



*Progressing the New Narrative*

# **A Unique & Vital Contribution** Nursing Model of Care South Australia

Every minute, every shift, every day – nurses make a difference



Government  
of South Australia

SA Health

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# FOREWORD



It is a pleasure to launch the South Australian Nursing\* Model of Care during 2020 - The International Year of the Nurse and Midwife.

Nurses hold the respect of the community like no other health professional group does. Yet this respect cannot be taken for granted. Consumers and the broader community have come to expect nurses to be highly skilled, educated and competent whilst still able to be caring and compassionate.

The development of the Nursing Model of Care – a first for South Australia – is the next step in a program of work to develop, strengthen and articulate the benefit and value nurses and nursing contribute to individual consumers, their families and the broader health care community.

It aligns to and reflects the Nursing & Midwifery Strategic Directions (2019-2022), in particular the vision that:

*“Nurses and midwives will lead the design and provision of quality sustainable health care services to improve the wellbeing of all South Australians”*

South Australia has a highly skilled, compassionate nursing workforce, recognising the need for continuous improvement, leadership, team work, shared governance and positive culture in achieving high quality patient outcomes and experiences.

With the complexity and variability of health population needs and the practice settings in which nurses work, it is acknowledged that the Nursing Model of Care cannot be all encompassing. It is instead a principles and evidence based model, comprising four pillars of: nursing practice, practice outcomes, consumer outcomes and practice experience. It is intended as an instrument in support of driving and achieving excellence.

The Nursing Model of Care is relevant across the care continuum and practice settings, including clinical, educational, research, management or any combination of same, allowing for customisation as needed.

As nurses, we have the ability to influence more people’s lives in a week than most people do in a life time. The Nursing Model of Care aims to enable reflection, ambition, innovation and contemporary and resourceful application of the skills and techniques nurses learn, practice and refine over time, overlaid with kindness and compassion - which in turn impacts on consumers, families, communities and organisations.

In the words of Professor Schwartz:

*“To make their full contribution to health care, nurses must not be viewed as adjuncts to other professions; they will need to be fully realised independent health professionals working with other professionals in teams. In the future the complex health problems arising from the ageing population will make inter-professional cooperation, what we used to call teamwork, even more essential than what it is today” p2 Schwartz, Dept of Health 2019.*

We are privileged as nurses to have a collective responsibility to inspire, influence and lead healthcare service provision. Application of the Nursing Model of Care to local contexts and settings creates an opportunity to contribute to meeting this expectation, by promoting and cultivating reflection, dialogue and innovation. I issue this challenge to you all and look forward to the positive outcomes for our profession and our communities.

**Adj Assoc Prof Jennifer Hurley**  
Chief Nurse and Midwifery Officer

\* this document is written specifically for nurses/nursing and does not use the term nurses/nursing interchangeably with midwives/ midwifery

# Overview

This document is intended as an underpinning framework and reference to guide and inform the design and development of any nursing model of care in South Australia. It is a high level, overarching document describing the overall outcomes all nurses, consumers and their support people (however described) ascribe to.

The Nursing Model of Care has been developed with reference to and in alignment with the following strategic state and national policy context:

- > South Australian Health and Wellbeing Strategy 2020-2025;
- > SA Health Strategic Plan (2017-2020);
- > SA Health Nursing & Midwifery Strategic Directions 2019-2022
- > Professionalism in Australian Nursing & Midwifery 2019
- > Nursing & Midwifery Board of Australia Standards and Guidelines.

The Nursing Model of Care for South Australia has been co-designed in consultation and collaboration with the SA Health Nursing and Midwifery Leadership Council. Their contributions to the underpinning concepts and their support in application of the Nursing Model of Care within their scope of influence are acknowledged.

# Introduction

An integrated, people centred approach is crucial to the development of a health system that can respond to emerging and varied health challenges, including urbanisation, the global tendency towards unhealthy lifestyles, ageing populations, the dual disease burden of communicable and non-communicable diseases, multi morbidities, rising health care costs, disease outbreaks and other health care crises (World Health Organisation [WHO] 2016).

A health system designed to promote and support good health and prevent illness, as well as manage illness as it occurs, is necessary for our community, now and into the future. Nurses provide a unique and vital contribution to achieving this within our health services and the communities in which they live.

