



Nursing Entry to Practice Programme¹

QUALITY AND PATIENT SAFETY PLAN

2015

NOTES:

1. This Quality and Safety Plan is audited using the Quality Action Plan
2. In preparing this *Quality and Patient Safety Plan*, the Nursing Entry to Practice (NetP) Programme team has been guided by the Nursing Council of NZ's (NCNZ) Standards for Nursing Entry to Practice Programme (2005) and the Health Workforce New Zealand (HWNZ) NetP Programme Specification 2/B46, August 2014 which includes ARC NetP service specifications.

PROGRAMME PHILOSOPHY

The programme provides education, learning opportunities and a practice environment that is safe and supportive. NetP Registered Nurses (RN) will develop competence and confidence to deliver high quality care, integrating cultural awareness into their practice. The importance of ongoing learning and reflection, which is fostered in this programme, will encourage innovation, enthusiasm and a commitment to nursing as a profession.

PROGRAMME AIM

The aim of the NetP programme is to provide a safe and supportive environment in which the NetP RN is effectively socialised into the role of the competent Registered Nurse. NetP RN are involved in a variety of learning experiences, which enhance the application of theory to practice and further develop confidence and effectiveness in nursing practice, independence in clinical reasoning / decision making and the beginning of the development of leadership skills as a RN.

At the end of the first year of clinical nursing practice the NetP RN Registered Nurse is expected to achieve competent level of the Te Kāhui Kōkiri Mātanga Regional Professional Development Recognition Programme (PDRP) by completing a professional portfolio containing all of the assessments and work undertaken for the year. It demonstrates how each of the grads has met the NCNZ RN competencies and moved from a beginning RN to a competent RN.

STANDARD ONE

The programme complies with legislated requirements and NCNZ policies, guidelines and codes for nursing entry to practice programmes

Standard One Statement

The first year of a NetP Registered Nurse's (RN) practice is grounded within the clinical environments, which will enable socialisation into the Registered Nurse (RN) role and consolidation of nursing theory to practice. The programme narrows the theory to practice gap as clinical environments are selected to support and enable the NetP RN to develop skills and experience to practice confidently and safely as a RN.

Standard One is met when:

1. HWNZ specification criteria and NCNZ is adhered to and documented.
2. The curriculum of the NETP is practice-centred with the NetP RN gaining clinical experience. This usually occurs in two clinical placements, each of approximately six months duration. Exceptions apply for specialty areas where year long placements can occur.

For Christchurch and Women's Hospitals, and the NetP Partner Organisations, a rotation may not be offered due to workforce constraints, resourcing, as well as the ongoing impact of the rebuild and repair environments post earthquakes. Various rotational experiences are offered within the DHB's organisational continuum.

3. The NETP Programme Educators and clinical nursing leaders ensure appropriate learning environments are made available to the NetP Registered Nurse to allow them to achieve the outcomes of the programme. In addition to this Aged Residential Care (ARC) facilities are required to meet the required capability, capacity and leadership criteria of the HWNZ specifications.
4. Trained Preceptors, Charge Nurse Managers (CNMs)/Nurse Managers, Senior Nurse Leaders, Nurse Educators (NEs), Clinical Nurse Specialists and the NetP NEs or team leaders support the NetP RN during the programme. The DHB ARC/Older Person's Health clinical educator or gerontology nurse specialist is available to support nurses placed in ARC facilities.
5. Cultural support /supervision is offered to NetP RNs who identify as Maori and Pacific peoples.
6. The NETP curriculum integrates the principles of the Treaty of Waitangi / Te Tiriti O Waitangi and promotes equity of outcomes for Maori.
7. The curriculum fosters and facilitates culturally safe practice.
8. The NetP RN's progress is monitored throughout the programme by Preceptors, CNMs, Senior Nurse Leader, and Nurse Educators in consultation with the NETP Nurse Educator and/or coordinator. Initial goals are set during the clinical load sharing period. Goal setting at three and six month intervals for NetP, and at three and seven months for NetP Partner Organisations provide an opportunity to review the NetP RN's progress and to give guidance for individual development. A full assessment against NCNZ competencies occurs during the

appraisal process 10 month's into the programme. The process to provide remedial support for educational requirements or performance improvement plan should there be practice concerns is specified in the CDHB and WCDHB NETP Programme Learning Framework.

