COUNTIES MANUKAU HEALTH

Nurse Entry to Practice (NETP) Programme

Handbook

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Contact details

NETP Nurse Coordinator	**Kim Dittmer**	kim.dittmer@middlemore.co.nz	021 924 758
NETP Nurse Educator	**Denesye Lewis-Lavea**	Denyse.LewisLavea@middlemore.co.nz	
NETP Clinical Coach	**Rebecca Millsteed**	rebecca.millsteed@middlemore.co.nz	021 319 217
NETP Clinical Coach	**Alana Krishna**	Alana.Krishna@middlemore.co.nz	021 924 431
NETP Clinical Coach			021 956 021
NETP Clinical Coach			021 195 6520

My primary clinical coach is:

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Introduction

Nurse Entry to Practice (NETP) Programme Goal

The goal of the NETP programme is that New Zealand nursing graduates will commence their careers in New Zealand well supported, safe, skilled and confident in their practice[1].
In addition, the programme at Counties Manukau Health (CM Health) will assist beginning nurses to develop the knowledge, skills and experience to enable them to work at optimum levels for the benefit of the people of Counties Manukau.

This will be achieved by promoting the practice of nursing in a manner consistent with the CM Health Vision & Values, Nursing Council of New Zealand (NCNZ) Registered Nurse (RN) Competencies, NCNZ Code of Conduct, and the HDC Code of Health & Disability Services Consumers Rights.

National Nursing Entry to Practice Specification

The Nursing Entry to Practice Service Specification document (2018) identifies the key components of the NETP programme and will be implemented in alignment with the organisational policies of CM Health.

The NETP programme integrates the principles of the Treaty of Waitangi/Te Tiriti o Waitangi into practice to promote equity of outcomes for Maaori and facilitates practice in a culturally safe manner with all client groups[2].

NETP Programme Objectives

The CM Health NETP programme believes in the integration and drawing on pre-existing knowledge, the importance of reflection and critical thinking in learning and active involvement of the participants.

By the end of this programme the graduate nurse will:

- Be able to demonstrate they practice at the 'competent' registered nurses' level on the Professional Development Recognition Programme (PDRP).
- Practice safely and confidently within the RN scope of practice and deliver culturally safe care to the people of Counties Manukau.
- Be able to discuss their limitations and seek assistance accordingly.
- Uphold the values of the profession in achieving quality nursing care, promoting client advocacy and cultural safety through Tikanga Best Practice, demonstrating the required level of technical competency, developing communication, problem solving and conflict resolution strategies within the workplace.

[1] Service Specification Nursing Entry to Practice 2/46, p1
[2] Service Specification Nursing Entry to Practice 2/46, p2

- Be able to effectively assess, plan, implement, evaluate and document nursing care in conformity with current legal and ethical standards.
- Demonstrate self-directed learning skills and ongoing professional development.
- Complete the academic component of the programme.

Counties Manukau Health (CM Health) Programme Philosophy

The aim of the NETP programme is to provide a supportive environment in which the graduate nurse progresses from novice to competent practitioner, to enable them to provide a high standard of nursing care and to promote continuing professional development.

Principles of adult learning and experiential learning form the basis of the educational philosophy and strategies of the CM Health NETP programme. It builds on the knowledge and skills gained through the nurse's undergraduate programme, with the aim to consolidate, apply and extend this knowledge.

The clinical and academic components of the programme are integrated to focus on the development of practice based knowledge. Clinically based learning is central to the programme to provide experiential learning and develop the skill of problem solving, critical thinking and reflective practice.

The programme reflects the strategic plan of CM Health and aims to support the transition of the "new graduate registered nurse" to the "competent registered nurse" under the national Professional Development and Recognition Programme (PDRP). CM Health's programme was accredited by NCNZ in 2011.

Website

There is an information resource website set up for all parties involved with NETP. This serves both people supporting NETP graduate nurses in their first year of practice – such as Charge Nurse Managers/Clinical Leaders, Nurse Educators, Preceptors – and the NETP graduate nurse.

Information about the programme can be downloaded from the intranet and can be accessed at CM Health or from home.

CM Health intranet (Paanui): https://cmhealth.hanz.health.nz/building-capability/PPD/Pages/Nurse-Entry-to-Practice.aspx
CM Health website : http://www.countiesmanukau.health.nz/for-health-professionals/primary-health-care-nursing/netp-programme/

Graduate nurses also have learning resources available to them through the Counties Manukau Health library on Paanui or via the external website at http://www.countiesmanukau.health.nz/our-services/a-z/library-database-and-resource-directory/

Clinical Component

Graduate nurses complete either one 12 month placement or two six month rotations depending on the area of work. There is an emphasis placed on the clinical area to provide support for the graduate nurse to develop and consolidate their nursing skills and knowledge. The clinical area is responsible for providing the preceptorship and work collaboratively with the Nurse Educator in providing an orientation package relevant to the clinical area.

Whilst some of the graduate nurses will undertake two clinical placement rotations, other areas that provide one clinical placement may often have rotations within this clinical area, such as Neonatal Care, Operating Theatre, Emergency Care and Critical Care.

Wide choices of specialty placements are available within CM Health. Graduate nurses will be provided with an opportunity to request clinical placements during the recruitment and interview process which supports the graduates in their choice of career preference. Every endeavour will be made to support the graduate nurse's area of choice; however the final decision on placement is dependent upon vacancies within the clinical areas.

Preceptorship

Clinical preceptorship is a highly valued and vital role in the support of the graduate nurse. This is an educational relationship which provides role modelling, clinical support, clinical teaching and socialisation into the work environment. Preceptors strengthen the application and use of knowledge in clinical situations[3]. The preceptor must be a registered nurse who has successfully undertaken the preceptor training programme at CM Health or another NCNZ accredited programme[4].

The graduate nurse will have a total of six weeks supernumerary (clinical load sharing) time with their clinical preceptor/s. This time will be divided accordingly, dependent upon the rotation and can include all shifts including weekends:

One Rotation:
The clinical preceptor and graduate nurse will share a clinical load for the first six weeks (supernumerary).
Two Rotations:
The clinical preceptor and graduate nurse will share a clinical load (supernumerary) for the first four weeks in the first rotation and the first two weeks of the second rotation.

[3] Preceptoring for Excellence National Framework for Nursing Preceptorship Programmes, July 2014, New Zealand Nurse Educators Preceptorship Subgroup.
[4] Service Specification Nursing Entry to Practice 2/46, p4

Night Shift – once the supernumerary period is complete, the graduate nurse may commence night shift after the first 10 weeks in their first rotation and after the first four weeks in their second rotation, however the first two nights will always be supernumerary.

Speciality areas such as Critical Care and Neonatal Care are exempt from the night duty stand down period due to the rostering of 12 hour shifts. Those working in Kidz First may also work nights within the first 10 weeks.

Note - as per National NETP specifications: '*there is flexibility to extend or reduce these timeframes in specific instances, subject to agreement with the graduate nurse/employer, so long as the NETP programme averages six weeks of clinical load sharing per graduate nurse overall*' (2/B46. 2018).

Preceptorship can be provided by a team. The preceptorship team includes the Charge Nurse Manager/Team Leader/Nurse Manager/Nurse Educator or Clinical Coach and other staff in the work environment. The preceptorship team must have regular and consistent access to the graduate nurse during clinical practice, especially during the clinical load sharing period. The preceptorship relationship continues for the whole six or 12 month clinical rotation.

It is an expectation within the Service Specifications for NETP (2018) that:

"The clinical preceptor and graduate nurse must share a clinical case load for the first four weeks of the placement/rotation. The remaining two weeks of clinical load sharing may be taken at a date suitable to meet the learning needs of the graduate nurse".

Furthermore, the National Preceptorship Framework (2014) also states:

1. Clinical Nurse / Midwifery Managers are required to identify appropriate preceptors prior to the preceptees arrival in the department.

2. During the orientation period, the preceptor and preceptee shall be rostered on the same shifts and be given an appropriate workload to enable effective outcomes.

