ACM response to the NMBA Public consultation: Proposed Decision-making framework for nurses and midwives (DMF)

	Questions	Responses
1.	**Is the proposed DMF more helpful, clear and usable in practice when compared to the national framework?**	The proposed decision-making framework is clearer and more usable. In the previous discussion paper there were four statements of principle with explanatory statements to guide nursing practice decisions (pp6,7) and midwifery practice decision (pp11,12). In the proposed one there are five statements (nursing pp,5,6 and midwifery pp7,8). The information is similar but the information about expansion of practice has been moved to a separate category. This makes the document clearer. The title is better- it implies that it can be used directly, rather than to create other decision-making tools. The guide for practice decisions is shorter and more to-the-point, which is good. The separation of the delegation decisions from practice decisions is useful- practitioners could go straight to that section if needed. The guide to delegation decisions in the proposed DMF is much clearer and more concise than the previous two narratives.
2.	**Does the proposed DMF adequately include the person/woman receiving care in the decision-making?**	No. There is very little about the recipient of care. As the discussion paper is looking at the decision-making process for registered nurses or midwives around their scope of practice and delegation it is reasonable that the focus is on the process for the registered nurse and midwife. However, it is important that the recipient of care is seen as a visible part of the process. When mentioned, the recipient of care is grouped with other issues, which makes it less visible (see first two suggestions). For example, in 'The Guide to midwifery practice decisions' there is much more about multidisciplinary collaboration than about woman-centred decision making. Statement 1 and its Actions should emphasise the woman and family more. For instance, the top action commences with 'in partnership with the woman.' but is then diluted by adding in 'in collaboration with other members of the multidisciplinary healthcare team' when collaboration with the team is already mentioned multiple

	times in the other Statements. Keep Statement 1 about the woman and family e.g. The primary motivation for any decision about a care activity is to meet **women's and newborns'** health needs or to enhance health outcomes Suggestions to increase the focus to the recipient: 1. In statement one of the guide to nursing practice decisions (p5) the reference to the recipient of care is included with a reference to other members of the multidisciplinary health care team. This shared focus makes the recipient of care less visible. A simple way to address this is to split the first point into two points to make a total of five points. i.e. Decisions about activities are made in a planned and careful fashion and: - in partnership with the person, their families and support network - in collaboration with other members of the multidisciplinary healthcare team etc. 2. In statement one of the guide to midwifery practice decisions (p7), again the reference to the recipient of care is included with a reference to other members of the multidisciplinary health care team. This dilutes the focus and makes the recipient of care less visible. A simple way to address this is to split the first point into two points to make a total of five points. i.e. Decisions about activities are made in a planned and careful fashion and: - in partnership with the woman, - in collaboration with other members of the multidisciplinary healthcare team etc. 3. In Part One: Principles of decision making (p4) comment 6: Changes to the practice of individuals or groups are guided by (three dot points). Suggest including a fourth point: "feedback from consumers" 4. The woman's/recipients right to decline care, and the importance of informed consent or *dissent*, should also be mentioned.

5. Does the 'Guide to delegation decisions' within the proposed DMF clearly identify the delegation roles and responsibilities of the registered nurse and midwife?	Yes. It clearly identifies the delegation roles and responsibilities of the registered nurse and midwife. a. Delegation phase 4: Why is only delegation to a health worker expanded? Is there something about a health worker that means that extra discussion is required? Phase 4 refers to the process of delegation to a health worker. It mentions student once but not consistently through the section. It doesn't mention an enrolled nurse. It would be useful to create additional delegation categories - one specific to delegation to an enrolled nurse and one specific to students. b. Editorial comment re delegation phase 4 about the phrase "In making this decision, the registered nurse or midwife will need to decide:" : there needs to be a conjunction (such as whether or if) after the word decide. c. ACM recommend the term "person" (when used for the recipient of care) be changed to "person, woman or newborn" throughout this section. d. It is also confusing that the term person has been used to refer to both the recipient of care and the health care professional receiving the delegated activity at different points in the document. It is suggested that 'health professional' or 'health care professional' be used to replace instances of 'person' being used to describe the health care professional receiving the delegated activity or delegating.
6. Does the 'Guide to delegation decisions' within the proposed DMF clearly define the relationship and responsibilities of the enrolled nurse?	No. The guide to delegation decisions **does** clearly state the need for the supervision of enrolled nurses by Registered Nurses and Midwives but **does not** clearly define the relationship and responsibilities of the enrolled nurse. The term enrolled nurse is completely absent from the phases in the Guide to Delegation decisions.

	In delegation phase 2 there is reference to "an assessment of the knowledge, skill, authority and ability of the person (nurse, midwife, student or health worker) accepting the delegation". In the DMF definitions 'nurse' refers to the definitions of registered nurse and enrolled nurse. **Suggestion** - recommend expanding the term 'nurse' in this passage to specifically state 'registered nurse and enrolled nurse' to avoid an incorrect assumption being made by the reader. A registered nurse may delegate to another registered nurse as well as an enrolled nurse. The registered nurse accepting the delegation may be less experienced, relieving on the ward or an agency registered nurse.
7. Does the 'Guide to nursing practice decisions' within the proposed DMF provide clear direction when making decisions about nursing practice?	No. Although the statements and actions provide clear directions, ACM find it confusing to have four statements directed at Nurses and one at Registered Nurses. Particularly when the statement about registered nurses is between two about nurses. ACM assume the statements about nurses address both registered nurses and enrolled nurses, but this is not clear from the definition of nurse in the definitions at the end of the document, which simply refers to the definitions for Registered Nurse and Enrolled Nurse, but doesn't confirm whether it refers to both groups or one or either. The definition should specify this. In addition, it would be clearer to have two different guides to nursing practice decisions – one for registered nurses and one for enrolled nurses. Additional suggested changes a. Statement 2: final dot point 'whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice.' We note that this could be a very real issues in the current climate of increasing workloads; how is this defined? b. Statement 4. Change to: Registered nurses are accountable for making decisions about who is the most appropriate ~~person~~ Health Care Provider to perform an activity that is in the nursing plan of care.

