Health assistants (nursing) implementation guide
February 2014
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1. Introduction

Purpose

This document is a practical guide for health services seeking to implement health assistants as part of the nursing team in public health settings.

The health assistant (nursing) works in acute and subacute settings as part of the health care team, assisting nurses to provide patient care. The health assistant (nursing) works under the delegation and supervision of a registered nurse at all times, performing patient care activities alongside registered nurses and enrolled nurses. The role may include a range of tasks such as assisting with patients’ daily living activities (for example personal hygiene and mobility), helping maintain a safe and clean environment in the ward, or assisting with documentation.

The roles and responsibilities of a health assistant (nursing) will vary according to the nature and needs of both staff and patients. Regardless of these variations, the process of developing and implementing positions will be similar. This document describes the steps and stages that can be adapted for use at any health service.

This guide draws on the experiences of Victorian health services that have already successfully implemented health assistant roles in their nursing teams, as well as a range of published materials and guides. It describes the health assistant (nursing) role, and outlines a proposed approach to implementation, starting with the initial scoping of the project, planning, developing key components of the implementation strategy, and putting steps in place for monitoring, evaluation and review.

Details of other useful documents, tools and resources are also provided as suggestions for further reading.

Context

Summary

Health assistants (nursing) were first introduced in Victoria1 in 2009 as pilot projects at Austin Health and Bendigo Health. The pilots were independently evaluated (along with other Better Skills Best Care projects) by PricewaterhouseCoopers. The evaluations indicated that:

• both patients and staff with direct experience of health assistants (nursing) responded positively to their introduction
• there was significant improvement in work satisfaction among the registered nursing group, which has the potential to positively impact on retention
• staff feedback at Austin Health has continued to be overwhelmingly positive, with over 85 per cent of nursing staff surveyed agreeing that health assistants (nursing) have improved patient satisfaction and enabled them to maintain high standards of patient care.

Following the successful pilots Austin Health implemented health assistants (nursing) in all acute wards between Monday–Friday at the Austin Hospital in 2011. Bendigo Health has continued with their health assistants (nursing) model. In 2013, the use of health assistants (nursing) in Victoria was expanded to cover Barwon Health, Eastern Health and Monash Health. Additionally Austin Health launched a further project to explore the applicability of the role in subacute settings. The implementation of the assistant role at these health services aims to improve the quality, effectiveness and efficiency of care provision in acute and subacute health settings by establishing staffing models that incorporate health assistants into team work practices, supporting and under the supervision of registered nurses.

1 Other jurisdictions, in particular New South Wales, already employ health assistants (nursing). In NSW, approximately 1,500 nursing assistants are employed in public hospital settings.
What is a health assistant (nursing)?

The health assistant (nursing) works in acute or subacute care settings as part of the healthcare team, helping nurses to provide patient care. The health assistant (nursing) works under the delegation and supervision of registered nursing staff, and may help with a range of activities such as patients’ daily living activities (such as personal hygiene and mobility), keeping the ward clean and safe, as well as some basic administration.2

Health assistants complete a competency-based certificate III qualification. This includes core units in delivering care, as well as elective units tailored to the needs of the patients they will care for, and the work demands of the role.3

Why now?

Increasing demand and an ageing population are continuing sources of pressure on the health system, while global and national factors impacting on the Victorian economy have required greater focus on efficiencies. The Victorian Government is committed to building and maintaining a high-quality and sustainable health system. Developing more efficient and effective ways to deliver care, with an increased focus on quality and safety, is more important than ever.

Making sure the right staff are available to deliver the right care, when and where it is needed, is a challenge facing health systems worldwide. Health Workforce Australia has identified that workforce reform, including changes in the mix of staff working on wards, will be an important part of meeting forecast shortages of some skilled staff including nurses.

It is therefore necessary to make the best possible use of all available staff, providing opportunities for staff to fully utilise their skills where they are needed most. Better workload management, a more productive work environment, and the work satisfaction that comes from providing a high standard of personal and clinical care for patients will also help improve retention and keep our most skilled and experienced nurses in the workforce.

Introducing health assistants (nursing) has a number of benefits, as outlined below:

- For patients and their families, it means that there will be more support available for those who need help with daily living activities and personal care, and a more comfortable stay in hospital.
- For staff, it is an additional resource to support the provision of high-quality, personalised care for every patient, and better manage workloads.
- For health services, it provides an effective strategy to improve the working environment for staff while continuing to improve the responsiveness and quality of services.
- For the community, it means a quality public health system, and an efficient and effective expenditure of the healthcare dollar.

2 See Chapter 2 for further information about the role of health assistants (nursing).
3 See Chapter 7 for further information about education and training.
How do we know it works?

We know from experience that health assistants (nursing) are a welcome addition to the nursing team, bringing benefits for both patients and staff.

The PricewaterhouseCoopers evaluation of the 2009 pilot programs showed that as well as a positive reception from both patients and registered nurses, the use of health assistants brought additional benefits:

- At Austin Health, nurse satisfaction and patient satisfaction improved. An initial outlay in the first year resulted in overall cost savings in acute settings of $6,000 per assistant in subsequent years through reduced agency costs.
- At Bendigo Health, nurse satisfaction and retention improved. The survey responses, which included a large proportion of nurses on the pilot wards surveyed, showed that nurses believed the health assistant (nursing) role had a positive effect on their work, rating it between reasonably positive and very positive consistently over three survey intervals (97.5 per cent of respondents rated the impact of the role on enabling nurses to deliver care to patients as five or greater on a seven-point Likert scale at the end of 12 months).

Austin Health expanded its program in 2011 to include health assistants (nursing) in the nursing team in all its acute wards, and is working with the department to provide advice and support to other health services as they work to develop similar positions tailored to the needs of their own patients and staff.

Supporting a team approach to nursing care

The implementation process recommended in this document aims to support the safe and effective integration of health assistants (nursing) as part of the nursing team, working with registered staff to support and facilitate the provision of the highest standards of patient care.

It is well established that good teamwork is an important part of providing high-quality care. Identified patient benefits include lower patient mortality, fewer patient falls, fewer errors, less missed nursing care, reduced unanticipated admissions and improved patient satisfaction (Kalish and Lee 2010). Accordingly, patient safety frameworks such as the World Health Organization’s Patient safety curriculum guide, and the Safety competencies outlined by the Canadian Safety Institute include effective teamwork as a key element of providing safe patient care (World Health Organization 2011).

Higher levels of teamwork are also associated with greater job satisfaction for nursing staff (Kalish et al. 2010) and enhanced wellbeing for members of the team (World Health Organization 2011). For the organisation as a whole, benefits include reduced hospitalisation time and costs, efficient use of healthcare services and better communication.

Different roles within the nursing team share various aspects of care to fulfil the clinical care requirements of the patients under their care. Figure 1 below graphically demonstrates examples of how the different aspects of care are shared between different nursing roles, depending on the education and training of the team member.

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4 Health assistant (nursing) role at Bendigo Health is called Health Service Assistant
Further reading


2. The health assistant: role and scope of activities

Health assistants (nursing) work as part of the healthcare team, assisting registered and enrolled nurses with patient care interventions and activities as directed, in accordance with the nursing care plan and under the delegation of registered nurses and supervision of qualified and experienced registered nurses and enrolled nurses.

While health assistants (nursing) work within clearly defined parameters, the role itself is often flexible, involving a mixture of direct patient care and other activities that support the nursing team. Examples of the types of tasks and activities undertaken by health assistants (nursing) are provided below.

Examples associated with direct patient care:
- assist patients with daily living tasks such as –
  - hygiene and personal grooming
  - nutritional needs
  - mobility, transfers and positioning within the ward
  - elimination needs
- patient escort
- care of the deceased person
- manual handling
- pre-operative shaves
- packing/unpacking patient belongings
- maintaining a safe patient environment
- safeguarding patient privacy
- direct supervision of patients at risk (such as patients at risk of falls)
- assist with making beds
- recognise and report adverse incidents promptly.

Examples of indirect support:
- limited documentation (including bedside notes such as noting meals or toileting, but excluding clinical/progress notes)
- information systems
- team communication
- occupational health and safety
- maintaining stock levels of medical supplies.

The mix of duties is determined by the needs of the nursing team and the types of services and programs it delivers.\(^5\)

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\(^5\) See Chapter 5 for further information about aspects of care that cannot be delegated to health assists (nursing).
Duties and scope

The list of a health assistant’s (nursing) duties may vary from individual to individual. This is because an individual’s scope of activities will be influenced by a range of factors including:

- the context in which they are working
- their own level of competence, qualifications and experience
- the policies, qualities and risk management frameworks and culture of the organisation in which they work.

The regular duties of the health assistant (nursing) and the type of skills and activities that will be delegated will usually be outlined in the position description, which is a key reference point in establishing roles and responsibilities. As would be the case in establishing ‘scope of practice’ for professional staff, this should outline ‘the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform’ (Australian Nursing and Midwifery Council 2003).

The health assistant (nursing) can only work within the parameters of this position description.

The process of developing a position description is discussed further in Chapter 6, and an example of a position description for a trainee health assistant (nursing) is provided at Appendix A.
3. Getting started

Guiding principles for change management

In many Victorian health services, the implementation of health assistants (nursing) is a new way of managing staffing arrangements and workload pressures. The success of the project will depend on the people involved (Victorian Quality Council 2006). Managing the change process effectively will help ensure that those people are supported through the change process and work together to ensure safe, effective and efficient implementation.

The Victorian Quality Council has identified the following guiding principles for implementing change, drawn from earlier work in the UK’s National Health Service (NHS 2005):

• Have a plan for the project implementation but be prepared to adapt it if the outcomes at different stages show this to be necessary.
• Executive (or senior) support is essential for the success of a project, but recognise that change will come from the bottom up.
• Set objectives and congratulate the team when each objective is achieved, but remember that improvement is an ongoing process.
• Recognise that a plan for introducing change and monitoring the effects of the change is important, but gaining people’s commitment is vital to the project’s success.
Tips for successfully implementing change

- Have a defined communication strategy.
- Be consistent about sharing information.
- Consider using a variety of media to reach people.
- Involve stakeholders in the planning process.
- Support staff with training and opportunities to practice.
- Listen and act on questions, feedback and concerns.
- Celebrate ideas, achievements and successes.
- Have a clear reason for implementing change.
- Have a shared vision about what the change will achieve.
- Learn about the target population.
- When developing strategies, consider the barriers to implementing change and cater for them within the strategy development.
- Remember that resistance is a natural response to change that is introduced by somebody else.
- Identify the change champions, the innovators; these are the people who will be prepared to introduce change.
- Be aware of the different rates of uptake of change.
- Provide feedback of progress to stakeholders.

Source: Victorian Quality Council 2006
Governance

Establishing effective project governance is an important part of ensuring that your project is completed efficiently and successfully. Project governance forms a link between the broader corporate and organisational governance, and the project management activities. When operating effectively, project governance provides:

- direction, ownership and sponsorship
- a mechanism for reviewing and monitoring project management functions
- a forum for reporting and accountability, including consulting with stakeholders.

Project governance in some form will need to be in place before the start of the project so it can oversee the scoping and feasibility stage. The kind of structures established to govern projects will vary, and may include purpose-specific committees or steering groups, or subcommittees or standing items on the agenda of existing governance bodies such as executive committees.

Regardless of the form, the governance structure should be designed with the aim of:

- setting out lines of responsibility and accountability within the health service for the implementation project, ensuring that the work fits within the organisational values and operating requirements
- providing a means by which key stakeholders in the health service can influence decision making and provide input into the project’s direction
- supporting the team responsible for implementation by providing direction, assistance with any negotiation required between different parties, and making timely decisions
- providing a forum for discussing and resolving issues
- providing a forum for monitoring and review of project progress
- providing a forum to identify any potential risks associated with the project and implement strategies to mitigate those risks.

The benefits of strong project governance include:

- ensuring strong linkages between the project and the health service’s strategic priorities
- providing for clear ownership and leadership by senior management
- strengthening stakeholder engagement
- helping ensure adequate resources and skills are made available for project implementation.
Figure 2: An example of a project governance model

**Project management and staffing**

There are many different project management models that can be used depending on the organisational context and the practicalities of implementation.

