Central Health Model of Nursing Clinical Practice[1]

Guiding Principles Self-Assessment by Units

CLE IP OPPORTUNITIES FOR JAMES PATON NURSING ACTION PLAN

Guiding Principle	Met (M) Partially Met (PM) Not Met (NM)	Justification	Action Plan & Most Responsible Person	IP Opp.
***I. Direct Nursing* Care Guiding Principles**				
Client[2] Perspective **The client will:**				
a. Receive safe and competent care from the most appropriate nursing provider.	***PM***	***Orientation to OBS specific*** ***NRP mandatory to work in nursery and case room*** ***Lactation consultant*** ***MAD breast feeding course*** ***Off service pts do not always have appropriate provider*** ***For e.g. Mental Health clients*** ***Self learning modules***	***Ensure proper client mix with appropriate staff mix*** ***Policies need to be developed*** ***Action: Michelle Debbie*** ***Develop a list of procedures that are not usually seen on the unit and develop procedures to help guide staff in performing tasks, refer***	An Interprofessional Policy/Guideline group to be erected (is there a group that already exists that can fulfill the role – Mat Child QI team – possible redo the TofR for QI to include a policy development component) Interprofessional orientation document (linked to the broader organizational orientation –

[1] Based on The Ottawa Hospital Model of Nursing Clinical Practice (TOH MoNCP©)
[2] Definition: Client – client; family and community

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			to Perry and Potter Debbie ***Order Perry and Potter Action : Michelle*** ***Improve orientation to OBS including Gyne Action: Debbie***	done in a multidisciplinary manner. As you move into the actual department/unit it could be developed to be more IP inclusive)
b. Be provided with continuity of the caregivers by limiting the number of nurses assigned to their care, Registered Nurse (RN) or Licensed Practical Nurse (LPN).	***PM***	***Laboring clients admitted to the floor are followed through to the case room by the same nurse*** ***Unit assignment is maintained for your block of shifts*** ***Once client delivered the continuity of the same nurse may be disrupted*** ***Nursery nurse goes to the OR for the C-section and follows the baby for the shift*** ***Nursery nurse is not always available to provide routine care for the babies on the floor***	***Need one more portable computer.*** ***Action: Michelle*** ***Document patient care when it is done Action: Educator to teach staff importance of documenting at bedside*** ***Reiterate to staff importance of documenting and also importance of*** ***Being accountable for the patients they provide care to*** ***Action Michelle*** ***Clearly define roles*** ***Divide patient list into seven***	IP communication protocol (This is a key piece to consider – how can we engage and inform the patient – See Medical unit patient information pamphlet) Develop small teams including other healthcare professionals who may be involved in the care of the individual client. Ensure the team spans across the spectrum of care – prenatal, intrapartum and postpartum. NB: Continuity of Care has several definitions. Team should develop their own unique one in the IP Policy/Guideline group Doula support when able can be an important support for women in labour and a mechanism to provide continuity throughout

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			On a trial basis see GP 3.2 (b)	the spectrum of care.
c. Be involved in the decision making process about their care in order to make informed decisions.	***PM***	***Offered epidural*** ***Offered choice to breast feed*** ***Not completely involved in the decision plan of the care***	***Ask patient do they know the plan of care? Educate staff on the importance of involving clients in their care. Action Debbie*** ***Induction pamphlet to be offered in gyne clinic action Michelle to talk to Mary Elizabeth*** ***Involve clients in their care and to be given choice of their care***	Interprofessional Informed Choice sheets created about some common OBs and Gyne issues. Written in plain language. IP Informed Choice sheets could be developed by the IP Policy/Guideline group NB: Centreing Pregnancy is a program that can be very effective for groups of women. IP model works well with this initiative. (sending more infor)
d. Have their cultural beliefs and practices recognized and respected	***PM***	***Try to respect cultures but not always aware of different cultural practices***	***Develop an up to date translators list. Action Michelle to check with Juanita in health records*** ***Give Debbie the information Selma sent to Theresa***	Workshops may be offered on Cultural Competencies. There are some provincial CC policies that have become very effective. Ie: Nova Scotia CC guidelines. (sending more infor –NS documents /link)
e. Be provided with consistent and timely	***PM***	***Prenatal form is used appropriately***	***Educate staff on the appropriate use of the***	