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8. Does the 'Guide to midwifery practice decisions' within the proposed DMF provide clear direction when making decisions about midwifery practice?	Yes. The statements and actions provide clear directions. Suggested changes. a. Statement 1 change to better reflect the role of women and individuals they provide care for The primary motivation for any decision about a care activity is to meet ~~people's~~ womens and newborns health needs or to enhance health outcomes. b. Statement 2: final dot point 'whether there is organisational support, including sufficient staffing levels and appropriate skill mix, for the practice.' We note that this could be a very real issues in the current climate of increasing workloads; how is this defined? c. Statement 4. Change to: Midwives are accountable for making decisions about who is the most appropriate ~~person~~ Health Care Provider to perform an activity that is in the midwifery plan of care.
9. Is the proposed Decision-making framework: summary for nurses more helpful, clear and usable in practice compared to the current nursing practice summary guide?	Yes. The flow from top to bottom is much clearer than left to right. It's less busy and much easier to read. a. The change of the first category title from "Identify Client need/benefit" to "Identify need/benefit" is a strength. b. As is the change from the use of the term "client" to the use of the term "person" in the proposed DMF for Nurses.

	c. Under the fourth category "Select appropriate, competent person to perform activities" there is an additional comment in parentheses (Delegation of care is made following a risk assessment by a registered nurse). I think that this is useful clarification. Although the title of the DMF specifies this, it is sensible to specify it again here in case the tool is separated from the context. Consider changing 'person' to 'health care professional'. d. The addition of "and" in the dot points for the actions adds clarification that some of the actions or options to be selected from, whilst some actions are to be performed in addition to the chosen option. e. Again, the use of the term "nurses" is unclear. Is it designed for both Registered and Enrolled Nurses? It would be useful to clarify this either in the title or a sentence underneath or expand the description to include 'registered nurses and enrolled nurses'.
10. Is the proposed Decision-making framework: summary for midwives more helpful, clear and usable in practice compared to the current midwifery practice summary guide?	Yes. a. The flow from top to bottom is much clearer than left to right. It's less busy and easier to read. b. The change of the first category title from "Identify Client need/benefit" to "Identify need/benefit" is a strength. c. Under the fourth category "Select appropriate, competent person to perform activities" there is an additional comment in parentheses (Delegation of care is made following a risk assessment by a midwife). I think that this is useful clarification. Consider changing 'person' to 'health care professional'. d. The addition of "and" in the dot points for the actions adds clarification that some of the actions or options to be selected from, whilst some actions are to be performed in addition to the chosen option.
11. Are the essential components from the national framework practice decision flowcharts captured in the proposed DMF summaries?	Yes, the important elements are all covered

12. Please share any other comments you have on the proposed DMF and DMF summaries.	A. The changes, especially to the summaries, are useful. It is necessary to have this framework, to protect nurses and midwives' decision-making, especially in a medico-legal sense. However, there is a risk of this being an awkward framework to use in practice, due to it being so general. Potentially the most useful time for this in practice is for students or early practitioners, I that that practicing midwives (and nurses) do this automatically and will not regularly use this document. B. In both the proposed DMF for Nurses and the proposed DMF for midwives, under the third category "consider context of practice/ governance/ identification of risk", in the first point the comment "and/or by the educational institution for students" has been added. We suspect this is to broaden the context of this framework from allocation to EN's and health workers, to include students. Students were not mentioned in the previous framework. As a result, in both the proposed DMF for Nurses and the proposed DMF for midwives under the fourth category "Select appropriate, competent person to perform activities", would it be appropriate to include students in the group of people listed in the first and second point. C. Part one: Principles of DMF Opening paragraph 'These principles underpin the DMF for nursing and midwifery.' Suggest change to; 'Principles underpin the DMF for nursing and midwifery.' By removing 'these' it is clearer. The Principles have not yet been described. D. the promotion and provision of quality, culturally safe health services is made in conjunction with people and the broader community as the drivers for change in practice suggest change to

	the promotion and provision of quality, culturally safe health services is made in conjunction with health consumers and the broader community as the drivers for change in practice E. Definitions. Person-centred care ins defined but woman-centred care which is intrinsic to midwifery is not. Suggest include as per DoH (https://beta.health.gov.au/resources/pregnancy-care-guidelines/part-a-optimising-pregnancy-care/providing-woman-centred-care) Woman-centred care focuses on the woman's unique needs, expectations and aspirations; recognises her right to self-determination in terms of choice, control and continuity of care; and addresses her social, emotional, physical, psychological, spiritual and cultural needs and expectations (NMBA 2006). It also acknowledges that a woman and her unborn baby do not exist independently of the woman's social and emotional environment, and incorporates this understanding in assessment and provision of health care.