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President's Message



Welcome to the December 2017 issue of the Nursing and Midwifery Council of New South Wales newsletter.

This year the Council has had a slight increase in the total number of complaints. These mostly relate to a higher number of complaints about performance issues. The more serious cases concern inappropriate treatment, delays in care, or a failure to respond to a deteriorating patient. We have also been managing a number of critical cases related to missed observations and inaccurate record-keeping by nurses in mental health settings.

This issue contains two pertinent case studies, one focuses on accurate observation and documentation. The other on the importance of gaining relevant further professional development if you notice a gap in your practice, or change your area of practice. We have also included two spotlight pieces which provide guidance for nurses and midwives when administering immunisations and maintaining professional boundaries with clients.

Other activities to note this year include a program of work to improve nurses and midwives' awareness and application of the NMBA professional standards. This work will continue next year. We have also conducted two literature reviews and a network analysis to inform our efforts. Our new website has been launched and we will be adding to the information available on our website over time. You can learn more about our accomplishments and about our management of complaints from the Council's 2016/2017 Annual Report which is available on the website <LINK>. We would be interested to hear your thoughts on the new website and recommendations for future improvements.

I would like to thank the members and staff for their work throughout the year. I would also like to thank the health professionals and the community for their support in assisting us to maintain public safety. On behalf of Council members, we hope that you enjoy the festivities over the holiday period, stay safe and we wish you all the best in 2018.

Adj Prof John G Kelly AM
Council President

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News and Events

- **Nurses top** the [Roy Morgan list of Australia's most highly regarded professions](#) for the 23rd year running!
- **New Codes of Conduct** will take effect from 1 March 2018. [Advance copies and explanatory fact sheets are now available.](#)
- **International codes of ethics will be adopted** for Australian nurses and midwives from 1 March 2018. [Read more.](#)
- Have you seen the **ACN's downloadable eBook?** [A collection of stories celebrating Community and primary healthcare nursing.](#)



Case Study: Are you completing appropriate Continuing Professional Development (CPD)?

A complaint was made to the Council about an experienced registered nurse and midwife who had recently transferred her scope of practice from an acute setting to a community based setting. As part of her role, the practitioner was required to administer vaccines and other medications. She was also required to supervise nursing students on placements.

It was alleged that the practitioner was involved in eight separate medication incidents and a number of near misses in relation to medication handling and administration whilst employed as a practice nurse at a medical centre. Notably, the majority of these incidents were related to the administration of vaccines.

Following notification of the events involving errors of medication administration, the Council decided a hearing was appropriate to decide whether immediate interim action (i.e. conditions or suspension on registration) was required for the safety of the public, whilst the complaint was further assessed and dealt with.

Specific allegations included;

- Four patients being given an incorrect drug which had not been prescribed
- The nurse failing to appropriately supervise a student nurse who incorrectly administered two incorrect medications
- A patient being given an incorrect dose of medication and subsequently requiring transfer to hospital
- That she deliberately changed medication records when an error was found
- Evidence of a privacy breach

Throughout the hearing, the committee heard that despite a long career in nursing and midwifery, this was the practitioner's first role in a GP practice and she did not have previous 'experience with immunisation' and vaccine administration. The RN declared her lack of training and knowledge of immunisation during the interview process and advised that the Practice had offered training and support at the interview.

Consequently the committee found that;

- The practitioner had not identified the gaps in her knowledge and skills required in her new role. She did not develop a learning plan or complete education to ensure safe practice prior to changing roles
- In the new position she received little or no induction or training and was expected to 'learn on the job'. Often she was the only nurse on the shift and received minimal supervision and support
- The practitioner did not demonstrate understanding that her scope of practice is a personal, professional responsibility
- An audit of the Practice software found that much of the document inconsistencies were due to the inadequacy of the software
- Some data inconsistencies had been errors made in early days of employment at the Practice when she had been inexperienced in using the technology
- Some medication errors had been attributed by the practitioner to the pressure of the work
- The practitioner accepted responsibility for the errors and had notified her employer, doing all she could to correct them

In conclusion the hearing committee decided that no conditions on registration were necessary as;

- The RN recognised and took responsibility for the medication administration errors and the

- explanations for the documentation errors were acknowledged
- It was recognised that many of the difficulties arose due to a lack of adequate workplace systems and the practitioner did not appear to lack nursing knowledge
- The practitioner declared that she would undertake training in areas where gaps of knowledge and skill were identified

The committee did however advise that the RN actively seek to continue professional development around the requirements of;

