minimise transmission risks Correctly dispose of PPE after use. |
| Prerequisites | Principles of Infection Prevention and Control (old code CSK113 or WHS114) |
| Assessment: | Competency assessment Staff knowledge and demonstration during ward rounds Minimal service acquired transmission of communicable diseases |
| Evaluation: | |
| Resources | Australian Guidelines for the Prevention & Control of Infection in the Healthcare setting Power point presentation Principles of Infection Prevention & Control DVD Donning & Doffing |
| HNE Contact / SME | Infection Prevention and Control Unit, Hunter Area Pathology Service Level 2, John Hunter Hospital' Ph: (02) 4921 4473, Fax: (02) 4921 4972 HNELHD-InfectionControl@hnehealth.nsw.gov.au |



| Role Specific Requirement: Invasive Device Protocols | |
|--|--|
| Legislation: | |
| Policy Doc: | NSW Infection Control Policy Doc No.: PD2007_036 Aseptic Technique for Medium or Higher Risk Procedures Conducted in Clinical Settings |
| National Standards Alignment: | NSQHS: 3.9 Implementing protocols for invasive device procedures regularly performed within the organisation NSQHS 3.10 Developing and implementing protocols for aseptic technique |
| Module/s: | This course consists of only one module. HETI Online Course Code: 42364545 (Pathlore legacy Course Code NIL) |
| Target: | This course is applicable for all clinical staff who perform procedures with invasive devices |
| Duration: | 20 minutes. |
| Frequency: | 5 years |
| Recommended timeframe for completion: | |
| Mode: | Online (HETI) |
| Continuous Professional Development | up to 0.4 hrs of Continuous Professional Development |
| Program Description | This module provides an overview of generic principles and protocols in managing infection risk with invasive devices used within the health care setting. It is recommended that participants first complete: <ul style="list-style-type: none"> • Aseptic technique eLearning. • Hand Hygiene. A certificate is issued on completion |
| Learning Outcomes: | <ul style="list-style-type: none"> • Identify the potential infection risks associated with medical invasive devices. • Use a risk management approach that reduces potential for harm arising from healthcare associated infection. • Describe how a bundle approach is used to reduce the risk of invasive device infection. • Identify the importance of monitoring patients who have invasive devices in situ. |
| Prerequisites: | Infection prevention and control |
| Assessment: | Online Survey Hospital acquired infections related to invasive devices |
| Evaluation: | |
| Resources: | Aseptic Technique for Medium or Higher Risk Procedures Conducted in Clinical Settings : this document contains resources referring to invasive device management. Credentialing for insertion of Adult Peripheral Cannula: HNELHD PD2005_42:PCP1 Paediatric Cannula Care |
| HNE Contact / Subject Matter Expert | Infection Prevention and Control Unit, Hunter Area Pathology Service Level 2, John Hunter Hospital' Ph: (02) 4921 4473, Fax: (02) 4921 4972 HNELHD-InfectionControl@hnehealth.nsw.gov.au |



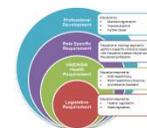
Role Specific requirement: Patient Assessment and Care Planning

“Is there anything else I can do for you before I go? I have time.”

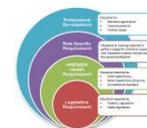
The Nurse Leader Handbook: The art and science of Nurse Leadership pp156



| Role Specific Requirement: Undertaking a Holistic Patient Assessment | |
|--|---|
| Legislation: | |
| Policy Docs: | <ul style="list-style-type: none"> • HealthCare records documentation and management pD2012_069 • Clinical procedure safety NSW health PD2014_036 • NSW Health Policy Directive PD 2007_036 Infection Control Policy • NSW Health Clinical Handover - Standard Key Principles: PD2009_060 and • HNE Health Clinical Handover: PD2009_060:PCP1 and • Clinical Handover- Shift Handover PD2009_060:PCP 2 • Clinical Handover INTRA facility transfers PD2009_060:PCP3 • Clinical Handover INTER facility transfers PD2009_060:PCP4 • Adult Inpatient Nursing Assessment on Admission PD2011_015: PCP 3 • NSW Health: Recognition and Management of a Patient who is Clinically Deteriorating: PD2013_049 • HNELHD Recognition and Management of Patients Who Are Clinically Deteriorating PD2013_049: PCP 1 • Vital Signs Observations 16 Years and Over PD2013_049: PCP 2 • Minimum Standards of Patient Care for Adult Mental Health Inpatients HNELHD Pol 12_04:PCP 1 |
| National Standards Alignment: | <p>NSQHS 1: Governance for safety and quality in health service organizations</p> <p>NSQHS 2: Partnering with Consumers</p> <p>NSQHS 3: Infection prevention and control</p> <p>NSQHS 4: medication Safety</p> <p>NSQHS 5: Patient Identification and procedure matching</p> <p>NSQHS 6: Clinical handover</p> <p>NSQHS 7: Blood and Blood products</p> <p>NSQHS 8: Pressure injury prevention and management</p> <p>NSQHS 9: Recognizing and responding to clinical deterioration in acute health care</p> <p>NSQHS 10: Prevention falls and harm from falls.</p> |
| Module/s: | |
| Target: | Nurses and Midwives |
| Duration: | Approx. 1 hour |
| Frequency: | Orientation to each clinical context |
| Recommended timeframe for completion: | |
| Mode: | Face to face |
| Continuous Professional Development: | |
| Program Description: | This program provides staff with the context of practice to apply assessment skills to a local environment. The content of the holistic patient assessment is dependent on the context of care including the specialty area, the scope of practice and the presenting condition of the patient. |
| Learning Outcomes: | <p>At the completion of this program, the staff member is able to:</p> <ul style="list-style-type: none"> • Utilise HAIDET to facilitate the discussion |



| | |
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| | <ul style="list-style-type: none"> • Identify the forms and tools used undertake a holistic patient assessment • Demonstrate how these forms and tools can be used in practice. • Use clinical skills to assess the patient’s physiological status. • Correctly identify the types of observations required for the individual patient • Communicate with the patient and/or their carers to enable relevant information to be collected. • Use information collected to determine risks for the patient. • Apply clinical judgement to identify the care plans that are required to address the risks. • Determine interventions within careplans based on evidence based practice, and current policy. • Undertake hourly patient rounding to evaluate effectiveness of the careplanning and to monitor patient condition. |
| Prerequisites: | Induction onto the ward/ service |
| Assessment: | Observational assessment of the nurse undertaking the holistic patient assessment within the clinical environment |
| Evaluation: | |
| Resources: | Careplans, Holistic patient assessment tools, Risk assessment tools, Observation tools: AWC, GCS, Neurovascular, ECG, Observation chart, fluid chart, national inpatient medication chart |
| HNE Contact / Subject Matter Expert | |