Within this context, we need nurses who are prepared to work flexibly across all settings and agencies, taking their place in the multidisciplinary, multiagency teams – sometimes leading the teams, sometimes providing support but always omnipresent in the planning, application and/or evaluation of care delivery to improve consumer outcomes.

In support of this requirement, a Nursing Model of Care for South Australia (the Model) has been developed, outlining consistent outcomes and enabling staff and the community to understand the value and expectations of nurses within the health care team/ service.

The Model comprises four key pillars:

- > Nursing Practice: skilled provision of nursing care
- > Practice Experience: the experience nurses have in providing that same care
- > Consumer Experience: the equally important consumer experience
- > Practice Outcomes: outcomes/impact of the nursing care provided

The Model provides a consistent structure for use by those working in, developing, managing and evaluating health services, allowing for customisation in recognition of variation across the spectrums of:

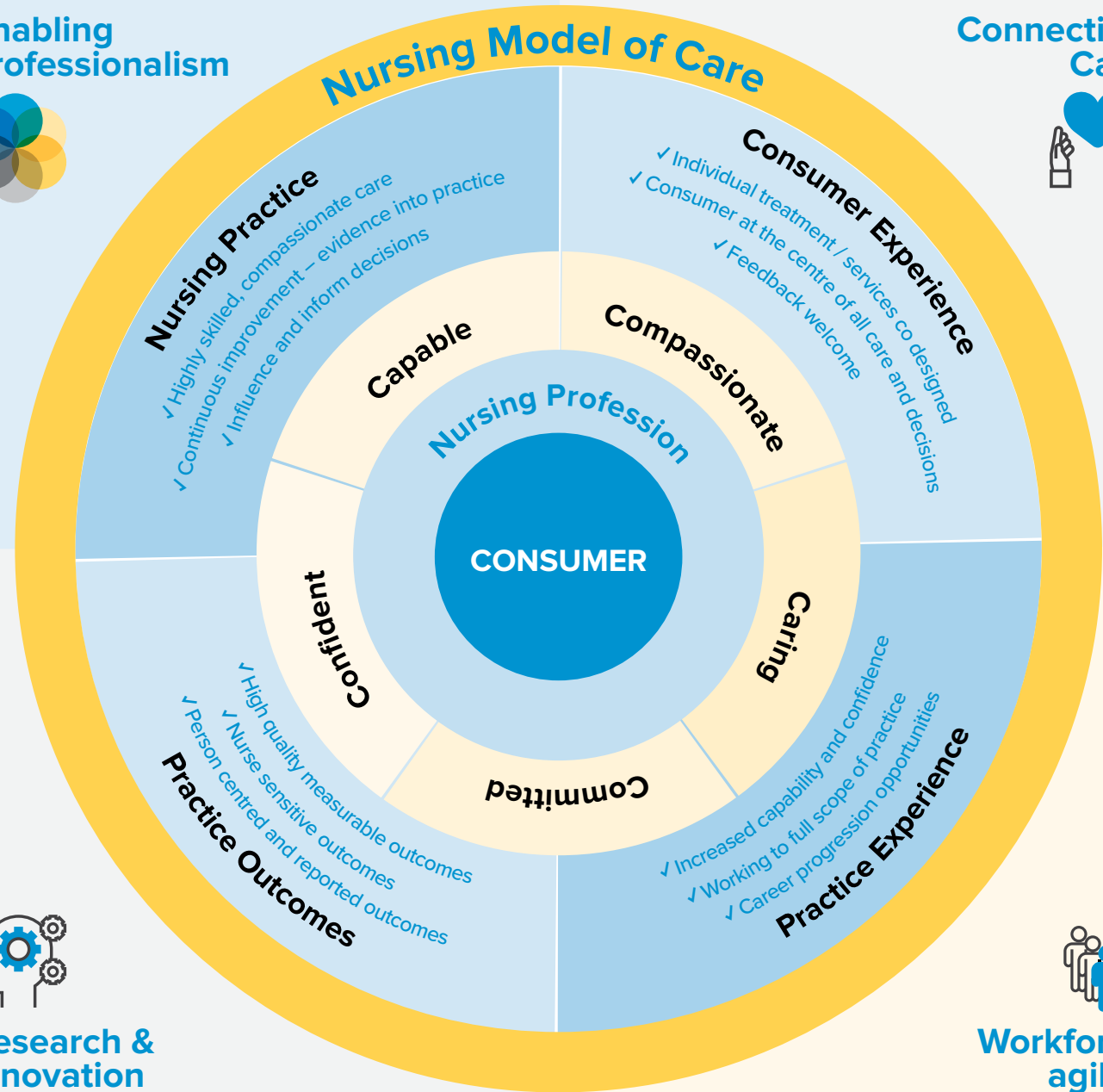
- > location (rural / remote / metropolitan)
- > discipline (Registered Nurse, Enrolled Nurse)
- > speciality (such as Aged Care, Emergency Services, Paediatrics, Mental Health, Community, Home Based Care, Perioperative)
- > teams (noting that multidisciplinary teams are essential to best patient care, however the nursing contribution to those teams is vital).