- Proactive learning - taking accountability for her own continued professional development relevant to her current context of practice – a registration standard
- Accurate and adequate documentation of the provision of care - particularly when digitally recorded
- Education on dealing and managing people in stressful situations
- The need for clear communication - a skill that needs constant review and practice
- How verbal orders need to be documented
- Her professional responsibility to maintain good health so that she is safe and fit to practise
- Her professional responsibility in relation to delegation and the support and supervision of students

Practice points

- Be proactive in seeking ongoing professional development. If you have a knowledge gap, ensure you prioritise up skilling in this practice area
- Document your learning needs, actions and reflections as per the National registration standard of CPD
- Be aware that CPD is a personal and professional responsibility
- Demonstrate professional responsibility by acknowledging to employers/managers any knowledge gaps
- Raise and discuss lack of induction, training, knowledge gaps or inadequate systems with your manager or management as soon as you are aware of the gaps
- Seek supervision and feedback from a relevant health practitioner when needed
- Seek a professional mentor external to the workplace

- Understand the responsibilities of a practitioner to provide an appropriate level of delegation, oversight, support and guidance according to the knowledge, skills, experience and level of education of the individual being supervised including students.
- Do not agree to supervise if you do not have the appropriate level of knowledge and skills in the context of practice.



The Council has recently been managing a number of cases from mental health settings where nurses did not undertake observations of patients at the required level, and documentation of observations had been falsely recorded.

This particular case resulted in tragic circumstances and highlights the critical nature of observations being completed as prescribed within an acute mental health setting. It also explores the importance of both accurate observation and documentation.

A [Professional Standards Committee \(PSC\)](#) hearing was held after the investigation of a complaint by the [Health Care Complaints Commission](#). The Committee considers matters of a serious nature where a finding of [unsatisfactory professional conduct](#) may be made and professional [reprimands and/or conditions](#) on registration may need to be imposed.

The complaint was related to the death of a young patient who had taken his life whilst admitted as a voluntary patient at a Mental Health Inpatient Unit at a hospital.

The patient had presented to the hospital, following three months of worsening depressive symptoms, the development of suicidal thoughts and had a history of hospitalisation. The consulting psychiatrist had prescribed close observation due to the high suicide risk.

Case Study: Criticality of Observations - Mental Health Settings

Specifically, the complaint alleged that three nursing staff had not attended observations at the 15-minute intervals prescribed by the psychiatrist. The morning nurse had implemented an incorrect observation regime throughout the day. Furthermore, it was claimed that the nurses each falsified medical records to indicate the completion of observations which did not occur.

Findings from the hearing concluded that;

- The nurses each failed to observe the patient every 15 minutes as prescribed by the psychiatrist
- Each failed to clarify the care level of the patient with other staff or review the patient's file
- The morning shift nurse-in-charge did not review any care level requirements or communicate these with the nursing team
- The nurses signed the observation sheet although they had not completed the observation.
- Inaccurate and misleading entries and incorrect signatures of all nurses were on the patient's records

The Committee determined that all three nurses were guilty of unsatisfactory professional conduct under sections 139B(1)(a) and 139B(1)(l) of the National Law. The nurses were reprimanded, conditions were imposed and educative orders made. These were published on the public register.

Practice points

- Observations must be conducted as ordered by the consulting practitioner. If you think a differing level of observation care is appropriate, discuss this with your manager and the consulting practitioner and make a note in the patient records that this has occurred and the outcome of the consultation. Do not make any alterations unless the consultant has altered the care plan.
- If there are concerns about staffing resources available for carrying out the observations these should be notified in writing and discussed with the appropriate nursing supervisor. Record sheets must be completed accurately. Do not sign entries you are uncertain to have been completed. Do not back sign earlier observations that have not occurred.
- If observations are missed because of nursing care priorities, ensure you consider the risks and provide an explanation for the missed observation and record the correct time the next observation was made.
- If you notice entries are missing and the level of care is below the standard prescribed, discuss with your manager immediately.
- If the patient is asleep and on frequent observations you must continue to conduct the observations as prescribed and according to protocol. Mental health intensive care, similar to other forms of intensive care nursing, requires vigilance to protect the safety of patients

The hearing report stated that 'the strict regime imposed by the treating doctor seems to have been regarded as a negotiable suggestion rather than a strict protocol for rigid observance' and the determination and orders applied strict penalties accordingly.

By extension, it also revealed endemic failures of clinical practice, procedure and culture within the hospital at that time.