The most common approach is to appoint a single individual as project manager or coordinator who is primarily responsible for driving the project, coordinating the effort of different parties, and providing the main point for liaison and information sharing with stakeholders and the governance body.

One of the key tasks of the project manager is to map out a project plan, identify key project milestones, and secure the support and resources needed for implementation. Managing change is also likely to be a strong focus of the project manager’s role, and so negotiation, communication and problem solving are also important. Appendix C includes a sample position description of a project manager.
Successful implementation of a new staffing model will utilise a range of different skills, within the project team and across the organisation. Some of the specialist skills and areas of expertise required may include:

- human resources management (staffing, position descriptions, employment and management arrangements)
- industrial relations (change management, industrial negotiation)
- clinical education (assist registered staff acquire skills to effectively work with this new role within the workforce, and ensuring competencies within defined scope of activities)
- unit management (operationalising new positions in the work context)
- communications (information strategies and issues management).

**Project planning**

The project plan is a useful tool in efforts to inform stakeholders about the project, identify and secure the resources needed to progress, and identify activities required to achieve implementation. It also provides a baseline against which project progress can be monitored.

A few examples of resources specifically identifying project management approaches in a health context are listed in the ‘Further reading’ section at the end of this section.

A simple project plan will commonly include:

- aim
- scope
- project description/outline
- deliverables
- key milestones
- timelines
- resources required
- governance and management arrangements
- communications strategy
- risks/issues.

Getting formal sign-off on agreed project plan from key stakeholders and senior management is in itself a key part of securing the organisational commitment needed to secure agreement in beginning the project scoping stage, and gaining in-principle agreement to proceeding with implementation (subject to the findings of the scoping exercise).
Communication

Purpose
Effective communication is a key element of implementing change, and so the development of a communications strategy is vital. Communication can play a role in each of the phases and steps of implementing change, as outlined by John Kotter (in Campbell 2008):

Phase 1: Creating a climate for change
• increasing urgency
• building guiding teams
• get the vision right

Phase 2: Engaging and enabling the whole organisation
• communicate for buy-in
• enable action
• create short-term wins

Phase 3: Implementing and sustaining the change
• don’t let up
• make it stick.

As the implementation process moves through these phases, the focus and the content of communication will change. It is also important to note that this process may not be linear, so that communication may need to address a number of these different phases at once.

The communication strategy should also encompass any specific organisational or management requirements such as project updates or reports.

Tips for good communication

The NHS Institute for Innovation and Improvement provides the following general tips for good communication:
• Uncertainty is more painful than bad news, so communicate early and often.
• Seek first to understand, then be understood.
• Communicate directly with the people who matter using multiple media, but preferably face-to-face.
• Make the communication process transparent and two-way.
• Be honest and tell the truth.
• The result of a communication is the response you get back, which may be different from what you intend.
• You are always communicating, even when you think you’re not. A person cannot not communicate, and behaviour is the highest form of communication.

Source: NHS 2005
In addition, industrial instruments may have specific requirements regarding communication and implementing change. For example, section 32 of the Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2012–2016 contains specific provisions relating to consulting with staff when implementing organisational changes that are likely to impact on employees (Fair Work Australia 2012).

**Target audiences**

All stakeholders share an interest in understanding the project and what it means for them. The communication provided needs to reflect that the introduction of health assistants can mean different things for different people, as outlined in the following examples:

| **Patient** | Who is the health assistant? What care will they provide? Can I be confident they know what they are doing? How do they fit in with the nurses and other people on the ward? Is it ok to ask them for help with my meals? |
| **Nursing team** | Will health assistants be coming into my ward? What can the health assistants do and what can’t they do? Can I delegate tasks to them directly? What does it mean for how I do my job? Will this mean fewer registered nurses on the ward? Why is this type of role being introduced? |
| **Nurse unit manager** | How will the health assistant help me managing the ward and the workload of my staff? Am I responsible for managing them? Will they be trained for what I need? |
| **Health service executive** | What are the costs and benefits of introducing this new role? Will they help us meet our safety and quality goals? How will their introduction affect our financial targets? Are there any risks associated with the introduction of this role, and if so how are the risks mitigated? |

A comprehensive communication strategy will carry a consistent and coherent message to all stakeholder groups, but will tailor that message to each stakeholder or stakeholder group’s particular needs and concerns.

A two-way communication process that incorporates a means for providing feedback and discussion helps ensure the information you are providing is meeting those needs. It will also provide a means for the timely and effective resolution of misunderstandings, conflicts and issues.

**Further reading**


Case study: Austin Health’s communication strategy

Health assistants (nursing) were first introduced as a pilot project under the Better Skills Best Care program in 2008–09. At the time Austin Health’s program commenced, health assistants were well established in allied health, and similar roles existed in private and not-for-profit residential aged care but they had not been employed in acute health settings.

A coordinated and comprehensive approach to communication was adopted from the outset, with key stakeholders involved in the scoping and planning, as well as the implementation process. Key elements of the communication approach are listed below.

**Planning and coordination:**
- communication strategy developed early in the project
- strategy rolled out across all sites and shifts
- monthly meetings of a steering committee
- weekly communication meeting with all managers

**Engagement of key stakeholders:**
- identification of stakeholders, models of communication, key messages and intent
- establishment of steering committee
- workshop with nurse unit managers
- consultation with and involvement of key stakeholders throughout
- ongoing liaison with education provider
- regular briefings provided to board and executive

**Branding and profile:**
- project tag-line – ‘assisting nurses, assisting patients’
- high-level, visible support and participation of senior management
- establishment of service-wide intranet site

**Use of different types and forms of communication:**
- ward-based meetings and staff forums
- printed information sheets and newsletters
- preparation of frequently asked questions (FAQs)
- establishment and maintenance of intranet site
- timely and accurate feedback and information – including responding to concerns, queries and ‘elevator talk’
4. Scoping: assessing need and capacity

This section outlines some key factors to consider in determining whether the implementation of health assistants (nursing) is desirable and/or feasible in a particular health setting.

In many cases, aspects of this process may have already been undertaken as part of broader workforce planning and review activities or reviews of service delivery.

The objective of the scoping exercise is to:

- identify areas or wards where health assistants (nursing) would provide a valuable addition to the nursing team
- identify any areas where the use of health assistants is not feasible, or could not be safely implemented
- identify the conditions or circumstances in particular contexts that would need to be considered during the implementation process.

A number of different sources and types of information can be used to inform this analysis, as described below.

**Reviewing the data**

**Patient profile, care needs and throughput**

A good understanding of the mix of patients in a particular care setting is vital to determining whether the addition of a health assistant (nursing) role is of potential benefit in that setting, and in understanding how a health assistant could best add value to the nursing team. Factors to consider will include:

- the main type of patient care activities carried out in a particular ward or setting
- the level of acuity and the average complexity of care needs
- the proportion of patients likely to have predictable care needs and outcomes
- the proportion of patients likely to need care of a type or level of complexity outside the range of activities of a health assistant (nursing).

A profile such as this enables identified care needs to be compared to the scope of activities and duty list of the health assistant (nursing) in order to identify suitable opportunities.

**Existing staff profile, skill mix and workload**

It is important to understand the current staffing profile and the scope of practice of each member of the team in order to determine how a health assistant (nursing) can contribute to the broader team. Examining the current staffing profile and their workload also helps identify where reallocations of tasks may be carried out to better manage workload, make the best use of the available skills, and ensure that high-quality care and a good working environment are maintained. This is also an important step in determining the capacity that exists for delegation and supervision.

There are a number of methodological approaches to review skill mix (Buchan et al. 2000). Skill mix studies are specific to a specific time, place and organisational context, and involve identifying the care needs of a specific population and matching these needs to the staff available (Buchan and Dal Poz 2002). This is a vital part of ensuring that the right people, with the appropriate skills, competencies and qualifications are in place, and that they are working together to deliver the best quality care as effectively and efficiently as possible.
Quality of care indicators

Key indicators of quality of care, including adverse events, near misses and nurse-sensitive conditions are an important consideration in making any changes to the staffing profile. Indicators such as these, and variations in their rates in different parts of the service may provide an indicator that some kind of improvement is needed in the way the unit is staffed.

It is important to note, however, that further investigation and discussion in light of all available information is needed to determine whether the addition of a health assistant (nursing) is likely to help any problems or issues.

This information will also be important baseline data to ensure that the quality impact of the health assistant (nursing) position can be monitored and evaluated.

Existing policies, procedures, standards and guidelines

Any changes to the staffing skill mix will need to occur within the parameters of:

- applicable legislative or regulatory requirements, such as the Drugs, Poisons and Controlled Substances Act 1981
- industrial agreements such as the Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2012–2016 and any locally negotiated arrangements
- organisational guidelines, procedures, standards or protocols.

Review of documentation such as relevant practice standards or published literature on skill mix change may inform decisions about the implementation of health assistants (nursing). Examples specific to health assistants (nursing) or assistant in nursing in Australia, such as the evaluation of the initial health assistant (nursing) pilot project conducted by PricewaterhouseCoopers (2011) may also be a useful reference.

Some organisational guidelines, procedures, standards or protocols may need to be reviewed and updated to include the health assistant (nursing) role. This may include delegation and supervision documents and any clinical guidelines relating to the duties and activities that can be delegated to a health assistant (nursing).

Consulting with stakeholders

The review of data discussed above primarily focuses on the available quantitative data. Agreeing on the interpretation of this data and what it means for service delivery and staffing requires input from stakeholders across the organisation.

Stakeholders can also provide other important qualitative information about the challenges facing existing staff, the ways in which quality of care is ensured and the optimal skill mix within the care team.

Strategies to gather this input include workshops with key groups of staff such as nurse unit managers, staff forums in which information can be openly presented and discussed, and interviews with key stakeholders such as human resources managers or directors of nursing.

The input of these key stakeholders helps ensure concerns and queries are addressed as soon as possible and that there is consistency with policies and operational requirements across the organisation. This is an important step to ensure that those affected, whether directly or indirectly, are engaged in the process of change.
Patient satisfaction and consumer consultation

Feedback from patients, their families and carers may also be a useful source of information. This is usually routinely collected through patient satisfaction surveys, but individual consultations or feedback from the health service’s patient liaison officer or team may also be undertaken.

A patient or carer group is unlikely to have specific views about ward staffing, but will be able to provide feedback on their perceptions of the quality of care they have received and any areas of improvement they may have identified. This will be useful information when scoping the health assistant (nursing) role.

Initial planning and implementation

At the conclusion of this scoping and assessment process, the project team should be in the position to identify:

- the specific locations/wards where care could be enhanced by the inclusion of health assistants (nursing)
- the role and the tasks that would be most suitable for a health assistant (nursing) to perform in those areas
- specific issues to be addressed in moving towards implementation.

Enough information should now be available to develop a specific proposal for implementation, outlining the scale, scope and requirements for implementation.

This should also allow a more detailed assessment of the resources required (including direct costs such as wages and training costs), and staff resources required (including the time of existing staff plus any new project resources that may be required, such as addition clinical educator resources). Timelines and key milestones should also be reviewed at this stage, to ensure they are achievable.

Work can now also commence on the key elements of implementation, including:

- identifying tasks to be delegated, and ensuring there is capacity for delegation in place (see Chapter 5)
- developing and finalising role definitions and duty lists (see Chapter 6)
- arranging education and training (see Chapter 7)
- implementing the communication strategy (see Chapter 3)
- employing and placing health assistants (nursing) in wards (see Chapter 6).

Further reading


5. Establishing delegation and supervision arrangements

Introduction

In order to establish a clear framework for the delegation of tasks and activities and the provision of effective clinically focused supervision, there must be a clear and shared understanding of the role that the health assistant (nursing) plays within the nursing team, and of the skills and competencies that a health assistant (nursing) will be expected to demonstrate.

The systems and process of delegation and supervision will be familiar to many nurses, and will reflect the same principles as supervision delegation arrangements that are already in place between registered nurses and enrolled nurses and beginner practitioners and other health service employees, such as allied health professionals and allied health assistants.