Preceptors will continue to support and guide the NETP graduate nurse's learning and development throughout the remainder of the clinical placement(s). Both the NETP graduate nurse and the preceptor(s) should be rostered together as often as possible to enable support and accurate assessment of practice and regular feedback on progress.

Dedicated Educational Unit:
A Dedicated Educational Unit (DEU) is a ward/department that is developed into an optimal teaching/learning environment for undergraduate nursing students delivering quality patient care through the collaborative efforts of nurses, managers and Department of Nursing and Health Studies at MIT. From time to time the graduate nurse, along with the nursing team, may be required to support clinical preceptorship for the undergraduate nursing students.

Aged Residential Care (ARC) facilities: In residential care where the population of residents is stable, the graduate nurse can work a shift without another RN on duty when they have:

1. Been employed for six months, and
2. Have successfully completed all components of the orientation, and
3. Have been reviewed by the facility Nurse Manager as competent to do so.

There must always be a senior RN on call and readily available to the graduate nurse for the next six months.

External Providers: Further information about the Preceptor Training available at Counties Manukau Health can be found on the CM Health website:
http://www.countiesmanukau.health.nz/for-health-professionals/primary-health-care-nursing/preceptor-programme/

Academic Component

The NETP programme coordinates the academic component in collaboration with tertiary institutes such that the graduate nurse is working towards a post-graduate level qualification. The academic component comprises of the following study days:

- Eight days (64 hours), non-clinical NETP orientation during first two weeks of employment
- NETP in-service and midway study days
- Six days covering university post graduate curriculum

The academic programme is specifically designed to meet the needs of the beginning practitioner and is designed to offer clinical support, through the application of practice based skills and assessments. CM Health recognises there are different needs in the learning for different areas and support the post-graduate paper that provides the graduate nurse with the most appropriate knowledge requirements.

The graduate nurse needs to enrol into the appropriate university and must follow the guidelines and policies for these respective institutes including the assessment processes, academic integrity, and confidentiality of clients.

University of Auckland (UoA) Course

All graduate nurses employed into an area in which they will be caring predominantly for the adult population (including our Primary Care and Aged Residential Care graduate nurses) will complete one 30 point post-graduate paper – Nursing 770 Clinical Practice Development. This education programme is run in partnership with the School of Nursing, University of Auckland. This paper contributes to the Post Graduate Certificate in Health Sciences (Advanced Nursing) at the University of Auckland and is fully funded by CM Health.

Aims of the course

- To develop knowledge, practice and skills within the scope of a beginning practitioner that will enhance client assessment, planning and delivery of client-centred care within a specific healthcare context.
- To develop understanding and application of relevant concepts and skills appropriate to a beginning practitioner, that fosters critical inquiry into professional, socio-political, ethical, cultural and legal aspects of practice.

Learning Outcomes

On completion of this course students will be able to:

1. Identify and appraise the need for nurses to include holistic client assessment skills in their clinical environment. The post graduate student will effectively contribute to inter-professional practice through the use of evidence based reasoning at an advancing level and within their scope of practice.
2. Demonstrate an understanding of evidence based clinical decision-making through the

application of a diagnostic framework to client assessment.

3. Demonstrate competence of a systematic approach in performing a focused and or comprehensive client assessment.
4. Interpret clinical findings in relation to underlying pathophysiological processes
5. Assess a client's health status and appraise appropriate laboratory and other diagnostic tests in order to support differential diagnoses.
6. Articulate the knowledge underlying client assessment and diagnostic test findings in order to formulate a list of differential diagnoses or formulate a diagnostic decision.

Course Coordinators

University Academic Coordinator: Wendy Sundgren
CM Health Clinical Course Coordinator: Kim Dittmer

Course Delivery

Six study days are facilitated by the UoA and CM Health staff.

Table 1: Assessment points (University of Auckland)

Assessment Points		
Written Assignment	**35%**	3,000 words
Multi Choice Question Exam	**20%**	40 MCQ's
Clinical Examination	**45%**	40 minutes
NB: To achieve an overall pass for the paper, the minimum grade of C- must be achieved in the clinical examination.		

Auckland University of Technology (AUT) Course

All graduate nurses employed into an area in which they will be caring predominantly for the paediatric population will complete one 30 point post-graduate paper: Clinical Assessment for Advanced Nursing Practice – Child Health Stream. This education programme is run in partnership with the School of Nursing and Midwifery, Auckland University of Technology (AUT). This paper contributes to the Post Graduate Certificate in Health Sciences (Advanced Nursing) at Auckland University of Technology (AUT) and is fully funded by CM Health.

Paper Prescriptor

Develops advanced clinical assessment and diagnostic reasoning skills for the diagnosis and management of common acute and chronic illnesses. Emphasises the application of science, assessment and diagnostic data in the care of individuals in the clinical setting.

Learning Outcomes

1. Demonstrate appropriate decision making by obtaining a focused patient health history and physical examination.
2. Demonstrate advanced diagnostic reasoning processes by synthesising assessment findings with best practice literature to develop a diagnosis or problem list and patient centred plan.
3. Integrate social, cultural and developmental issues demonstrating a holistic approach in prioritising care.
4. Critically analyse the investigations and associated literature relevant to the patient and practice context.
5. Present work at the appropriate academic standard.

Course Coordinators

University Academic Coordinator: Michael Neufeld

CM Health Clinical Course Coordinator: Kim Dittmer

Course Delivery

Six study days are facilitated by the AUT and CM Health staff.

Table 2: Assessment points (Auckland University of Technology)

Assessment Points	
Written Assignment	3,000 words
Observed Structured Clinical Exam (OSCE)	The OSCE will consist of a live station segment and a written station segment. The live station segment will include 3 x 15 minute hands-on assessments using patient actors. The written station segment will consist of a booklet of three case profiles with questions which the student completes within a 60 minute time period.
NB: To achieve an overall pass for the paper, the minimum grade of C- must be achieved in the clinical examination.	

Attendance

A minimum of 90% attendance of the structured education study days is required from graduate nurses. If a study day is missed, the learning outcomes may be demonstrated by other means as negotiated with the Nurse Coordinator/Educator, NETP.

Further Education Requirements

Orientation and In-service Sessions

The programme incorporates ten orientation/in-service study days. This includes a welcome to the DHB, meeting key staff, introduction to relevant policies. Also included is the completion of core skills. For primary healthcare graduate nurses, the Vaccinator Training course is included in the study programme and will be attended at a time that is appropriate to the individual practice.

The two weeks is coordinated by the NETP team and includes:

- An overview of the NETP programme including clinical and academic components.
- Introducing the graduate nurses to available supports.
- Outlining the expectations of RN's.
- Discussing the transition to the RN role and provide some guidance as to how to best manage this critical stage.
- Completion of Basic Life Support skills and Information Services training.
- Mindfulness Based Resilience at Work programme
- Protected time for mandatory online modules.

CM Health NETP graduate nurses

The CM Health NETP graduate nurse employed in the DHB will be provided protected time during orientation to complete the following 16 hours of mandatory learning via Ko Awatea LEARN:

- Patient Safety Training (4 hours)
- Medication Certification (4 hours)
- Code of Conduct (2 hours)
- Safe Patient Handling and Mobility (1.5 hours)
- Health and Safety Induction (30 minutes)
- Direction and Delegation 101 for CM Health - Nursing (2 hours)
- Disability Responsiveness (30 minutes)
- Health Literacy (1 hour)
- Understanding bias in health care (30 minutes)

Individual work area orientation and learning packages may also need to be completed – these will contain competency based assessments from the Generic Education Framework that are specific to the clinical environment the graduate nurse is working.

Please discuss with your Line Manager/Nurse Educator and confirm education requirements within each NETP placement. The workplace Line Manager/Nurse Educator will guide the NETP graduate nurse and assess any learning packages that may require assessing.

