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President's Message



Welcome to the September 2016 issue of the Nursing and Midwifery Council of New South Wales newsletter.

One of the Council's highlights this quarter was our Council's Professional Standards and Cultures of Safety symposium held on 28 July 2016. The symposium was well

attended and some interesting ideas were discussed, which we are exploring with key stakeholders. Special thanks to facilitator Richard Morecroft and our main addressor Professor Jeffrey Braithwaite.

I also extend my appreciation to all those who participated in our surveys and interviews for the Council's Strategic Plan evaluation and provided feedback on our newsletter.

In this issue, we look at our shared responsibility to speak up when we observe poor or unsafe practices and explain when and how to make a complaint to the Council. In our 'Spotlight on Practice Issues' section, we also discuss how cultures of safety can support us to raise concerns about unsafe practice with the Clinical Excellence Commission. Finally, we look at cultural competence in our professions and how it can be enhanced further.

Adj Prof John G Kelly AM
Council President

Message from Ms Elizabeth Koff, Secretary, NSW Health

A mature health system needs to be responsive in proactively managing issues of harm or poor quality as they arise to ensure they are not repeated, and I believe the NSW Health system demonstrates this characteristic. Consistent with our CORE values, staff are empowered to raise issues and similarly patients and families may raise issues related to care with clinical staff, complaints managers or consumer advocates in the hospitals.

System email from Ms Elizabeth Koff, Secretary of NSW Health

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News and Events

- **Results from our strategic plan evaluation are in!** Review the summary [here](#).
- **Symposium highlights** on professional standards and cultures of safety are available [here](#).
- **Supervision workshop:** The Council is planning a workshop to help develop resources on regulatory supervision later in the year. Register your interest on our website [here](#).
- **Access legal updates** discussing Tribunal and Professional Standards Committee nursing and midwifery cases [here](#).
- **New NMBA registered nurse standards for practice** have been published (effective 1 June 2016). You can access the standards on the NMBA website [here](#).



Case Study: Protecting our profession

A registered nurse (RN), whose registration was cancelled by the NSW Civil and Administrative Tribunal (NCAT) in 2014, recently received a criminal conviction and was fined \$10,000 after he pretended to be a registered nurse in NSW.

The RN had been registered as a nurse since 1998 until NCAT found the RN to have:

- submitted false timesheets for 30 shifts at six different hospitals, which he had not worked; and
- failed to comply with existing conditions on his registration, imposed by the Council.

NCAT commented that the RN's actions showed that he not only breached his conditions but lacked the intention to comply with any of them.

The RN's registration was cancelled in October 2014 by NCAT for [unsatisfactory professional conduct](#) and [professional misconduct](#).

Despite not being registered, the RN continued to work as a registered nurse. The RN's registration status came into question after his employer searched for his registration on the National Registry of Health Practitioners.

Unsatisfactory professional conduct is conduct that demonstrates the knowledge, skill or judgement possessed; or care exercised, by the practitioner in the practice of the practitioner's profession is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience.

Professional misconduct is

- (a) Unsatisfactory professional conduct of a sufficiently serious nature to justify suspension or cancellation of the practitioner's registration; or
- (b) More than one instance of unsatisfactory professional conduct that, when the instances are considered together, amount to conduct of a sufficiently serious nature to justify suspension or cancellation of the practitioner's registration.

Checking the National register of health practitioners

It is important for employers to check the National register regularly. Employers can now check details of multiple practitioners in a batch. Click [here](#) for more details on the AHPRA website.

Under the Health Practitioner Regulation National Law, it is an offence to pose as a registered health practitioner.

Registration plays a key role in:

- Protecting the high professional standards of the profession
- Protecting the public
- Maintaining public confidence in the profession



Case Study: Medication administration errors

In May 2015, the Council received a complaint about an Enrolled Nurse (EN) who had allegedly conducted multiple medication administration errors while working for a rural health service. In particular, she had:

- not followed correct procedures in recording administration of Schedule 8 medications in the drug register; and
- not correctly checked a medication, resulting in oral hydromorphone being administered instead of oral morphine.