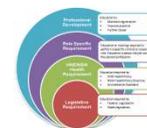
| Role Specific Requirement: Hourly Patient Rounding | |
|--|--|
| Legislation: | |
| Policy Doc: | <ul style="list-style-type: none"> • Clinical Quality and Patient Safety Framework • HNELHD Pol 14_06- Minimum Standards of Patient Care for Adult Inpatients • HNELHD Pol 14_04- Minimum Standards of Care for the Multidisciplinary Management of the Child, Young Person and their Families • HNELHDPol12_04 Standards of Patient Care for Adult Mental Health Inpatients • HNE Strategic Direction |
| National Standards Alignment: | NSQHS 1: Governance for Safety and Quality in Health Service Organisations NSQHS 2: Partnering with consumers NSQHS 4: Medication Safety NSQHS 5: Patient Identification and Procedure Matching NSQHS 6: Clinical Handover NSQHS 8: Preventing and managing pressure injuries NSQHS 10: Preventing Falls and Harm from Falls |
| Module/s: | |
| Target: | Clinical staff working within a setting which uses patient care boards. |
| Duration: | 0.5 hours |
| Frequency: | Once |
| Recommended timeframe for completion | During orientation |
| Mode: | Face to face during informal or formal program Workshops with skills labs to apply theory to practice Continue to practice using skills labs set within the clinical environment |
| Continuous Professional Development | May qualify for 0.5 hours of continuous professional development |
| Program Description: | The program has been developed for clinicians to ensure the appropriate use and completion of Patient Care Boards. Participants will be introduced to the concept of the Patient Care Board and how and when to complete the Patient Care Board. The program will also address the educational requirements of the patient, family and carers themselves. |
| Learning Outcomes: | On completion of the program you will be able to: <ul style="list-style-type: none"> • Connect hourly patient rounding with safety and quality • Express why, when and how hourly patient rounding can be utilised within the clinical setting • Use hourly patient rounding to engage with patients about their needs, and provide individualised patient care. • Use hourly patient rounding to provide purposeful interaction with the patient each hour and meet the requirements identified within the Ps and Ds. • Adapt the hourly patient rounding care plan according to patient risk. • Demonstrate a correct approach to hourly patient rounding use to ensure that care provided is appropriate to the needs of the patient and that documentation is correctly completed. |
| Prerequisites: | Excellence: accountability framework Patient Care Essentials: connecting to national standards. |
| Assessment: | Skills labs can be used to support ongoing learning by providing feedback on practice and modelling the way. Validation of skills to be undertaken during the skills labs and on an ongoing basis, so that learning continues. |
| Evaluation: | |



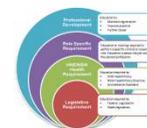
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| Resources: | Excellence Intranet Website: |
| HNE Contact / Subject Matter Expert | Senior clinical managers, senior clinicians & Excellence coaches |



| Role Specific Requirement: Pressure Injury Prevention and Management | |
|--|---|
| Legislation: | |
| Policy Doc: | NSW Health Pressure Injury Prevention and Management: PD2014_007 |
| National Standards Alignment: | NSQHS 8: Preventing and Managing Pressure Injuries |
| Module/s: | HETI Online Course Code: 42032699 8 modules |
| Target: | This course is targeted to nurses and midwives, although is relevant to all clinical staff who care for people who could develop a pressure injury. |
| Duration: | 2 Hours |
| Frequency: | Once |
| Recommended timeframe for completion: | During first 12 weeks |
| Mode: | Online (HETI) |
| Continuous Professional Development: | may qualify for up to 2 hrs of Continuous Professional Development |
| Program Description | <p>A comprehensive course that discusses the different levels of pressure injuries, how to identify and classify them, how to prevent their occurrence, and how to treat them once they have occurred</p> <p>This course is relevant to all clinical professionals:</p> |
| Learning Outcomes: | <p>After completing the eight modules in this course, participants will be able to identify and effectively treat pressure injuries; and reduce the likelihood of pressure injuries occurring.</p> <p>Pressure Injury Pathophysiology: After completing this module you will be able to describe the anatomy and normal function of the skin; explain how pressure influences development of a pressure injury; describe the extrinsic and intrinsic factors for pressure injury development, and list other risk factors.</p> <p>Pressure Injury Risk Assessment: After completing this module you will be able to inform other health professionals about pressure injuries by using consistent language in the medical records; facilitate improved auditing and benchmarking of prevalence and incidence data; and assist with management planning.</p> <p>Pressure Injury Partnering with Consumers: After completing this module you will be able to explain pressure injuries to clients, plan interventions in partnership with clients, provide clients with relevant information about their condition, and support clients to reduce their risk of developing pressure injuries.</p> <p>Pressure Injury Prevention Plans: After completing this module you will be able to collaborate to develop a holistic prevention plan; explain the importance of using clinical judgement in implementing strategies; engage with the client and their family in the development of the prevention plan; describe the components of a prevention plan and</p> |



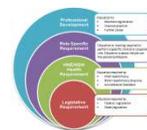
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| | <p>how to consider them; know what equipment is available and what it is used for; know how to use the care / equipment algorithm to inform clinical judgement; and be able to implement and evaluate a prevention plan.</p> <p>Pressure Injury Assessment and Staging: After completing this module you will be able to use the standardised Pressure Injury Risk Assessment tools for adults and paediatrics in a clinical scenario. You will be able to apply validated risk assessment tools to individual patient risk for adults and paediatrics.</p> <p>Pressure Injury Prevention and Management Assessment: Completing this module and successfully passing the assessment is the final step of the course. After passing the assessment you can download and print the Certificate of Completion.</p> |
| Prerequisites: | NIL |
| Assessment: | Online Survey |
| Evaluation: | Annually during the HNELHD Wound Point Prevalence Surveillance |
| Resources: | |
| HNE Contact / Subject Matter Expert | Felicity Williams |