The delegation and supervision framework is an essential part of implementing and managing the appropriate and safe use of health assistants (nursing). An effective delegation and supervision framework:

- ensures patient safety and security
- provides timely and effective care
- makes best use of the different skills available within the healthcare team
- promotes a positive working environment
- ensures that all members of the nursing team understand and are supported in their duties.

An effective delegation and supervision framework provides clarity about the roles and responsibilities of all members, and a clearly defined structure for decision-making and support. It plays an important role in achieving a well-functioning team, and will in turn deliver good outcomes for the organisation and the patient.

In implementing a delegation and supervision framework, it is important that all individuals, including those delegating and supervising tasks as well as those performing them, stay within their duty list and scope of activities or scope of practice. This is determined by taking into consideration the staff member’s role as well as their individual qualifications, competencies and experience.

The Victorian Delegation and supervision framework for nurses and midwives aims to complement Nursing and Midwifery Board of Australia publications by providing additional support and a Victorian context. The framework has been developed following examination of current literature and extensive consultation with stakeholders including Victorian nurses and midwives.

The framework includes a number of recommended actions, activities and tools to provide Victorian nurses and midwives with assistance to effectively and efficiently undertake delegation and supervision within their individual practice context (Department of Health 2014).

Included below is a summary of some of the core elements that are specific to the health assistant (nursing) role.
Role clarity

When delegating an activity, registered nurses and registered midwives are required to ensure the delegatee has the skills and experience to undertake the activity and to ensure that delegating the activity is in the consumer’s best interest (Nursing and Midwifery Board of Australia 2006a; 2006b). To undertake this effectively it is vital that informative position descriptions and capability frameworks are available. These will to ensure there is a comprehensive understanding of each position within the team, including the health assistant (nursing). Further information on developing a position description is outlined in Chapter 6.

Understanding all team members’ roles and individual capability at the clinical interface is crucial for developing trust, a willingness to delegate and to ensure safe and effective delegation. Nursing and midwifery leaders should consider how best to provide this information to staff who delegate.

Documentation

Effective and safe delegation and supervision takes into consideration each health assistant’s unique combination of skills, competencies and experiences. This will reflect their training, including the electives undertaken during completion of the certificate III, as well as their own personal and working experience.

It is important that these competencies and experiences are well documented.

This document should be continually updated and available for reference at all times. This will help the initial assessment of whether it is appropriate to delegate a particular task or activity to the health assistant (nursing), and whether additional training or support is needed. In addition, it will help the supervisor to determine the level and type of supervision that is appropriate when a task or activity is assigned.

The use of documentation (such as a log book or supervision record) will also enable the health assistant (nursing) to quickly and easily demonstrate their existing qualifications and competencies when working with a new supervisor, or accepting delegation of a new task or activity.

Delegation

Delegation is an active process of transferring authority to a competent individual to perform a particular activity in a specific situation.

The Nursing and Midwifery Board of Australia (NMBA) provides a comprehensive definition of delegation. In summary, the NMBA states:

A delegation relationship exists when one member of the multidisciplinary health care team delegates aspects of consumer care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team. The delegator retains accountability for the decision to delegate and for monitoring outcomes (Nursing and Midwifery Board of Australia 2007, p. 17).

It is important to note that those delegating retain the accountability for the decision to delegate and monitoring outcomes of the delegated task. Accountability is the obligation to answer for the professional, ethical and legal responsibilities of one’s activities and cannot be delegated.
When to delegate

The following principles are provided as a guide to the delegation of any task to a health assistant (nursing), and are based on those outlined by the NMBA (2006; 2013).

• Delegation of the activity is based on an assessment of the patient’s needs and wishes.
• Delegation:
  – will benefit the client
  – is lawful
  – is appropriate to the context
  – is consistent with professional standards and service provider policies.
• The activity or task to be delegated lies within the current role of the person making the delegation.
• Delegation is based on appropriate consultation and planning.
• The person delegating the activity understands that they are accountable for both the decision to delegate and for monitoring the performance of the task or activity.

Accountability is the obligation to answer for the professional, ethical and legal responsibilities of one’s activities and duties and cannot be delegated.

• The health assistant (nursing) who is delegated the activity:
  – understands and accepts the delegation
  – has the appropriate readiness, education and competence
  – understands their responsibility for the activity and their own actions.
• The service provider has provided the policy framework, resources and training necessary to ensure:
  – the health assistant (nursing) receives ongoing education and assessment of competence
  – appropriate supervision is provided to the health assistant (nursing)
  – systems are in place to ensure that outcomes of the delegation are monitored and evaluated.

The Victorian Delegation and supervision framework for nurses and midwives includes a decision-making tool for nurses and midwives, The 5 rights of delegation, which was developed and published as part of comprehensive guidelines for the delegation of nursing work in the United States. Core to these are the five rights ‘to be sure that the delegation or assignment is:

1. the right task
2. under the right circumstances
3. to the right person
4. with the right directions and communication
5. under the right supervision and evaluation’ (National Council of State Boards of Nursing 2005).

This is an easy to use and practical tool for staff that is informed by the more comprehensive NMBA publications.
What cannot be delegated?

As noted above, delegation should always occur within the established roles and responsibilities of the nursing team, and in accordance with the skills, training and competencies within that team. These principles will help to prevent inappropriate delegation.

However, it is worth noting that some tasks and activities remain the responsibility of the designated professional and cannot be delegated, either due to:

- Commonwealth and/or state legislation, for example the *Drugs, Poisons and Controlled Substances Act 1981*
- the patient’s health status
- the complexity of care required by the patient
- the knowledge/skill required to perform the activity safely
- professional practice or evidence
- local/organisational policy or model of care (NMBA 2013).

Examples of aspects of care that require the educational preparation, experience and competency beyond that of a health assistant (nursing) include:

- interpretation of assessment data
- formulation and documentation of a patient’s care plan, including establishing priorities of care
- evaluation of a patient’s response for the purpose of making changes to the care plan
- assessing the clinical status of a patient.

The health assistant (nursing) may perform certain tasks which contribute to patient assessment; however assessing clinical status is outside the health assistant (nursing) role. For example, a health assistant (nursing) may provide fluids to a patient, document on the fluid balance chart and inform the nursing staff, but interpreting and assessing the patient’s hydration and clinical status remains the responsibility of registered nurses.

Delegation not required

Delegation is not required if the task/function is classified as a ‘shared’ (common) competency.

However the individual circumstances including patient needs, preferences and complexity must still be considered. If complexity means that a greater level of knowledge or skill level is required to complete the task or activity safely, greater supervision may be required. In this case the task remains an allocated rather than a delegated task (see the section below on Supervision).

Delegation responsibilities

When making a delegation, the person delegating the task should adhere to the principles outlined above. The NMBA has identified the following key responsibilities when delegating activities:

- teaching (or ensuring that appropriate teaching is provided by a competent third party)
- assessing the competence of the person receiving the delegation
- providing guidance support and clinical supervision
- ensuring that the person receiving the delegation understands their accountability and is willing to accept the delegation
- evaluation of outcomes
- reflection on practice.
Accepting a delegation

The NMBA (2007) has also described the range of responsibilities that are associated with accepting a delegation. When receiving a delegation, the health assistant (nursing) has responsibility to:

- negotiate, in good faith, the teaching, competence assessment and level of clinical supervision needed
- provide timely advice to the delegator of the task or activity if they are unable to perform the activity for any reason
- understand the extent of the delegation and the monitoring and reporting requirements that apply
- seek support and direct supervision until confident of their ability to perform the activity
- perform the activity safely
- participate in the monitoring and evaluation of the delegation
- not delegate the activity to someone else
- consult with the delegator if context/situation changes
- raise concerns if they feel they do not have the necessary skills to undertake a task being delegated to them.

Activities delegated to the health assistant (nursing) by a registered nurse cannot be delegated by that person to any other individual.

Refusing a delegation

The health assistant (nursing) should be confident that they are appropriately trained and capable of safely performing the task or activity being delegated before accepting the delegation.

If a health assistant (nursing) is concerned about their capacity to undertake a task, or about whether the task or activity lies within their scope of activity, they should immediately raise their concerns with the person seeking to delegate the task. Through open discussions about their concerns, it should be possible to identify if any additional training, assistance or support is needed to enable the health assistant (nursing) to undertake the task.

If concerns remain, the health assistant (nursing) should seek advice from their line manager.

Supervision

The NMBA acknowledges three types of supervision in a practice context. These include managerial supervision, professional supervision and clinically focused supervision (NMBA 2007). The NMBA notes that clinically focused supervision relates to the supervision of delegated nursing and/or midwifery tasks and activities, including:

- ‘providing education, guidance and support for individuals who are performing the delegated activity
- directing the individual’s performance
- monitoring and evaluating outcomes, especially the consumer’s response to the activity’ (NMBA 2007, p. 19).
A health assistant (nursing)’s supervisor may also be their manager, but that may not always be the case.

Where an individual’s supervisor is not their manager, managers and supervisors should work together to ensure that there is consistency in the feedback and support provided to the health assistant (nursing).

Similarly supervision has been described by NHS Education for Scotland as consisting of delegation, direction, guidance and support, with each of these elements varying according to the context and the level of complexity (NHS Education for Scotland 2010).

Supervision may be direct or indirect according to the nature of context under which the practice is being supervised (Nursing Council of New Zealand 2013).

What is clinically focused supervision?

Clinically focused supervision relates to the supervision of direct care activities, and therefore has a different focus to managerial supervision, which focuses on organisational issues such as personnel management, performance monitoring, rostering and team leadership.

Registered nurses (or midwives, as applicable) are responsible for providing supervision and support to health assistants (nursing) to whom they delegate activities, and for monitoring performance of those delegated activities. In some cases, suitably qualified and experienced enrolled nurses may also assist in supervising health assistants (nursing).

Good supervision is an essential element in providing safe care. It also plays an important role in supporting the development of individuals to meet the needs of the patients and the health service, helping the supervised person develop their own skills and confidence through validating their work, providing clarity about roles and expectations and providing feedback, and monitoring workload and quality of care (Lin and Goodale 2006, p. 479).

In line with the approach set out in Delegation and supervision framework for nurses and midwives and also the Supervision and delegation framework for allied health assistants, supervision comprises:

- ensuring the health assistant (nursing) is competent to undertake the task or activity
- ensuring that the task of activity is being completed properly and that instructions are being followed
- modifying the activity or instruction as required, to ensure safe and appropriate care
- determining whether further support of development needs to be provided to the Health Assistant
- reviewing outcomes (Department of Health 2009; 2012b; 2014).

Supervisors should adopt approaches that are appropriate to the supervisee’s qualifications, their skills and competencies and their level of experience, and adjust their strategies to ensure care is provided safely. Other important factors impacting on the model and frequency of supervision used include:

- the nature of the delegated task, including both the complexity and level of risk
- the characteristics of the patient and their condition, including severity, stability, risk of deterioration, the potential impact of the task on the patient and the patient’s level of anxiety
- the characteristics of the setting, such as the physical proximity of the supervisor and the health assistant (nursing) and the frequency of contact.
Direct supervision

Supervision exists on a continuum between direct and indirect supervision.

Direct supervision occurs when the supervisor is physically present and personally observes, works with, guides and directs the person who is being supervised (NMBA 2007). The key advantage is that the supervisor can directly observe and assess their skill level, correct performance if required and directly observe the impact of the delegated activity on the care recipient.

Direct observation of a health assistant (nursing) performing a task is a critical element to ensure patient safety, and may be continuous, frequent or occasional. It helps supervisors to identify the skills and abilities of a health assistant (nursing), and combined with focused feedback, helps quickly build skill and confidence. The supervisee can also seek direction if required. Consistent with the Delegation and supervision framework for nurses and midwives (Department of Health 2014) and Supervision and Delegation framework for Allied Health Assistants (Department of Health 2012b), it is recommended that direct supervision is used:

• to make an initial determination of the skills and abilities of the health assistant (nursing)
• when the health assistant (nursing) is learning a new skill or technique
• when the health assistant (nursing) is performing a task with a patient for the first time
• when the supervisor has concerns about the ability of the health assistant (nursing) to perform the task.