# Nursing Model of Care

Enabling professionalism



Connecting Care



Research & Innovation



Workforce agility

- OUR VALUES
- GENEROSITY
- EMPATHY
- INTEGRITY

# Nursing Model of Care

## About the Model

The narrative supporting the Nursing Model of Care is “consumers are at the centre of what we do”.

Just as important to this, is the nursing profession.

By placing our staff (our people), at the centre of the Model, it represents our commitment, and the need to continuously support, grow and foster positive and engaging working relationships. By having a focus on our nursing resources, our job satisfaction and joy for the work we do, leads to, and is evidenced to have, positive impacts on our consumers and supports positive business practices.

The five ‘C’s’ (being compassionate, caring, committed, confident and capable) are core nursing values and behaviours. They underpin the very essence of nursing work and should be used to influence recruitment, development and performance growth of our nursing workforce.

The four pillars of the Nursing Model of Care; Nursing Practice, Practice Experience, Practice Outcomes and Consumer Experience drive the outputs of the new narrative. Heavily influenced by the SA Health Nursing and Midwifery Strategic Directions 2019 – 2022 these outputs become levers for change and improvement in relation to process and system design and redesign.

Recognising the four pillars within the Model promotes an underpinning culture of continuous improvement and acknowledges the importance of a highly skilled and compassionate workforce, team work and the impact shared governance and culture plays in achieving high quality patient/consumer experiences and outcomes.

The attributes listed in each of the four pillars are not exhaustive. However they provide an opportunity for each nurse and service to contemplate and identify additional attributes when developing, reviewing or

evaluating a model of care, acknowledging there are multiple approaches, settings and contexts in which nursing care is provided and received, allowing for those differences to be articulated.

The approach taken to design the Model and the four pillars includes identification and assessment of:

- > Evidence
- > Assumptions
- > Benefit/risks
- > Practice implications

It is important to note that the Model does not replace work already being undertaken in the Local Health Networks (LHNs). The intention is to provide a foundation structure articulating consistent outcomes, with flexibility to tailor to the local context/setting as required.

## Model Evidence

The work nurses do affects consumers every minute of every day in every service where health services are provided. As a result, it is vital nurses are able to articulate the foundations of their work, the impact of same and the contributing benefits of the profession to the wider health environment including, research, education, policy development, system design and the community as a whole.

Davidson & Elliott (2001) describe a model of care as a conceptual tool that is “a standard or example for imitation or comparison, combining concepts, belief and intent that are related in some way”. Nursing Models should be flexible and responsive to the needs of individuals and the health care system (Koutoukides G 2016).

Whilst many nurses may focus their clinical expertise on an area of specialty, their ability to see the “whole patient” within the entirety of their current condition,

lifestyle and supports is unparalleled. This is the critical key that ensures our nursing practice and nursing knowledge is a unique and essential requirement within the health care environment.

There is little doubt the ways in which nursing care is developed over the next 20 years will change dramatically as a result of a range of factors including:

- > rapid technological advances in medical care with less invasive procedures for disease treatments
- > fast-paced patient turnover in acute care settings, (rapid discharge and admission cycle)
- > evidence of Nursing value in promoting patient safety and quality of care
- > strong focus on consumer satisfaction, safety and outcomes of care
- > consumers demands for instant access to care and information to support informed decision making
- > need to engage with consumers and their family (however defined) to become active partners and to address their own health care needs (Cherry 2017)

Health models are increasingly looking at out of hospital care, acknowledging the benefits of consumers being the 'director' of their own health care – working in conjunction with health professionals to ensure their needs are met, rather than focussing on the activity of the health care provider.