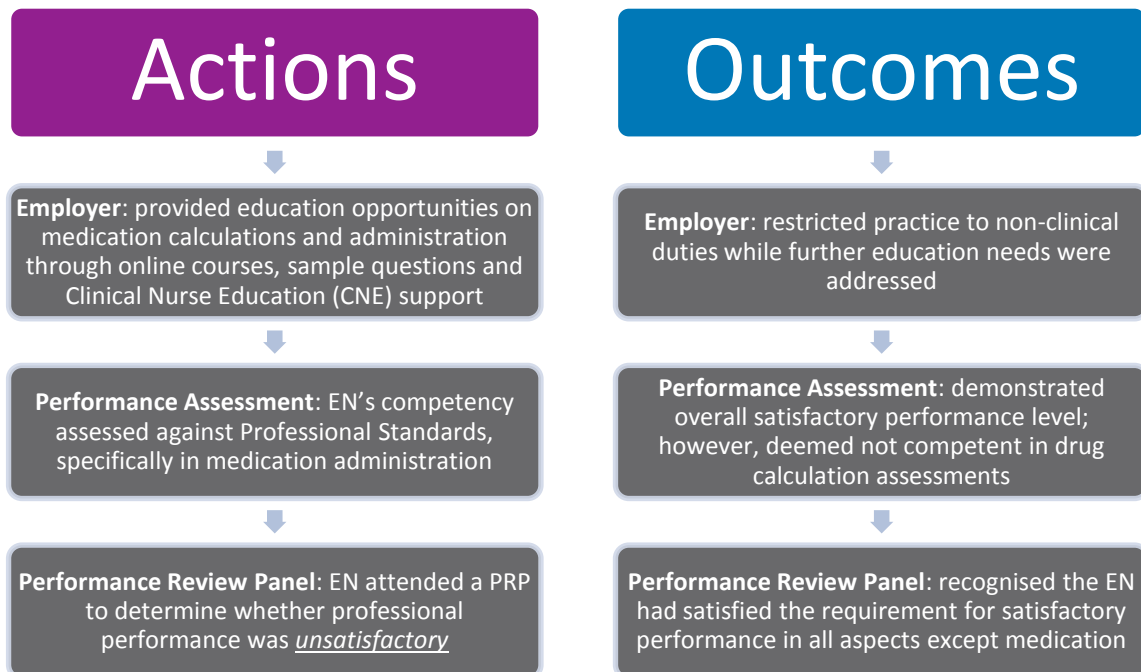
The complaint raised serious concerns for patient safety and the Council took immediate action to address the issue. During the Council's Section 150 hearing (immediate action), the EN noted that she had struggled with medication administration during her EN Certificate IV course. During one incident, the EN was administering medications with a Registered Nurse (RN). However, as the EN was unfamiliar with the difference between the medications and unsure how to check a morphine mixture, she did not question the RN's decision at the time. So, the incorrect medication was administered. The employer provided education opportunities on medications administration to both the EN and RN.

Practice points

- *Minimise risk and patient harm. When in doubt about correct procedures or calculations, ask for help before patient safety is put at risk.*
- *You are responsible for your ongoing professional development. This means identifying skill gaps in professional development and proactively addressing learning needs.*

Outcome

As a result of the Section 150 hearing, an interim condition was imposed on the EN's registration that she must not check or administer any medication. The EN was also required to undertake a performance assessment, which was considered by the Performance Review Panel (PRP), under the Council's [performance pathway](#).



The PRP members counselled the EN that she must speak up if unsure. The PRP members were satisfied that conditions on registration relating to medication administration were necessary and imposed the following:

- **Supervision:** May only administer medications under direct supervision of a RN
- **Education:** Successfully complete the Medication Administration subjects (including theoretical and practical assessment) of the Diploma in Enrolled Nursing conducted by TAFE NSW; or an equivalent course/subjects that has/have been approved by the Council

Test your knowledge

Flinders University School of Nursing has developed an online quiz on basic drug calculations. Test your competency [here](#)



NMC UPDATE

In NSW, the Nursing and Midwifery Council of New South Wales (Council) regulates the nursing and midwifery professions by managing complaints about health, performance and less serious conduct issues, in consultation with the HCCC.

What is a complaint?

A complaint is any concern about:

- the performance, professional conduct and/or health of a registered nurse or midwife in NSW; and
- the conduct or health of a nursing or midwifery student.

Why complain?

We all have a shared responsibility to protect the public and this includes a responsibility to raise concerns if you see unsafe practice.