| Role Specific Requirement: Falls Prevention and Risk Management Strategies for Clinical Staff | |
|---|---|
| Legislation: | |
| Policy Doc: | PD 2011_029: Prevention of Falls and Harm from Falls among Older People: 2011-2015 NSW Health PD2011_029:PCP 6 |
| National Standards Alignment: | NSQHS 10: Preventing Falls and Harm from Falls |
| Module/s: | HETI Online Course Code: 40063943 (Pathlore legacy Course Code NIL) |
| Target: | This course is applicable for all NSW Health Clinical Staff |
| Duration: | 30 minutes |
| Frequency: | Once |
| Recommended timeframe for completion: | |
| Mode: | Online (HETI) |
| Continuous Professional Development | This program may qualify for up to 0.5 hrs of Continuous Professional Development |
| Program Description | <p>Welcome to the eLearning module Falls Prevention and Falls Risk Management Strategies for Clinical Staff.</p> <p>This is one of the three eLearning modules supporting the learning on falls prevention and management for clinical staff in acute and subacute settings. Falls prevention best practice not only minimises the risk of falls occurring, but can reduce the risk of injury should a fall occur.</p> <p>A certificate is issued on completion. Published December 2013.</p> |
| Learning Outcomes: | <ul style="list-style-type: none"> • Define and discuss falls and the significance of falls. • Recognise the falls risk screen as a risk management identification process. • Identify and discuss falls risk factors, both patient centred and environment centred. • Recognise the falls risk assessment and management plan as a tool to implement individualised falls prevention strategies. • Demonstrate the implementation of intervention strategies in response to identified risks. • Recognise that Local Health District (LHD) falls (hospital/acute and subacute) policies/procedures forms the framework for safe and accountable falls prevention and management. |
| Prerequisites | NIL |
| Assessment: | Online Survey |
| Evaluation: | |
| Resources: | |



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| HNE Contact / Subject Matter Expert | Patsy Bourke, District Falls Injury Prevention Coordinator. Telephone 67648064. Patsy.Bourke@hnehealth.nsw.gov.au |
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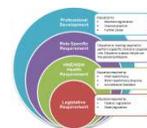


Role Specific Requirements: Medication





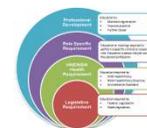
| Role Specific Requirement: Nursing, Midwifery and the Law: Medication Module | |
|--|--|
| Legislation: | Poisons and Therapeutic Goods Act 1966 Poisons and Therapeutic Goods Regulation 2008 Poisons List |
| Policy Doc: | PD 2013_043 Medication Handling in NSW Public Health Facilities PD 2012_007 High Risk Medication Management PD2007_061 Incident Management PD2005_608 Patient Safety and Quality Program Medication Safety in HNE PD2013_043:PCP 31 |
| National Standards Alignment: | Standard 4: Medication Safety |
| Module/s: | HETI Online Course Code (39888031) |
| Target: | Nurses and Midwives |
| Duration: | 30 minutes |
| Frequency: | Once |
| Recommended timeframe for completion: | Orientation |
| Mode: | Online via HETI |
| Continuous Professional Development: | may qualify for 0.5Hours Continuous Professional Development |
| Program Description | <p>The administration of medications is an important component of your work as a nurse or midwife.</p> <p>Adverse outcomes arising from errors in the administration of medication can and do arise, and can sometimes be catastrophic to the patient.</p> <p>It is important that safe practice standards are in place designed to minimise the risk of such errors arising, and wherever possible, to minimise the damage if an error is made.</p> <p>This program provides an overview of the legal requirements for Nurses and Midwives in administration of medications.</p> |
| Learning Outcomes: | <ul style="list-style-type: none"> • Understand the legal and ethical frameworks surrounding professional practice in the health care system, and the relationship of safe patient care. Understand the overarching professional standards and duty of care relating to nursing and midwifery practice. • Understand how the national law pertains to practice in the health care environment, including, but not limited to, registration requirements, registration standards and mandatory reporting. • Demonstrate knowledge of legal requirements impacting the nurse or midwife role in the provision of safe administration of medications |
| Prerequisites: | Introduction Module |



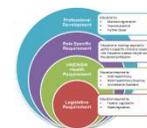
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| Assessment: | |
| Evaluation: | |
| Resources: | National Inpatient Medication Chart |
| HNE Contact / Subject Matter Expert: | |



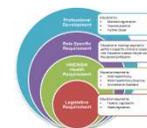
| Role Specific Requirement: National Inpatient Medication Chart | |
|--|---|
| Legislation: | Poisons and Therapeutic Goods Act 1966 Poisons and Therapeutic Goods Regulation 2008 Poisons List |
| Policy Doc: | PD 2013_043 Medication Handling in NSW Public Health Facilities PD 2012_007 High Risk Medication Management PD2007_061 Incident Management PD2005_608 Patient Safety and Quality Program Medication Safety in HNE PD2013_043:PCP 31 |
| National Standards Alignment: | Standard 4: Medication Safety |
| Module/s: | NIMC training |
| Target: | This course is applicable for all NSW Health Clinical Staff |
| Duration: | 1 hour |
| Frequency: | Once |
| Recommended timeframe for completion: | Orientation/ RPL can be applied |
| Mode: | Online |
| Continuous Professional Development: | may qualify for up to of 1 Hours Continuous Professional Development |
| Program Description | |
| Learning Outcomes: | <p>Upon completion of this course the learner will be able to:</p> <ul style="list-style-type: none"> • Follow safe prescribing practices • Identify the different sections of the National Inpatient Medication Chart • Correctly document all information required for drug orders and drug administration records using the National Inpatient Medication Chart |
| Prerequisites: | NIL |
| Assessment: | On line Quiz |
| Evaluation: | |
| Resources: | |
| HNE Contact / Subject Matter Expert: | |



| Role Specific Requirement: Medication Safety (Adult) | |
|--|--|
| Legislation: | Poisons and Therapeutic Goods Act 1966 Poisons and Therapeutic Goods Regulation 2008 Poisons List |
| Policy Doc: | Medication Safety in HNE PD2013_043:PCP 31 |
| National Standards Alignment: | Standard 4: Medication Safety |
| Module/s: | HETI Online Course Code (39888031) |
| Target: | This course is applicable for all NSW Health Clinical Staff |
| Duration: | 40 minutes |
| Frequency: | Once |
| Recommended timeframe for completion: | Orientation |
| Mode: | Face to Face (Available via the HETI Online catalogue at specified locations) |
| Continuous Professional Development: | may qualify for up to of 1 Hours Continuous Professional Development |
| Program Description | In this module we discuss how continuity in medication management improves the overall health outcomes for the consumer - and how systematic processes can help you improve continuity. |
| Learning Outcomes: | <p>On completion of this training the participant will be better able to;</p> <ul style="list-style-type: none"> • Describe the concept of continuity in medication management and the implications for consumers' safety • Identify the associated risks and potential harm from discontinuity in medication management • Outline the key elements in communication integral to continuity in medication management • Identify steps required to obtain best possible medication history (BPMH) |
| Prerequisites: | NIL |
| Assessment: | On line Quiz |
| Evaluation: | |
| Resources: | |
| HNE Contact / Subject Matter Expert: | |