Partnering Organisation (Primary Health Care [PHC] and Aged Residential Care [ARC]) NETP graduate nurses

The CM Health NETP graduate nurse employed into Primary Care will be provided protected time during orientation to complete the following 8 hours of mandatory learning via Ko Awatea LEARN:

- CPR online refresher for PHO/NGO staff (2 hours)
- Code of Conduct (2 hours)
- Direction and Delegation 101 for CM Health - Nursing (2 hours)
- Disability Responsiveness (30 minutes)
- Health Literacy (1 hour)
- Understanding bias in health care (30 minutes)

The Team Leader/Nurse Educator of each partnering organisation will determine orientation and further education appropriate for their clinical area, and which need to be completed by the NETP graduate nurse.

Some additional e-learning may also occur via the 'Ko Awatea LEARN' website: https://koawatealearn.co.nz/. The Nurse Coordinator NETP will arrange login details for graduate nurses working in Primary Health and Aged Residential Care following orientation week. This will enable graduate nurses to complete e-learning packages relevant to their individual work area. These graduate nurses will be advised to keep in mind that local policies/procedural guidelines may vary in individual workplaces.

Assessments

There is a range of assessments, which must be passed to meet the requirements of the programme. The assessments will also meet the requirements of the nationally recognised PDRP programme and will comprise of a portfolio that will meet the 'competent' level of the PDRP.

Should the graduate nurse be identified as not meeting assessment criteria, remedial assistance is available through a support/education plan in collaboration with the Charge Nurse Manager/Nurse Educator as well as the Nurse Coordinator, Nurse Educator and Clinical Coaches NETP (refer to *Remedial Assistance*, page 19).

Performance Development Review

A performance development review will be carried out by the Charge Nurse Manager/Team Leader at three months and ten months. It is expected that the Charge Nurse Manager/Team Leader facilitate the review.

The Nurse Coordinator NETP will be involved in the performance review if requested by the Charge Nurse Manager/Team Leader or the graduate nurse.

Post-graduate Paper

An overall pass in the post-graduate paper must be achieved as part of the NETP programme assessment criteria. The NETP graduate nurse must follow the guidelines and policies of the respective institutes including the assessment processes, academic integrity, and confidentiality of clients.

Performance Development and Recognition Programme (PDRP)

The NETP graduate nurse will be required to submit a professional nursing portfolio for assessment at ten months of the NETP programme. This will include a performance development review demonstrating self-awareness, evidence based practice and health assessment skills assessed against the Registered Nurse Scope of Practice Competencies (NCNZ, 2012); and reflections on their professional development.

The NETP graduate nurse will be assessed as having achieved 'Competent Level' on the PDRP in order to graduate from the NETP programme. The assessment of portfolios is subject to internal moderation processes as directed in the PDRP Programme Manual (2018).

Portfolio for PDRP

The NETP graduate nurse must be assessed as having achieved 'Competent Level' on the Professional Development Recognition Programme (PDRP) in order to successfully meet the completion criteria for the NETP programme and to be eligible to graduate from the programme.
Please read the PDRP Competent Guidelines process and submit your evidence as per the checklist in the guidelines which includes:

- Application form which includes hours of practice;
- Performance Development Review date (and includes a career plan);
- Self-assessment against NCNZ RN Competencies;
- Senior nurse assessment against NCNZ RN Competencies;
- Professional Development Activities (including mandatory training as outlined on page 16);
- Link to Annual Practicing Certificate on Nursing Council of New Zealand online register.

Nurses have a responsibility with regard to privacy and confidentiality. The fundamental principles of these must be adhered to at all times.

ePDRP

All nurses will be expected to submit their portfolio electronically (ePDRP), via the Ko Awatea LEARN website https://koawatealearn.co.nz/enrol/index.php?id=2301. Access to the PDRP programme manual and all supporting documents are available within the ePDRP platform. Graduates will be supported by the NETP team and their Nurse Educator in accessing and developing their ePDRP.

Partnering Organisation NETP graduate nurses

Graduate nurses employed within a Primary Health or Aged Related Residential Care setting will also submit their Competent ePDRP portfolio via Ko Awatea LEARN (as above). The assessment of the portfolio will be undertaken by the NETP team in order to ensure consistency with NETP programme requirements. Following the NETP year, the graduate nurse will be advised to follow the PDRP framework requirements within their individual employment setting.

Completion Criteria

A certificate of completion will be issued at the end of the programme if the graduate nurse meets the following criteria:

- 90% attendance at study days for the NETP programme;
- Successful completion (overall pass grade) of post-graduate academic requirements;
- Achievement of Competent ePDRP;
- Completed a minimum of ten months of clinical practice.

If any one of these criteria is not met by the graduate nurse, they will not meet the completion criteria for the NETP programme.

Cultural Support

CM Health is committed to ensuring the culturally appropriate supervision is available.

"Cultural supervision is rapidly developing and is contributing positively in the field of supervision and best practice models. It is evident that the bicultural commitment to tangata whenua practitioners and clients (must be) upheld to meet the obligations under Te Tiriti o Waitangi. Cultural and bi-cultural supervision approaches must be included in the development of 'best supervision practice' for Aotearoa" (Eruera, 2005).

There is specific Health Workforce New Zealand funding for Maaori and Pacific graduate nurses which provide mentoring, cultural supervision and cultural development activities to facilitate learning so that the graduate nurse achieves the required outcomes of the programme.

Graduate nurses who identify as Maaori or Pacific will be introduced to the concept of Cultural Support early in the NETP programme and invited to participate if they wish. A consent form has been formulated to identify cultural ethnicity to ensure their eligibility to receive this support is captured.

Remedial Assistance

We acknowledge issues sometimes arise for the NETP graduate nurse during the first year of practice which may impact on a graduate nurse's ability to perform as desired in the NETP programme.

The first step is for the NETP graduate nurse to have a conversation with a trusted colleague such as the preceptor, a line manager, a nurse educator, the Nurse Coordinator NETP, Nurse Educator NETP or Clinical Coach NETP. All issues will be dealt with in a confidential manner. Escalation of key matters to do with competency or safety will occur if required.

If the graduate nurse or the Charge Nurse Manager/Team Leader or individual employer has a concern regarding clinical practice, then it needs to be managed as per the Human Resources Performance Development Policy. Areas of concern are to be addressed at an early stage:

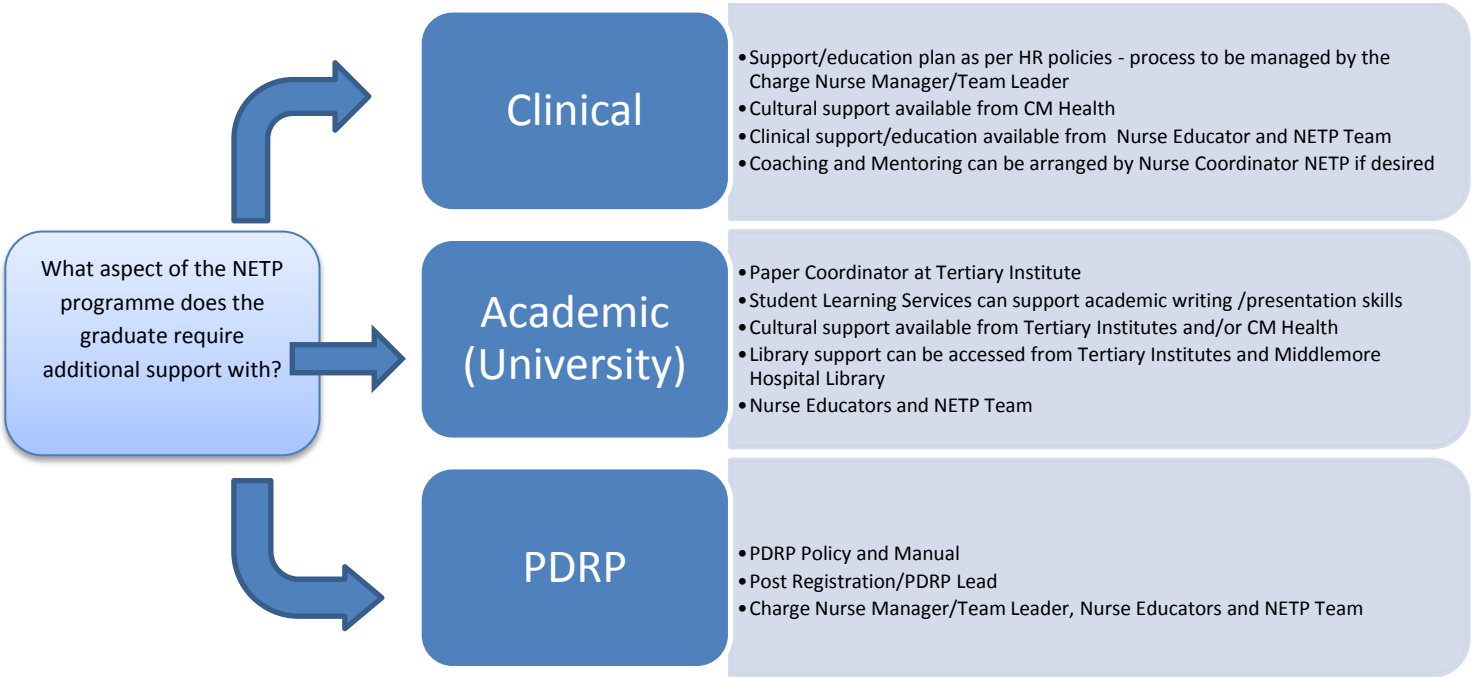
- In the first instance the Charge Nurse Manager/Team Leader needs to discuss the issue with the graduate nurse.
- If no resolution occurs, at the earliest possible time the Charge Nurse Manager/Team Leader needs to discuss the concern with the Nurse Coordinator NETP. A plan to address concerns shall be discussed with the Charge Nurse Manager/Team Leader, Nurse Coordinator NETP and the graduate nurse.
- The responsibility for formulating and managing the process of the plan throughout its duration lies with the line manager.