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information from the nurses, thus providing continuity of care within the health care facility and the community.		***Communication needs to be improved all around***	***nursing communication tool in their care plans*** *Improve communication with patient rounds and doctors.* ***Post a white board which has patient list, nurse assignment, CNE,*** ***Post problem list on the unit***	***This is being done*** Community and Public health referrals could done on discharge (see b) IP discharge planning may be done during IP chart checks
f. Engage in open and timely communication thus providing continuity of care within the health care facility and the community.	***PM***	***Discharge care plan***	***Action Michelle***	Initiate interprofessional educational rounds IP case review can assist with the development of the careplan ***(have sent the Case Review for facilitating IP template we developed in CLE)***
Nurse Perspective **RN/LPN will:**				
a. Have the freedom to make decisions about client care within his/her scope of	***M***	***OBS and gyne*** ***Ability to reduce v/s*** ***I/v site change*** ***Repeat Fetal monitoring if***		IP educational opportunities such as ALSO or ALARM can help to provide support to RN's as well as increase understanding of other practitioners regarding

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practice, in collaboration with the client.	***PM off service***	***needed***	***Check regarding availability of standing orders for OS patients***	RN scope of practice and competencies. (MoreOB be included) IP Policies can help to further support RN's working to the extent of their scope of practice.
b. Provide care in a manner that allows for continuity, accountability and ongoing excellence.	***M***	***Staff education*** ***Course*** ***Current way deliver care someone is accountable for specific clients in that area***		See above
c. Provide care based on the best available evidence.	***PM***	***Outdated policies*** ***Cord Care*** Physician orders may not be current best practice	***Policies need to be reviewed, revised and new ones developed to dictate Best Practice action Michelle and Debbie***	Educator to provide further teaching on Best Practice - MoreOB Present and discuss policies with IP Policy/Guideline group SOGC guidelines
d. Advocate for client by facilitating between themselves and the	***M***	***Advocate for patients***		May consider patient advocate when necessary.

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health care system when barriers to self-determination exist.				Use IP team chart checks / peer reviews and educational rounds to discuss cases together.
e. Establish and maintain a therapeutic relationship through the use of knowledge, skills, caring attitudes and behaviours.	***M***	***Practice by ARNNL guidelines*** ***Guidelines and code of ethics***		Incorporate the ARNNL guidelines into IP Policy/guidelines for all of the IP healthcare team to follow
f. Work to the full scope of his/her role and responsibilities as defined by the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), the College of Licensed Practical Nurses of Newfoundland and Labrador (CLPNNL), and Central Health.	***M***	***Working within your annual license*** ***From your regulatory body***		ALSO and ALARM to support
g. Require processes and a framework of delivery of care that support his/her practice as self-regulating professionals	***PM*** ***NM***	***Policies and procedures are outdated*** ***Need to start our unit council and***	***Policies to be reviewed and revised see guiding principle c above.*** ***Currently in the process of setting up a unit***	

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such as Unit Council, Regional Nursing Council, Central Health Nursing Policies & Procedures, Association of Registered Nurses of Newfoundland and Labrador (ARNNL), Standards of Practice, and the College of Licensed Practical Nurses of Newfoundland & Labrador (CLPNNL) Standards of Practice.		***there is no nurse rep on regional nursing council***	***council Chair and co chair selected and waiting on nominations for a secretary.***	
h. Collaborate with and provide support to peers as a means to promote team spirit and teamwork.	***PM***	***Participate in social events outside work*** ***Work together in a professional manner***	***Develop a mentorship program for new staff transferring to OBS*** ***Action: Debbie***	Mentorship for new staff Preceptorship for student nurses (exists – for student less formal for new staff – formalize in orientation manual)
3. Organization of Nursing Care Delivery				
<u>3.1 Decision Making</u> **<u>RN will:</u>**				
a. Establish a nursing plan	***PM***		***Staff meeting to educate***	IP Policies and Guidelines to