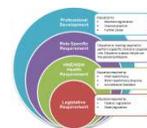
| Role Specific Requirement: Medication Safety IV Assessment | |
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| Legislation: | |
| Policy Doc: | |
| National Standards Alignment: | NSQHS 1: Governance for safety and quality in health service organizations NSQHS 4: medication Safety |
| Module/s: | HETI Course Code (Pathlore legacy Course Code) |
| Target: | Nurses and Midwives required to administer IV medications |
| Duration: | Approximately Hours |
| Frequency: | Once |
| Recommended timeframe for completion: | Orientation |
| Mode: | |
| Continuous Professional Development | This program may qualify for up to .5 Hours Continuous Professional Development |
| Program Description: | |
| Learning Outcomes: | <ul style="list-style-type: none"> • Demonstrates the safe, administration of medication intravenously |
| Prerequisites: | NIL |
| Assessment: | Observational assessment |
| Evaluation: | |
| Resources: | |
| HNE Contact / Subject Matter Expert | |



| Role Specific Requirement: Handling Antineoplastic Drugs and Related Waste Safely | |
|---|---|
| Legislation: | Work Health and Safety Act 2011 no.10 Work Health and Safety Regulation 2011 |
| Policy Doc: | PD2012_003: High Risk Medicines Management PD 2007_36: Infection control Policy Safe Work Australia Managing Risks of Hazardous Chemicals in the Workplace Code of Practice July 2012 |
| National Standards Alignment: | Standard 1: Governance for Safety and Quality in Health Care Organisations Standard 4: Medication Safety |
| Module/s: | Handling antineoplastic drugs and related waste safely- eLearning guide HETI Course Code 48173057 |
| Target: | Clinical staff |
| Duration: | Approximately Hours |
| Frequency: | Once |
| Recommended timeframe for completion: | 26 weeks (depending on context of practice) |
| Mode: | Theory online via HETI Competency assessment face to face |
| Continuous Professional Development | |
| Program Description: | The Antineoplastic Drug Administration Course (ADAC) supports health professionals develop the necessary knowledge and clinical skills to administer antineoplastic drugs and handle related waste safely. |
| Learning Outcomes: | Learning outcomes: 1.1 Identify antineoplastic drugs, waste sources and the routes of excretion 1.2 Comply with relevant guidelines for safe handling of antineoplastic drugs and related waste 1.3 Describe the potential hazards associated with the handling of antineoplastic treatments 1.4 Implement safe practices to minimise exposure of staff/patients/carers to antineoplastic drugs and related waste 1.5 Comply with risk management policy and protocol on safe handling, disposal, transport and storage of antineoplastic drugs and related waste 1.6 Identify the organisation's health surveillance requirements for staff handling antineoplastic drugs and related waste and ensure that she/he complies with the requirements 1.7 Demonstrate the procedure for the management of sharp injuries, spills and personal contamination related to antineoplastic drugs |
| Prerequisites: | NIL |
| Assessment: | To successfully complete this module the learner is required to: <ol style="list-style-type: none"> 1. Complete the eLearning guide on HETI online 2. Complete the eQuiz- clinical staff must obtain 100%. eQuiz result needs to be printed and shown to the assessor. 3. Demonstrate clinical competence using the competency assessment tool |

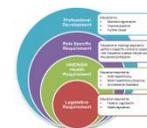


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| | <p>(competency is assessed by the ADAC facilitator or delegate)</p> <p>4. A Certificate of Completion for Handling antineoplastic drugs and related waste safety is awarded.</p> |
| Evaluation: | |
| Resources: | eviQ Cancer Institute |
| HNE Contact / Subject Matter Expert | Douglas Bellamy Cancer Care Coordinator |



Role Specific Requirements: Clinical Skills





| Role Specific Requirement: Bloodsafe – Clinical Transfusion Practice | |
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| Legislation: | |
| Policy Doc: | PD2012_016 Blood - Management of Fresh Blood Components |
| National Standards Alignment: | Standard 7: Blood and blood products |
| Module/s: | HETI Online Course Code: 42063551 |
| Target: | This course is applicable for all NSW Health Clinical Staff |
| Duration: | 20 minutes |
| Frequency: | 5 years |
| Recommended timeframe for completion: | |
| Mode: | This site is accessible Online (HETI) but is external (Bloodsafe e Learning Australia) Data is imported into HETI Online transcripts weekly. |
| Continuous Professional Development | may qualify for up to 0.4 hrs of Continuous Professional Development |
| Program Description: | <p>Transfusion can save and improve lives, however it has become increasingly clear that such therapy has limitations and the decision to transfuse must be made with great care. The transfusion process, by its very nature, has the potential to be risky business – a source of preventable errors that can result in patient harm.</p> <p>The transfusion chain is linked by many players, all with a responsibility to both patients and donors to ensure safe and appropriate use, as well as helping maintain the sufficiency of a precious commodity resource.</p> <p>Each health facility in NSW that provides transfusion therapy must have effective systems and procedures in place to enable compliance with this Policy Directive. In particular, the facility must have a process for the review of transfusion issues. This may be through an existing committee or through the establishment of a specific hospital transfusion committee. The process must include monitoring, quality improvement in the care of blood and transfusion practices and staff education.</p> |
| Learning Outcomes: | <p>The learning modules in this course are:</p> <ul style="list-style-type: none"> • Blood – A priceless gift – A brief overview of blood donation and processing • Module 1 – The risks and benefits of transfusion • Module 2 – Collecting the pre-transfusion test sample • Module 3 - Collecting crossmatched blood from the transfusion service provider or blood fridge • Module 4 – Administering blood components • Module 5 – Monitoring the patient, transfusion outcomes and transfusion reactions |
| Prerequisites: | As a minimum requirement, all staff who are involved in transfusion-related activities must have completed the BloodSafe e-Learning program. |
| Assessment: | Online Quiz |
| Resources: | https://www.bloodsafelearning.org.au/ |



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| Contact: | Infection Prevention and Control Unit, Hunter Area Pathology Service Level 2, John Hunter Hospital' Ph: (02) 4921 4473, Fax: (02) 4921 4972 HNELHD-InfectionControl@hnehealth.nsw.gov.au |
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Other important information:

This course is hosted on a site outside of the NSW Health network.