At all times the graduate nurse is entitled to representation and the presence of a support person. All performance concerns and education plans formulated will be in line with Nursing Council of New Zealand's competencies of practice.

There is a formal process to support the NETP graduate nurse if they fail to progress with the theoretical components as expected on the NETP programme. Extra assistance is arranged where necessary to support the NETP graduate nurse to meet expected requirements for the programme.

A remedial plan is individualised to the NETP graduate nurse utilising supports available as per Figure 1 below.

Figure 1: Supports available for remedial assistance



The graduate nurse has the right to appeal any decision made on assessed work. The appeals process is documented within the PDRP Policy and the Post-Graduate Course Outline for each academic institute.

Service Level Agreement for Primary Health Care (PHC) and Aged Residential Care (ARC)

A Service Level Agreement is a document that expresses mutual agreement on an issue between CM Health and the individual employer. Service Level Agreements are generally recognised as binding, even if no legal claim could be based on the rights and obligations laid down in them.

The Service Level Agreement must:

1. Identify the contracting parties;
2. Spell out the subject matter of the agreement and its objectives, for both parties;
3. Summarise the essential terms of the agreement; and
4. Be signed by the contracting parties prior to commencement of the graduate nurse.

Employment Matters

Recruitment

All recruitment will be in alignment with the Advanced Choice of Employment (ACE) Business Rules as set out by Health Workforce New Zealand.

Employment within CM Health

The Graduate Nurse's employment with CM Health is on a permanent contract, to the organisation. This is inclusive of annual leave and sick leave entitlements as per District Health Boards/NZNO Nursing and Midwifery Multi-Employer Collective Agreement, 4 June 2018 – 31 July 2020.

The graduate nurse may apply for alternative positions prior to the conclusion of the NETP if completion criteria are achieved, however will endeavour not to commence until the completion of the programme.

NETP graduate nurses will be rostered to work across all shifts. It is essential they identify the person who does the rostering within their service. If they have concerns regarding their roster, please refer to the Multi-Employer Nursing/Midwifery Collective Agreement (MECA), and discuss the matter with a line manager in the first instance.

Annual Leave
It is highly recommended that one week annual leave is taken by the graduate nurse at the end of each clinical placement, or six months, following negotiation with, and at the discretion of the Charge Nurse/Team Leader.

Remuneration
Each graduate nurse will be renumerated in accordance with the District Health Boards/NZNO Nursing and Midwifery Multi-Employer Collective Agreement, 4 June 2018 – 31 July 2020.
The graduate nurse will commence as a Level 1 Registered Nurse.

A nurse who was previously employed on the top Enrolled Nurse step shall be appointed no lower than the second step of the Registered Nurse scale when they qualify as a Registered Nurse (MECA, 8.1.d, *p20*).

Sick Leave
If there is sick leave that exceeds this agreement, the employee may be requested to take part in a sick leave review. This is at the discretion of the Line Manager/Charge Nurse Manager/Team Leader. It is encouraged that the graduate nurse be referred to the Occupational Health Services and/or the Employee Assistance Programme (EAP).

If extended periods of time off through sickness or injury occur, an extension to the period of NETP support may be required to enable the graduate nurse to meet the minimum ten months clinical practice requirement of the programme. The Nurse Coordinator NETP will discuss this with the line manager and graduate nurse to assist a successful outcome.

Within PHC or ARC

Employment
Each graduate nurse that is placed with an individual employer will have a Service Level Agreement in place between CM Health and the individual employer. This Service Level Agreement will provide the basis for the relationship between the DHB and individual employer and conditions of the NETP programme as outlined in the Learning Framework**.** As per contract with the individual employer this is inclusive of annual leave and sick leave entitlements.

Annual Leave
It is highly recommended that annual leave is taken by the graduate nurses at the end of six months, following negotiation with, and at the discretion of the employer.

Sick Leave
Access to Occupational Health Services can be negotiated with the Nurse Coordinator NETP.

Performance Management

Please refer to remedial assistance (page 19). If any clinical performance issues are unresolved following initial support/education plans, a performance improvement plan may be implemented. This process will be supported by the Human Resources Discipline and Dismissal Policy and Procedure documents with the employing organisation.
N.B. CM Health is legally obliged under the HPCA Act to report any nurses who do not demonstrate they are able to meet the NCNZ competencies to Nursing Council New Zealand.

Parental Leave

Parental leave provisions are acknowledged as contained in the *Parental Leave and Employment Act 1987.* Please refer to the Human Resources policies and procedures manual for further information and consult with the line manager. The graduate nurse must write a letter with the anticipated leave period and a return date, and include a medical certificate stating their expected due date. This is to be provided to the line manager and also to the Nurse Coordinator for the NETP programme.

Exit from the Programme

Requests from graduate nurses to exit the programme early will be considered by the Nurse Coordinator NETP, and will be granted in extenuating circumstances. Graduate nurses are encouraged to approach the Nurse Coordinator NETP as early as possible if any concerns arise.

Should the graduate nurse exit the programme, the Nurse Coordinator NETP is required to provide HWNZ with notification on the generic progress report.

N.B. Where there is a competence issue not addressed prior to leaving the programme the Chief Nurse is obliged to notify Nursing Council of New Zealand under the HPCA Act interpretation.

Programme Evaluation Process

The NETP Programme will undergo regular review, which will involve Ongoing Process Evaluation and Outcome Evaluation.

Ongoing Programme Evaluation

This will be incorporated into the day to day operational improvements made to the programme as part of the continuous quality improvement process.

- Reflection sessions with graduate nurses at in-service and midway study days;
- Qualitative feedback from graduate nurses at end of each study day;
- Qualitative surveys of graduate nurses at 12 months;
- Graduate nurse evaluation of university courses will be undertaken using university forms. The results will be shared and discussed with the NETP team;
- Surveys of key stakeholders including preceptors, Charge Nurse Managers/Team Leaders, Nurse Educators, Clinical Nurse Directors/Nurse Leaders and the Director of Nursing.

The NETP Programme Advisory Group will approve any changes to the programme. This process will occur annually at the end of each programme.

Programme Roles and Responsibilities

There are a number of key roles within the programme that aim to support the learning of the graduate nurse.