The degree of direct supervision required will generally decline as the supervisor builds a deeper knowledge of and confidence in the competence and qualities of the person being supervised.

Indirect supervision

Indirect supervision occurs when the supervisor does not constantly observe the activities and actions of the supervised person. The supervisor must be easily contactable and available for reasonable access (NMBA 2007), but this will depend on the context, the needs of the patient and the needs of the person being supervised.

Indirect supervision may also be strengthened by using other forms of feedback and information, such as:

• auditing medical records to assess the completeness and quality of the care provided
• regular interaction to discuss workload, performance and issues where they need support. Discussions should be scheduled regularly and may be in person, by phone or email
• participating in nursing team meetings to assess professional behaviour, communication and collaboration. Regular team discussions can provide the supervisor with information or perceptions that can be useful in ongoing performance reviews.
Providing supervision within a clinical environment

Supervisor roles and responsibilities
The supervisor of a health assistant (nursing) is responsible for providing ongoing supervision including setting and monitoring the standard of work performed, and coaching the health assistant (nursing) to ensure they can safely, effectively and efficiently perform each task.

In order to achieve this, the supervisor will need to determine the knowledge and skills of the health assistant (nursing), which may vary according the person’s experience and the electives undertaken as part of their training, as well as their personal strengths and weaknesses.

Supervisors are responsible and accountable for the quality of supervision they provide.

Providing effective supervision
The characteristics of an effective supervisor in healthcare can be identified from a review of the literature. These characteristics include:

- clinical competence and knowledge, to ensure that appropriate, evidence-based practices are established and maintained
- good communication skills, including the ability to provide clear, consistent and constructive feedback which contributes to modifying behaviour and improving performance.

A literature review analysing effective supervision in clinical practice identified a range of characteristics for effective and ineffective supervision, outlined in Table 1.

Table 1: Effective and ineffective supervision

<table>
<thead>
<tr>
<th>Effective supervision</th>
<th>Ineffective supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective supervisors:</td>
<td>Ineffective supervisors show behaviour that:</td>
</tr>
<tr>
<td>- have empathy</td>
<td>- is rigid</td>
</tr>
<tr>
<td>- offer support</td>
<td>- has low empathy</td>
</tr>
<tr>
<td>- are flexible</td>
<td>- provides low levels of support</td>
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<tr>
<td>- offer instruction and knowledge</td>
<td>- is inconsistent in tracking supervisee concerns</td>
</tr>
<tr>
<td>- are interested in supervision and provide good tracking of supervisees</td>
<td>- fails to teach or instruct</td>
</tr>
<tr>
<td>- are interpretive</td>
<td>- is indirect</td>
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<tr>
<td>- are respectful</td>
<td>- is intolerant</td>
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<tr>
<td>- are focused</td>
<td>- lacks respect for differences</td>
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<tr>
<td>- are practical</td>
<td>- is not collegial</td>
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<tr>
<td>Positive supervision events include:</td>
<td>- fails to provide praise and encouragement</td>
</tr>
<tr>
<td>- providing direct guidance</td>
<td>- is sexist or discriminatory</td>
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<tr>
<td>- joint problem solving</td>
<td>- emphasises weakness and deficiencies.</td>
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<tr>
<td>- reassurance</td>
<td></td>
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<tr>
<td>- effective linking of theory and practice.</td>
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</tbody>
</table>

Source: Adapted from Kilminster and Jolly 2000.
The Victorian Health Association has defined a range of competencies that should be addressed in clinical supervision training, reproduced below. Though these were developed with a focus on community health, it provides a useful summary of key supervision competencies.

### Competencies in the delivery of clinically focused supervision

Reproduced from Victorian Healthcare Association (undated)

#### Assessing clinical practice
- Collaborative supervisory relationships are established and maintained with supervisees and organisational representatives.
- Supervisees’ clinical practice is continuously monitored and evaluated against required standards of care and codes of conduct/practice.
- Clinical supervisors monitor and assess their own learning needs, both clinical and supervisory, through their involvement in a rigorous system of supervision with an appropriately skilled and experienced supervisor.

#### Enhancing clinical practice
- Supervisees are encouraged use a range of strategies to improve their clinical practice and work towards achieving best practice.
- Actions that address clinical issues identified in supervisees practice are documented and implemented.
- Supervisees’ clinical workloads are monitored.
- Demand management strategies which reflect organisational objectives and priorities for service, are identified and implemented by supervisees.
- Supervisees’ professional and developmental needs are addressed in a manner that is appropriate to their stage of professional development and learning style.
- Clinical supervision reflects the principles of continuous quality improvement and risk management.
- Evidence-based clinical practice is identified and implemented through clinical supervision.

#### Providing timely and appropriate feedback
- Practice excellence is identified and promoted through recognition and feedback. Feedback, both verbal and written is provided to supervisees regarding aspects of their clinical practice which does not meet required legal, ethical and/or professional standards.
- Timely and appropriate action is taken in situations where there is evidence of poor clinical practice which is not being addressed by the supervisee.
- Reports on clinical supervision are provided to designated organisational representatives, in a manner that is consistent with organisational policy and procedures.
Supervising health assistant (nursing) trainees

The principles of effective supervision described above also apply when supervising health assistant (nursing) trainees. In this case, it will be particularly important to:

- ensure that the trainee can safely and completely perform the allocated activities
- carefully assess, according to the setting, each trainee’s competencies and allocate tasks accordingly
- guide and assist the trainee in their efforts to achieve their learning objectives
- communicate any performance concerns to the relevant manager.

Nurse unit managers are responsible for ensuring that all trainees receive an appropriate level of supervision.

Developing supervision skills

The quality of supervision provided affects the workplace environment, the wellbeing and development of the person receiving supervision, and the safety and quality of care.

Staff responsible for supervising other staff should ensure they have the knowledge, skills and abilities to provide effective supervision, and have undertaken the necessary training and development to ensure these abilities are developed (see also Chapter 7).

Have you considered the following?

- What is the best model for allocating tasks and duties to your health assistants (nursing)? Ensure that this optimises their supervision.
- Check whether your health service can provide access to delegation and supervision training as part of its existing continuing nurse education program.
- Consider developing a buddy system for health assistants (nursing).
- Think about establishing formal structured arrangements for regular debrief and supervision.
Case scenarios

Some examples relating to delegation and supervision are included below, outlining a range of practical scenarios that are relevant to health assistant (nursing) roles. These scenarios are not exhaustive, however have been included to build context and demonstrate aspects that need to be considered to inform decision making.

Scenario 1: Provision of supervision

You are a registered nurse working with a relatively new health assistant (nursing) trainee, who has undertaken a couple of months of their 12 month traineeship. You have worked with this health assistant (nursing) a few times before; however it was a few weeks ago as you have just returned from leave.

When working with this health assistant (nursing), which tasks or activities will require direct supervision and which will require indirect supervision?

Things to consider:

- Are the tasks or activities within the position description and duty list of the health assistant (nursing)?
- If so, has the health assistant (nursing) received education and training in a particular task or activity, and have they been formally assessed as competent?
- Have you personally provided direct supervision for them undertaking the task or activity before?
- How has their learning and competence progressed during your period of leave?
- How will you know that the task or activity is been undertaken satisfactorily?

If a task or activity is within the position description and duty list of the health assistant (nursing), and they have been formally deemed competent in that task or activity, then in most circumstances indirect supervision is appropriate.

However, as the registered nurse who is accountable for the delegated task or activity, you must be confident and satisfied that the task you are delegating is being undertaken safely and appropriately. If you have not personally provided direct supervision of the health assistant (nursing) before, it is appropriate to discuss the task with them to establish their level of confidence and competence. If during this discussion it is evident that the health assistant (nursing) has established competence in this activity then indirect supervision would be appropriate. If not provide direct supervision to establish their level of competence.

When you delegate a task, it is important that you follow up on the outcome of that delegated task. This can be undertaken in a number of different ways, including direct observation and supervision, discussion with other members of the healthcare team, or asking the health assistant (nursing) to report back to you when they have finished. As the registered nurse accountable for the delegated task, you must be confident that the task has been appropriately completed, and that you have assessed and documented the outcome, including any variance in the patient’s condition.
Scenario 2: Health assistants (nursing) working with enrolled nurses

You are an experienced enrolled nurse working a busy morning shift on your ward. A health assistant (nursing) is also working that morning as part of the team.

What are your responsibilities as an enrolled nurse and how do you work with a health assistant (nursing)?

Things to consider:

- How do I differentiate the responsibility and accountability of the registered nurse and enrolled nurse in the delegation of nursing care?
- Have I already been delegated the task by a registered nurse?
- Has the health assistant (nursing) been allocated or assigned to work with me by a registered nurse?
- Are there shared activities where both the health assistant (nursing) and I are competent to undertake the task, and is this supported by my employer?
- Am I able to supervise the health assistant (nursing) in any aspects of their work?

On accepting a delegation from a registered nurse or registered midwife, the enrolled nurse is accountable and responsible for the care and activities they perform under that delegation within their own level of competence and scope of practice.

Only registered nurses or midwives can delegate nursing care activities. The registered nurse or midwife always retains the responsibility and accountability for the nursing or midwifery care activities and tasks that they delegate to either enrolled nurses or non-nurses, including health assistants (nursing).

If activities of nursing care have already been delegated to the enrolled nurse by a registered nurse or midwife, then the task cannot be re-delegated by the enrolled nurse to any other individual including a health assistant (nursing). If changes in the context occur that necessitate re-delegation, the enrolled nurse must consult with a registered nurse or midwife.

If the registered nurse or midwife has allocated or assigned the health assistant (nursing) to work with an enrolled nurse, the enrolled nurse is able to assist in supervising health assistants (nursing) provided that they are suitably qualified and experienced.

The enrolled nurse is able to work alongside the health assistant (nursing) where delegated by a registered nurse or midwife, to collaboratively work together within the confines of their respective position descriptions to ensure that the care of the patient is appropriately and safely delivered. For example if a registered nurse has delegated a health assistant (nursing) to work with an enrolled nurse to deliver care to their assigned patients, the enrolled nurse is able to request the health assistant (nursing) to undertake tasks that are within their position description and duty list. So if a patient needs to have their weight measured and recorded, the health assistant (nursing) is able to undertake this so long as it is in the health assistant’s position description, and that they have been deemed as being competent in undertaking that task.
Scenario 3: Scope of role and responsibilities

You are a health assistant (nursing), and you have been asked by a doctor to assist with a procedure. This task is not included in your position description or task list, nor have you learnt about the procedure, let alone achieved competency in this task.

What should you do?

Things to consider:

• Who is able to delegate activities to a health assistant (nursing)?
• How can I respond without seeming unhelpful?
• What do I do if I have concerns about undertaking the task being asked of me?

It is possible that other roles within the ward or patients and visitors may mistakenly presume that a health assistant (nursing) is a nurse. Likewise, even if they know that the staff member is a health assistant (nursing), they may not understand the duties and responsibilities of the role.

Health assistants (nursing) are only able to be delegated activities by a registered nurse or midwife. If another discipline asks a health assistant (nursing) to assist them or undertake a task or if a patient asks a health assistant (nursing) to help with something that is outside of their position description and duty list then the health assistant (nursing) should either refer them to the registered nurse, or refer back to the registered nurse themselves.

This can sometimes be challenging, as people do not want to be perceived as though they are being difficult or unwilling to help. In these circumstances the best outcome will usually be achieved if the health assistant (nursing) responds in a friendly manner, giving the other person insight into why they cannot help them and then ensuring that they actively communicate the need to the appropriately qualified person.

Developing a script and possible responses can help the health assistant (nursing) to effectively deal with these scenarios. For example, the health assistant (nursing) could respond to the situation above with something like, ‘I’m a health assistant (nursing), you will need a registered nurse to assist you with that procedure. I will go and let <the registered nurse’s name> know that you need assistance.’

Remember it is the responsibility of a health assistant (nursing) to ensure they are always working within the parameters of the position description and duty list authorised by their employer.