9. The NetP RN attains the requisite clinical skills listed in their area specific orientation resources. Progress is monitored at regular intervals.
10. In the case of a NetP RN requiring extended time to complete all the programme requirements, an individualised plan is developed and approved in conjunction with the Charge Nurse Manager/team leader and the NetP RN. The Director of Nursing or Senior Nurse Leader and the CDHB and WDHB NetP Programme Coordinators are include in the process. Key dates for progress review are documented and adhered to.
11. The NetP RN completes no less than 1200 clinical hours during the NETP Programme.

STANDARD TWO

The teaching and learning processes of the programme support the nurse to develop her/his practice.

Standard Two Statement:

The NetP RN is supported in her/his choices of career development. Clinical preceptorship underpins the learning experience of the NetP RN in his/her first year of practice. The preceptor works with the NetP RN to guide and assist with the application of knowledge, clinical reasoning and skill development.

Standard Two is met when:

1. The programme rationale, outcomes and learning framework are clearly defined
2. The programme is written and reviewed in consultation with nurses in practice and education and promotes and supports the development of inquiry, reflection, problem solving, clinical reasoning, effective time management and technical skill acquisition.
3. The CNMs or Senior Nurse Leaders nominate appropriate experienced RNs to train as preceptors in their area. [See NetP Policy, and CDHB/WCDHB Preceptor Resource]
4. Each NetP RN has a named primary preceptor(s) assigned for the duration of each clinical placement.
5. Preceptors designated to the NetP RN attend the initial preceptor training through the Professional Development Unit and are entered on the preceptor database as a trained preceptor and then are provided with relevant continuing education. [See CDHB/ WCDHB Preceptor Resource]
6. Nursing leaders support the preceptors and ensure that during the clinical load sharing period, requirements set out in Section 2.3.1 of the HWNZ Specification will be adhered to.
7. The NetP RN enters into a written learning contract with the preceptor to ensure both parties are aware of the responsibilities and commitment that the relationship entails.
8. Designated clinical load sharing time is made available to the preceptor and the NetP RN at the beginning of each clinical placement to consolidate their relationship. The preceptor will continue to support and guide the NetP RN's learning and progress through the duration of the placement. See Footnote².
9. The preceptor(s) provides regular constructive feedback to the NetP RN to enable further development.
10. The preceptor has a review of their preceptorship role as part of the annual performance appraisal by his/her CNM as well as seeking feedback evaluation by the NetP RN at the end of the placement/Programme.

² In designated "one placement" areas, such as specialty areas or expansion placements, local arrangements ensure that the NetP RN has thirty days over the twelve month period.

11. The orientation / theoretical induction process is consistent across all participating divisions of CDHB and WCDHB. Expansion partners' induction content reflects programme requirements.
12. The generic orientation process commences on the first day of the programme.
13. The NetP educators/Nurse Leaders plan the study days and the facilitation and delivery of these is shared amongst them utilising speakers who are experts in their clinical field.
14. A NetP Programmes Advisory Group with representation from the key stakeholders including partnering organisation membership has ongoing input into the delivery of the programme. This group meets on a two monthly basis and is chaired by a lead DON. [See TOR Standard 2 evidence].

STANDARD THREE**The programme will have clearly defined assessment process****Standard Three Statement**

The NETP Programme draws upon clinical education and learning strategies that encourage critical thinking, problem solving, reasoning and decision making in the clinical practice environment. Emphasis is placed on the application and use of knowledge in clinical situations to enable the NetP RN to practice confidently and safely as a registered nurse. Clinical assessment takes place by nurses trained in preceptorship.

Standard Three is met when:

1. The curriculum of the NETP Programme adheres to the national framework of the Professional Development and Recognition Programme (2005) and is upheld by the NCNZ and the Ministry of Health.
2. All assessments are clearly stated with timeframes identified and made available to nurses on the programme.
3. All assessments are undertaken by RNs with appropriate assessment qualifications (Unit Standard 4098 or similar assessment qualification) and valid and reliable moderation occurs.
4. NetP RNs receive individual feedback and opportunity for self-assessment through goal setting, performance appraisal, as well as written feedback on case study, policy critique and PDRP evidence sheet.
5. Clear processes are in place for providing remedial assistance to nurses who do not meet assessment criteria.
6. Appropriate plans are put in place for nurses not achieving outcomes along with HR input linked to this process.
7. The NetP RN develops a Professional Development and Recognition Programme (PDRP) NetP Competent Portfolio. The portfolio is assessed at the end of the programme by the site NetP NE or designated PDRP Assessor and must attain competent level on the PDRP.

