Adaptation of the clinical nurse role for improved safety in SA rural hospitals

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Aim: Utilise the RN2 clinical nurse role to implement quality and safety priorities across the Country Health SA Local Health Network (CHSALHN).

Problem: A number of quality and safety initiatives needed to be coordinated and applied consistently across CHSALHN, but communication and standardisation across 65 sites was challenging due to geographical distance and diversity in resources.

Method: In the 2007 Nurses and Midwives Career Structure Review, a clinical nurse role was introduced that could undertake portfolio responsibility. In 2011, the work completed by these experienced nurses was aligned and structured by:

- identifying five key quality and safety priorities
  - deteriorating patient
  - medication safety
  - fall and fall injury prevention
  - infection prevention and control
  - blood safe

- adopting a tiered model spread evenly across CHSALHN sites
  - Tier 1 was a project lead
  - Tier 2 was a Portfolio RN2 (nominated by each group of hospitals/site)
  - each portfolio was supported by a DON lead

- clinical nurses were supported with a training workshop

- all staff undertaking the project/program were encouraged to undertake the SA Health Clinical Practice Improvement Program.

Relevance: A new staffing resource was organised to efficiently address significant risk areas within CHSALHN and implement systems in accordance with National Health Service Standards.

Results: The organised distribution of clinical RN2s facilitated:

- two-way communication between project team and local staff
- communication across multidisciplinary teams (someone able to participate at local forums)
• site-based decisions within standardised systems and tools
• increased buy-in from local staff; combated change fatigue
• networking within clusters and across all of CHSALHN
• a support network between clinical RN2s
• early identification of problems
• ownership of project/program improved work flow; someone driving targets
• the rapid establishment of local experts and champions
• improved outcomes in key quality and safety programs.

Conclusion: A successful adaptation and utilisation of the clinical nurse role assisted in overcoming the barriers of distance and diversity to begin the process of embedding key safety and quality priorities.