When you click the “Play” button to launch the course, a new window will open and you will be taken to the site.

You will need to create a new user account because records of previous attempts will not have been recorded in HETI Online and will not be in your transcript. For your attempt to be recorded, please make sure that you use the following information when creating your new account:

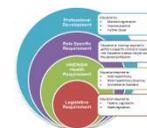
- Username = StaffLink Employee ID
- Name = Please record your name as it appears in StaffLink
- Email = Please use your work email address (if you do not have one use a personal address)
- Organisation = Please specify your Health service

After staff have completed the course make sure that they print any certificate as evidence. HETI will be receiving records of completions on a regular basis which means that staff transcripts will not be updated for a period of time from the date staff have completed the course.

If staff transcripts are not updated in a period of three weeks after completion contact ocladmin@hnehealth.nsw.gov.au



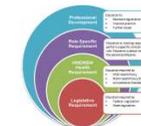
| Role Specific Requirement: Urinary Catheterisation and Management | |
|---|--|
| Legislative Requirement: | |
| Policy Doc: | A Practical Guide to: Intermittent and Indwelling Urinary Catheterisation and Closed System of Drainage HNELHD CG 11_26 |
| National Standards Alignment: | NSQHS 1: Governance for safety and quality in health service organizations NSQHS 3: Infection prevention and control |
| Module/s: | HETI Course Code 45153710 (Pathlore legacy Course Code CSK1181) Catheterisation MyLink |
| Target: | Enrolled nurses, Registered nurses, Clinical nurse specialists, medical students, doctors, Nurse practitioners. |
| Duration: | 2 Hours |
| Frequency: | Once |
| Recommended timeframe for completion: | |
| Mode: | Face to Face (Available via the HETI Online catalogue at specified locations) |
| Continuous Professional Development | may qualify for up to of 2 Hours Continuous Professional Development |
| Program Description | The program has been developed for doctors and nurses to ensure that urinary catheterisation is performed according to evidence based practice. Participants will be introduced to best practice principles related to catheterisation and closed systems of drainage. |
| Learning Outcomes: | <p>On completion of the program you will be able to:</p> <ul style="list-style-type: none"> • Understand the theory behind catheterisation • Clearly identify catheterisation and drainage equipment and when it should be used. • Be able to problem solve complications that can occur with catheters. • Recognise the social implications of catheterisation • Demonstrate their catheterisation techniques on models |
| Prerequisites: | NIL |
| Assessment: | <p>Section 1: View the Video presentation</p> <p>Section 2: Complete each of the online education modules. Complete the catheterisation quiz. Complete the evaluation.</p> <p>Section 3: Register on myLink to attend a practice session. During this session you will observe an aseptic catheterisation demonstration. This will be followed by the completion of a catheterisation competency on a mannequin. Following the successful completion of this stage your record will be updated in HETI online to finished.</p> <p>Section 4: Complete the catheterisation competency while aseptically catheterising a client / patient.</p> |



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| | <p>This assessment competency is to be completed by a RN who is classified as competent. The completed competency along with the assessor’s name, date of the competency, clients / patient's MRN and the date that you attended the practical catheterisation session, is then sent to the course coordinator.</p> <p>At this time your course coordinator will update your learning record status to competent. Once assessed as competent you are then able to catheterise clients without being supervised</p> |
| <p>Evaluation:</p> | |
| <p>Resources:</p> | <p>Catheter online MyLink site</p> |
| <p>HNE Contact / Subject Matter Expert</p> | <p>Wendy Watts CNC Michelle Paul NP Continence</p> |



| Role Specific Requirement: Naso-Gastric Tube Insertion | |
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| Legislation: | |
| Policy Doc: | Enteral Nasogastric Tube Insertion (Adult) HNELHD GandP 13_10 |
| National Standards Alignment: | NSQHS 1: Governance for safety and quality in health service organizations NSQHS 3: Infection prevention and control NSQHS 4: Medication Safety |
| Module/s: | TBA |
| Target: | Nursing |
| Duration: | |
| Frequency: | Once |
| Recommended time frame for completion: | |
| Mode: | Face to Face (Available via the HETI Online catalogue at specified locations) |
| Continuous Professional Development | This program may qualify for up to 1 Hours of Continuous Professional Development |
| Program Description | |
| Learning Outcomes: | <p>After participating in a range of learning opportunities the participant will be able to:</p> <ul style="list-style-type: none"> • Understand the indications for and risks associated with naso-gastric tube insertion • Clearly identify a range of enteral feeding equipment and when it should be used. • Be able to identify correct placement of tubes |
| Prerequisites: | HETI online: Invasive Device Protocols |
| Assessment: | |
| Evaluation: | |
| Resources: | |
| HNE Contact / Subject Matter Expert | |