STANDARD FOUR

Appropriate resources are available to support the programme.

Standard Four Statement

The overall management and co-ordination of the NETP programme is by a designated person(s) who monitors and assesses programme outcomes utilising feedback from relevant stakeholders. Time allowance for support is given for preceptors working with the NetP RN's.

Standard Four is met when

1. A CDHB and WCDHB NETP Programme Co-ordinators are responsible for the coordination of all aspects of the NETP Programmes. These persons are a RN with a current APC, a post graduate nursing qualification and currency of knowledge and skills for the role. Each division allocates a NE/senior nurse to oversee the programme within that division or organisation (NE/NE NetP/designated senior leader).
2. The CDHB and WCDHB NETP Programme Co-ordinators facilitate the delivery of the programme under the direction of the Executive Director of Nursing according to the HWNZ specification for the NETP Programmes and NCNZ Standards for Nurse Entry to Practice Programmes.
3. The CDHB and WCDHB NETP Programme Co-ordinators maintain and enhances key relationships with the CDHB and WCDHB DONs, hospital-based NE NetP, CNMs, NEs, CNS' and Preceptors, as well as with Director of Nursing and Senior Nurse Leaders with partnering organisations and key stakeholder's external to the DHB.
4. All graduates are assigned primary preceptors trained in preceptorship and are allocated clinical time including regular access to the preceptor.
5. Nursing leaders support the preceptors and enable initial education related to their role for the equivalent of 16 hours in the initial year of preceptorship, and as required thereafter.
6. The CDHB and WCDHB ensures that nurses on the programme have access to relevant and current literary resources via membership at the Christchurch School of Medicine Library, and the Christchurch Polytechnic Institute of Technology library.

5 QUALITY IMPROVEMENT

STANDARD FIVE

Quality improvement processes are integral to the programme.

Standard Five Statement

The NETP Programme adheres to the principles of Quality Improvement ensuring that the programme meets the NCNZ Standards for NetP Programmes and HWNZ NetP Specifications document.

Standard Five is met when

1. The CDHB and WCDHB NETP Programme Co-ordinators implement a *Quality Improvement Plan* for the programme according to the HWNZ specifications and the NCNZ Standards for Nurse Entry to Practice Programmes.
2. The CDHB and WCDHB NetP Programme Co-ordinators, NetP/Team Leaders NetP, and NetP Administrator implements, monitors and evaluates all learning activities of the programme in consultation with the NetP Advisory Group
3. The CDHB and WCDHB NetP Programme Co-ordinators report on the outcomes of the programme to Regional Directors of Nursing, the NetP Programmes Advisory Group and the HWNZ and recommended modifications are implemented based on programme evaluation.
4. Appeal mechanisms are explicit and issues and appeals are addressed through a fair appeals process.
5. Detailed information is collated on NetP processes including programme evaluation by all key stakeholders, programme entry criteria, and appraisal and development processes.
6. The NETP Programme recruitment processes are transparent, systematic and consistent and done under the direction of the Canterbury and West Coast Regional Director of Nursing and in conjunction with partnering organisations.
7. All applications are processed through a centralised recruitment process involving Advanced Choice of Employment (ACE), the CDHB and WCDHB recruitment team, CDHB and WCDHB NetP Programme Coordinators to ensure eligibility criteria is adhered to.
8. Short-listing is carried out using standard criteria, adhering to HR policies and HWNZ eligibility criteria.
9. The recruitment, interview and selection process is centralised and coordinated by the NetP Coordinator with Placements/rotations negotiated between the Directors of Nursing, clinical service area/employer and the graduate nurse applicants who are given opportunity to request preferred placements. These applications are then sent for screening for the Assessment Centre. Senior clinical representatives from each participating areas/divisions are present during the interview process ensuring best clinical fit for the graduate occurs.
10. NetP Partner Organisations recruitment applications are forwarded to preferred placements and interview processes are handled by some of the Partnering Organisation. Some

Partnering Organisations will choose to assess applicants with the CDHB/WCDHB at the recruitment Assessment Centres.

11. All DHB RNs in the first year of practice are employed on the NetP on permanent contracts. Nurses employed by partnering organisations are employed on fixed term contracts.
12. Detailed information on NetP contractual requirements between the DHB and employer is collated and reported on.
13. MOU contractual arrangements between the DHB's and Partnering Organisations are adhered to.