A health assistant (nursing) should feel confident that they have been appropriately trained and capable of safely performing the task or activity being delegated before accepting the delegation. If a health assistant (nursing) is concerned about their capacity to undertake a task, or about whether the task or activity lies within their duty list and position description, they should immediately raise their concerns with the person seeking to delegate the task.

Through open discussions about their concerns, it should be possible to identify whether the delegation is appropriate or if any additional training, assistance or support is needed to enable the health assistant (nursing) to undertake the task. If concerns remain, the health assistant (nursing) should seek advice from their line manager.
Scenario 4: Allocation or assignment model

You are an associate nurse unit manager working on a busy acute ward. You are in charge of a morning shift and have a health assistant (nursing) as part of your ward team. The team has just received handover and after reviewing the patient profile and the staff skill mix you are about to allocate your staffing resources for the shift.

Which patients will you allocate the health assistant (nursing) to and why?

How will you undertake the allocation and assign the health assistant (nursing) and will the health assistant (nursing) be allocated to work with one nurse or, more than one nurse?

How will the health assistant (nursing) be assigned once they have completed a set of activities?

Things to consider:

- How do I allocate the health assistant (nursing) to enhance the safe, efficient and effective provision of care for that shift?
- How do I ensure that the health assistant (nursing) is being utilised where they are needed most, making the best use of their competencies within the parameters of their role?
- How do I manage the demand from the nursing team for assistance from the health assistant (nursing)? How do I prevent the health assistant (nursing) being subjected to competing demands from different members of the ward team?

As the health assistant (nursing) role joins a team, the allocation model and manner in which you assign their work will affect the way they work, either positively or negatively. There are many allocation models and no one correct way of doing things, however there are specific issues and guiding principles to consider when introducing a new role into the team.

Inclusion of the health assistants (nursing) in the nursing handover has been shown to be beneficial in optimising intra-ward communication, allocation and utilisation of the role. Effective hand-overs contribute to improved patient outcomes, increasing safety, reducing repetition, avoiding errors and improvements in patient satisfaction (Talty 2013–14).

Allocation and assignment of the health assistant (nursing) should always be undertaken with consideration of their level of individual education, experience and competence, ensuring they are delegated activities within the parameters of their position description and duty list.

Any model that involves a health assistant (nursing) ‘floating’ between supervisors is not recommended, as their education, training and preparation does not adequately equip them with the skills and knowledge to be able to effectively work in this manner. Consideration should be given to ensuring that the overarching delegation of the health assistant (nursing) is undertaken by one staff member for a particular shift. Usually this is the nurse-in-charge of the shift or a team leader, given that these roles have the broadest oversight of the ward's resourcing requirements for the shift. The initial health assistant (nursing) implementation pilots demonstrated that centralised delegation for health assistants (nursing) worked well by ensuring that the health assistant (nursing) is delegated activities where they are most needed. This worked irrespective of their nursing allocation model.

An example of how this may work is that the nurse-in-charge/team leader may assign the health assistant (nursing) to initially work with a nurse or nurses based on the ward's needs and the patient care requirements. The health assistant (nursing) would work with the assigned nurse to undertake activities to assist them, and then reports back to the nurse-in-charge/team leader when they have...
finished those activities to be given their next delegation. This ensures that the health assistant (nursing) is being assigned to work where they are most needed and that as the shift progresses that re-delegation can meet the changing needs of the ward, without the health assistant (nursing) being subjected to competing demands from different members of the team.

When introducing the health assistant (nursing) role into a team, some trialling may be required to find the best model of allocation and assignment of these staff to meet the requirements of the ward, team and patient cohort. Undertaking this with consideration of the above principles, and continuing consultation with all members of the ward team will ensure the best results.

**Scenario 5: Appropriateness of allocation**

You are the nurse-in-charge of a busy acute ward, which currently has a high proportion of patients who require full nursing care. The nurses working that shift have asked that you allocate the health assistant (nursing) to undertake the hygiene requirements for ten of these patients.

**What do you do?**

Things to consider:

- How do you ensure that the health assistant’s (nursing) allocation is fair and reasonable?
- How do you ensure that you are meeting your obligations to provide a safe workplace for all of your staff, including the health assistant’s (nursing)?

The allocation and assignment of work for any staff member should always be fair, reasonable and achievable. Allocation and work assignment should also be varied, not only to ensure that the staff member’s work is interesting and rewarding; but also importantly to reduce the risks associated with manual handling, including repetitive or sustained awkward posture, repetitive or sustained application of force and repetitive or sustained movement (Worksafe Victoria 2000).

It would therefore we reasonable to allocate the health assistant (nursing) to assist with some of the hygiene needs but not for all ten patients. The nurse-in-charge would need to communicate their decision back to the team, with the above rationale as justification if required.
Further reading

Australian Nursing Federation 2011, *Delegation by registered nurses and registered midwives*, ANF, Canberra.


Nurses Board of Victoria 2007, *Guidelines: delegation and supervision for registered Nurses and Midwives*, Nurses Board of Victoria, Melbourne.

Nursing and Midwifery Board of Australia 2007, *Delegation and supervision for nurses and midwives*, NMBA, Canberra.

Nursing and Midwifery Board of Australia 2013, *Supervision guidelines for nursing and midwifery*, NMBA, Canberra.


Royal College of Nursing and Australian Nursing Federation 2004, *Joint position statement: assistants in nursing and other unlicensed workers (however titled)*, ANF, Canberra.
6. Recruitment, orientation and employment

Recruitment, employment, orientation and training of staff is time consuming and resource intensive, so it is important to get it right. The recruitment process will be the culmination of an extensive process of scoping, planning and consultation as discussed earlier in this document. Recruitment should not proceed until there is a very clear view of the scope and purpose of the positions, the management and supervision arrangements, the terms and conditions of employment and the source of funding for salaries and associated on-costs have been identified.

Most health services in Victoria have specialist human resources or personnel experts on hand who can provide advice and support on the recruitment and advertising process. Engaging their support will ensure that key legal and organisational requirements are met, and that the way in which positions are developed, advertised and filled supports the recruitment of the best possible candidates for the job. This will also help ensure that the recruitment and employment process meets the required legal and industrial requirements.

This chapter provides some suggestions specific to the recruitment and employment of health assistants (nursing). It is intended to supplement, rather than replace, the advice available from human resources advisors within the health service.

**Recruitment**

**Position descriptions**

Position descriptions should set out the position details, qualifications, key functions, list of duties and responsibilities of the job.

The position description for the health assistants (nursing) is a key document in the implementation of the position. As this is a relatively new role, staff throughout the health service, as well as prospective employees will be looking to the position description to get an idea of what the job is, and how it will work in the context of the ward.

The position description will also be a key reference point in describing how it relates to other positions in the organisation. For example, the position description used by Austin Health (2011) (see Appendix A) clearly states that the health assistant (nursing) will operate under the supervision of the registered nurse at all times.

It is important that the content of the position description is carefully reviewed to ensure that it provides an accurate view of the role, and enough information so that prospective candidates can assess their own suitability before applying.

A sample position description from Austin Health is provided in Appendix A. A further example from New South Wales’ implementation of assistants in nursing in acute care is available in NSW Health’s Assistants in nursing working in the acute care environment: health services implementation package (NSW Health 2010).
Advertising and promotion

Your human resources team will be able to provide information about the most appropriate formats and venues for advertising, to ensure that the best possible candidates apply.

While it is important to attract the best candidates, it is also important that candidates for the role have a clear accurate view of the nature of the role and of what will be expected of them. This is particularly important, as these are relatively new roles in Victorian public health services, so it may be useful to provide additional supplementary information to those who express interest.

Any special requirements or pre-conditions to employment (for example a criminal records check) should also be specified in the advertisement.

This may include making an appropriate staff member available to answer queries, though this can be very resource intensive. A public information session providing more information about the role and its responsibilities may be a more efficient use of time if you expect a high volume of enquires. This approach provides an opportunity to:

• describe the expectations of the role in more detail than is possible in a formal job advertisement
• If employing via a traineeship model, describe how a traineeship works, together with the expectations and requirements of becoming a student of the vocational education and training provider
• provide an opportunity for a question and answer session to ensure a clear understanding of the role and its potential rewards and challenges before they make a decision about whether to apply.

Figure 3: Examples of potential rewards and challenges of the health assistant (nursing) role

<table>
<thead>
<tr>
<th>Rewards</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributing to the provision of high-quality healthcare</td>
<td>Witnessing invasive or uncomfortable interventions</td>
</tr>
<tr>
<td>Improving patients’ quality of life and reducing stress and discomfort</td>
<td>Caring for seriously ill and deceased persons</td>
</tr>
<tr>
<td>Helping patients’ recovery</td>
<td>Confronting situations including dealing with grief, stress, aggression and anxiety</td>
</tr>
<tr>
<td>Meeting new people, being part of a team and learning new skills</td>
<td>Tasks involving contact with blood or human waste</td>
</tr>
</tbody>
</table>
Employment and enrolment

The introduction of health assistants (nursing) into your health service’s wards may involve employing a:

- a trainee, who will undergo a 12-month training program before being qualified as a health assistant (nursing)
- a health assistant (nursing) who has already completed their training, either in Victoria or interstate.

As of 2013, health assistants (nursing) have been introduced at all acute wards at only one major metropolitan hospital, so it can be assumed that the vast majority of candidates will be employed as trainees in the short term.

Employment agreement

In establishing this role advice has been sought by the Victorian Hospitals’ Industrial Association. Most health services have employed these staff under the Victorian Public Health Sector (Health Professionals, Health and Allied Services, Managers and Administrative Officers) Enterprise Agreement 2011–15, classified as a ‘Nursing Attendant’ (Fair Work Australia 2012).

In order to be employed as a trainee, enrolment in the training course must occur concurrently with the employment.

Awards and agreements change over time, so seek advice from your human resources team on the correct agreement and classification to use, both for the traineeship period and once the staff are fully qualified. Further advice on applicable awards and pay rates is available from the Victorian Hospitals’ Industrial Association.

Australian apprenticeship centres

To employ trainees, health services need to engage with an Australian apprenticeship centre as well as a vocational education and training provider.

Australian apprenticeships centres are contracted by the Australian Government to provide one-stop shops for those seeking to hire apprentices and trainees or to take up an apprenticeship as a career path.

The Australian apprenticeships centre will:

- provide assistance to the health service as the employers, the trainees and the training providers throughout the duration of the traineeship
- market and promote the traineeship in the local area
- administer incentive payments to the health service and personal benefits to the trainees
- work with the state and territory training authorities to provide an integrated service
- establish effective relationships with Job Services Australia providers, group training organisations, registered training organisations, schools and community organisations.
They provide information, administration services and support to employers and trainees by:

- assisting with the signing of training contracts
- assessing, approving and processing the payment of Commonwealth Government incentives to the health service as the employer where eligible
- assessing, approving and processing personal benefits to eligible trainees to assist them when their wages are generally at their lowest (Commonwealth Government 2013).

There are a number of centres that offer similar services, however some providers are geographically based. Check with your human resources team to see whether your health service already has a preferred or established provider. Further information including a comprehensive list of available centres and resources for both employers and trainees is available via <http://www.australianapprenticeships.gov.au/australian-apprenticeships-centres>.

**Preparation and orientation**

The preparation and orientation health assistants (nursing) receive when they start at your health service is a critical part preparing them for their patient care role. The traineeship/course gives them an understanding of the workplace and the skills required to operate in it effectively, but new staff should also be introduced and inducted to:

- the policies of the organisation
- the local ward environment of where they will be working
- the specifics of the work they will be asked to do as a health assistant (nursing) and as a member of the health care team in that setting
- health service specific mandatory learning and induction requirements
- the model of care that guides the team’s work
- any administrative requirements.

The orientation that the first health assistants (nursing) receive will also play an important role in establishing the culture and identity of health assistants (nursing) in the workplace in the future, and the nature of their working relationships with other members of the ward team.

**Establishing knowledge and skills**

A nurse or midwife with responsibilities for supervising new health assistants (nursing) needs to gain an understanding of the health assistant (nursing)’s training and previous experience, in the context of the role that the person will be required to perform.