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of care based on biopsychosocial and spiritual needs assessment while integrating other health professionals' recommendations.			***staff on documentation and care plans*** ***Action Michelle*** Interdisciplinary team members to do up information sheet on what they are responsible for Action: Michelle	support. Consultations to IP team when needed. IP educational rounds to edify staff of scope of practice of all disciplines.
RN/LPN will:				
b. Be responsible and accountable for making decisions about direct nursing care, organization of nursing care for their clients, communication with and on behalf of the client, and coordination of client services.	***M***	***Dressing Changes*** ***Reducing vital signs or increasing V/S*** ***Patient Advocate***		Coordination of client services with interprofessoinal team IP discharge planning (currently doing that)
c. Facilitate decision making with and on behalf of the client.	***M***	***Advocate for client*** ***Prepare clients for impending events*** ***Discussing different options with patients***		IP Patient Education forums where a fulsome discussion of Informed Choice issues can be presented. Could be one class in a series of prenatal education classes. (a prenatal nurse does the classes on a referral basis. She will do one

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				on one from time to time) Centreing Pregancy as a mechanism to facilitate decision making with clients
d. Provide client care report to ensure continuity of care and integration of activities from one unit/site/setting to another and facilitate a timely coordinated discharge.	***PM***	***Delay in transfer in computer from the time it is ordered until admitting acknowledges the transfer*** ***Doctors not visiting in a timely fashion to assess their patients for discharge*** ***Utilize nursing communication tool in the care plan***	***When pts are transferred have the transferring unit temporary, locate the patient so the receiving unit can access the patient.*** ***Check with admitting to see why patients discharges have to be entered a second time. Action Michelle*** ***Michelle to check with Faye to see why transfer checklist cannot be accessed by the receiving unit***	IP Communication strategy for team.
e. Evaluate and update plan of care in a timely manner.	***PM***	***Care plans are updated but not in a timely fashion***	***As previously discussed above see 3.1 a) guiding principle***	
f. Ensure the plan of care is communicated to all health care team members, including the client.	***PM*** ***M***	***Continually communicate with clients plan of care***	***See previous guiding principle 1 f)***	IP team chart checks (the process of PDSA is being implemented on a

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g. Participate in root cause analysis following an occurrence as needed to promote client safety	***PM***	***Central Health has a Disclosure policy*** ***Unsure if all staff understand root cause analysis*** ***Occurrence reporting system is not used friendly***	***Note: Education sessions by risk manager on OBS occurrences and update on common occurrences and outcomes Action Michelle speak with*** ***Risk manager*** ***Note No formal debriefing mechanism*** ***Notify staff on the unit if there are any experiences on the unit they feel would like a debriefing on notify Michelle and she will set up same Action Jenny to send a message to inform staff of same.*** ***Morbidity and mortality rounds to be initiated action Debbie***	Implement the IP Peer Review – from the CLE program
3.2 Work Allocation				
a. Staff mix for each unit/service is assessed on the basis of client complexity,	***M***	***All RN unit***		Should consider what the needs of the particular client population is and determine the competencies required to meet those needs. Some clients may require a host of

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predictability, the provider's expertise and the unit/service complexity & intensity(The Ottawa Hospital Model of Nursing Clinical Practice Staff Mix Guide©, 2003).				competencies that may include a different mix and number of healthcare providers.
b. Each client will be assigned only one nurse, either an RN or an LPN. If unregulated care providers are part of the staff mix, then they are accountable to the RN/LPN for the care they deliver.	***PM***	***Babies have one nurse*** ***Patients in the case room have one nurse*** ***Patients on the floor have a nurse assigned to them***	***Nurse A assigned seven patients (mom's and babies) not necessarily in room order but based on client complexity This nurse will be charge nurse. Nurse in charge is when the manager is away for more than two consecutive hours and evenings nights and weekends.*** ***Nurse B assigned 7 patients (mom's and babies)*** ***Case room C assigned patient in labor*** ***And perform Case Room checks and assign her CNE*** ***Case room D assigned to any one on one patient receive baby for delivery***	Question: is this role that of care coordinator as well as care provider? No (A new title and more info)