Role	Responsibility
Nurse Coordinator, NETP	The Nurse Coordinator NETP leads the programme and works in conjunction with senior nurses within Counties Manukau Health and partner organisations. This person ensures the following occur: • Recruitment and selection of graduate nurses and preceptors. • Making cultural support resources available to trainees. • Monitoring and liaising with clinical areas where graduate nurses are employed. • Liaise with CNM/Team Leaders with performance issues. • Accurate and timely documentation of the competency assessment processes and Learning Framework outcomes. • Developing and administering evaluation tools including surveying of graduate nurses regarding their expectations and experience of the NETP programme. • Providing the information necessary for reporting to HWNZ. • Coordinating a NETP programme advisory group with key stakeholder representation. • Collaborating with NETP programme coordinator colleagues in other DHBs and nationally.
Nurse Educator, NETP	• Provide expertise in planning and facilitating of professional development activities for graduate nurses. • Developing and administering evaluation tools including surveying of graduate nurses regarding their expectations and experience of the NETP programme. • Engage with those who develop graduate nurse support plans ensuring the transfer of learning is appropriate. • Provide direct/indirect support, leadership development (coaching and mentoring) for staff.
Clinical Coach, NETP	• Works clinically with graduate nurses across CM Health and within Primary Care/Aged Residential Care settings. • Is an available role model professionally and clinically. • Provides support with performance issues. • Mentors graduate nurses and preceptors. • Advocates for graduate nurses when necessary. • Maintains their own professional development. • Assists with the study days as required.

Clinical Leadership	**Charge Nurse Manager / Clinical Nurse Coordinator / Nurse Manager:** The nursing line manager ensures that appropriate learning experiences are made available and will monitor progress of the graduate nurse during the clinical placement. They will act on learning needs and potential practice issues that may be identified, as they do for any other staff member.
Nurse Educator (or equivalent) and senior nurses	The NETP programme has a team of experienced Nurse Educators and senior nurses from CM Health and partner organisations who are available to assist the graduate nurse to develop specific knowledge and skills related to their clinical placement(s) and may work alongside the graduate nurse to consolidate learning throughout the year.
Preceptors	Preceptors must have: • A current practicing certificate in the Registered Nurse scope of practice. • Registration with the NCNZ 'in good standing' with no restrictions that would negatively impact on their ability to perform as a clinical preceptor. • Successfully completed a preceptor training programme and are current in their knowledge. • Knowledge of the NETP programme and PDRP requirements. • Appropriate experience within the clinical service area where they are providing preceptorship.
Advisory Group	The CM Health NETP/Post Graduate/PDRP Programme Advisory Group meets six monthly to provide ongoing planning and review of the NETP programme. This group ensures that CM Health meets requirements of the National NETP Programme Learning Framework and Nursing Council of New Zealand NETP Programme standards. One NETP graduate nurse from a current programme, or a representative, is invited onto the group.

Nursing and Midwifery roster planning/scheduling and safe staffing

This guideline (2019) outlines CM Health policy for managing and preparing rosters that meet MECA requirements. Good rostering standards are an important part of good human resource management, safe staffing and compliance with collective agreements.

We highly recommend you are familiar with these standards for rostering and with your entitlements in accordance with the Multi Employer Collective Agreement (MECA).

You can access the full document on Paanui under the document directory. Below are some extracts of the document.

General expectations

- There is adequate skill mix to allow for supervision of less skilled staff to provide safe service delivery.
- Staffs have adequate rest and recovery between shifts.
- When rotating staff to night duty this follows an early too late to night shift pattern rather than the reverse.
- Rosters must comply with the contractual requirements specified in the relevant collective agreement.
- Staff must raise issues with their manager in the first instance. If the issue cannot be resolved, then the issue should be escalated to the service manager or Clinical Nurse Director/ Deputy Chief Midwife.

Shift changes for Nurses and Midwives

All shift changes between nurses and midwives must:

- Be approved, or not, by the Charge Nurse Manager, Midwife Manager, Line Manager's or their delegated authority and be documented on the roster at least 24 hours before the shift commences. In addition they must:
- Be between nurses/midwives with the same level of practice and to ensure that there is an adequate balance of skill on the shift.
- Any change of duty requires 48 hours' notice and agreement with the CNM/CNM/LM of any change of duty being requested.

The standard is met in the CMDHB/NZNO Multi Employer Collective Agreements when:

A) The standard is met for rostered 8 hour shifts when:

1	A nurse employed full-time works no more than 80 hours in each two week period.
2	Part-time employees by mutual agreement between the employer and the employee may work shifts of no less than 4 hours.
3	Nurses work no more than 7 consecutive days not exceeding 8 hours in any one duty.
4	Preferred Roster Pattern Divisors: The following rosters will apply: - 5 days on duty followed by 2 days off duty - 4 days on duty followed by 4 days off duty Refer to NZNO MECA
5	All duties must commence between 0600 and 2315 hours.
6	Duty hours must be consecutive except for unpaid meal breaks.
7	The shift is counted on the day that the majority of hours are worked.
8	Shifts are of equal length in any block of duties between days off.
9	Time off at the end of night duty is 12 hours on top of the entitled off duty period.
10	Except on case of emergencies, the minimum off duty period between consecutive duties shall not be less than 9 hours. Wherever possible an employee changing duties on consecutive days shall be rostered off for a minimum of 12 consecutive hours.
11	Every nurse has at least 4 periods of at least 24 hours off duty in each 2 week period. These will not be taken as 4 single days.
12	Single days off will occur no more than once every 4 weeks and only by negotiation.
13	Employees will not be required to change between day and night duties more than once in any 80 hour fortnight.

The standard is met for employees working alternative 12 hour rostered shifts when:

1	The 12 hour shift pattern does not compromise those employees who elect to work an 8 hour roster. An employee who elects to opt out of working 12 hour rosters shall give a minimum of four weeks' notice. Employees who accept a new position which requires the individual to work a 12 hour shift are not eligible to opt out without the consent of the employer.
2	A nurse and midwife employed full time works no more than 120 hours in each three week period. No employee shall be required to work more than a 12 hour rostered shift.
3	Nurse's and midwives work no more than 4 consecutive days not exceeding 12 hours in any one duty – but it is recognised that 3 consecutive 12 hour shifts is preferred.
4	Where 4 consecutive 12 hour duties are worked the employee must then have a minimum of 4 consecutive 24 hour periods off duty.
5	All duties must commence between 0600 and 2315 hours.
6	Duty hours must be consecutive except for unpaid meal breaks.
7	The shift is counted on the day that the majority of hours are worked.
8	Shifts are of equal length in any block of duties between days off.
9	Time off at the end of night duty is 12 hours on top of the entitled off duty period.
10	Except in case of emergencies, the minimum off duty period between consecutive duties shall not be less than 11 hours. Wherever possible an employee changing duties on consecutive days shall be rostered off for a minimum of 12 consecutive hours.
11	Every nurse has at least 4 periods of at least 24 hours off duty in each 2 week period. These will not be taken as 4 single days.
12	Single days off will occur no more than once every 4 weeks and only by negotiation.
13	Employees will not be required to change between day and night duties more than once in any 80 hour fortnight.
14	Employees who work a 12 hour shift shall be allowed two meal breaks, one paid and one unpaid, each of no less than a half an hour.

Roster requests

Roster requests maybe made by staff per roster, with requests as outlined equivalent to:

- 5 requests for 1.0 FTE
- 4 requests for 0.8 FTE
- 3 requests for 0.6 FTE
- 2 requests for 0.4 FTE
- By negotiation if 0.2 FTE or less

All requests are dependent on service requirements to cover the roster appropriately and within the MECA requirements.