In certain circumstances, known as 'mandatory notifications', you **MUST** notify the Australian Health Practitioner Regulation Agency (AHPRA). It is important you know what your reporting duties are. Even if a complaint does not meet the threshold of a 'mandatory notification', you can still make a complaint (voluntarily) to the Council.

The complaints process aims to raise awareness of unsafe practice and improve our practice and systems. It is not designed to punish individuals. By identifying issues early on, we can all play a part in minimising harm and improving organisational learning.

Mandatory notifications to AHPRA

Health practitioners and their employers, as well as education providers have mandatory notification responsibilities under the Health Practitioner Regulation National Law (NSW).

Registered health practitioners and employers must make a mandatory notification to AHPRA if they reasonably believe that a nurse or midwife has engaged in 'notifiable conduct'. (For agency staff, the employer is the agency).

Education facilities must also notify AHPRA about a nursing/midwifery student if they reasonably believe the student has an impairment, which may place the public at substantial risk of harm during clinical training.

The term 'complaint' includes:

- Mandatory notifications about registered health practitioners (ENs, RNs, Nurse practitioners or midwives) or students
- Self-notifications
- Complaints (voluntary)

If you see something, say something.

If you see unsafe practice, consider:

- Discussing the issue with the person directly at the patient bedside as a learning opportunity
- If you think or are unsure whether safety issues are likely to persist (including systems issues), raise the matter with your manager
- If the matter is a mandatory notification, notify AHPRA
- If the matter is not a mandatory notification but you continue to have concerns, consider making a complaint (voluntarily).

If unsure about whether to make a complaint, call us on **1300 197 177** to discuss.

Reasonable belief means your belief is based on reasonable grounds and is stronger than just suspecting.

Impairment means: a health issue, which is likely to affect or does affect the safe practice of the health practitioner's profession or (for students) clinical training.

A health issue can be a physical or mental condition, disability or disorder, including substance abuse or dependence.

Mandatory notification: notifiable conduct

1. Practising while intoxicated by alcohol or drugs

Intoxication means 'under the influence of alcohol or drugs' while practising. This includes when a practitioner becomes intoxicated while not working (in their private life) and is still intoxicated when they next practise.

2. Placing the public at risk of substantial harm while practising because of an impairment

If the health practitioner or student has an **impairment** and demonstrates poor insight into their condition and risks to patients or you are unsure whether appropriate treatment is being received, you should make a mandatory notification.

However, a practitioner who has a health issue, which is well managed by medical, professional and personal support, and practises safely in the context of their work would not trigger a notification.

3. Engaging in sexual misconduct while practising

Sexual misconduct includes sexual remarks, touching patients in a sexual way or engaging in sexual behaviour in front of the patient. Due to power imbalances between practitioners and patients, sexual misconduct can occur when the patient has consented.

Sexual misconduct can occur where a practitioner engages in sexual activity with a person:

1. currently under their care
2. previously under their care (depending on the vulnerability of the patient and extent of and length of time since the professional relationship)
3. closely related to a patient.

4. Placing the public at risk of harm because of a significant departure from accepted professional standards

A significant departure from professional standards within the health profession (including clinical skills and other standards of professional behaviour) accepted by a reasonable proportion of practitioners.

Self-notification to the Council

You must notify the Council within 7 days of the following events:

- criminal charges (punishable by 12 months imprisonment or more) / convictions (punishable by imprisonment)
- your registration is restricted, suspended or cancelled in Australia or another country
- your drug authority is restricted in any state or territory
- your Medicare billing privileges are withdrawn because of conduct, performance or health concerns

Complaint (voluntary) to the Council or Health Care Complaints Commission (HCCC)

If you have concerns about unsafe practice, but the behaviour of the registered health practitioner or student does not constitute **notifiable conduct** or you are not a health practitioner, employer or education provider, you can still make a (voluntary) complaint.

Examples of complaint (voluntary) issues

Issues	Registered health practitioners	Students
Conduct <ul style="list-style-type: none"> • Criminal conviction or finding (either in this jurisdiction or elsewhere) • Unsatisfactory professional conduct (the knowledge, skill or judgement possessed; or care exercised, by the practitioner in the practice of the practitioner's profession is significantly below the standard reasonably expected of a practitioner of an equivalent level of training or experience). • Professional misconduct (Unsatisfactory professional conduct (either one instance or multiple instances together) which are of a sufficiently serious nature to justify suspension or cancellation of the practitioner's registration. • Contravention of existing conditions 	✓	✓
Performance The person is not competent to practise their profession	✓	✗
Health The person has a health issue which is likely to affect or affects safe practice or clinical training.	✓	✓
Suitability The person is not a suitable person to hold registration. That is when a person is not a fit and proper person and it is not in the public interest for them to be registered. This may include the suspension or cancellation of registration in another country.	✓	✗
Registration The person has obtained their registration improperly or is holding out as a registered practitioner.	✓	✗

What information to include in your complaint?