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			and initial assessment, nursery checks ***Charge nurse to do the patient assignment for the next shift.***	
RN will:				
c. The RN will make the client assignment on a shift by shift basis	***PM***		***See previous GP b)***	
RN/LPN will:				
d. Be assigned to every client depending on client acuity, predictability and stability; competency and skill of staff to ensure optimum care.	***M***	***Nurses are assigned to patients that they are able to care for***		As part of the IP team, the RN/LPN can offer assessment as well as clinical opinion and consult depending on case. Each practitioner should work to the extent of their scope of practice.
e. Provide nursing care to a specific number of clients throughout a client's entire visit/stay, or for the nurses' entire shift.	***PM***	***Try to look at this on a daily basis***		
LPN will:				

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f. Be assigned clients who do not require RN intervention, in order to minimize the duplication of providers for the same client.	***N/A***			Consider utilizing the skills of the LPN within the IP team to optimize the care of the entire client population. Based on the competencies required to meet the unique health needs of the client
II. Supportive Structure to Direct Nursing Care Guiding Principles – can be translated to say Interprofessional Care Guiding Principles and apply each one to all of the IP Team.				
1. Overall Guiding Principles for clinical, organizational day-to-day activities.				
a. The model will support and facilitate integration of the novice RN /LPN and formalize and value clinical expertise.	***PM***	***Currently have a two week formal orientation plus a six week mentorship*** ***The team feels there is room for improvement with orientation checklist***	***Note: staff orientating needs to be on a consistent basis to help them gain their comfort level*** ***Team feel they want more practice with mock sessions Educator to develop mock sessions***	Based in a competency framework
b. The RN /LPN will provide professional knowledge, clinical expertise, and technical skills to support colleagues in their day-to-day practice.	***M***	***Staff are open to provide support to each other on the unit***		

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c. Clerical / administrative support will be provided by an appropriate classification of worker to facilitate the RN /LPN working to his/her full scope of practice.	***M***	***Ward Clerk available Monday to Friday 0730-1530***		
d. Choice of appropriate worker takes into account efficiencies in the system (such as there are times when the RN/LPN will be required to perform clerical/administrative duties).	***M***	***Clerical support Monday – Friday*** ***Maintain current quota of RN instead of replacement with clerical***		
2. *Clinical Day to Day Support*				
RN/LPN will:				
a. Have access to an assigned Clinical Nurse Expert (determined through evaluation) to ensure immediate advice for technical	***NM***		***RN on the units to complete self assessment tool to decide on the CNE*** ***Action Michelle to get nurses to complete*** ***Develop a way to assign CNE see 3.2 (b)***	

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problem, complications, help in decision making, or when facing an emergency.				
b. Have access to the Clinical Nurse Expert assigned on rotating basis for a specific block of time not exceeding three continuous months in order to provide expertise and continuity.	***NM***		***See GP 3.2 (b)***	
c. Have access to other colleagues within the unit and across the health care facility, as required, to meet standards of care.	***M***	Lactation consult Diabetic nurse Consult with other units for off service clients Wound Care nurse		
d. Have access to diverse nursing expertise or specialist as needed (NP and other specialist roles).	***M***	***Access to Professional Practice Coordinator*** ***Access to web site Mother risk*** ***Lactation consultant*** ***Nurse one website***		