Initial discussions should focus on establishing the level of proficiency and skills of the health assistant (nursing), and assessing these against the requirements of the position. Issues for discussion may include:

- the units of study that the health assistant (nursing) has completed as part of their certificate III
- the roles and responsibilities the health assistant (nursing) has undertaken in previous working roles
- the type and level of experience in other clinical environments (if any)
- any other on-the-job or professional development that the person has undertaken.

This process will allow the supervisor and health assistant (nursing) to jointly clarify roles and expectations, and identify any areas where additional training or support may be needed.
Management arrangements

As with any other staff member, each health assistant (nursing) should be assigned a manager whose responsibilities will include ensuring proper employment arrangements are in place. These arrangements include:

- conducting formal performance reviews
- approving and coordinating requests for leave and other entitlements
- establishing training and development plans
- supporting staff and dealing with other personnel or welfare issues.

The manager may or may not also be the person who is delegating and supervising clinical care.

The manager should also take responsibility for managing the workload of the health assistant (nursing), and ensure that the tasks they are allocated are appropriate and achievable. This is particularly important if more than one staff member in the team is authorised to delegate and supervise tasks to the health assistant.

Further resources

Please refer to your health service’s human resources team for further information about all aspects of the employment process, from developing position descriptions through to employment and orientation, and applicable wage rates.

Training on various aspects of the employment process (such as position descriptions and employment contracts) and advice on wages and industrial relations is also available through the Victorian Hospitals’ Industrial Association.

7. Education and training

Certificate III: Health Services Assistance

In Victoria, health assistants (nursing) are required to complete a Certificate III in Health Services Assistance (Assistant in Nursing) which has a course code HLT32512. As with all vocational education and training courses, the certificate III is a nationally recognised, competency based course.

As of May 2012, core units included:

- HLTIR301C Communicate and work effectively in health
- HLTIN301C Comply with infection control policies and procedures
- HLTWHS200A Participate in work health and safety processes
- BSBFLM303C Contribute to effective workplace relationships
- BSBMED301B Interpret and apply medical terminology appropriately
- HLTAP301B Recognise healthy body systems in a health care context

This qualification includes the option of a number of elective groups and covers workers in a range of work roles; and has been structured to provide either a generic qualification that covers a range of work functions, or a specified elective group which is targeted to specific work roles. Elective units recommended for health assistants (nursing) working in acute health services include:

- HLTCSD201D Maintain a high standard of client service
- HLTCSD208D Transport clients
- HLTCSD305D Assist with client movement
- HLTCSD306D Respond effectively to behaviours of concern
- HLTAIN301C Assist nursing team in an acute care environment
- HLTAIN302C Provide support in an acute care environment
- HLTCSD3A Prepare and maintain beds
- BSBCM302A Organise personal work priorities
- HLTCSD304B Support the care of clients
- HLTFA311A Apply first aid

The Certificate III in Health Services Assistance (Assistant in Nursing) is delivered by a range of public and private registered training organisations. The structure of course is detailed in Appendix C. Competency standards for all units and a list of registered training organisations delivering this qualification are available at: <www.training.gov.au>.

6 Prerequisite unit for HLTAIN301C Assist nursing team in an acute care environment
7 Prerequisite unit for HLTAIN301C Assist nursing team in an acute care environment
Prerequisites
Prospective students need to meet the entry requirements. These may vary slightly between different institutions, but will generally include a current police check, evidence of literacy and numeracy skills (which may include a year 10 pass in English and maths, successful completion of an assessment, or completion of a literacy and numeracy test), proof of identity and the legal right to work in Australia.

Case study: Certificate III Health Assistance – Austin Health
Trainees recruited to the health assistant (nursing) positions at Austin Health completed a 12-month traineeship comprising:

- an initial period of theory-based study
- a practical placement in a residential aged care facility where trainees achieved competency in foundation tasks such as infection control, bed-making and patient care
- a four-month period in which trainees worked on their assigned wards for four days per week, and attended classes for the remaining one day per week
- a final period of consolidation where trainees complete any additional training and practice until they achieved the required level of competency in all areas.

The Victorian Training Guarantee
As of 2013, some candidates may be eligible for Victorian government-subsidised training places. The subsidies are available for students who are undertaking vocational education and training and do not already hold a post-school qualification, or are seeking a higher qualification than they already hold. They must be an Australian citizen, an Australian Permanent Resident (holder of a permanent visa), or a New Zealand citizen and any of the following:

- under 20 years of age seeking to enrol in an approved foundation-skills list course
- seeking to enrol in VCE or VCAL
- seeking to enrol in an apprenticeship
- 20 years and older and ‘up-skilling’ by seeking to enrol in a course at a higher level than their existing qualification (Department of Education and Early Childhood Development, 2013).

Students can use the Victorian Skills Gateway Eligibility Indicator <http://www.education.vic.gov.au/victorianskillsgateway/Students/Pages/vtg-eligibility-indicator.aspx> to check their eligibility. Full fees will be levied for students who are not eligible for the subsidy.

The health assistant (nursing)’s competency must be assessed by a person who holds a minimum qualification of a certificate IV in workplace assessment or training (National Skills Standards Council 2013).
Course structure
If employed as a trainee, the health assistant (nursing) recruits will enrol in the certificate III course at the same time as they are being employed, as the participation in the formal vocational education is a precondition of employment as a trainee.

The course structure is flexible and can be varied to meet the needs of the health service, to ensure students receive an appropriate mix of theory and practice in their training, and are well prepared for their role.

The health service should review the electives offered to ensure that they are suitable to the work locations where the health assistants (nursing) are placed.

Working collaboratively with your health service's nominated registered training organisation will ensure that the needs of the trainees and the health service are taken into consideration when finalising the structure of the course.

Assessment
In order to qualify, the trainee must successfully complete the range of tasks and assignments assigned by the lecturers/tutors of the course.

In addition, they must be assessed as having achieved competency in each of the compulsory competencies included in the course structure, as well as the minimum number of specified electives.

In addition, trainees complete a clinical log book/work book to confirm that they have required the appropriate level of experience in the required areas. Typically a nominated support person from the health service who holds a certificate IV in workplace assessment and training also documents the trainee's progress in this log book/work book.

Providing support
Clinical educator
A clinical educator can make a valuable contribution to the implementation process. Working in conjunction with the project leads and nurse unit managers, a clinical educator can play a role in:

- liaising with the education provider and overseeing development of the certificate III course
- assisting and supporting trainees in the completion of their course
- working with the registered nurses who will be providing the delegation and supervision, to raise their awareness of their responsibilities and accountability when working with this new role
- working with nurse unit managers to ensure that the way that the training is undertaken is appropriate to the tasks and roles that they will be requiring the health assistants (nursing) to perform
- providing valuable feedback to the project managers and sponsors about the progress of the training and implementation.

Provided the clinical educator role is performed by a person holding at least a certificate IV in workplace assessment and training, they will also be able to assist with assessing trainees’ competency.
Additional training

In addition to formal training programs, health assistants (nursing) may need worksite role-specific training to ensure that they are competent and confident in the work tasks that they are required to perform. As discussed later in this document, ensuring that the health assistant (nursing) has both received appropriate training in the task, and is confident to perform it, is an important part of the delegation role.

This additional training may be provided by the person delegating the task, if appropriate. Alternatively, additional training may be provided by a suitably qualified third party.

Supervision skills

Nursing directors and managers should ensure that all staff involved in clinical supervision are appropriately trained, work within the organisation’s established policies regarding supervision, and have the skills and competencies required to deliver effective supervision. It is also important that the time needed to perform effective supervision is taken into consideration when assessing workload of nurses, midwives and other supervising staff.

Formal training is available for those wishing to build their clinical supervision skills. Training is available through health services’ in-house professional development centres, training institutions, industry bodies such as VHIA and a number of private providers.

Further resources


A number of private sector companies offer services supporting the establishment of vocational traineeship partners. These services can be of assistance in the establishment of training packages, and preparation and lodgement of the documentation required to establish a traineeship.
8. Reviewing project outcomes

The Victorian Innovation and Reform Impact Assessment Framework (VIRIAF)

The Department of Health’s Victorian Innovation and Reform Impact Assessment Framework (VIRIAF) (PricewaterhouseCooper 2011) provides a useful framework for assessing workforce projects. It examines three key categories: efficiency, effectiveness and sustainability.

The approach is designed to assess pilot-type projects to see whether they are appropriate for broader implementation, and can be used whenever a staged approach to implementation of health assistants (nursing) is being adopted.

The VIRIAF sets out three steps in the assessment process:

Step 1: Establish project-specific objectives based on overarching objectives for Victorian workforce reform projects, specifically:

- safety and quality of care
- access to care
- workforce capacity
- integrated workforce
- clinician competencies and optimal use of skill
- workforce satisfaction
- client satisfaction.

Step 2: Establish indicators of success based on the key categories of efficiency, effectiveness and sustainability.

Step 3: Collect data to measure the indicators of success outlined in step 2.

Step 4: Take all the collected information into account to measure appropriateness. An example of assessing appropriateness, including assessment of the initial health assistant (nursing) projects conducted as part of Better Skills Best Care, is provided in Figure 4.

Step 5: Assess the feasibility of the project for larger scale implementation or expansion by examining its replicability, scalability and risk.

Indicators

The evaluation of the pilot projects involving the introduction of health assistants (nursing) conducted by PricewaterhouseCoopers identified a range of outcomes including a positive impact on staff job satisfaction, increased patient satisfaction, and cost savings (after adjusting for implementation costs) related to the use of specialising, overtime costs and agency staff.

Health services now implementing health assistant (nursing) positions will need to collect a range of data in order to monitor and review the implementation of the role. The collection of a standard set of data items will allow for cross-service comparisons, and will provide baseline data which may be utilised in any future evaluations. Examples of data items that might be useful include:

- site characteristics –
  - number of beds
  - type of ward
  - average acuity (WIES weight)
  - occupied bed days per
  - number of staff (FTE by category)
  - number of separations
  - average length of stay (DRG)
• quality and safety –
  – adverse events (including falls, pressure injuries)
  – frequency of nurse-sensitive outcomes
  – complaints
  – patient satisfaction and perceptions (including survey data and narrative reports)
• workforce and work environment –
  – job satisfaction
  – turnover/retention
  – sick leave
  – intent to stay
  – morale/perceptions of workplace climate
• cost and efficiency –
  – total staff costs (ward/site)
  – specialling (hours and costs)
  – overtime (hours and costs).

Next steps

Reviewing and documenting outcomes ensures that health services, and the health sector as a whole, can learn from the implementation process. These findings should be assessed in order to determine whether any changes are needed to the way that current health assistant (nursing) roles are defined, managed or implemented, as well as decision-making about the way these positions may be used in future, as part of the process of ongoing quality improvement, such as that described by the widely used ‘plan, act, study, do’ (PDSA) cycle (see for example Langley et al. 2008).

The evaluation will provide useful learning not just about the implementation and usefulness of health assistant (nursing) roles, but also about the current workplace environment and the process of managing and implementing change.

Most importantly, the evaluation should capture how the implementation of the health assistant (nursing) positions has impacted on the experience of care of consumers, their families and carers.

Figure 5: The PDSA cycle (see Langley et al. 2009)
Further information


References

Austin Health 2011, Position description Health Assistant Nursing (HAN) – Trainee


Australian Nursing and Midwifery Council 2003, Delegation and supervision for nurses and midwives, ANMC, Canberra.

Australian Nursing Federation 2011, Delegation by registered nurses and registered midwives, ANF, Canberra.


Department of Health 2009, Delegation, monitoring and evaluation of allied health assistants resources, State Government of Western Australia, Perth.

Department of Health 2012a, Guidelines to scope and introduce new allied health roles, State Government of Victoria, Melbourne.

Department of Health 2012b, Supervision and delegation framework for allied health assistants, State Government of Victoria, Melbourne.


Nurses Board of Victoria 2007, Guidelines: delegation and supervision for registered nurses and midwives, NBV, Melbourne.