All complaints must be in writing and contain details of allegations. Relevant information should include:

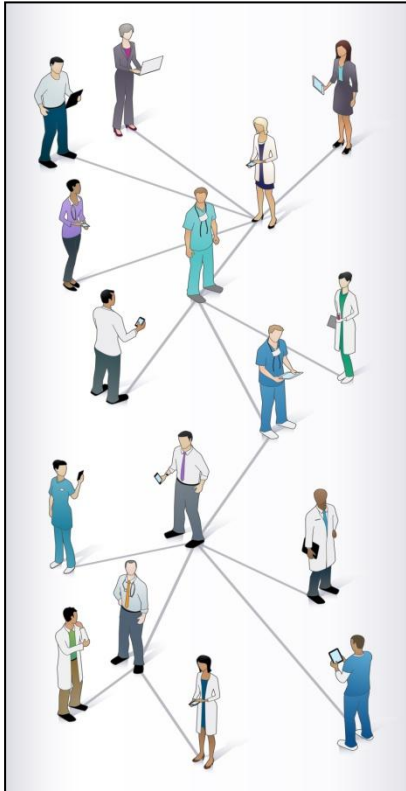
- A summary of the incident(s) with the main issues of concern
- The registrant's employment details or (for students) clinical placements and duties
- Information about the setting and context of the incident
- Any supporting evidence, such as past performance or health issues (pattern of behaviour). The Root Cause Analysis must not be included – we cannot use this report to assess complaints.
- Actions taken or planned by the employer/registrant (such as further education, practice restrictions or additional supervision)
- Identify any sensitive information which should not be provided to the registrant/student.

How to complain

Complaint type	Complainant	Trigger	About?	Who & how to notify
Mandatory notification	<ul style="list-style-type: none"> Employers (includes agencies) Health practitioners Education providers 	<p>For registered health practitioners: Reasonable belief of 'notifiable conduct'</p> <p>For students: Reasonable belief of conduct or impairment</p>	ENs, RNs, nurse practitioners, midwives and nursing / midwifery students	<p>AHPRA T: 1300 419 495</p> <p>Click here for an online notification form</p>
Self-notification	Yourself	<p>Must notify within 7 days of certain self-notification events</p> <p>You can also self-notify if you have a health issue which affects your practice</p>	ENs, RNs, nurse practitioners, midwives or students	<p>Council T: 1300 197 177</p> <p>Click here for an online notification</p>
Complaint (voluntary)	Anyone	Concerned about health, performance or conduct	ENs, RNs, nurse practitioners, midwives or students	<p>Council T: 1300 197 177</p> <p>Click here for an online notification</p> <p>OR</p> <p>HCCC T: 1800 043 159</p> <p>Click here for an online form</p>

Protection from liability

The Health Practitioner Regulation National Law (NSW) protects health practitioners, employers and education facilities, who make complaints in good faith, from civil, criminal and administrative liability, including defamation. Making a complaint is not a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct. Legally mandated notification requirements override privacy laws.



SPOTLIGHT ON PRACTICE ISSUES: CULTURES OF SAFETY

In this issue, we cast the spotlight on cultures of safety and speak with Cate Malone, Senior Manager, Patient Safety and Thomas Loveday, Senior Manager, Organisational Development and Human Factors at the Clinical Excellence Commission

There is increasing recognition that culture plays an important role in patient quality and safety. The culture of the workplace must support patient-centred care so nurses and midwives feel safe to come to work, learn together and raise concerns about unsafe practice.

Healthcare is becoming increasingly complex. No patient is the same – each has different co-morbidities and complexities. Reliable systems must be in place so if complications arise, there are ways to manage these and provide the patient with the assistance they require. As health practitioners' day-to-day roles can be overwhelming, they should not have to go to work worrying about whether they will be safe.

