

Undergraduate Assistants In Nursing “UG AIN” Evaluation Project

Big Ideas Grant Project (Surgical Ward 2B):

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Overview

- Undergraduate assistants in nursing
- Collaborative nursing model
- The 2B experience
- Big Ideas Grant

Undergraduate Assistants in Nursing



- Healthcare Assistants Initiative
- PD2010_059 Employment of Assistants in Nursing (AIN) in NSW Health Acute Care
- Scope of Practice:
 - Assistants in nursing work within a plan of care under the supervision and direction of the Registered Nurse and within the limits of the Assistant in Nursing position description
 - Assistants in Nursing retain responsibility for their own actions and remain accountable to the Registered Nurse for all allocated functions
 - Assistants in Nursing practice in accordance with NSW Health guidelines, the position description and local policy and protocol

(NSW MOH 2010; NSW MOH, 2014)

Collaborative Nursing Model

- Purpose
 - To ensure patient centred care by providing a framework for the Registered Nurse/Midwife (RN/M) to provide oversight, support and guidance to other nurses and midwives with a lesser scope of practice.
 - To ensure that novice or inexperienced nurses/midwives are supported to learn and grow to maximise their potential, minimise workplace stress and improve job satisfaction and retention within the Mid North Coast Local Health District (MNCLHD).
 - To provide nurses and midwives at all levels of experience the support, opportunities and benefits from supervision as they provide or receive oversight of professional practice.

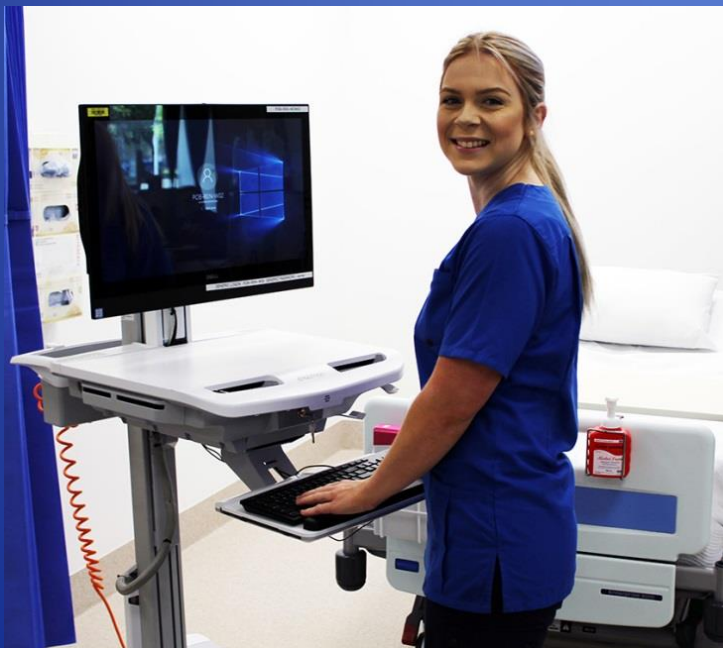
The 2B Experience with UG AIN's

- Introduced into ward profile in May 2014
- Fully integrated into the nursing team
- Role provides direct patient care releasing regulated nursing staff to attend to complex care needs
- Reduction in hospital acquired pressure injuries
- Decreased use of 'Individual Patient Special' (Staff Special)
- Measured decline in falls

Ward 2B	May – Oct 2015	Nov – April 2016	May – Oct 2016	Nov – April 2017
Pressure injuries (new)	9	10	5	6
Total Falls	23	17	14	12
Average falls rate	5.58	4.89	2.04	3.07
Estimated additional LOS for Total Falls (days)	184 (Baseline – BL)	136 (-48 v BL)	112 (-72 v BL)	96 (-88 v BL)

Collaborative Nursing Model

NHPPD	5.8	
24 beds	Funded FTE = 26.97	
Shift	Staff #'s	Staff profile
AM	7	5x RN, 1x EN, 1x AIN
PM	6	5x RN, 1x EN
ND	4	2x RN, 1x EN, 1x AIN



- WOW evaluation of the model took place in 2015 and 2017 using the Nursing Teamwork Survey
- Greatest levels of satisfaction reported relate to team leader role, understanding of roles in the team and working together with assistants in nursing.

(NSW MOH, 2011)

CNM in practice:

0700 Full ward handover to am staff by in-charge using EPJB

- overview admission presentation, diagnosis & plan
- identify and prioritise patients for pressure area care and toileting rounds

0710 Individual team clinical bedside handovers

- I - introduce the am staff and confirm patient identity (armband)
- B - refer to handover sheet for history & comorbidities
- A - review bedside charts; SAGO, medications, FBC, COPS
- R - plan

0730 Night staff off duty, pre-op prep, 0800 medications, assist/setup for breakfasts

0830-0900 HUDDLE

- identify workload priorities and plan care delivery in
- allocate tasks amongst team
- In-charge meet with each team to handover ward re
- updates

Morning Teas 0930 (M3), 0950, 1010

1030 HUDDLE

- review workload and documentation progress
- reassess priorities and plan care delivery including PAC/toileting rounds
- allocate tasks amongst team
- In-charge meet with each team to inform of updates and admission / discharge progress

1200 Medications & care delivery

Lunches 1200 (M3), 1230, 1300

1300 HUDDLE

- review workload and documentation progress
- reassess priorities and plan care delivery including PAC/Toileting rounds
- allocate tasks amongst team
- In-charge meet with each team to inform of updates and admission / discharge progress
- team leader prepare for pm handover

1330 Full ward handover to pm staff by in-charge using EPJB

- overview admission presentation, diagnosis & plan
- identify patients for pressure area and toileting round

1340 Inservice OR Bedside clinical handover

- I - introduce the am staff and confirm patient identity (armband)
- B - refer to handover sheet for history & comorbidities
- A - review bedside charts; SAGO, medications, FBC, COPS
- R - plan

1400 Medications, pressure area care & toileting round

1430 Inservice OR bedside clinical handover

- I - introduce the am staff and confirm patient identity (armband)
- B - refer to handover sheet for history & comorbidities
- A - review bedside charts; SAGO, medications, FBC, COPS
- R - plan

1500 PM jobs according to lists

1530 Morning Staff off Duty / PM staff HUDDLE

- identify workload priorities and plan care delivery including PAC/Toileting rounds
- allocate tasks amongst team
- In-charge meet with each team for admission & discharge updates

1030 HUDDLE

- review workload and documentation progress
- reassess priorities and plan care delivery including PAC/toileting rounds
- allocate tasks amongst team
- In-charge meet with each team to inform of updates and admission / discharge progress



To explore the impact of the undergraduate Assistant in Nursing role within a collaborative nursing model on inpatient experience.

Big Ideas Grant





Appreciative Inquiry

- Appreciative Inquiry is a positive approach to evaluating and developing practice. It works with the principle that in every organisation something works well, and if we spend time noticing these practices and understanding how we can support them to happen more often, good practice can be embedded.
- *Using Appreciative Inquiry methods for evaluation will help to determine what makes the nursing model of care so effective.*
- Exploring experiences of the UG AIN role through
 - Touch point stories
 - Positive inquiry feedback tool

Big Ideas Grant



- Data Collection from:
 - UG AINs (October/November)
 - Patients (December/January)
 - Nursing staff (December/January)
- Early themes from UG AIN stories:
 - Caring for the Patient
 - Talking with the Patient
 - Involving the Patient in Decisions
 - Communicating Patient Needs to the Nursing Team
 - My Role in Minimising Patient Falls & Pressure Injury

Questions?



References

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