Developing more integrated people-centred care systems has the potential to generate significant benefits to the health and health care of all people, including improved access to care, improved health and clinical outcomes, better health literacy and self-care, increased satisfaction with care, improved job satisfaction for health workers, improved efficiency of services and reduced overall costs (WHO 2016). Nurses are integral to developing, implementing and sustaining services to improve overall consumer outcomes.

In this new environment nurses cannot and should not release their important leadership role in the clinical practice environment. Nurses should be empowered to continue taking responsibility for their own nursing practice and decision making processes at all clinical, leadership and management levels throughout the healthcare system. Nursing representation at all levels is critical in paving the way for greater autonomy and management of health care delivery to consumers. The community looks to nurses for leadership and nurses cannot negate their important role in maintaining clinical standards (Davidson & Du 2015). Nurses are the most respected health professional, evidenced through both national and international surveys (Roy Morgan 2017; Gallup Poll 2018).

The guiding principles of a nursing model of care include the following:

- > is patient/consumer centric
- > has localised flexibility and considers equity of access
- > supports integrated care
- > supports efficient utilisation of resources
- > supports safe, quality care for consumers
- > has a robust and standardised set of outcome measures and evaluation processes
- > is innovative and considers new ways of organising and delivering care
- > sets the vision for services in the future (NSW Agency for Clinical Innovation 2013)

These principles are incorporated in the design of the Nursing Model of Care.



### **Model Assumptions**

It is assumed that the Model will complement work currently occurring, rather than replace it – enabling innovation and situational flexibility within a continuous improvement approach.

It is also assumed:

- > there is a need for such a Model
- > nurses aim to, and are enabled to, work to their full scope of practice
- > LHNs are undertaking some form of practice change and are utilising a variety of methodologies such as: Safe Wards, Productive Wards, Essence of Care, Essentials of Care, Lean Thinking, Speaking up for Safety / Promoting Professional Accountability, Team Steps, Top 5 etc
- > LHNs have a Ward to Board / Board to Ward (however titled) reporting framework highlighting the value and importance of nursing work
- > nurses utilise appreciative inquiry not only as a means to improve consumer care and outcomes, but as a supportive approach for self-reflection and professional development

### **Model Benefits (B) / Risks (R)**

Model benefits and risks include:

- > nurses have a clear reference articulating expectations for any model of care, regardless of the specialty or setting in which they work (B)
- > consumers have a greater understanding of the overarching model in which nurses work within South Australian public health (B)
- > nursing continues to be seen as a highly respected, qualified, kind and compassionate profession (B)
- > nurses continue to be represented at all levels of decision making within health care services that involve or impact nursing work (B).
- > nursing Model of Care may not be utilised as intended (R)

### **Model Practice Implications**

Nurses will be able to:

- > use this document in a flexible manner that suits the service requirements of the organisation and population base in which they work
- > understand the impact of their care and the outcomes of same
- > better articulate the value and benefit nursing brings to the multidisciplinary team, consumer health care outcomes and the health organisation / environment overall
- > be aware of the Board to Ward/Ward to Board (however titled) approach and assist with building this awareness at the highest level of their organisation.

# Composition of Pillars

Each pillar within the Model provides a high level overview as a commencing point for nurses to use within their practice settings, through identification of evidence, assumptions, risks/benefits and practice implications.

It is recognised the lists below are not exhaustive. When developing, implementing and evaluating models of care, wards/units/LHNs can add to the lists as required.