Culture of safety means organisations prioritise safety and promote:

- a learning environment
- patient-centred care
- evidence-based care
- individual and organisational responsibility
- positive working environments

Culture needs to be considered from the perspective of all individuals in the organisation and what it is like for them to work there. Do they feel they can raise any issues with their colleagues or senior managers? Can they speak up about errors and learn from them instead of fearing punishment?

Leadership plays an important role in building cultures of safety. However, there is an important distinction between authority and leadership – you do not need authority to be a leader. You do not have to be a manager to recognise which team members require additional support or supervision (such as students and junior staff) and check in with them. If you want to create change, look at what is going well and what needs to be improved within your own peer group and work together to ignite change locally. Clinicians know what the problems are but need to voice them.

Senior managers can proactively support a culture of safety by encouraging nurses/midwives to speak up about unsafe practice, listening to them and taking appropriate action to address their concerns. It is important that when mistakes occur, practitioners are treated fairly, based on the mistake and not the outcome and lessons are learnt. The complexity of healthcare today means that patients need a team of health practitioners critically thinking, constantly learning and engaging patients in their care.

While managers can support nurses and midwives identify their learning needs, all health practitioners need to be accountable for their own learning and development. AHPRA can now [audit health practitioners' compliance with mandatory registration standards](#), including their continuing professional development.

How to develop or enhance cultures of safety in the workplace

- **Be patient-centred:** Every decision, whether by a clinician, administrator or non-clinical leader, should be made with patients at the forefront of your mind. Working towards the best outcomes for your patients should be a nurse/midwife's guiding principle. For instance, consider timing breaks around patient needs.
- **Embed a patient safety framework:** Each workplace should have a robust patient safety framework with an Incident Information Management System in place, which provides support and feedback to clinicians about reported incidents.
- **Become a learning organisation:** Focus on feeding back lessons learnt to all staff so processes are always improving. In addition to annual performance reviews, managers should regularly check in with their staff (every 3-4 months) to see how their learning and development is tracking.
- **Conduct culture surveys among patients and staff:** Culture surveys can reveal what patients think about receiving your care and what it is like for staff to work there. Is there a high turnover of staff? Are practitioners staying long enough to become experienced?
- **Communicate respectfully:** Be aware of how you speak to colleagues. Participate in 'huddles'. Encourage communication between frontline clinicians and managers to work out how best to allocate resources.

Practice points

Huddles

Through its work on [Falls Prevention](#), the Clinical Excellence Commission has seen the benefit of 'huddles', which can be held at any time but particularly during handovers.

Typically, a huddle might discuss:

- Challenges during the shift
- What went well and what did not
- Who are the higher risk patients who need timely care so that they do not deteriorate?

Understand your organisation's communication processes

Ensure you understand your organisation's processes regarding communication, e.g. ISBAR (Identify, Situation, Background, Assessment and Recommendation).

The Clinical Excellence Commission's goal is for everyone in NSW Health to view safety as their core business, embed safety in all programs, and proactively identify risks as well as good performance.

To improve organisational learning, the Clinical Excellence Commission and NSW Health have put a great deal of resources into incident management systems. NSW Health staff members are required to report all identified clinical incidents, near misses and complaints in the state-wide Incident Information Management System ([IIMS](#)). It is one of the world's largest clinical incident reporting systems, with over 160,000 incidents reported and 600 root-cause analyses completed annually. NSW Health and the Clinical Excellence Commission are currently reviewing how they can improve on investigating serious incidents and develop a system that updates the notifier of outcomes to close the learning loop.

The Clinical Excellence Commission has helped organisations to embed safety frameworks (such as *Sepsis Kills*, *Between the Flags* and *Falls Prevention* programs), helping to improve the reliability of the workforce. There is more work planned around improving resilience in our health system through [organisational development](#). A resilient system is one that must continually learn, improve and adapt to changing environments.

Further resources

- ***Clinician's Guide to Quality and Safety***: access the updated version [here](#). This will be followed by a "masters" level handbook for senior clinicians and managers.
- ***CEC Clinical leadership program***: Applications for the 2017 clinical leadership program will open later in 2016. Find out more [here](#).



WHAT DOES CULTURAL COMPETENCE LOOK LIKE IN NURSING AND MIDWIFERY REGULATION IN AUSTRALIA?

Susan Anderson (Balding) is a Gamilaroi woman, born and bred in Sydney. She is a Registered Nurse and has been working in the field of Aboriginal health for the last 17 years, particularly specialising in

Aboriginal primary health and aged care services. More recently she has been involved in Aboriginal health workforce development and planning, strategic policy and program management at a NSW state and national level.