Novice to Expert: Registered Nurse

| Accountabilities of Role Description | Elements of Practice | Novice | Advanced Beginner | Competent | Proficient | Expert |
|--------------------------------------|-----------------------|--|--|--|--|--|
| CLINICAL CARE | Standards of Practice | Understands and practices within own scope of practice to meet minimum standards of care as outlined in the position description. | Integrates health care knowledge with nursing skills to provide safe, quality, compassionate person-centred care within scope of practice. | Demonstrates how the multiple determinants of health inform individualized person-centred care. | Draws on policies, guidelines and standards to inform and support evidence based practice. | Contributes to the translation of policy, guidelines and standards to deliver on intent and provide relevance to practice. |
| | Performance | Performs comprehensive nursing assessment, develops and implements care in collaboration with the patient and multidisciplinary team. Evaluates patient's progress and escalates where as necessary. | Links clinical decisions and interventions to guidelines and evidence. Identifies early changes in patient's clinical condition that requires escalation. | Applies critical thinking and clinical reasoning in the delivery of care using evidenced based practice. Identifies need for escalation or referral using emerging clinical indicators. | Applies sound clinical judgement, critical thinking and clinical reasoning in the delivery and evaluation of care. Provides support to staff to inform the escalation of care. | Develops and applies knowledge and adapts nursing skills in complex and/or unstable environments |
| LEADERSHIP & MANAGEMENT | Communication | Provides individualized compassionate person-centred care to patients and acts as an advocate. Develops interpersonal skills within the health care team. | Engages with patients to develop the plan of care. Participates in the collaborative health care team. | Provides relevant information to patients to inform their decisions about care. Communicates relevant, accurate and timely information to the multidisciplinary team, utilising verbal, written and electronic modalities. | Includes the patient in decisions about their care in collaboration with the multidisciplinary team care. Contribute to the team to determine, organize, plan and evaluate care. | Work in partnership with patients and provide guidance to staff and patients to optimise patient outcomes in complex situations. |
| | Professional Issues | Accepts accountability and responsibility for own professional judgement, actions and continued competence. Request support where needed. | Consults or refer to other nurses and/or other health professionals when the required decision or intervention is outside current competence or scope of practice. | Support health professionals and models the role of the nurse to provide safe, quality, person-centred compassionate care by applying professional standards and practice frameworks. | Promotes the role of the nurse to patients and within the multidisciplinary team, and delegates to others within their scope and competence. | Provides leadership where relevant in the delivery of the plan of care to members of the health care team. |
| | Financial | Uses and maintains resources efficiently and effectively. | Demonstrates evidence of budget awareness and cost efficient care | Identifies issues and develops strategies in consultation with line manager for efficient utilisation of consumables. | Contributes to the development of resource plans within the unit and supports their implementation. | Delegates, allocates and reviews the use of nursing resources to ensure optimal allocation |
| | Strategic Planning | With guidance from manager develops an understanding of the unit's goals and activities, and relevant policy and guidelines. | Understands the relationship between policy, guidelines and standards to the work environment and the goals of the unit. | Contributes to the development of unit plans as part of the team to meet requirements identified in standards, policy and strategic plans. | Actively participates in the development of unit plans and supports the implementation. Links patient outcomes with unit initiatives. | In collaboration with team, evaluates the unit goals and activities and contributes to the development of future plans. Draws on policy, standards to inform planning. |
| QUALITY IMPROVEMENT | | Follow evidence based guidelines in the delivery of nursing care and demonstrates an understanding of quality improvement. | Participates in quality improvement to continually improve care through the application of risk management strategies. | Actively participates in quality improvement and assurance programs within the unit. | Applies evidence, standards and professional guidelines to evaluate clinical outcomes of care to inform improvements | Based on valid and reliable research methods, identifies, tests, evaluates and incorporates evidence based practice within the clinical environment |
| EDUCATION | | Uses feedback and reflection to identify learning and takes action to address these. | Undertakes reflection to identify learning needs and continually professionally develops self to enhance nursing practice, skills and knowledge. | Actively participates in critical reflection. Identifies and seeks opportunities to engage in multidisciplinary learning to improve patient outcomes. | Continually develops self to attain and maintain competence. Provides feedback and supervision to colleagues on practice. | Uses expertise to facilitate, train, develop colleagues and inform patients. Identifies learning opportunities which will enable continual development of staff. |
| RESEARCH | | Understands how research is used to inform contemporary practice. | Applies research in undertaking clinical practice as part of the multidisciplinary team. | Uses research to support evidenced based practice to improve patient outcomes. | Actively participates in unit based research activities and recognizes the value of research in informing practice. | Identifies and undertakes research to enhance patient outcomes or nursing practice. |

Adapted from Townsville Hospital Skills Development Framework.

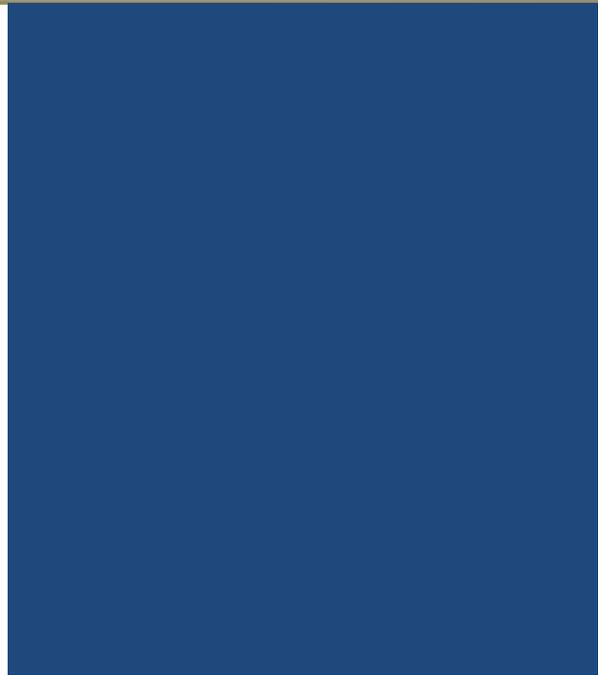
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Editing Document Tracker

Jan 2016:

- Update HETI codes for Life support assessment tool and Basic Life Support
- Remove introduction to safety and quality as duplicates safety and quality curriculum
- Added Nursing, Midwifery and the Law module for medication
- Added table of required training for nurses from New Graduate to subsequent years



**A companion document to the New
Graduate RN curriculum**

Jenny Greig



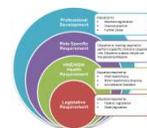


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DRAFT



Why choose a curriculum approach to developing education?

.... everyday, in every training event, every participant is learning and achieving.

A curriculum framework is an organised plan or set of standards or learning outcomes that defines the content to be learned in terms of clear, definable standards of what staff should know and be able to do. A Curriculum Framework is part of outcome-based education design.

Organisational Curriculum in HNE will be based on the HNE Values and the Workforce Capability Framework. It will set out what all staff should know, understand, value and be able to do (demonstrate) as a result of the programs they undertake in Hunter New England Health. Its fundamental purpose is to provide a structure around which HNE educators can build educational programs that ensure staff achieve agreed learning outcomes.

Benefits

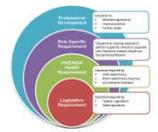
By using a curriculum approach to educational design in HNE we ensure that;

the **right educators** in any given field (specialty area),

- Are given the opportunity to be consulted/ involved in education development as a topic expert in their speciality area or local geographical setting. (Not just acute focused)
- are working together to share ideas and contribute - all of the right people are at the table
- have a common goal and understanding of content and outcomes
- Share the load 🤝

the **organisation and staff benefit** because;

- duplication of resources is minimised
- education content is standardised, consistent and of a high quality
- standardised process for learning outcome assessment
- reporting is reliable and accurate



Curriculum Approaches

Curriculums are used to link the organisational strategy, goals and objectives, to the learning and education events that are available to HNE Health staff. This means that education makes a difference to the patients, clients, families, and carers we serve.