1. Nursing Practice			
<p>Nursing Practice will:</p> <ul style="list-style-type: none"> <li>✓ Provide highly skilled care with compassion across the continuum of time and care</li> <li>✓ Be adaptable and contemporary, embracing flexibility in relation to settings and ways of working</li> <li>✓ Embrace a continuous improvement approach, including translating evidence into practice</li> <li>✓ Have access to and utilise timely data and information to enable immediate and ongoing care improvement</li> <li>✓ Be able to critically analyse and encourage appreciative inquiry skills</li> <li>✓ Work collaboratively with peers and colleagues optimising care delivery for consumers/patients and the health system more broadly</li> <li>✓ Influence and inform decisions impacting consumers and service delivery generally</li> </ul>			
Evidence	Assumptions	Benefits / Risks	Practice Implications
<ul style="list-style-type: none"> <li>✓ The focus on hospital-based, disease based and self-contained “silo” curative care models further undermines the ability of health systems to provide universal, equitable, high quality and financially sustainable care (WHO 2016)</li> <li>✓ The quality and effectiveness of care is achieved through supporting effective and rapid adoption of research findings into policy and practice (Braithwaite et al 2014)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Nurses want to work to their full scope of practice</li> <li>✓ Nurses work within health services that have a culture supporting the implementation of evidence to practice</li> <li>✓ Nurses will have access to relevant information and are technologically competent</li> <li>✓ Nurses value clinical practice improvement – including translating evidence into practice</li> <li>✓ The core values of nurses and the organisation are synonymous</li> <li>✓ Nurses want opportunities to continually enhance care and gain experience to enable career progression.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consumers will benefit from a workforce with a continual improvement focus (B)</li> <li>✓ Nurses / nursing will continue to be seen as the most respected of all health professions (B)</li> <li>✓ Consistency of nursing practice decreases variability and improves consumer outcomes (B)</li> <li>✓ Technology competence saves time, assists with articulating nursing value and interventions, as well as influencing the policy dialogue at state, national and international arenas (B)</li> <li>✓ Nurses may prefer traditional methods of care provision (R)</li> <li>✓ Nurses may be change fatigued and need support for self-care and wellness (R)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consistency of practice ensures streamlined work processes and practices for nurses, and other health professionals, whilst limiting clinical risk for patients/consumers</li> <li>✓ Developing information systems and an organisational culture that supports monitoring and evaluation, knowledge sharing and using data in decision making, is essential to assist in improving consumer care. Nurses are vital in achieving this goal</li> <li>✓ Nurses have the capacity to support and assist in the meaningful care improvement and operationalisation of person centred care</li> <li>✓ Nursing expertise will be actively sought and integrated into consumers’ care provision</li> </ul>

## 2. Practice Outcomes

\*This model acknowledges the benefit of multidisciplinary teams to achieve best patient outcomes

Care provided embraces continuous improvement in consumer outcomes by:

- ✓ High quality, measurable improvement in clinical outcomes including but not limited to:
  - Nurse Sensitive Outcomes (NSO)
  - Pressure injury
  - Falls
  - Recognition of Deteriorating Patient
  - Medication management
- ✓ Person centred and person reported outcomes include but not limited to:
  - Consistent care provision as identified by consumer and clinical situation (co design)
  - Consumer understanding and participation in their own care
  - Nurses respect and understand what is important to consumers
  - Co designing system changes and models of care with consumers.
- ✓ Care Coordination

Evidence	Assumptions	Benefits / Risks	Practice Implications
<ul style="list-style-type: none"> <li>✓ Best practice outcomes occur when health care providers work collaboratively with the individual consumer and each other. Nurses are integral to this process from both a direct clinical care and a care coordination approach.</li> <li>✓ Patient Reported Outcome Measures (PROMS) can contribute to improving healthcare by: Enhancing clinician-patient interactions; Comparing the effects of different treatments and for understanding variation among health care providers; Supporting population surveillance and informing policy (Australian Commission on Safety and Quality in Health Care, Oct 2019)</li> <li>✓ Patients feel greater involvement and engagement and are more likely to participate in their care when they are included in discussions and decision making about their care. (Health and Community Services Complaints Commissioner [HCSCC] 2011)</li> <li>✓ Health services are better aligned to community expectations and needs when consumers are involved in co-designing models or care and system changes. (Health Consumers Alliance [HCA] 2019)</li> <li>✓ Demonstrable outcomes in health service business efficiencies</li> </ul>	<ul style="list-style-type: none"> <li>✓ Nursing staff are aware how to assist consumers to understand their clinical care options and care outcomes.</li> <li>✓ Nurses engage with consumers to ensure post care completion contact is clear</li> <li>✓ Nurses understand the requirement for consumers to be actively involved in co designing their individual care needs, as well as system changes and service redesign</li> <li>✓ Nurses support and encourage consumers participating in their own care.</li> <li>✓ Consumers are aware of the political and health care climate</li> </ul>	<ul style="list-style-type: none"> <li>✓ Better health outcomes for consumers (B)</li> <li>✓ Organisations have a greater understanding of the consumer impact of nursing care and opportunities to improve are encouraged (B)</li> <li>✓ Consumers may have unrealistic expectations about health care provision (R)</li> <li>✓ Nurses' clinical care outcomes are not celebrated for the positive impact they have on consumer outcomes (R)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Partnering with consumers and consumer centred care are key drivers for achieving better health outcomes and cost efficiency and effectiveness in health care (HCSCC/HCASA 2019)</li> <li>✓ Working collaboratively with consumers and their families decreases complaints, workload and increases Enrolled Nurse/Registered Nurse satisfaction</li> </ul>