Susan currently works for Maramali, which is a small Aboriginal organization with expertise in Aboriginal health, workforce development and planning, increasing cultural competence and safety of organisations and delivery of aged care services (community and residential care). Susan is also a professional member of the Nursing and Midwifery Council of NSW and a Board member of the Sydney Local Health District Board. She also works part time at the University of Sydney teaching Aboriginal health in the nursing curriculum.

Last year I attended the AHPRA Conference in Melbourne, representing the Nursing and Midwifery Council of NSW. As I was sitting, listening intently on the talks about nursing regulation from international perspectives, I started to think about how the concepts of cultural competence and cultural safety sit within the Australian nursing and midwifery regulatory system.

I also started to think about how advanced New Zealand is in embedding cultural safety as a core component of nursing practice. The term cultural safety (kawa whakaruruhau) was coined by a group of Māori nurses in 1989. In 1991, Irihepati Ramsden wrote up the initial cultural safety guidelines, which were approved by the New Zealand Nursing Council in 1992. She described the need for nurses to provide culturally safe care, as a way of responding to the poor health outcomes of Māori.

New Zealand has developed and applied the concepts of cultural competence and cultural safety across all sectors of the nursing and midwifery profession by embedding them in regulation and everyday practice.

For example, [the New Zealand Code of Conduct for nurses](#), references the New Zealand Nursing Council's *Guidelines for Cultural Safety, the Treaty of Waitangi and Maori health in*

Cultural competence means 'a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations', *Cross et al, p.iv*

Cultural safety means how safe the patient feels when accessing health services. 'Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual', *New Zealand Code of Conduct for Nurses. p.7*

Nursing Education and Practice (amended 2011), which provides guidance on regulating nursing practice to protect the safety of the public.

‘The principles of Te Tiriti o Waitangi/the Treaty of Waitangi, partnership, protection and participation, are integral to providing appropriate nursing services for Māori’,

New Zealand Code of Conduct for nurses, p.4.

The New Zealand Code of Conduct for nurses also provides a definition of cultural safety, which includes a component about nursing practice:

‘The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well being of an individual’, (New Zealand Code of Conduct for Nurses, p.7).

In Australia, according to the [Australian Nursing and Midwifery Accreditation Council \(ANMAC\) Registered Nurse Accreditation Standards 2012](#), Standard 4, Program Content does mention the requirement for ‘inclusion of a discrete subject specifically addressing Aboriginal and Torres Strait Islander peoples’ history, health, wellness and culture’ and the need to provide information on health conditions prevalent among Aboriginal and Torres Strait Islander peoples into other subjects within the curriculum (p. 14).

In the [Nursing and Midwifery Board of Australia – Code of Ethics for Nurses in Australia](#), the concepts of cultural competence are mentioned in the ‘Human Rights and the Nursing Profession’ section (p.2). It acknowledges Aboriginal and Torres Strait Islander peoples as the first peoples of Australia, having traditional ownership of this land and the uniqueness of our culture and what that brings to Australian society. It also calls to action nurses to eliminate disparity in health outcomes, particularly for Aboriginal and Torres Strait Islander people, and for nurses to provide ‘just, compassionate, culturally competent and culturally responsive care to every person receiving nursing care’ (p.2).

Unfortunately, when you look at the [Nursing and Midwifery Board of Australia, Code of Professional Conduct for Nurses](#), there is no mention of Aboriginal and Torres Strait Islander peoples nor any mention of the urgent health needs of our people. Luckily, I have been representing the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) in the review of these codes. I believe that a draft copy of the Codes of Conduct for nurses will be out for public consultation shortly.

Reflections

So, when you are reading the draft codes, I would like you to have the following questions in mind:

- How is the NSW regulatory body able to monitor public safety in terms of the cultural safety of the community and is it explicitly mentioned in the new code of conduct?
- How can we monitor the cultural competence of nurses and midwives and does the new Code of Conduct provide a platform to do this?
- Can we use the new Code of Conduct to account for nurses’ and midwives’ actions (or inactions) towards improving the delivery of health care for all Aboriginal and Torres Strait Islander people?

References:

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- Nursing and Midwifery Board of Australia, Code of Ethics for Nurses in Australia, August 2008