Please note: [The NSW Health July 2017 Policy Engagement and Observation in Mental Health Inpatient Units](#) is the Policy which should be upheld and practitioners should familiarise themselves with this.



NMC UPDATE

- We have a [new website](#). Check it out and let us know your thoughts!
- NMC visit Broken Hill and have success hosting educational forums and workshops
- We continue to apply plain English to our fact sheets! [Learn more](#)



SPOTLIGHT ON PRACTICE ISSUES: Administering Vaccinations: What do you need to know?

Immunisation is a targeted public health initiative to protect the individual and community. The Council currently is managing a number of cases involving the inaccurate administration of immunisations, so we wanted to shed some light on your responsibilities and where you can get further information.

Significance and challenges

Vaccinations are currently saving an estimated three million lives a year throughout the world and top the list in terms of preventing disease and death. In fact, it could be considered one of the top four developments in medicine of the last 150 years (alongside sanitation, antibiotics and anaesthesia) and is the single most significant public health intervention of the last 200 years.

Modern vaccines are one of the most cost-effective health interventions available. They provide high levels of protection against an increasing number of diseases and symptoms, as well as the disability and death that can occur from the diseases. Serious reactions to vaccines are rare.

Largely thanks to vaccination, a number of diseases have become scarce. However, partly because the devastating effects of the diseases are no longer so prominent, public attention has shifted focus to the possible side effects from vaccination. There has been a downturn in vaccination rates and outbreaks of disease and concerns about the safety of certain vaccines may have attributed to this.

Most of the arguments against vaccination appeal to parents' deep-seated concerns for the health of their children, particularly very young babies. There are also unfounded allegations regarding adverse effects from vaccines.

As an administrator of vaccinations, it is important to be aware of the associated concerns and to listen to the concerns of clients. You must provide accurate and factual, scientific evidenced based information, which enables patients or clients to make informed decisions. Learn more about [the myths and the facts surrounding vaccination here](#).

Keeping up to date; know your responsibilities

If administering vaccinations is part of your role, it is crucial to understand your professional obligations. Under the *Poisons and Therapeutic Goods Act 1966* and NSW Health policy directive, registered nurses or midwives must administer vaccines under the direction and authorisation of a medical officer. Unless you are a nurse or midwife who is an Authorised Nurse Immuniser and therefore are able to provide immunisation services without direct medical authorisation.

How do you become an Authorised Nurse Immuniser?

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_011.pdf details the requirements for becoming an Authorised Nurse Immuniser, one of which is undertaking [the Australian College of Nursing's \(ACN's\) course](#).

This course covers theoretical foundations, public health perspective, the immune system and vaccination, myths and realities, valid consent and other legalities, handling, storage and administration of vaccines, adverse events and health promotion.

If you administer or give advice regarding immunisation and vaccines, it is your professional responsibility to maintain and provide evidence-based practice, whether you are an authorised nurse immuniser or act under the prescription of a medical officer.

[The Australian Government's Immunise Australia Program has a fantastic website and resource](#) for health professionals. Here you can find the latest information regarding clinical updates, the handling and storage of vaccines, the delivering of immunisation and adverse events.

You can also download a copy of [The Australian Immunisation Handbook](#). The Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice and is based on the best scientific evidence available at the time of publication.

[The NSW Health Immunisation Program web pages](#) is a source of invaluable information. With direct links to the NSW Childhood Immunisation Schedule, fact sheets around vaccinations for specific diseases and contacts for NSW Public Health Units to seek further expert advice.

Practice points

Common errors that the Council receive complaints about;

- Failure to store vaccines according to the cold chain - resulting in a call back of clients to receive another vaccine, increasing their concern and decreasing their trust
- Administration of the incorrect vaccine - resulting in additional vaccines for the client
- Administration of the incorrect dose - resulting in additional vaccines for the client
- Insufficient or inaccurate knowledge about the vaccine, its administration and follow up information
- Poor communication to the patients or parents, resulting in unnecessary anxiety and mistrust
- Failure to document or inaccurate documentation of vaccines given
- Increased concern or errors when the vaccine is related to travel and not on the Australian schedule

If you do make an error, it is always best to alert your manager, seek expert advice regarding action required, accurately document the error and actions to manage. Errors should also be reported to the local public health unit immunisation coordinator, who will advise if an adverse event form is required.



SPOTLIGHT ON PRACTICE ISSUES: Managing Professional Boundaries: Professional v's Personal Relationships

The Nursing and Midwifery Council have recently commenced running a program of events about their role and responsibilities across NSW.