### 3. Consumer Experience

Consumers will experience health care in line with what matters to them and:

- ✓ Treatment is co-designed and individualised with consumer preference at the centre of all care within available resources
- ✓ Family/support is defined and involved in care as the consumer chooses
- ✓ They are engaged with/in their own care
- ✓ They experience a seamless health care journey with a care coordination approach
- ✓ Outcomes (individual and systems) are understood by the consumer
- ✓ Opportunities to actively provide feedback via a range of mechanisms are utilised including
  - Point of care feedback
  - Formal processes LHN / SA Health
  - Patient reported experience measures
- ✓ Feedback opportunities are received as ways of improving care and services for the community

Evidence	Assumptions	Benefits / Risks	Practice Implications
<ul style="list-style-type: none"> <li>✓ Consumers report improved experience when they are involved in the decision making around their own care needs (Australian Institute of Health and Welfare 2018)</li> <li>✓ Engagement of consumers and their families is recognised as contributing to creating safe, reliable and effective care (Frankel et al 2017)</li> <li>✓ Consumers should be involved in every aspect of service division, from individual care needs through to system design (HCA 2011)</li> <li>✓ Patients who participate in their own care are more likely to observe, identify and communicate potential issues: thus mitigating risks and increasing the safety and quality of care provided (Broom et al 2013).</li> <li>✓ For health care to be truly universal, it requires a shift from health systems designed around diseases and health institutions towards health systems designed for people (WHO 2016).</li> </ul>	<ul style="list-style-type: none"> <li>✓ Feedback is received as a mechanism for improving care and services for the community – consolidating the impact good quality nursing has on health and well being</li> <li>✓ Consumers are invested in making their experience with the health care system better</li> <li>✓ Consumers are interested in providing feedback</li> <li>✓ Nurses are seen as the enabling profession assisting consumers to understand their care requirements</li> <li>✓ Nurses see and understand the complexity and value of collaborating with consumers and their families (however defined)</li> <li>✓ Nurses want to alter the way they engage with consumers and act on areas of challenge</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consumers report better health outcomes and a more positive experience when involved in their own care (B)</li> <li>✓ Consumers feel more empowered in health service navigation by having positive and valued experiences (B)</li> <li>✓ Health services / nurses better understand the needs of the consumers/community they serve when they work in active partnerships (B)</li> <li>✓ Consumers trust of health services / nurses increases with genuine co-design (B)</li> <li>✓ Consumers may have unrealistic expectations of care (R)</li> <li>✓ Nurses may not value consumer experiences nor act on suggested improvements (R)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Consumer experience information can be utilised to promote practice change</li> <li>✓ Consumer confidence in nurses develops by creating unique and intimate relationships within a short time span, enhancing professional credibility</li> <li>✓ Nurses experience a greater sense of job satisfaction knowing person centred care is truly achievable, valued and able to be practiced</li> </ul>

#### 4. Nursing Experience

Nurses will have the opportunity to experience:

- ✓ Increasing capability and confidence in providing high level clinical care
- ✓ Increased job satisfaction
- ✓ A high level of engagement and personal accountability individually and within teams
- ✓ Supportive and enabling environment / culture, including
  - Mentoring
  - Supervision
  - Coaching
- ✓ Opportunities for career progression and support – scholarship, private study, shadowing,
- ✓ Working to their full scope of practice