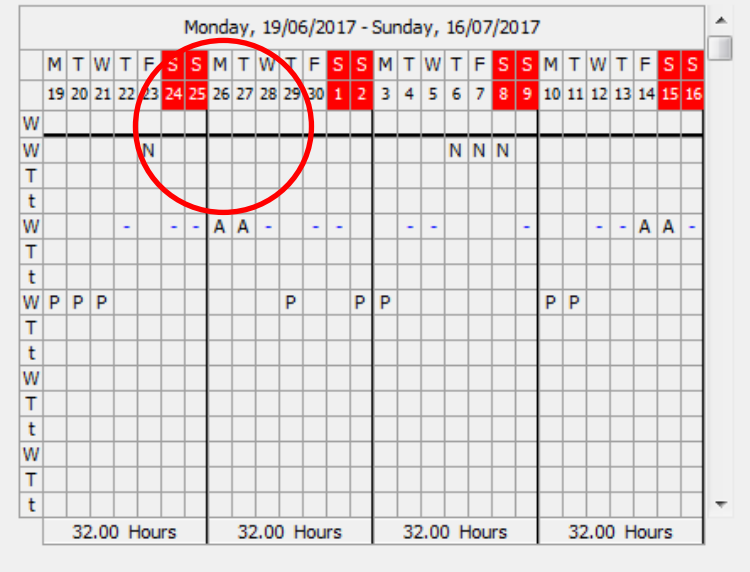
Staff have a responsibility to make requests on planned events as early as possible.

You are encouraged to take leave at around the six-month mark – Please start to plan this now as leave is often booked well in advance.

Common Roster Codes

A	0700 – 1530
P	1430 – 2300
J	1300 - 2130
N	2245 – 0715

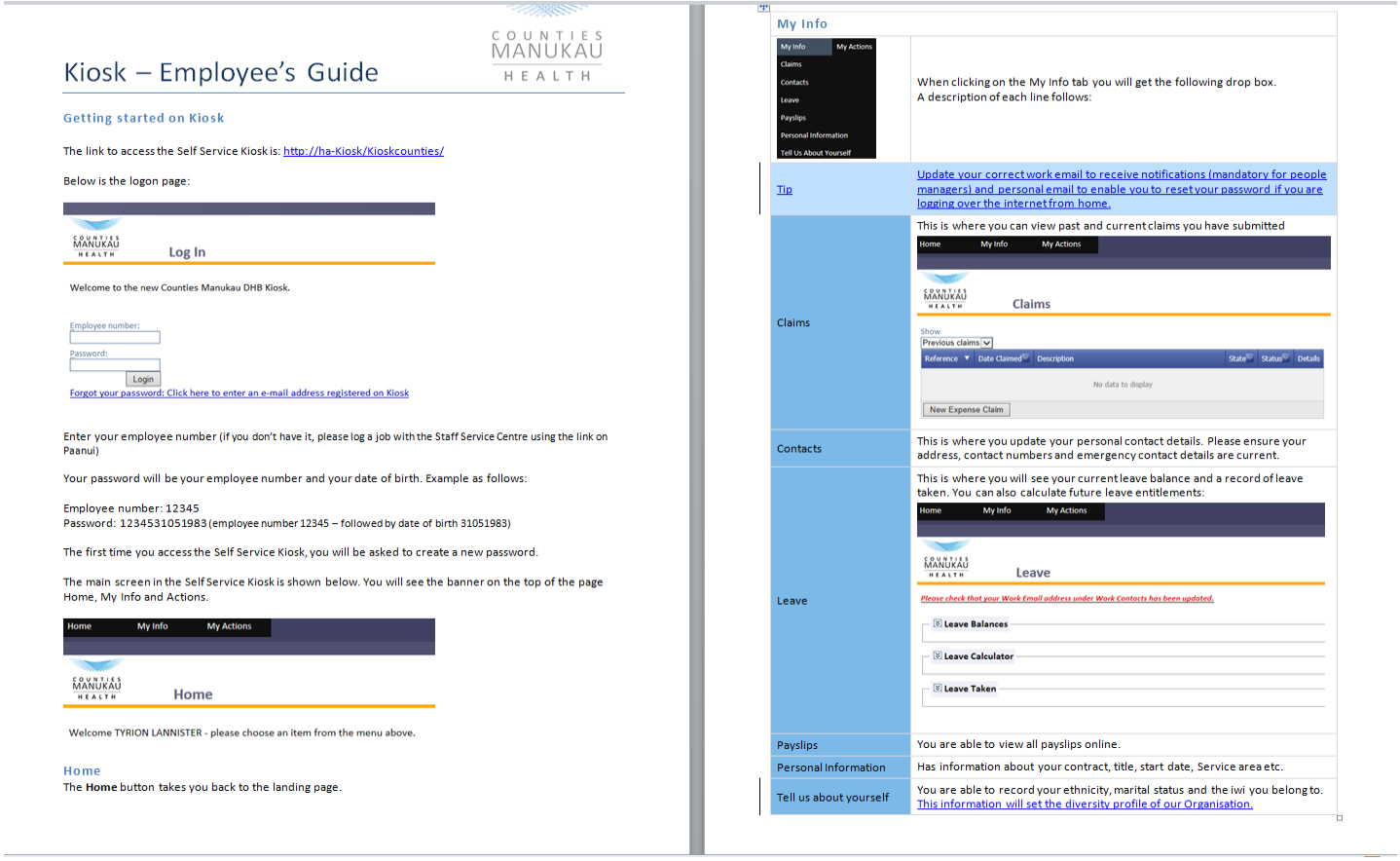
(start night before e.g. below: N 23/6 shift commences 2245hr 22/6)



M	0700 – 1930
T	1900 – 0730 **(start night before)**
E	Education day (internal within MMH)
V	Education day (external to MMH)

****Please note in speciality areas there will be other roster codes specific to their area.**

Online Preparation for Practice



Kiosk – Employee's Guide

COUNTIES MANUKAU HEALTH

Getting started on Kiosk

The link to access the Self Service Kiosk is: http://ha-Kiosk/Kioskcounties/

Below is the logon page:

Log In

Welcome to the new Counties Manukau DHB Kiosk.

Employee number:

Password:

Login

Forgot your password: Click here to enter an e-mail address registered on Kiosk

Enter your employee number (if you don't have it, please log a job with the Staff Service Centre using the link on Paanui)

Your password will be your employee number and your date of birth. Example as follows:

Employee number: 12345
Password: 1234531051983 (employee number 12345 – followed by date of birth 31051983)

The first time you access the Self Service Kiosk, you will be asked to create a new password.

The main screen in the Self Service Kiosk is shown below. You will see the banner on the top of the page Home, My Info and Actions.

Home | My Info | My Actions

Home

Welcome TYRION LANNISTER - please choose an item from the menu above.

Home

The **Home** button takes you back to the landing page.

My Info

My Info | My Actions
Claims
Contacts
Leave
Payslips
Personal Information
Tell Us About Yourself

When clicking on the My Info tab you will get the following drop box. A description of each line follows:

Tip	Update your correct work email to receive notifications (mandatory for people managers) and personal email to enable you to reset your password if you are logging over the internet from home.
Claims	This is where you can view past and current claims you have submitted Home | My Info | My Actions Claims Show: Previous claims Reference | Date Claimed | Description | State | Status | Details No data to display New Expense Claim
Contacts	This is where you update your personal contact details. Please ensure your address, contact numbers and emergency contact details are current.
Leave	This is where you will see your current leave balance and a record of leave taken. You can also calculate future leave entitlements: Home | My Info | My Actions Leave *Please check that your Work Email address under Work Contacts has been updated.* Leave Balances Leave Calculator Leave Taken
Payslips	You are able to view all payslips online.
Personal Information	Has information about your contract, title, start date, Service area etc.
Tell us about yourself	You are able to record your ethnicity, marital status and the iwi you belong to. This information will set the diversity profile of our Organisation.

How to Register for myKiosk

There are certain requirements for new nurses to CM Health. This section outlines the online requirements with simple step by step guides to follow and a checklist.

1. You need to opt in to use myKiosk. To do this log in to the internal Employee Kiosk from the intranet (Paanui). Go to the My Info section and select Contacts from the menu.
2. Under contacts enter a work and/or personal email address in the relevant fields. For security reasons this should not be an email address that anyone else uses (friends, relatives, colleagues, etc).
3. After inserting the email address click on the Update button at the bottom of your screen.
4. If your current Kiosk password does not meet the password criteria (see rules below) you will not be able to gain access to myKiosk online. To change your password, click on Change Password on the top right hand corner of your screen.

Password Rules:

- Password needs to be at least eight characters long; and
- contain at least one number;
- contain a mix of lower and upper case letters;
- can't be a simple sequence (like 'aaaaaaa' or '123456') ;
- can't be a commonly used word (like 'password').