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3. Organizational Day to Day Support				
a. The nurse is responsible for documenting and evaluating client care, for coordinating consults and treatment by other health care team members.	***M***	***Document electronically*** ***Update care plans*** ***Team consult appropriate team members when needed***		Consider the implementation of an IP chart - Although a care – coordinator is essential, the IP team should be discussing the cases on a regular basis.
b. Clerical support should be provided to assist the nurse with care coordination activities, such as facilitating communication among interprofessional team members, transcribing orders, processing requisitions, chart preparation, etc.	***M***	***Current ward clerk prepares charts, transcribe orders to a certain degree*** ***Calls appropriate consults*** ***Process requisitions***		
c. The nurse should be provided support within a unit for staffing and scheduling, and for meeting fluctuating client care requirements.	***NM***	***Team do not feel supported for proper staffing*** ***Staffing question if the unit needs coverage when staff are off*** ***Lack of professionalism within the staffing department*** ***Having to give report to staffing***	***Schedule a meeting with the staffing department and their manager to discuss issues with staffing Michelle to arrange it and gather issues with staff.***	

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		clerk		
d. The nurse will have access to material and human resources to support client care from other departments, e.g. Supplies Processing and Delivery (SPD), Biomedical Engineering, Food Services, Housekeeping, Information Management, Laundry, Pharmacy, Portering, Cardiopulmonary Services, etc.	***NM***	Issues with pharmacy Communication is poor, the pharmacists going home at four is a concern ***SPD – Call the dept for an IVAC and they tell the nurses to look around the units for one*** ***Housekeeping-Floors not swept, garbage overflowing in the evenings***	***Message staff to develop a list of issues with the different departments and then*** ***Prioritize the list to see who will deal with the particular issues. Action Jennifer House to send out the message and develop the list. Prepare list and forward to Michelle***	
3. Education Support **<u>RN/LPN will:</u>**				
a. Be responsible for his/her own knowledge by taking initiative for his/her education and the sharing of this knowledge to other nurses	***PM***	***Staff seek out courses but there are times unable to attend due to coverage reasons***	***If staff is sponsored to attend a conference, they are required to do a presentation to the staff on the unit.***	IP educational rounds, ALSO, ALARM Should be available to all IP team on the OB floor and equivalent education where available on the Gyne unit.
b. Receive a timely	***PM***		***Revise orientation checklist***	8 week orientation process may

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comprehensive, competency based orientation to the health care facility and to their specific unit			***action: Debbie*** ***The checklist will be given to new staff to review in three months and senior staff to review yearly. Action: Debbie to start the process when checklist is revised.***	need updating to include IP 'team' relationships/activities/scopes
c. Be assessed for individual learning needs. An appropriate plan will be implemented as necessary to enable the nurse to work to the full scope of his/her role and responsibilities.	***NM***	***No formal way to look at individual learning needs*** ***Performance appraisals have not been done regularly***	***Develop learning needs assessment action Debbie*** ***Manager to maintain a yearly performance appraisal with more detailed feedback.***	Include competencies required to meet the needs of the client population. Not all healthcare practitioners who have the same scope of practice share the same level of competencies
d. Receive timely teaching and / or clinical learning opportunities related to new equipment, Policy & Procedures, first time clinical situations & skills; as well as support for large organizational changes, quality improvement projects & program changes.	***NM***	***New infant cardiac monitor and staff have little say on the purchase of the new equipment purchases*** ***Intranet is not user friendly*** ***Messages are sent out that a new policy is on the intranet but staff find it difficult to access***	***Easy access to user-friendly sheets and place in an equipment binder on the unit.*** ***Have an education session to show how to use the intranet to find policies***	

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e. Have access to ongoing career counseling and professional development. Organization support will be provided for these endeavors i.e. annual leave, flexible scheduling, and financial assistance.	***NM***		***Speak with Trudy Stuckless regarding resources for clinical educators such as access to up to date.com website*** ***The purchase of textbooks to guide the educator*** ***Lobby for user friendly forms action: Debbie to speak with professional development*** ***Access to conferences be placed on the unit Action Michelle and Debbie***	
f. Be provided the opportunity for further education and clinical support if experiencing clinical difficulties.	***M***	***If staff not comfortable in specific areas they are given the opportunity for further learning*** ***Peer support available***		Assess based on competencies – As an example: it may be that the Social Worker could assist in educating an RN or other who did not have the experience in that particular field. IP Peer Reviews are very educational and helpful too.
g. Have access to current information and resources pertaining to clinical evidence based practice and research through a variety of educational strategies.	***PM***	***Access to nurse –one*** ***CNA*** ***ALSO*** ***Breast feeding course***	***See Guiding Principle E)o)k)*** ***Staff needs to be aware of the role of the educator. Debbie notify staff of her role.***	Educate and share information in an IP setting whenever possible.