Nurses will be:

- ✓ Committed to improving consumer outcomes through highly skilled and compassionate care
- ✓ Able to make decisions locally to enhance care provision
- ✓ Engaged and consulted with at all levels with practices and policies that impact their work
- ✓ Able to articulate fully the benefit they bring to the multidisciplinary team, consumer care outcomes and the organisation/system more generally
- ✓ Committed to evidence based practice transferring knowledge into practice with all peers and colleagues

Evidence	Assumptions	Benefits / Risks	Practice Implications
<ul style="list-style-type: none"> <li>✓ A positive culture can support nurses to feel valued, share their experiences and insights honestly and openly and feel liberated to develop their practice and careers – The populations will only reap the health and wellbeing benefits nursing can bring them when nurses feel supported, empowered, enabled and valued in their places of work (Scottish Gov 2013)</li> </ul>	<ul style="list-style-type: none"> <li>✓ There may be a level of compassion fatigue across Health particularly the nursing workforce</li> <li>✓ Nurses want to work to their full scope of practice</li> <li>✓ Nurses want to continue to enhance their professional development opportunities</li> <li>✓ The return on investment in embedding a learning culture is acknowledged</li> <li>✓ Nurses and their unique paradigm of knowledge and expertise are critical to the success of health care services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Collaboration, compassion, professionalism and ongoing learning and development opportunities for nurses improves culture and creates a place people want to work (B)</li> <li>✓ A workforce engaged in learning and continual improvement empowers staff to work to their maximum potential (B)</li> <li>✓ Clinical outcomes are improved (B)</li> <li>✓ Business efficiencies are realised (B)</li> <li>✓ Professional development can be expensive, does not guarantee return on investment, and can be difficult to measure (R)</li> </ul>	<ul style="list-style-type: none"> <li>✓ An agile workforce is able to work to their full scope of practice in a diverse range of settings</li> <li>✓ Nurses value their own contribution and are valued by others for the impact they effect</li> <li>✓ Clinical support and mentoring enables more productive connections and effective relationships between peers, colleagues and consumers</li> <li>✓ Nurses are highly skilled, compassionate and are able to articulate the benefit they bring to the health care team/system further cementing the community support they enjoy</li> </ul>

## Using the Document

The purpose of this document and the Model is intended to inspire reflection, engagement and analysis in relation to the development, implementation and evaluation of nursing models of care. It is not all encompassing; it recognises the eclectic approach to and requirement for customised nursing models of care and service provision. However the pillars within this Model serve as a foundation for nurses to be able to acknowledge the highly skilled and compassionate work they do, the importance of consumer outcomes and experience and enable the articulation of the value and benefit nurses provide, not only to the health service organisation but the community in general.

## Local Health Network Implications

### **Governance Implications - Ward to Board / Board to Ward (However titled)**

Excellence in care is about equipping Governing Boards, nursing leaders and users of services with tools to measure and improve the impact of care across a number of areas: from leadership, to the provision of direct care, to record keeping. It takes into account not only the hard data but also the perceptions of key people – consumers, nurses, Executive – and supports Boards and teams to assess how they are performing against some well-defined measures to identify how they are performing and how they can continually improve quality care (Scottish Government 2017).

This document does not provide a framework in relation to ‘Board to Ward’ reporting requirements, rather it acknowledges the benefits of such an approach in articulating the value, return on investment and overall contribution nursing makes to the health and wellbeing of the population it serves.

This approach acknowledges best practice governance principles without prescription (MacCormick - Australian Institute of Company Directors 2019).

### **Reporting**

Models of Care as developed by LHNs to meet the needs of their consumers / community and organisational requirements will have a robust and standardised set of outcome measures and evaluation processes, supporting the continuous improvement philosophy.

Compassion, in particular, is considered a fundamental attribute of high- quality, personalised, rights based care that maintains and protects patients’ dignity, autonomy and choice. When combined with technical competence, critical thinking and decision-making skills, compassion provides the power behind the attitudes, values and behaviours that typify personalised care at its best” Nursing 2030 Vision; 2017 [www.gov.scot](http://www.gov.scot) p 1

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## For more information

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