

Ratios put patient safety *first*

Professional obligations of nurses and midwives to ensure safe patient care

All nurses and midwives must ensure they provide safe and competent nursing/midwifery care to meet the ongoing registration requirements set out by the legislative framework which governs their practice.

This includes taking action to ensure that safe and competent care is not compromised by any circumstance.

Sections 38 & 39 of the Health Practitioner Regulation National Law (NSW) require the National Board to develop standards, codes and guidelines to govern the practice of the profession. S. 41 provides for these standards, codes and guidelines to be:

admissible in proceedings under this Law ... against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.

This means that any nurse/midwife, who does not uphold the standards, codes and guidelines determined by the Nursing and Midwifery Board of Australia (NMBA), may be found guilty of unsatisfactory professional conduct.

STAFFING FOR SAFE PATIENT CARE

With respect to providing staffing levels that ensure safe and competent care, the NMBA requires nurses and midwives to meet specific elements outlined in the competency standards for registered nurses and midwives and enrolled nurses and codes of professional conduct and ethics.

Ratios put patient safety *first*

ETHICS IN ACTION

One of the most confronting issues for nurses and midwives is whether to engage in industrial action.

Professor Megan-Jane Johnstone is Chair in Nursing and Associate Head of School (Research) in the School of Nursing and Midwifery at Deakin University, and a consultant in ethics and human rights to the International Council of Nurses.

She believes there are times when nurses need to use industrial action to achieve the best possible safety and care outcomes for their patients:

- Despite media portrayal, nurses and midwives' organisations run industrial disputes very reasonably. Withdrawing labour is a last resort.
- Organisers and the nursing and midwifery body itself, in engaging in this sort of action, ensure it is framed very responsibly and they give authorities notice so that essential nursing and midwifery services are maintained.
- It's governments that hold patient safety to ransom, not nurses and midwives who are taking industrial action.
- Research now shows that nurses and midwives are the lynch pin to the safety and quality of health care.
- Where you have good nursing and midwifery systems in place you get an equation of good quality care and reduced morbidity and mortality.



www.nswnma.asn.au

PHONE 02 8595 1234 (metro) • 1300 367 962 (non-metro)

www.morenurses.org

Authorised by B.Holmes, General Secretary, NSWNMA



Ratios put patient safety *first*

SAFE PATIENT CARE & NURSES AND MIDWIVES' PROFESSIONAL OBLIGATIONS



NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED NURSE

» STANDARD 1.3

Recognise and respond appropriately to unsafe or unprofessional practice

- Identifies interventions which prevent care being compromised and/ law contravened
- Identifies behaviour that is detrimental to achieving optimal care, and
- Follows up incidents of unsafe practice to prevent recurrence

» STANDARD 2.4

Advocate for individuals/groups and their rights for nursing and health care within organisational and management structures

- Identify when resources are insufficient to meet care needs of individuals/groups
- Communicate skill mix requirements to meet care needs of individuals/groups to management

» STANDARD 7.8

Use health care resources effectively and efficiently to promote optimal nursing and health care

- Recognise when nursing resources are insufficient to meet an individual's/group's needs
- Recognise the responsibility to report to relevant persons when level of resources risks compromising the quality of care

NATIONAL COMPETENCY STANDARDS FOR THE REGISTERED MIDWIFE

» COMPETENCY 2

Accepts accountability and responsibility for their own actions within midwifery practice

» ELEMENT 2.2

Identifies unsafe practice and takes appropriate action

- Identifies practices that compromise safe and effective care, or contravene legislation, and takes appropriate action

NATIONAL COMPETENCY STANDARDS FOR THE ENROLLED NURSE

» COMPETENCY ELEMENT 1.1

Reports to the appropriate person when actions or decisions by others are believed to be not in the best interests of individuals or groups

» COMPETENCY ELEMENT 1.4

Acts to ensure safe outcomes for individuals and groups by recognising and reporting the potential for harm

Identifies situations in the provision of nursing care where there is potential for harm and takes appropriate action to minimise or prevent harm to self and others

When incidents of unsafe practice occur, the enrolled nurse reports immediately to the registered nurse or other relevant person and where appropriate, explores ways to prevent re-occurrence.

CODE OF PROFESSIONAL CONDUCT FOR NURSES AND MIDWIVES IN AUSTRALIA

Nurses and midwives have their own codes of professional conduct and ethics, however these principles are common to both professions.

» PRINCIPLE 1

Nurses and midwives practise in a safe and competent manner

1.4 When an aspect of care is delegated, nurses and midwives ensure the delegation does not compromise the safety of quality of care

» PRINCIPLE 2

Nurses and midwives practise in accordance with the standards of the profession and broader health system

2.3 Nurses and midwives' primary responsibility is to provide safe and competent care. Any circumstance that may compromise professional standards, or any observation of questionable, unethical or unlawful practice, should be made known to an appropriate person or authority. If the concern is not resolved and continues to compromise safe and competent care, nurses and midwives must intervene to safeguard the individual and, after exhausting internal processes, may notify an appropriate authority external to their employer organisation.

CODE OF ETHICS FOR NURSES AND MIDWIVES IN AUSTRALIA

» PRINCIPLE 1

Nurses and midwives value quality nursing care for all

Valuing care involves accepting accountability for the standard of care they provide, helping to raise the standard of care, and taking action when they consider, on reasonable grounds, the standard of care to be unacceptable.

» PRINCIPLE 6

Nurses and midwives value a culture of safety in nursing and health care

6.1 Nurses and midwives have a moral and legal right to practise in a safe environment, without fear for their own safety or that of others, and they seek remedies through accepted channels, including legal action when this is not the case.

6.4 Nurses and midwives, acting through their professional and industrial organisations and other appropriate authorities, participate in developing and improving the safety and quality of health care services for all.

CONSEQUENCES OF NOT ENSURING SAFE AND COMPETENT CARE WITH REGARD TO STAFFING

If an incident that involved inadequate staffing occurred, the Nursing and Midwifery Council of NSW (NMC) would use the requirements outlined above to assess the performance of any nurse/midwife implicated in such an incident and determine whether disciplinary action should be taken against the nurse/midwife.

The NMC deals with individual registrants and therefore cannot comment or act on hospital or system issues even though it may be clear that it is a system issue. The Council is required to consider the actions and decisions of the individual at the time of the incident. If a complaint came to the Council, the conduct committee would consider all aspects of the complaint, giving particular attention to the decisions that the individual made at the time of the incident.

If the incident occurred because of poor staffing, the committee would definitely take this into account and would consider whether the actions and decisions of the individual were appropriate, this would include whether the individual contacted management to inform them that staffing levels were unsafe and how this information was given to management. If the nurse or midwife had no satisfaction from their immediate manager, the Council may expect them to take it to a higher level of management. However, the NMC can only consider the actions and decisions of the individual.

The HCCC, who would be conducting the investigation in such a situation, is required to determine whether the issue is related to the individual or system but the processes of investigation would still occur. So, even if it were plain to the Council or conduct committee that the incident occurred because of system failures and the individual's decisions were sound, the nurse or midwife could still be investigated.