Interactive workshops and forums have been exploring patient safety and the shared responsibility of nurses, midwives and regulators as well as the importance of developing organisational cultures of safety and maintaining professional standards.

During our most recent event in a rural location, participants highlighted managing professional boundaries as a key standard for focus.

So, what exactly are professional boundaries?

In nursing and midwifery, professional boundaries may be defined as 'limits which protect the space between the professional's power and the client's vulnerability' and allow for safe, objective and effective engagement with a person (Nursing and Midwifery Board of Australia, 2010).

Boundaries are the borders or limitations that a professional establishes (or can assist other professionals or persons in their care to establish) in order to protect them and their clients from developing unprofessional, unethical, confusing or conflicting relationships. Some of these boundaries may be very clear and others more complex and blurred. They also may change over time and in different contexts of healthcare.

If there are concerns about a boundary being crossed between a personal and a professional relationship with a client, it is important to seek guidance. Discuss with a manager or educator about how to best to manage the situation and minimise potential issues.

It is important that all professionals and students understand the standards of behaviour and conduct expected of them. Boundary violations can have serious consequences for the professional in relation to their registration, resulting in findings of unsatisfactory professional conduct or professional misconduct. A professional and therapeutic relationship is required for all contexts of care.

Maintaining the power balance

Clients and communities trust that nurses will be safe, ethical and unbiased, and act in the best interest of those in their care. In order for this to happen, a power balance must be maintained by discussing professional boundaries and limitations with clients. This is of

paramount importance in situations that arise where there is the potential for a blurring of the relationship between personal and professional roles.

When setting boundaries, a nurse or midwife is accountable for establishing the professional relationship, which is at all times based on therapeutic plans and goals for the client.

Due diligence must be taken when close and long-term professional relationships occur and either the practitioner or client may blur the boundaries towards a more personal relationship. This blurring can lead to a confusion of roles and responsibilities and poorer therapeutic outcomes. This needs high consideration in contexts such as mental health, paediatrics, community nursing and midwifery.

[A framework](#) for legally and professionally accountable and responsible nursing and midwifery practice is provided within the *Code of conduct for nurses in Australia (2008)*, the *Code of conduct for midwives in Australia (2008)*, the *Code of ethics for nurses in Australia (2008)* and the *Code of ethics for midwives in Australia (2008)*, together with practice standards. NOTE: The new *Code of conduct for nurses* and *Code of conduct for midwives* are due to come into effect on 01 March 2018. [View the advance fact sheet and copies.](#)

The Nursing and Midwifery Board of Australia also provides some helpful guidelines and tools for use when setting professional boundaries including a decision-making framework and ethics.

Some behaviours that require attention when establishing and reflecting upon boundaries include;

- A non-professional pre-existing relationship exists
- Intimate relationships
- Excessive self-disclosure
- Over involvement in care
- Secretive behaviour
- Preferential treatment or a person paying extra attention to the nurse or midwife
- Selective communication
- Flirtations
- Sexual misconduct/assault
- Poor documentation
- Social media contact

The complexity for nurses and midwives in remote or smaller communities

It can be particularly complex for nurse and midwives working in regional or rural areas or close-knit communities when identifying potential boundary issues.

A professional working and living in these communities will out of necessity have business and social relationships with the people for whom they provide care. The need to manage potential conflict becomes more important, especially when the community has expectations that you are potentially 'on duty' at all times. This is not unique to health professionals. There is a difference between having a friendly professional relationship, being an acquaintance and being a friend. Sometimes these relationships can be in conflict.

So what can a professional do to avoid a boundary violation?

Some good steps to avoiding crossing professional boundaries include;

- Be clear in your mind about your professional role and obligations when at work and your role and responsibilities when you socialise
- Be clear with friends, family and acquaintances about when you are on duty and when you are not
- Ensure your behaviour meets the needs and best interest of the clients and is clearly defined within the clients' care plan
- Ensure your care is objective and does not have the potential to be seen as favouritism or conflicted by an existing or prior relationship with the client
- Regularly reflect on practice - discuss with colleagues in the appropriate forum (and not on social media) stories and scenarios that give examples of situations which highlight potential and real professional relationship and boundary dilemmas for nurses and midwives
- Discuss with a manager or educator any complex relationships or concerns over boundary violations
- Accurately document any treatment and strategies in place to manage the professional and personal nature of a relationship if this is an issue
- Avoid privacy breaches
- Uphold the codes of professional conduct and ethics and ensure behaviour is in line with these as well as within scope of practice and organisational policies
- Ensure competency for scope of practice and understand your accountability as a professional
- Explore possibilities for clinical supervision within your workplace/speciality area of practice

What would you do....?