Now you are ready to use myKiosk online from wherever you are, whenever you want to

(Note: you cannot access internet myKiosk from your DHB office computer)

How to Log in to myKiosk

On the Counties Manukau Health home page (external webpage), click on the ***Webmail and Staff Resources*** link at top of page. This will take you to an ***External myKiosk*** link; click on the link available.

You will be taken to the Login Page. Log in using your email address (this can be your personal or work email address that you have already entered onto the system) and enter your password – a privacy alert will pop up. If you accept these conditions, press accept to continue.

Security and Support

It is important that you keep your myKiosk password secure and do not allow anyone to log on for you. Always log off internet myKiosk when you have finished or when you are not at your computer.

If you experience problems with the myKiosk system contact your local IS Service Desk.

The Service Desk can only help you with the myKiosk system and cannot help you with any issues with your home computer.

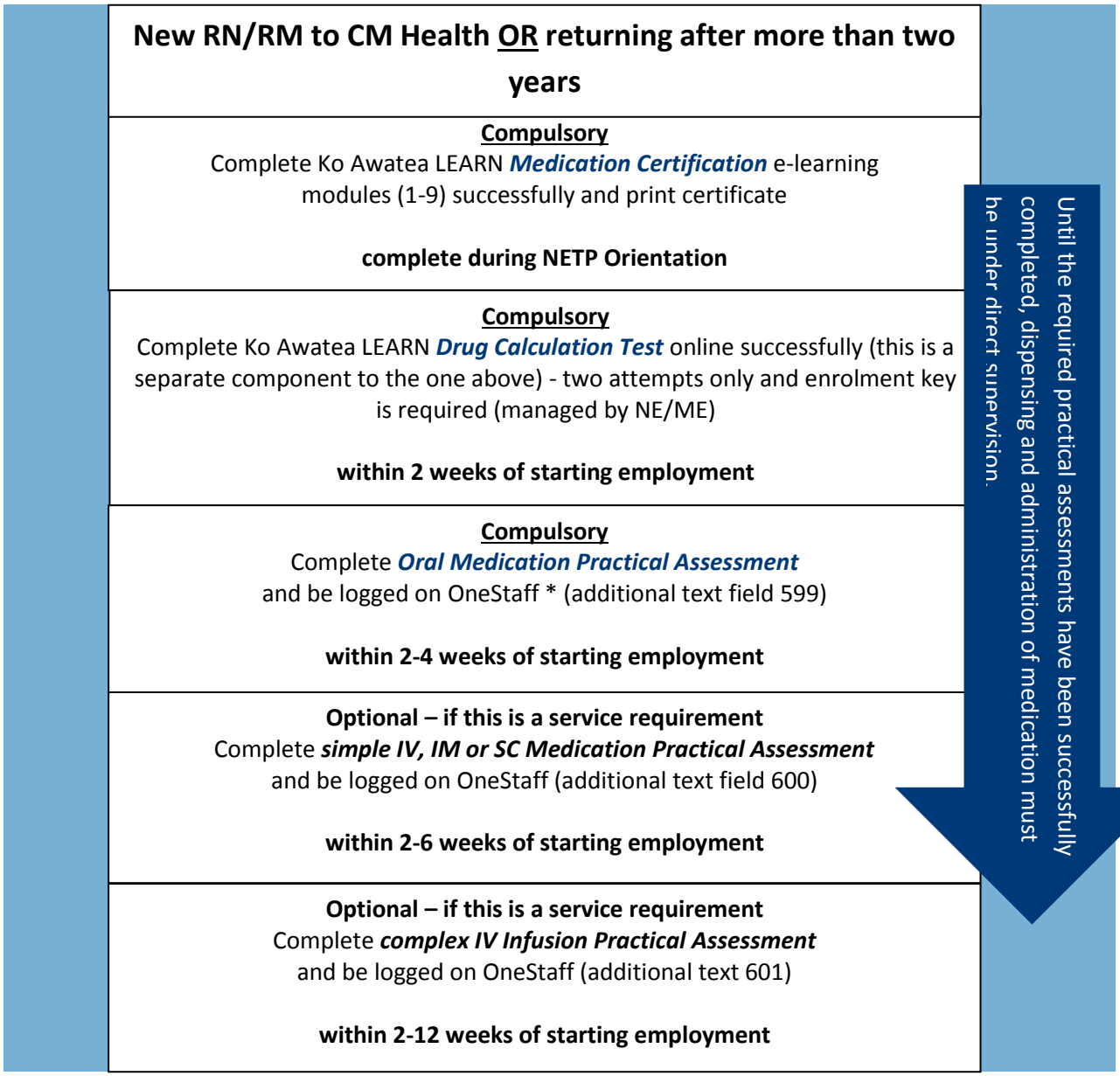
If you have queries with the information shown on your record you can call the SSC Service Desk on 09 580-6850.

Forgotten Password

If you forget your password for myKiosk click on the Forgotten Password link and you will be taken to a Password Recovery screen. Then insert the email address that you registered with, and an email will be sent to you with a link to reset your password. Please note that this link is only valid for 60 minutes. After this time you will need to request to reset your password again.

Medication Certification

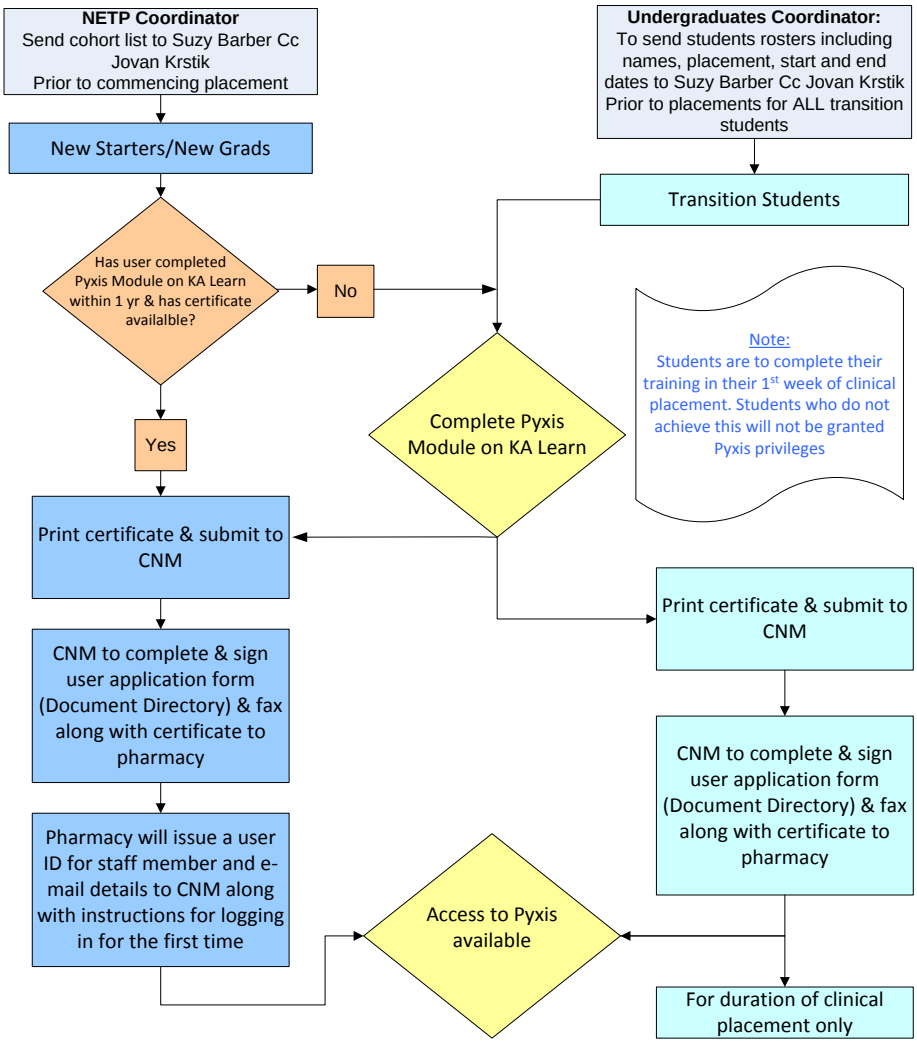
CM Health Medication Certification Process Flow Chart



Please note that the Simple IV, IM, SC practical assessments and Complex IV infusions are only completed if this is a service requirement. If a service does not administer oral medication, only parenteral medication, the oral Medication Practical Assessment **may** be done verbally at the same time as the Simple IV, IM Practical Assessment.