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h. Have access to Nurse Educator.	***NM***		***Nurse educator now available to OBS***	Access to all IP team for fulsome educational opportunities. "Warm Line" to peer practitioners at other sites and internet access to staff for online learning. For example: PubMed subscriptions to be available to staff . Membership for all practitioners to SOGC for updates on guidelines etc.
i. The Span of Coverage for the Nurse Educator is assessed on the basis of the staff diversity, the need for orientation, consolidation and continuing education, the program diversity and the unit complexity (TOH MoNCP© Nurse Educator Span of Coverage Assessment Tool, 2002.	***NM***		***The span of coverage to be done in a year's time after the educator is in the role for a year.***	
III. Managerial Support to Direct Nursing Care Guiding Principles – and/or IP Care Guiding Principles				

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Managerial Support				
a. There will be continuity and access to administrative support 24 hours a day.	***M***	***Manager during the day and administrative coordinator on evenings and during the night*** ***Senior management on call***		
The unit clinical manager will demonstrate commitment to quality practice settings by				
b. Modeling and communicating the values of the organization to staff.	***M***	***Makes staff aware of there responsibility of being accountable*** ***When issues a rise on the unit Michelle deals with the issues.***		IP Team meetings should occur bi-weekly, once every 4 meetings, senior administrative staff should be invited as well as Chief of Staff and CNO where available
c. Ensuring a system approach is used when investigating close calls, near misses and occurrences.	***M***	***Manager is letting staff know when occurrence reports should be filled out.***		IP Peer Review with subsequent recommendations is a non-punitive and educational way to approach this.
d. Understanding the scopes of practice of all health care team members.	***M***	***Previously taught LPNs and is aware of their scopes of practice***		
e. Promoting and	***M***	***Brings desserts to meetings***		Food! At all IP meetings

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supporting team spirit.		***Contributes to events outside of work***		
f. Providing an environment that facilitates and supports a collaborative interprofessional approach to client care.	***PM***		***Start multidiscipline rounds Action Michelle*** ***Start a journal club Action Debbie*** ***Start Mortality and Morbidity rounds action Debbie***	
g. Communicating clear role expectations for nurses and nursing support staff.	***PM***	***New manager on the unit*** ***Only has had one staff meeting since becoming a manager***	***More staff meetings*** ***More individual meetings with each staff member to discuss if any issues or anything that you want to discuss*** ***Action Michelle***	
h. Assigning responsibilities to staff according to both his/her scope of practice and his/her individual abilities.	***M***	***Change assignments according to patient needs***		Consideration of competencies within the IP team not just scopes of practice
i. Providing and/or advocating for needed resources for safe, effective and ethical nursing care.	***PM***	***Advocate for staff when needed*** ***Ordering drug book*** ***Not use to having an on site manager*** ***Note: maintain a list of resources needed***	***Ordered a current Perry and Potter*** ***Now available to staff on the OBS unit.***	The invitation to senior admin and clinical staff to IP meetings is a positive venue.

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j. Reviewing basic staffing regularly and at least annually for direct care and clinical day-to-day support.	***M***	***Review staffing levels daily***		
k. Creating an environment that fosters recognition of professional contributions.	***PM***	***New manager in place since January 2011***	***Provide staff information on upcoming education sessions and conferences Action: Michelle and Debbie*** ***Post on unit recognition of staff accomplishments.*** ***Give cards to staff that achieved certain accomplishments***	Striving for excellence in an IP environment and acknowledgement for those who are contributing is a powerful motivator.
l. Investigating and responding to the concerns of the team members.	***M***	***Michelle does work on concerns that staff bring forth***		
m. Developing and maintaining a communication structure to allow for information sharing	***PM***	***Group feel there are some ways this can be improved***	***Make staff aware that you are available to speak with them if they have any issues or concerns***	IP Team Communication Strategy. Online List-Serve, a Face-book page for less contentious issues and to build communication when all the team is not on shift together.