It is a good idea to regularly reflect upon or discuss different scenarios and management strategies. Below are some situational examples. Take a look at each and discuss with a colleague what you could put in place to ensure professional boundaries are appropriately managed. If you are feeling confused or overwhelmed by a situation you could call the **Nursing & Midwife Support Service** on **1800 667 877**. This free service operates 24/7 and provides access to confidential advice and referral.

1. Your neighbour of five years is in the supermarket buying some groceries. They slip over and can't get up or move their arm. You are well known within the community and as you are a nurse, the store manager makes a call for you over the intercom to come and assist with the situation.

Suggested actions to avoid a boundary violation ...

Make it known that you are rendering first aid care; ask for an ambulance to be called or another health practitioner. As you render first aid, advise what you are doing at all times. Remain within the scope of practice of first aid only. Hand the care over as soon as possible.

2. You treat a man whilst working a shift at Accident and Emergency. He is admitted to hospital for a few days after having had an accident at work, however, you only make an initial assessment when he first arrives to hospital. Six months later you see the man in your local pub. He has made a full recovery and is no longer having treatment. You are getting on really well, exchange numbers and agree to go out for a date. It went well and you have now been dating a few months.

Suggested actions to avoid a boundary violation ...

This is a tricky one that will create many different views. Essentially once you have had a therapeutic/professional relationship with a client then you should not have an intimate sexual relationship with that person, particularly if you are likely to provide ongoing care for that person in the future. Consider the extent of your professional relationship, the nature of the patient professional relationship, the age of the patient, their vulnerability and the ongoing professional interaction. Does a power imbalance exist and what if the relationship deteriorates? Advise your manager that you are dating, if you are keeping the relationship a secret, ask yourself why?

3. You see a rather unusual case and take a photo to send on to a consultant you know in Sydney who may be able to provide some further advice for treatment. You take the photo on your personal phone and send the image to him via email.

Suggested actions to avoid a boundary violation ...

Did you obtain an informed consent from the patient? Is this a medical record? What are the regulations around the storage of medical records? What if the image goes public? What do you do with the clinical advice given to you by the consultant? What if your phone is lost or accessed and the image distributed widely? What if you send it to the wrong email? If you are required to send photos for clinical advice speak to your employer regarding a safe way to do this and for the consultation to be part of the medical record. Do not take photos for reasons other than seeking professional clinical advice.

4. A good friend of yours is having a baby and has asked you to be their midwife.

Suggested actions to avoid a boundary violation ...

Straight away you should advise them that you are flattered but it would not be in both your best interests. There is a clear conflict here. Can you be objective in determining care? Will they tell you everything you need to know to provide adequate care, for example they might not disclose some information due to embarrassment i.e. domestic issues. Are you the right person in relation to skill and complexity of the case? What if something goes wrong and there is a poor outcome? Will your friendship survive? It is best to be a support in this case and allow another midwife to objectively provide care. In rural and small communities this is very difficult as is the case of colleagues having babies. It is paramount that all strategies are in place to manage these situations as professionally and objectively as possible.

5. You are at a barbecue with a group of friends and one friend starts discussing a health issue they have. They ask what you think of the condition and whether you can recommend any advice.

Suggested actions to avoid a boundary violation ...Some people believe you are on duty 24/7 and the advice you give will be taken professionally so.....What if your advice is wrong, not evidence based, challenged by others at the BBQ or you are intoxicated with alcohol and give them incomplete advice? What if they follow your advice and something goes wrong? Politely advise that as you're not on duty, you won't be answering their inquiry but give them a way to get the advice they need, like who to see and when.

6. You are in the local coffee shop and overhear some people concerned and talking about the health of an acquaintance you play netball with. You are working a shift at the hospital and your acquaintance walks into another department and you're not involved in their care. You decide to look at the acquaintance's records to check their

condition and treatment plan. Later you discuss the matter with your mother on the phone who also knows of the acquaintance.

Suggested actions to avoid a boundary violation ...

This is a clear boundary violation, a breach of the code of conduct, a breach of privacy legislation and a breach of the trust given to the profession. You can only look at records of the people in your care and for the purpose of providing ongoing care. All records accessed can be audited. This access is not in keeping with the code of conduct or relevant policy and would be managed accordingly. A breach of the code of conduct can result in termination of employment or may be considered as unsatisfactory conduct.