A curriculum document outlines:

- the knowledge and skills our staff need to learn
- the learning standards or learning objectives staff are expected to achieve
- the units and lessons that educators provide
- assessment processes to ensure learning has occurred
- evaluation processes used to ensure that the education is meeting the organisational objectives and values

The framework which is used for curriculum design in HNE Health is an adapted Bones Model

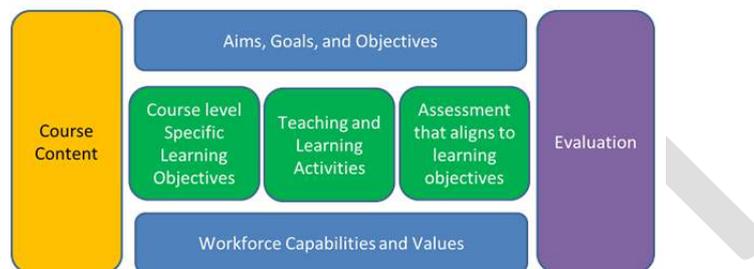


Figure 1: The Bones Model: the essentials of curriculum design (adapted)

By using a curriculum approach in HNE we ensure that;

educators in any given field (speciality area),

1. are provided an opportunity as topic expert to contribute towards curriculum development
2. are working together to share ideas and contribute - all of the right people are at the table
3. have a common goal and understanding of content and outcomes
4. share the load
5. use the technologies associated with education (e.g. HETI Online) effectively
6. provide and have access to accurate education data to support accreditation, registration
7. have a process for program evaluation/review
8. can demonstrate the value of the education they deliver

organisation and staff benefit because;

1. duplication of resources is minimised
2. education, assessment and evaluation is standardised, consistent and of a high quality
3. reporting is reliable and accurate
4. finite resources are used effectively
5. staff are clear on their education requirements
6. education is meaningful for staff and effectively supports staff performance and career development



Curriculum Development Tools

At any given time each of us experiences a wealth of educational content as part of our daily work and career planning. At times this education may seem overwhelming.

Senior managers and educators from Organisational Capability and Learning, Nursing and Midwifery and Clinical Networks and Streams are combining efforts to develop an understanding and holistic view of education required for employees of HNE Health.

A number of tools have been developed to support the development of specific, mandatory, CE Directive, Role Specific and professional development Curriculum.

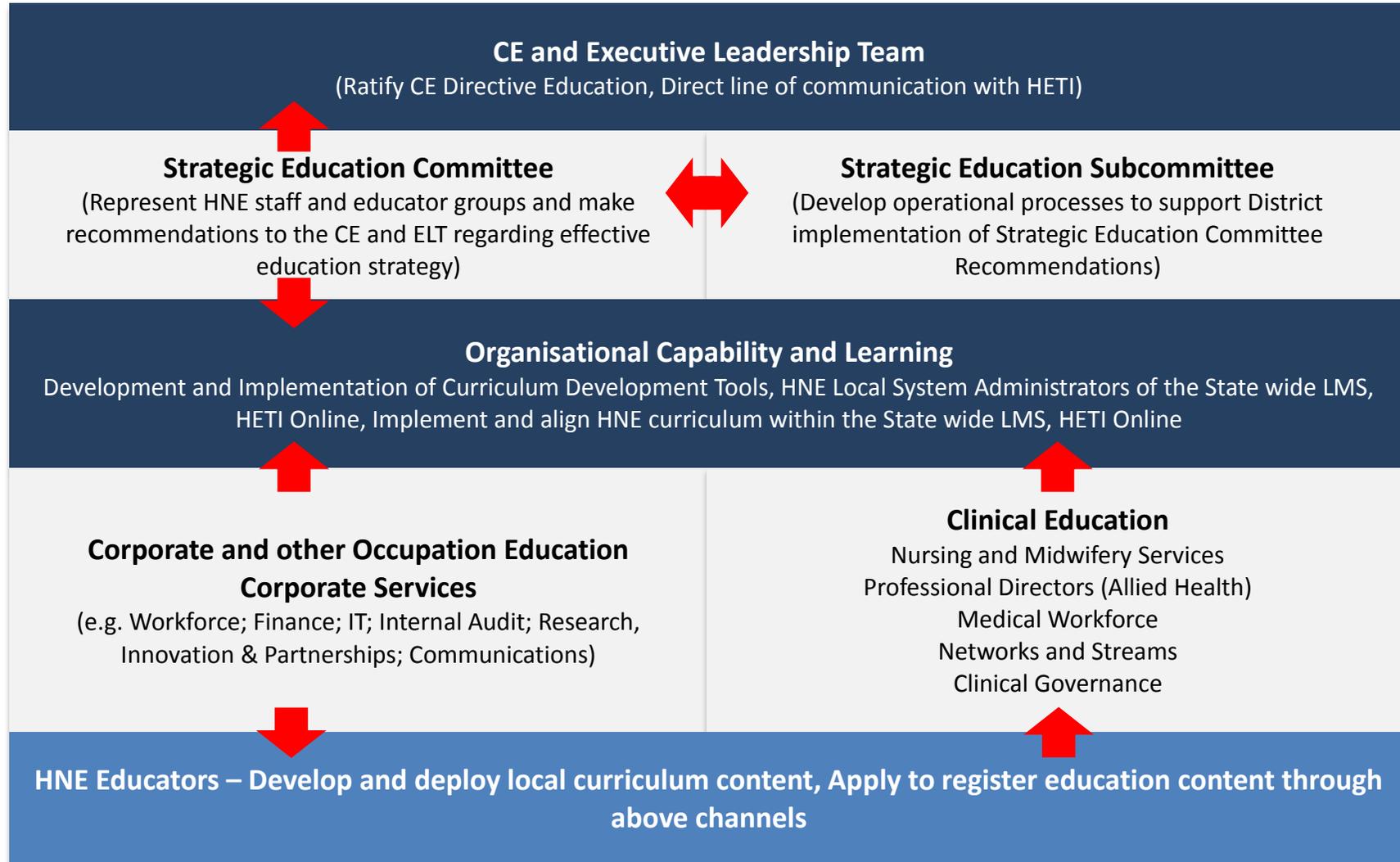
These tools include;