Nursing and Midwifery Board of Australia 2007, Delegation and supervision for nurses and midwives, NMBA, Canberra.


Nursing and Midwifery Board of Australia 2013a, *Nursing practice decision flowchart*, NMBA, Canberra.

Nursing and Midwifery Board of Australia 2013b, *Supervision guidelines for nursing and midwifery*, NMBA, Canberra.


Royal College of Nursing and Australian Nursing Federation 2004. *Joint position statement: assistants in nursing and other unlicensed workers (however titled)*, ANF, Canberra.


Appendix A: Sample position description of a health assistant (nursing): Austin Health

**POSITION DESCRIPTION**

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>Health Assistant (Nursing) – Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORTS TO</td>
<td>Nurse Unit Manager</td>
</tr>
<tr>
<td>AWARD/AGREEMENT/CONTRACT</td>
<td>Traineeship</td>
</tr>
<tr>
<td></td>
<td>Victorian Public Health Sector (Health Professionals, Health and Allied Health Services, Managers and Administrative Officers) Enterprise Agreement 2011-2015</td>
</tr>
<tr>
<td>POSITION TYPE</td>
<td>Health Assistant (Nursing) - Trainee</td>
</tr>
<tr>
<td>HOURS PER WEEK</td>
<td>38</td>
</tr>
</tbody>
</table>

1. **ORGANISATIONAL CONTEXT**

Austin Health is one of Victoria’s largest health care providers. Comprised of Austin Hospital, Heidelberg Repatriation Hospital and Royal Talbot Rehabilitation Centre, Austin Health is a major teaching and research centre with numerous university and research institute affiliations.

Catering to diverse multicultural and veteran communities, Austin Health delivers vital statewide services to Victorians and a vast array of specialty services to the people of Melbourne’s north-eastern corridor in a safety-focussed, team-orientated and stimulating work environment.

2. **LOCAL WORK ENVIRONMENT**

The Health Assistant Nursing (HAN) trainee will be allocated a home unit and will work in accordance with the specific unit duty list.

3. **POSITION OBJECTIVE**

The HAN trainee works as an assistant to the health care team, assisting the registered and enrolled nurses to provide delegated aspects of patient care. Elements of direct and indirect patient care will be delegated in accordance with the professional judgement of the supervising registered nurse and in accordance with the level of achieved educational preparation and assessed competence of the individual HAN Trainee.

4. **POSITION ACCOUNTABILITIES**

**Position specific**

Under the supervision of the Nurse Unit Manager and or/their Registered Nurse delegates, the HAN trainee is expected to:

- Progress through the requirements of their traineeship as required by the Australian Qualification Training Framework guidelines and requisites of the educational provider, meeting all of the required competency assessments
• Work within role and defined parameters as determined by this position description and the specific unit duty list
• Contribute to positive patient outcomes by ensuring all elements of delegated work is completed accurately and in accordance with Austin Health policies and procedures
• Participate in delegated aspects of care to assist activities of daily living for selected patients, including but not limited to:
  - assistance with personal hygiene
  - assistance with nutritional needs
  - assistance with mobility, transfers and positioning within the ward
  - assistance with elimination needs
• Ensure patient privacy and dignity is maintained at all times
• Observation and reporting of patients considered at risk of harm to self / others
• Maintain a safe patient environment and report incidents promptly to the supervising Registered Nurse and other relevant member/s of the nursing team
• Assist with making beds (not on discharge and admission) and keeping the unit environment tidy
• Communicate effectively with patients, families and the interdisciplinary team
• Participate in documentation as relevant
• Ensure relevant infection control policies are adhered to at all times
• Assist to maintain stock levels of ward supplies
• Perform other duties as outlined in the specific unit duty list

Generic
• Abide by Austin Health corporate policies and practices as varied from time to time.
• Participate in Austin Health performance appraisal program as required.
• Undertake not to reveal to any person or entity any confidential information relating to patients and employees, policies, processes and dealings and not to make public statements relating to the affairs of Austin Health without prior authority of the Chief Executive Officer.
• Actively participate in the ongoing identification, assessment, treatment and prevention of risks.
• Undertake organisational annual mandatory competencies
• Participate in the emergency incident response activities, as defined within the Emergency Response Manual, as and when required, at the direction of management.

5. KEY SELECTION CRITERIA

Essential for Performance of the Position
• Eligible for selection into Certificate III Health Assistant (Nursing)
• A commitment to Austin Health values: Integrity, Accountability, Respect and Excellence
• Ability to work collaboratively as part of an interdisciplinary team
• A willingness to contribute to quality patient care
• Well-developed interpersonal skills, including an ability to communicate effectively with other staff, patients and families
• Commitment to ongoing professional development
• Commitment to a professional work ethic
• Basic computer skills

Desirable but not essential for Performance in the Position
• Previous experience working in a healthcare setting
6. OTHER RELEVANT INFORMATION

Pre-Existing Injury
Prior to any person being appointed to this position it will be required that they disclose full
details of any pre-existing injuries or disease that might be affected by employment in this
position.

Immunisation
Maintain appropriate levels of immunisation in accordance with Austin Health’s Workforce
Immunisation/Screening Policies, in the interests of yourself, all Austin Health staff, patients
and visitors.

7. AUSTIN HEALTH VALUES

The Austin Health values play a critical role in shaping how we operate as an organisation.
They influence our performance planning, recruitment, training and development, and
relationships with colleagues, work mates, our patients and their relatives and friends. The
Austin Health values set standard that we expect all staff to live up to in the way they
undertake their duties and responsibilities across the Hospital.

Our Values:

•  **Integrity**
  We work in the spirit of collaboration and honesty to build effective working
  relationships across the whole organisation.

•  **Accountability**
  We are transparent, responsible and build trust by fulfilling promises and
  communicating effectively.

•  **Respect**
  We care about others and treat each other with consideration, equality and fairness.

•  **Excellence**
  We continually strive to advance patient focused care through innovation, research
  and effective stakeholder management.

8. DOCUMENT REVIEW DETAILS

Date Position First Documented (if known): 19 March 2009

Date of this Position Description Review: 20 December 2013

Signature of Manager: ___________________________ Date: ___/___/____

Signature of Employee: ___________________________ Date: ___/___/____
Austin Health is a Bully Free and Smoke Free Employer

Austin Health is committed to providing employees with a healthy, smoke free work environment where bullying and harassment does not occur. Consistent with this and Austin Health’s corporate values of integrity, accountability, respect and excellence, Austin Health will not tolerate employees:

- Behaving in a bullying or harassing manner in the workplace; or
- Smoking on Austin Health premises or in Austin Health vehicles.
Appendix B: HLT32512 Certificate III in Health Services Assistance

B: HLT32512 Certificate III in Health Services Assistance

Modification History

<table>
<thead>
<tr>
<th>Modification History</th>
<th>HLT07 Version 4</th>
<th>HLT07 Version 5</th>
<th>Comments</th>
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<tr>
<td>HLT32507 Certificate III in Health Services Assistance</td>
<td>HLT32507 Certificate III in Health Services Assistance</td>
<td>ISC upgrade HLTWHS200A Participate in WHS processes changed from OHS to WHS in the core units</td>
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</tr>
</tbody>
</table>

Description

This qualification covers workers in a range of work roles who provide assistance to health professional staff with the care of clients. Health Services Assistance involves the worker in direct client contact under supervision.

This qualification has been structured with elective groups for specific work functions in operating theatre support and assisting in nursing work in acute care. In addition the qualification supports multiskilling requirements of smaller and rural/remote work settings.

This qualification is suited to Australian Apprenticeship pathways.

Occupational titles may include:
- Assistant in nursing
- Nursing assistant
- Nursing support worker
- Patient service attendant
- Patient support assistant
- Patient care assistant
- Orderly
- Operating theatre technician
- Theatre support
- Ward assistant
- Wardsperson
- Ward support

Pathways Information
Not Applicable

Licensing/Regulatory Information
Not Applicable

Entry Requirements
Not Applicable

Employability Skills Summary
Refer to the Topic: Introduction to the Employability Skills Qualification Summaries

PACKAGING RULES

15 units of competency are required for award of this qualification, including:
- 6 core units
- 9 elective units

A wide range of electives is available and can be packaged to provide either:
- a generic qualification that covers a range of work functions, or
- a targeted qualification as required for specific work roles

Elective units may be selected from:
- Group A electives which are required for operating theatre technician work
- Group B electives which are recommended for assisting in nursing work in acute care
- Group C electives which are required for a more ‘generic’ qualification to address all other relevant work functions
- Group D electives which are recommended for culturally aware and respectful practice

Other relevant electives listed below

Units of competency to address workplace requirements and packaged at the level of this qualification or higher in Health and/or Community Services Training Packages

Elective units may be selected from:
Where appropriate, to address workplace requirements, up to 3 units of competency packaged at the level of this qualification or higher in other relevant Training Packages or accredited courses where the details of those courses are available on the TG or other public listing.

Core units
BSBFLM303C  Contribute to effective workplace relationships
BSBMED301B  Interpret and apply medical terminology appropriately
HLTAP301B  Recognise healthy body systems in a health care context
HLTHR301C  Communicate and work effectively in health
HLTIN301C  Comply with infection control policies and procedures
HLTWHS200A  Participate in WHS processes

Relevant electives

HLT32507 Certificate III in Health Services Assistance enables workplaces to select a range of electives that reflect the functions of workers (occupational titles may vary from workplace to workplace). In addition to the core units listed above, there are certain requirements and recommendations applying to the selection of electives.

Group A electives - required for operating theatre technician work
The following four units of competency are **required** for operating theatre technician work:

- HLTTH301D  Provide theatre support services
- HLTTH302D  Provide equipment support in an acute care environment
- HLTTH303D  Identify and move to maintain a sterile field
  (Note pre-requisite: HLTIN301C)
- HLTTH405D  Assist with preparation of clients for operative procedures
  (Note pre-requisite: HLTAP401B)

Group B electives - recommended for assisting in nursing work in acute care
The following six units of competency are **recommended** for assisting in nursing work in acute care:

- HLTCSD305D  Assist with client movement
- HLTCSD306D  Respond effectively to behaviours of concern
- HLTCSD208D  Transport clients
- HLTAI301C  Assist nursing team in an acute care environment
  (Note pre-requisite: HLTAP301B, HLTFA311A)
- HLTAI302C  Provide support in an acute care environment
- HLTCSD201D  Maintain high standard of client service

Where one of these specified elective groups is achieved, this is to be clearly articulated on the transcript (certification) as:

- "This qualification includes Group A electives required for operating theatre technician work"
- "This qualification includes Group B electives recommended for assisting in nursing work in acute care"

Group C electives - required for a more ‘generic’ qualification to address other relevant work functions
The following four units of competency are **required** for award of the qualification HLT32507 Certificate III in Health Services Assistance as it applies to all other work functions.

- HLTCSD201D  Maintain high standard of client service
- HLTCSD304D  Support the care of clients
- HLTCSD305D  Assist with client movement
- HLTCSD208D  Transport clients

The importance of culturally aware and respectful practice
All workers undertaking work in health need foundation knowledge to inform their work with Aboriginal and/or Torres Strait Islander clients and co-workers and with clients and co-workers from culturally and linguistically diverse backgrounds. This foundation must be provided and assessed as part of a holistic approach to delivery and assessment of this qualification. Specific guidelines for assessment...
of this aspect of competency are provided in the Assessment Guidelines for the Health Training Package.

**Group D electives - recommended for culturally aware and respectful practice**

Where work involves a specific focus on Aboriginal and/or Torres Strait Islander and/or culturally diverse clients or communities, one or both of the following electives is recommended:

- HLTHIR403C  Work effectively with culturally diverse clients and co-workers
- HLTHIR404D  Work effectively with Aboriginal and/or Torres Strait Islander people

**Other relevant electives**

In addition to the core units and elective groups listed above, other elective units of competency are to be selected in line with the Packaging Rules.

Please note that:

- Below is a sample of units of competency that may be selected as electives.
- The grouping of these sample electives is intended to facilitate selection. Electives may be selected from one or more groups.
- Employers may specify that certain elective units of competency are essential to address specific workplace needs.

