

Nurse/Midwife in Charge/Shift Leader

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Purpose

To assist in providing team leadership, management and the coordination of the ward/unit environment, on a shift by shift or acting CNM/CMM/MH line manger role basis,

Scope

The NIC role undertaken by a Registered Nurse or Midwife with recognised ability/potential ability to fulfil the responsibilities outlined below and who has preferably has attended appropriate training

This policy covers the NIC, and associated area clinicians

Associated Documents/Information

Safe Staffing/Deployment Policies

Location and CDHB Policy and Procedure Manuals

Nurse in Charge/Midwife in Charge Programme via PDU

Clinical Incident Management (can add link to internet)

Nurse/Midwife in Charge Training Programme

add in website link

CDHB [Nursing Direction and Delegation policy](#)

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Allocation of the Nurse In Charge/Midwife in Charge Role

The NIC role will be delegated by the CNM/CNC/CMN

Where possible, continuity over a series of shifts will be promoted

The Nurse in Charge/Midwife in Charge must be identified on the rostering system and communicated at handover and at any time the CNM/CMM leaves the ward.

Time allowance will be made in the workload of the designated nurse/midwife in charge to ensure staff management, care delivery, patient safety and clinical administration.

Care delivery system

All patients have a competent registered nurse/midwife allocated to oversee their care. Registered Nurses/midwives work collaboratively to ensure efficient and effective continuous care. Direction and delegation for EN/ nursing assistants/health care assistants is as per Canterbury DHB policy. Care delivery processes uphold professional standards and organisation policies.

The care delivery system, patient needs and workload are assessed on an ongoing basis throughout the shift by the registered nurse/midwife in charge.

Where patient allocation hours or skill sets are deficient to the delivery of safe effective care, the way registered/enrolled nurses/midwives work together is reviewed so patient needs are met and staff health is maintained. In these circumstances registered/enrolled nurses/midwives can only deliver what is reasonably possible.

The registered nurse /midwife in charge:

- Is accountable for the delegation of which nurses/midwives are allocated to which patient.
- For providing leadership and adequate supervision of staff and patient care.
- For alerting the CNM/CTC/DNM to any issues/concerns and assisting in decision making.

Roles and Responsibilities of the Nurse in Charge/Midwife in Charge

The Nurse in Charge/Midwife in Charge is responsible for co-ordinating the ward/unit activities.

The delegated Nurse/Midwife in charge must

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- have a full understanding of the expectations of their line manager relating to this in charge role and associated responsibilities
- Be fully aware of the specific tasks, reports, meetings and other management systems they need to undertake or attend to, in order to meet the role requirements for their specific workplace environment.
- “Take charge” and assume the role and authority that has been delegated to them. They must ensure their team members are aware of whom they need to communicate all changes in patient status/or any other issue that may impact on the “smooth” running of the ward/unit/department/service/ hospital.
- Delegate the “in charge” role to another staff member during any absence (e.g. meal breaks, meetings) and ensure the team are aware of this delegation for the expected timeframe.
- Must have an overall picture of all patients’/clients acuity and current activity (including women under the care of Lead Maternity Carers (LMC).
- Ensure they receive an adequate ISBAR handover of relevant information from the Nurse in Charge/Midwife in Charge of the prior shift.
- Ensure they provide an adequate ISBAR handover of relevant information to the Nurse/Midwife in Charge of the oncoming shift.
- Maintain an up-to-date bed status record which includes patients going on leave and relatives/border babies staying overnight. It is vital that this information is accurate as part of the co-ordination of the CDHB hospital’s/services in the event of an external emergency and activation of the external emergency plan involving all services.
- Maintain communication with the Duty Nurse Manager throughout the shift to keep them informed of current status of the area.
- Ensure that staff know to inform him/her of all communications with the Duty Nurse Manager, Clinical Team Coordinator or Medical staff
- Have an awareness of their responsibilities in the case of fire, cardiac arrest and internal / external emergencies.
- Maintain team communication by ensuring important information necessary for the smooth running of the team is fed back to the staff under their management
- Co-ordinate admissions, transfers and discharges (as per local policy)

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- Maintain safe skill mix, redeploying staff when requested or as required to maintain patient safety.
- Ensure safe direction is in place for Enrolled Nurses/Hospital Aides/Health Care Assistants/Students. A maximum of one casual RN/EN will be used on an AM or PM shift where this can be reasonably anticipated. Where this becomes a problem the DNM and CNM will discuss the issue and provide additional monitoring.
- Ensure casual/pool / agency nurses/HA are oriented to the unit and allocate a caseload appropriate to their scope/job descriptions, skill, knowledge and ability. Allocation of a 'buddy nurse' to the casual/agency nurse may be appropriate depending on local policy
- Allocate students to staff. Where staff are working under the direction and delegation of an RN, the NIC/MIC must ensure that this RN/RM is clearly identified (and understands direction and delegation responsibilities).
- Co-ordinate staff meal breaks to maintain appropriate skill mix cover.
- Review staffing requirements for the next two shifts and notify the Duty Nurse Manager as early as possible if alterations to staffing levels are required.
- Contact the Duty Nurse Manager to communicate increased workloads that may lead to staffing overtime or missed meal breaks prior to the overtime or missed meal break occurs. There may be alternative options and assistance available.
- Address any concerns raised by staff, patients and/or relatives and follow up as appropriate.
- All staff have responsibility to notify the DNM if workloads change, work systems are being modified or there is risk of unmet need.
- Within the community hospitals, casual staff are rostered as per MECA requirements, and depending on patients' needs.
- Coordinate initial management of serious or critical incidents or un-anticipated deaths and liaise with CNM/CTC/DNM. Ensure Family Whanau members have been informed if a consumer/patient/client is effected in the serious or critical incident
- Ensure that patient leave is documented, and that patient management system/journey and fireboards are updated.
- In SMHS ensure care of any consumers in seclusion is managed as per CDHB policy and their observations, room entries and appropriate reviews are conducted.

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Measurement and Evaluation

Safe Staffing meetings
Incident management system

Procedure Owner	CDHB Vol D Review Group
Procedure Authoriser	Executive Director of Nursing
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