Aged Care Nursing Facilitation

- Routine
- Essential "add ins"
- NCAS/NMBA Outcomes
- Challenges and complexities
- Medication
- Putting it into practice how it can play out!



Activity Aims! (Weekly schedule)

Week 1

- 3-5 days with PCW then EN
- Mob/Swall/Communicatio n/Confusion for all residents in unit
- Access to care plans/nutrition and hydration preferences

Week 2/3

- With EN
- Day to day priorities/nursing routine
- Medications
- Wounds
- Frontline assessment in deterioration
- Admission
- Transfers
- Doctor's meetings

Week 4

- In addition to existing nursing activities
- Admission
- High risk meetings
- Family meetings (observe)
- ACFI

Essential 'Add ins'

Accounting for reduced numbers of RN in setting Aged care RN work is often invisible Seeing the RN thinking independent of the role (EN/PCW)

- Chronic wound care wound assessment and management
- ✓ Neurological changes of Dementia and unmet need (consider alternative and EBP view)
- Provide progress notes have templates consider confidentiality
- ✓ Commit to ISBAR conversations
- ✓ Consider holistic resident allocation BUT also daily large group management

NCAS/ANSAT/NMBA Reflection

Educating a client requirement – consider working with a client with Dementia to assist them to undertake an activity

Use of challenges encountered in NMBA Standard reflection – enabling them to demonstrate competency through reflection

Student Name:	Student II	4			-	-
Course Name / Code:	Year Leve	ł				
Clinical Setting / Ward:	Placement Date	II.				_
Assessment type / date: Formative	to the second	-				_
Code: 1 = Expected behaviours and practices set performed 2 = Expected behaviours and practices performed at 3 = Expected behaviours and practices performed at 4 = Expected behaviours and practices performed at 5 = Expected behaviours and practices performed at 19/A = not assessed **Note: a rating 1 G/or 2 indicates that the STANADARC	low the acceptable/satisfactory standard a satisfactory/pass standard is proficient standard as excellent standard					
Assessment ite	m	Ci	de o	ne n	umb	er.
1. Thinks critically and analyses norsing practice						_
 Complies and practices according to relevant legislation 		1 2	3	4	3	14
 Uses an ethical framework to guide decision making and 		1 1	3	4	3	N
 Demonstrates respect for individual and cultural (includ preference and differences 		1 2	3	4	5	N
 Sources and critically evaluates relevant literature and r practice 	and a set of the set o	1 2	-	4	1	N
 Maintains the use of clear and accurate documentation Engoges in theropeutic and professional relationship 		1 2	3	4	3	N
 Communicates effectively to maintain personal and pro 		1 2	13	4	1 1	N
Collaborates with the health care team and others to sh centred care	tare bandades that accounter person.	1 2	-	-	1	N
· Participates as an active member of the healthcare tear	n to achieve optimum health outcomes	1 2	3	4	3	N
 Demonstrates respect for a person's rights and wishes a 	and the second se	1 2	3	4	5	N
3. Maintains the capability for practice			-			
 Demonstrates commitment to life-long learning of self a 		1 2	3	4	3	N
 Reflects on practice and responds to feedback for conti 		1 2	3	4	5	N
 Demonstrates skills in health education to enable peop their health 		1 2	100	4	8	N
 Recognises and responds appropriately when own or of 		1 2	3	4	5	N
 Demonstrates accountability for decisions and actions a 	oppropriate to their role	1 2	3	4	3	N
 Comprehensively conducts assessments Completes comprehensive and systematic assessments 	uning appropriate and available pources	1 2	3	4	15	N
· Accurately analyses and interprets assessment data to it		1 1		4	5	N
5. Develops a plan for nursing practice			-	-		
· Collaboratively constructs a plan informed by the patient	t/tient assessment	1 2	3	4	5	N
 Hans care in partnership with individuals/significant oth outcomes 	any line ith case team to achieve apparted	1 2	3	4	3	-
6. Provides safe, appropriate and responsive quality m		-	-			-
 Delivers safe and effective care within their scope of pro 		1 2	3	4	9	N
 Provides effective supervision and delegates care safely 		1 2	3	4	3	N
 Recognise and responds to practice that may be below i regulatory standards Evoluties outcomes to inform nursing practice 	expected organisational, legal or	1 2	3	4	5	-
 Evaluates ourcomes to agorn nursing processe Monitors progress toward expected goals and health ou 	Ar online 1	1 2	1.8	4	1	N
 Modifies plan according to evaluation of goals and outco team and others 		1 2	-		3	N
team and others GLOBAL RATING SCALE - In your opinion as an assess performance of this student in the clinical unit was:		-	10	ctice.	1	ver
DISCUSSED: YES NO ADDITIONAL DATE:	PAPERWORK: YES NO	a this :	ection	ONLY	1110	
NAME:			feit and	eistime	10	
SIGNATURE:	Pas	sed:	Y	ES	NO)

Reflection on aged care complexities

Workforce shortage and crisis – what does this look like in practice for a student?

Identify the system issues – reduce blame on workers

Responding to poor practice - safety issues

Turn barriers into opportunities to demonstrate advanced practice



Medication



Supervision requirements – RN direct/EN direct



Work with EN to prepare and administer but not administer



Discuss opportunities with staff for SC/IM and supervision



Access medication charts and link to diagnosis

Sound familiar?

Week 1: Bored/I don't want to work with PCW

Antidote:

Focus on clients

Test – swallow/mob/etc for their unit

Diagnosis

If PCW already – limit time but ensure they have prepared 3-4 clients for handover to you



Sound familiar?

Week 2: Can't give medication/EN not able to teach/

Antidote:

Medication – plan to do all but administer

Arrange for opportunities

Medication charts



Sound familiar?

Week 3: Not enough nursing work – helping PCW again

Antidote:

Validate concerns

Provide alternative RN learning through wound or other short workshops

Focus on client

Negotiate