**Work relationships**

- BSBFLM312C  Contribute to team effectiveness
- BSBINN301A  Promote innovation in a team environment
- BSBWOR301B  Organise personal work priorities and development
- CHCCS401C  Facilitate responsible behaviour
- HLTAMBC301D  Communicate with clients and colleagues to support health care
- HLTCS306D  Respond effectively to behaviours of concern

**Client care**

- CHCAOD402B  Work effectively in the alcohol and other drugs sector
- CHCAOD406D  Work with clients who are intoxicated
- CHCMH301B  Work effectively in mental health
  - or
- CHCMH411A  Work with people with mental health issues
- CHCOHC303A  Use basic oral health screening tools
- HLTCOM406C  Make referrals to other health care professionals when appropriate
- HLTCS3201D  Maintain high standard of client service
- HLTCS3203D  Prepare and maintain beds
- HLTCS302D  Assist with lifestyle and social support needs
- HLTCS304D  Support the care of clients
- HLTCS305D  Assist with client movement
- HLTCS307D  Care for the home environment of clients

**Transport**

- HLTAMBC301B  Transport non-emergency clients under operational conditions
- HLTCS302D  Transport clients

**Operating theatre support**

- HLTSTE301D  Clean reusable medical equipment (Note pre-requisite: HLTIN301C)
- HLTT301D  Provide theatre support services
- HLTT302D  Provide equipment support in an acute care environment
- HLTT303D  Identify and move to maintain a sterile field
  (Note pre-requisite: HLTIN301C)

**Medical imaging assistance**

- HLTMI301B  Contribute to client flow and client information management in medical imaging
- HLTMI302B  Support the medical imaging professional

**Mortuary practice**

- HLTMT303D  Maintain a mortuary service
- HLTMT304D  Assist with autopsy
HLTMT305D  Maintain and record tissue sample collection
HLTMT310D  Collect, preserve and store post mortem samples
HLTSTE301D  Clean reusable medical equipment (Note pre-requisite: HLTIN301C)

Miscellaneous support
HLTMS204D  Handle and move equipment, goods, mail and furniture
HLTMS207D  Handle medical gases safely
HLTMS208D  Handle waste in a health care environment
PRMCL22B  Organise and monitor cleaning operations

First aid
HLTCPR211A  Perform CPR
HLTFA211A  Provide basic emergency life support
HLTFA311A  Apply first aid
Appendix C: Sample Project Manager Position Description

POSITION DESCRIPTION

<table>
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<tr>
<th>Position Title:</th>
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1. ORGANIZATIONAL INFORMATION

Our Vision

Great health and wellbeing.

Our Mission

To provide positive health experiences for people and communities in the east.

Organisational Environment

Eastern Health provides a comprehensive range of high quality acute, sub-acute, palliative care, mental health, drug and alcohol, residential care and community health services to people and communities that are diverse in culture, age and socio-economic status. These services are provided both on an inpatient and outpatient basis. These services and programs are supported by staff who possess an unparalleled commitment to patient care as well as teaching and research.

The strategic goals are fully detailed in the Eastern Health e-learning orientation.

Eastern Health Values

Eastern Health values reflect who we are as individuals and as an organisation, and are testament to the Eastern Health Mission Statement; they include the concepts of Excellence, Accountability, Compassion, Team Work, Integrity, Respect and Collaboration.

The Eastern Health Values are fully detailed in the Code of Conduct which is covered in the Eastern Health e-learning orientation.

2. POSITION SUMMARY

The Project Manager will assist to further develop, implement and embed the Eastern Health nursing and midwifery workforce strategy across the health service as determined by the EH Nursing & Midwifery Executive, and in collaboration with the EH Directors of Nursing / Midwifery & Operations and EH Director of Nursing and Midwifery Workforce.
Primary objectives aligned with this role include:

To scope, develop, implement and establish nursing & midwifery workforce strategies to enhance clinical care outcomes across Eastern Health

To conduct scoping / feasibility studies to identify suitable opportunity to enhance clinical nursing and midwifery practice

To develop comprehensive project plans, identifying key objectives, project milestones and measures for monitoring and evaluation of outcomes

To engage with relevant internal and external stakeholders, including education and training providers as necessary

To contribute to and participate in the development and implementation of relevant education and practice development strategies for nursing / midwifery staff as required

To develop comprehensive communication strategies (internal and external to Eastern Health) that are consistent with the agreed vision and strategic direction for nursing & midwifery practice at Eastern Health

To work in collaboration with Eastern Health Directors of Nursing & Operations, Site Program Directors and Human Resources to facilitate implementation of innovative workforce strategy

The Project Manager is responsible for working as a team member and will be responsible for coordinating activities and ensuring that implementation, improvement, maintenance and evaluation of the activities is sustained across the health service.

Key performance areas are communication, teamwork, change management and development of strategies and implementation plans in line with the objectives as set by the Eastern Health Nursing and Midwifery Nursing Executive including policy and procedures, education and training, data collection and reporting.

3. MAJOR DUTIES AND/OR RESPONSIBILITIES

3.1 Leadership

3.1.1 Strategic Service Development: Work collaboratively with all Directors of Nursing / Midwifery & Operations across the health service, Nurse Unit Managers, EH Practice Development unit, Human Resources, Decision Support and other areas as appropriate to develop the systems and processes required to ensure the project meets the objectives and timelines in line with the project brief. The project is to be in line with the strategic direction of the organisation.

3.1.2 Financial Accountability: In collaboration with EH Nursing and Midwifery Executive, develop and implement strategies that are within financial parameters of the project funding and further enhance effective nursing and midwifery workforce structure

3.1.3 Compliance: Accountable for ensuring personal compliance, where applicable, with relevant Acts, Agreements and Eastern Health Directions, Policies, Procedures and Staff Handbook and Code of Conduct.
3.1.4 Customer Service: Treat all patients, clients, residents, visitors and staff in a courteous and non-discriminatory manner. Provide an efficient and customer focussed service.

3.1.5 Administration: Ensure that all administrative functions are completed within the mandates of the position.

3.2 Nursing Practice

3.2.1 Clinical Practice: Ensure that all practice is within the philosophy, intent, and standards prescribed by Australian Nursing & Midwifery Board of Australia, ANMC National Competencies for Registered and Enrolled Nurses, ANMC Code of Ethics for Nurses in Australia, ANMCI Code of Professional Conduct for Nurses in Australia.

3.2.2 Governance: Accept accountability for the outcomes of professional and clinical nursing practices and for addressing practices that are not consistent with policies, procedures and evidenced based research.

3.2.3 Care Continuum: Ensure entry and exit strategies meet the needs of the community and the organisation. Make recommendations to the relevant stakeholders to facilitate service/system improvements.

3.3 Human Resource Management

3.3.1 Workplace Management: Where applicable manage staff recruitment and retention strategies in accordance with Eastern Health policies and professional standards. Manage work practices in accordance with award agreements and entitlements. Ensure staff are able to work in a non-discriminatory and harassment free environment.

3.3.2 Workforce Development: Where applicable implement a strategy to ensure all pool staff have active performance development plans that are reviewed at least annually.

3.4 Research, Education and Improving Performance

3.4.1 Continuous Improvement: Monitor standards of service and practice through the Eastern Health Quality Framework and ensure that interventions are designed and implemented to address areas which fail to meet standards.

3.4.2 Training: Where applicable ensure staff compliance with training requirements specified by Eastern Health and that accurate documentation to provide evidence of this training is maintained.

3.4.3 Education and Research: Promote research and critical analysis in order to ensure service and nursing practice benchmarks are achieved. Facilitate and participate in the delivery of models of education.

4. SAFE PRACTICE AND ENVIRONMENT

Occupational Health and Safety

Provide and maintain so far as is practicable a working environment that is safe and without risk to health. Take care of your own health and safety and the health and safety of any other person who may be affected by your acts or omissions at the workplace. Understand responsibilities and accountabilities to yourself and others in accordance with OH&S legislation and Eastern Health policies and promote a working environment that is congruent with these guidelines.

5. TRAINING AND DEVELOPMENT

Relevant, practical and timely education should direct, facilitate, enhance and support the professional growth and practice of employees in a health environment characterised by change. All programs should endeavour to promote evidence-based practice, a problem solving approach and to be competency based.

You are expected to participate in the personal development process on an annual basis.

6. QUALITY

Eastern Health is an accredited health service organisation. It receives accreditation or certification from recognised accreditation bodies after being assessed as meeting agreed healthcare standards. Accreditation provides the assurance that Eastern Health services meet industry standards.

Eastern Health employees are required to participate in activities which ensure Eastern Health services comply with industry and accreditation standards, that safe, high quality services are provided and there is an organisational culture of learning and continuous improvement. Staff are also required to actively participate in the organisational preparation for accreditation.

7. CONFIDENTIALITY

Any information obtained in the course of employment is confidential and should not be used for any purpose other than the performance of the duties for which the person was employed. Staff are bound by the Information Privacy Act 2000 and the Health Records Act 2000.

8. EQUAL EMPLOYMENT OPPORTUNITY

You agree to adhere to the Equal Employment Opportunity policies and practices of the Health Service. Discriminatory practices, including sexual harassment, are unlawful. The Health Service will not tolerate discriminatory behaviour and any such conduct may lead to the invoking of the Disciplinary Policy and Procedure, which may result in termination of employment.

9. PERFORMANCE DEVELOPMENT

A Performance Review, that includes agreed targets, will occur six (6) months from commencement and then annually on the basis of the duties and responsibilities outlined in this position description. This is an opportunity to review personal and the allocated work unit’s service performance, facilitated by the setting of objectives/goals and ongoing evaluation of performance and achievement. Objectives will be developed annually, documented, discussed and agreed with the immediate line manager, who will act as the assessor. The incumbent is expected to demonstrate and show evidence annually of on-going self and allocated work unit’s service development.

10. ATTACHMENTS

- Attachment 1  Key Selection Criteria
- Attachment 2  Key Result Areas /Key Performance Indicators

11. NOTE
Statements included in this position description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all-inclusive.

Prior to accepting any offer of employment, prospective employees will be required to read and commit to the Eastern Health Code of Conduct, including (but not limited to) issues of Occupational Health and Safety, Equal Opportunity and Confidentiality.

Signed: ________________________________ Date: ____/____/____
Sally Coleman, EH Director of Nursing & Midwifery Workforce

**INCUMBENT STATEMENT**

I ________________________________ (Incumbent Name) have read, understood and accepted the above Position Description and associated Attachments.

Signed: ________________________________ Date: ____/____/____
ATTACHMENT 1

KEY SELECTION CRITERIA

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Essential

- Registered Nurse / Midwife currently registered with the National Nursing and Midwifery Board of Australia
- Demonstrated competence in a senior nursing / midwifery role
- Broad based knowledge of professional issues in nursing / midwifery and a comprehensive understanding of health care systems and future trends in nursing and midwifery workforce
- A comprehensive understanding of supervision and delegation in nursing and midwifery practice
- Demonstrated evidence of previous experience in project management
- Exceptional interpersonal, communication and networking skills
- Demonstrated conflict resolution, problem solving and analytical skills
- Comprehensive report writing /statistical data analysis
- Facilitation, training and mentoring skills

Desirable

- Previous experience and demonstrated achievement in change management within a health care setting
- Certificate IV Workplace Training and Assessment
ATTACHMENT 2

Key Result Areas / Key Performance Indicators

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- Comprehensive need analysis informing scope / feasibility of enhanced nursing and midwifery workforce strategies to be implemented across Eastern Health
- Development of comprehensive project plans, identifying key objectives, project milestones and measures for monitoring and evaluation of outcomes as required
- Establishment of effective partnerships within and external to eastern Health, including relevant education providers if necessary
- Development and implementation of effective education / practice development strategies for nursing and midwifery staff to facilitate clear understanding of proposed workforce strategies
- Evidence of a comprehensive communication plan across Eastern Health to keep staff informed of the project objectives, progress and outcomes
- Development of policies and procedures relevant to project strategies
- Establishment of effective relationships with network partners and state-wide stakeholders to achieve the nominated project objectives