How to Get a Pyxis User ID

Obtaining a user ID for Pyxis at CMDHB



Notes:

1) Exclusion criteria for Transition Students is for: Station reports, Creating a temporary user, Activating an existing user & Removing or obtaining inventory for Controlled Drugs
2) Access for Transition Students will have a start date and an end date & is limited to their placement setting
3) Students may only access Pyxis for patient medications under the direct supervision of the Registered Nurse
4) Students may not have another student act as a witness for drug checks
5) If Transition Students become Graduate Nurses they need to re-present their certificate to the CNM and follow the remainder of the New Grad pathway on flow chart (as deemed appropriate by clinical setting)
6) CMDHB Medication Management using the Pyxis Medstation Policy & Procedure must be followed at all times

Appendix

Social Media and the Nursing Profession

A guide to online professionalism for nurses and nursing students

General principles

As a rule, the following guiding principles adapted from the American National Council of State Boards of Nursing [1] should help keep you safe as you use social media:

- You have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Never transmit by way of electronic media any patient-related image or any information that may either actually, or potentially violate patient rights to confidentiality or privacy, or otherwise degrade or embarrass the patient.
- Do not share, post or otherwise disseminate any information, including images, about a patient, or information gained in the nurse-patient relationship, with anyone unless there is a patient care related need to disclose the information, or other legal obligation to do so.
- Do not identify patients by name or post or publish information that may lead to identification of a patient. Limiting access to postings through privacy settings is not sufficient to ensure privacy.
- Never refer to patients in a disparaging manner, even if the patient is not identified.
- Do not take photos or videos of patients on personal devices, including cell phones. Follow employer, university, polytechnic or wananga policies for taking photographs or video of patients for treatment or other legitimate purposes using employer, university, polytechnic or wananga-provided devices.
- Maintain professional boundaries in the use of electronic media. Like in-person relationships, the nurse has an obligation to establish, communicate and enforce professional boundaries with patients in the online environment. Use caution when having online social contact with patients or former patients and/or their family/whānau members – it may be prudent to avoid such contact.
- Consult employer, university, polytechnic or wananga policies, or an appropriate leader within the organisation, for guidance regarding work or student related postings.
- Promptly report any breach of confidentiality or privacy.
- Be aware of and comply with employer, university, polytechnic or wananga policies regarding use of organisation-owned computers, cameras and other electronic devices, and use of personal devices in the workplace or school.

[1] National Council of State Boards of Nursing. (2011). *White paper: a nurse's guide to the use of social media.* Chicago: National Council of state Boards of Nursing.

- Do not make disparaging comments about employers, co-workers, teachers or fellow students. Never make threatening, harassing, profane, obscene, sexually explicit, racially derogatory, homophobic or other offensive comments.
- Do not post content or otherwise speak on behalf of the employer, university, polytechnic or wananga, unless authorised to do so, and follow all applicable policies.

Delegation of care by a registered nurse to a healthcare assistant

The Five Rights of Delegation

The Five Rights of Delegation, identified in Delegation: Concepts and Decision-making Process (National Council of State Boards, 1995), can be used as a mental checklist to assist registered nurses to clarify the critical elements of the delegation decision-making process.

1. Right Activity

An activity that, in the professional judgement of the registered nurse, is appropriate for a specific health consumer.

2. Right Circumstances

Appropriate health consumer group, available resources and other relevant factors considered.

3. Right Person

Right person is delegating the right activity to the person with the right skills and knowledge to assist the right health consumer.

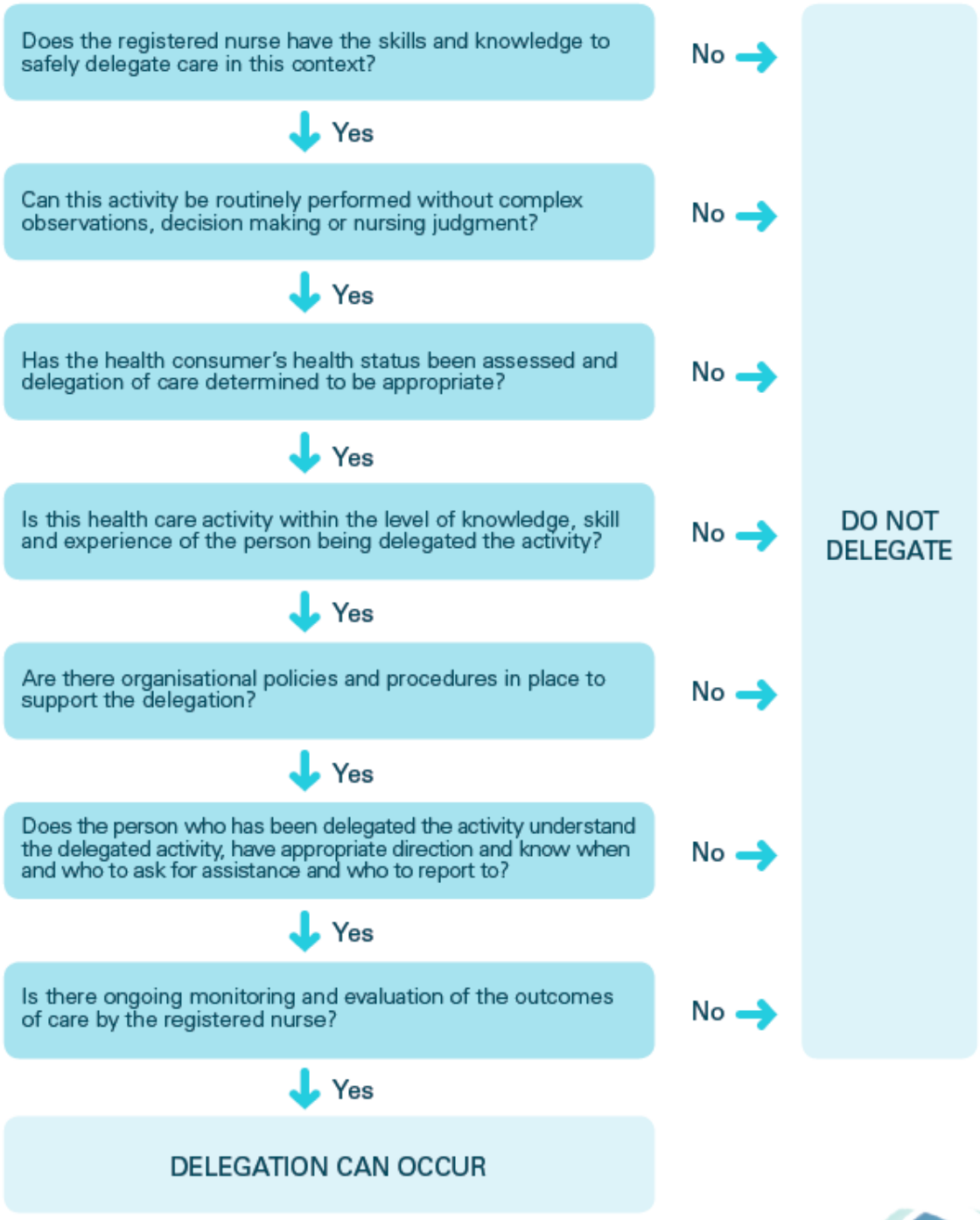
4. Right Communication

Clear, concise description of the activity to be undertaken, including the objective, and expected outcomes.

5. Right Direction

Appropriate monitoring, evaluation, intervention, as needed, and feedback.

(Adapted from National Council of State Boards (1995) Delegation: Concepts and

Decision-making Process.)

Decision-making process for delegation by a registered nurse