1. <http://mylink.hnCurriculum Development Tools> website in myLink including;
 - a. A curriculum Design Template
 - b. Tips for naming your education
 - c. Tips for writing learning Outcomes
 - d. A format for registering your education in HETI Online

DRAFT



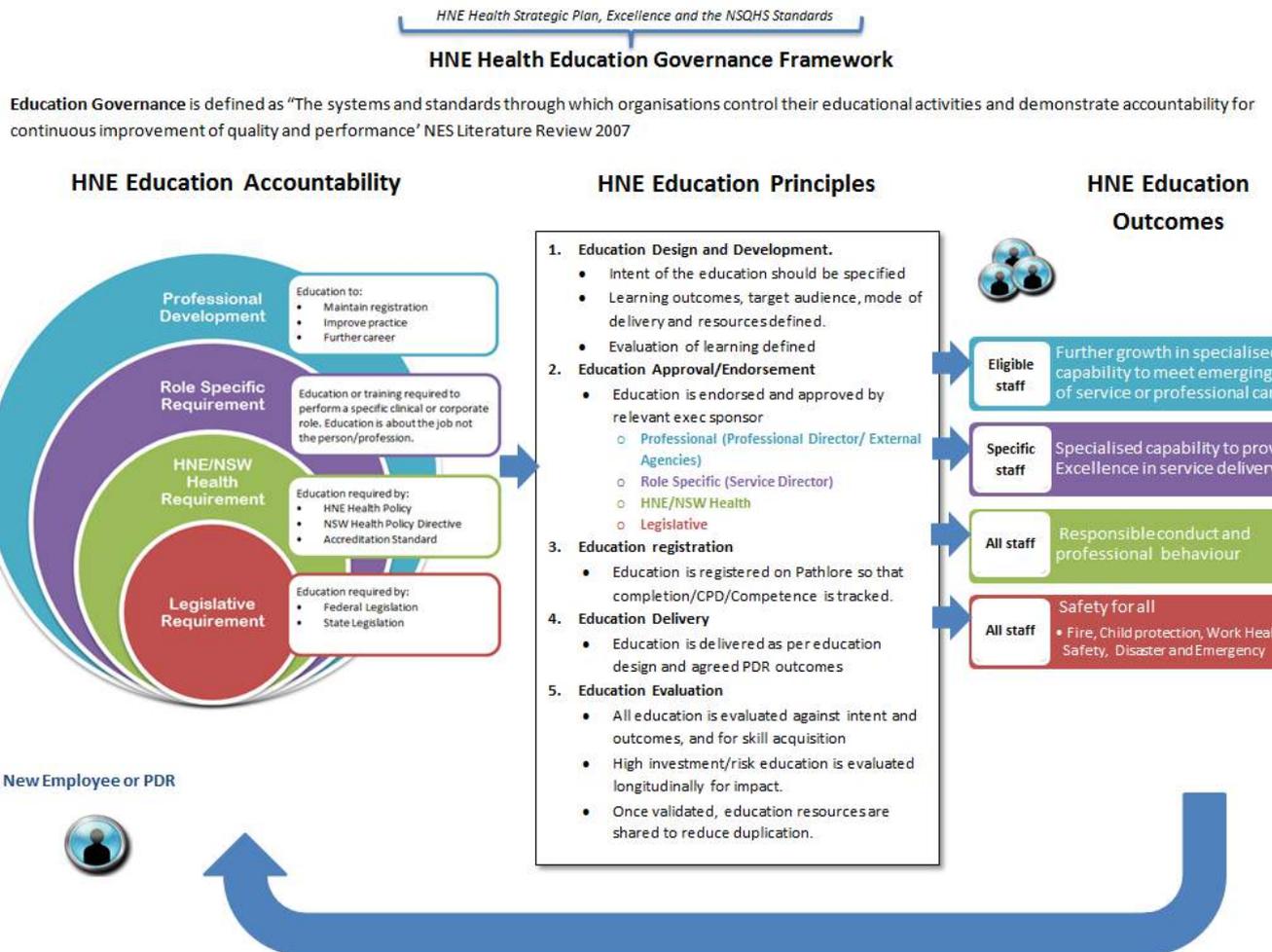
HNE Curriculum Governance Structure



HNE Health Education Governance Framework

Education in HNE Health exists in a context of legislative, organisational, and policy requirements, as well as professional development and evolving research in best practice healthcare.

In HNE Health the curriculum framework has been developed by the Strategic Education Committee (SEC) which consists of inter-professional educational leaders across HNE Health.



The aim of this framework is to ensure staff are aware of their education requirements and complete the necessary education to meet their safety and quality responsibilities, and provide excellent health care.

Review of the policy and legislative requirements of all staff, and for specific roles, has identified the Required Education Catalogue for HNE Health employees.

How does this Governance Framework impact on Education in HNE?

Required Education Catalogue

| Education required by Legislation for All Staff Safety for all HNE Staff, Visitors, and Patients | | | |
|--|---|-------|------------|
| Once | Child Protection - 2-3 Hour Session | State | By week 12 |
| Once | Work Health and Safety: An Introduction | State | By week 4 |
| Once | Hazardous Manual Tasks: An Introduction | State | By week 4 |
| Annual | Fire and Evacuation (Previously Fire Safety Theory) | State | By week 4 |
| Annual | Fire Safety - Practical | State | By week 4 |
| Annual | Disaster Management and Emergency Procedures | CE | By week 4 |
| Education required by NSW or HNE Health Policy for All Staff Responsible Conduct and Professional Behaviour | | | |
| Once | HETI Code of Conduct | CE | By week 4 |
| Once | HNE Health Corporate Orientation | CE | By week 4 |
| Once | Privacy Module 1 – Know your Boundaries | State | By week 4 |
| Once | Staff Health | CE | By week 4 |
| Once | Respecting the Difference: Aboriginal Cultural Training Framework for NSW Health | State | By week 12 |
| Once | Hand Hygiene | State | By week 12 |
| Once | Violence Prevention and Management in the Workplace: Module 1 | State | By week 12 |
| Once | Violence Prevention and Management in the Workplace: Promoting acceptable behaviour | State | By week 12 |
| Every 2 yrs | ISBAR in our communication | CE | By week 12 |
| Every 5 yrs | Waste Management | State | By week 4 |
| Every 5 yrs | IIMS - Notifier Training | State | By week 4 |
| Every 5 yrs | Infection Control | State | By week 4 |