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				Consideration of the use of communication palm devices such as BlackBerry Iphone etc.
n. Ensuring a blame free culture is promoted when investigating close calls, near misses, and occurrences	***PM***	***Staff feel currently not enough experience with near misses or close calls*** ***Note: education, debriefing***	***Michelle to speak with Anita Burns to see who would be the person to approach for a debriefing episode*** ***Setting up mock sessions Debbie*** ***Review obstetrical emergency situations*** ***Prior to setting up mock sessions Debbie***	IP Peer Review with subsequent recommendations is a non-punitive and educational way to approach this.
o. Providing and supporting opportunities for professional development	***PM***	***Supportive but do not have resources to provide it***	***Provide learning sessions over lunchtime. Action Educator*** ***Assess funding available for education*** ***Develop a committee to look at recognition of staff Jenny will bring to unit council***	See above
p. Monitoring the application of standards, quality improvement activities and client safety.	***PM***	***Leadership walk arounds*** ***QI initiatives ongoing*** ***Policies being reviewed and updated***	***Staff want to view policies and have input before finalized. Action Michelle and Debbie***	

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q. Promoting professional competency by encouraging & supporting ongoing evaluation and reflective practice.	***PM***	***Performance appraisals not done regularly***	***Manager to do performance appraisal*** ***yearly. Action Michelle***	
r. Creating an environment that promotes professional practice, evidence informed practice, innovation, and accountability.	***PM***	***Manager is interested in creating an environment that promotes professional practice***	***Refer to guiding principle k)o)***	
s. Having a span of control on the basis of the number of staff, their autonomy, stability and diversity, the complexity of the unit/service, material management and the diversity of the program and the size of its budget (TOH Clinical Management Span of Control Decision Making Indicators).	***M***	***Manager span of control completed OBS***		

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t. Requesting assistance as needed: such as Care Facilitator, project support (based on the manager span of control, the coordination of complex client throughput and the multi-sites responsibilities).	*M*			
IV. The Culture and Structure of TOH Support to Direct Nursing Care Guiding Principles				
The culture and structure of TOH (Senior Management) will:				
a. Support autonomy in the decision making process	*NM*	*Do not who senior team members are* *Do not know if senior team members support autonomy in decision making process*	*Invite senior leader to staff meetings*	
b. Support professional development of leadership skills for Clinical Managers.	*PM*	*No formal orientation in place current manager decided what she felt needed to be orientated.* *Encouraged by leader to attend sessions* *To help facilitate her skills as a manager*	*Michelle to complete the seven habits of effective managers completed in May*	

Guiding Principle	Met (M) Partially Met (PM) Not Met (NM)	Justification	Action Plan & Most Responsible Person	IP Opp.
		Registered for the seven habits of effective managers		
c. Provide orientation and mentorship for novice managers.	***PM***	***No formal orientation for new managers***	***An orientation package needs to be developed for new managers***	
d. Create an environment that fosters recognition of professional contributions	***NM***	***COO attended a tea for nurses week*** ***Awards given for years of service***	***Senior leaders to be more visible to staff*** ***Recognition for service above and beyond normal duty***	
e. Provide the necessary support structure and resources to facilitate the implementation of the Model of Nursing Clinical Practice at Central Health.	***PM***	***No resources provided to clinical educator besides a laptop*** ***Two facilitators hired to implement the model*** ***Staff are compensated to attend meetings***	***Are there any resources to support the model with regards to educator and their needs – four textbooks to assist in teaching access to website up to date .com*** ***Do an assessment of what resources are needed to support the model.***	