

PARTNERSHIP IN CARE: FAMILIES AND STAFF WORKING TOGETHER

POLICY[®]

DOCUMENT SUMMARY/KEY POINTS

To be read in conjunction with:

[NSW Health Your Rights and Responsibilities Policy](#) (and the [Internal SCHN Coversheet](#))

[SCHN Patient Complaints Management Procedure](#)

[SCHN Clinical Handover Procedure](#)

[Standard 2 of the National Standards on Safety and Quality in Healthcare, Partnering with Consumers](#)

[SCHN Consumer Engagement – Governance Policy](#)

- All clinical staff will work closely and collaboratively with the child/adolescent and young adult's parents / carers in order to provide the optimum care. The provision of this care will be negotiated between all parties involved.
- Fully partnering in care will result in staff negotiating effectively with parents and carers in relation to the child/adolescent and young adult's care, and including the child, adolescent and young adult as a partner in these discussions where appropriate. Acknowledging that there are circumstances where all parties will not agree, in these instances staff will escalate issues via their management lines. Parents are empowered to escalate partnering in care issues via the complaints process (see [SCHN Patient Complaints Management Procedure](#)) and/or following the parent activated escalation of care process, in addition to speaking with their treating team directly.
- Staff are to include parents, carers, children and adolescents and young adults (when appropriate) during clinical handover, as per the [SCHN Clinical Handover Procedure](#).
- There is a broad policy context mandating that staff engage and work in partnership with consumers, most notably [Standard 2 of the National Standards on Safety and Quality in Healthcare, Partnering with Consumers](#). **Compliance with Standard 2 is mandatory.**

Approved by:	SCHN Policy, Procedures and Guidelines Committee	
Date Effective:	1 September 2016	Review Period: 3 years
Team Leader:	Network Manager – Consumer Engagement	Area/Dept: Clinical Governance Unit

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This Policy/Procedure may be varied, withdrawn or replaced at any time. Compliance with this Policy/Procedure is mandatory.

CHANGE SUMMARY

- New SCHN policy. Replaces SCH Partnership in Care policy.

READ ACKNOWLEDGEMENT

- All clinical staff who may participate in the care of a child or adolescent / young adult are to read and acknowledge they understand the contents of this document.

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Introduction

Through successfully partnering in care, children, adolescents and young adults, parents and families are empowered to be active partners in the clinical care and treatment process.

Forming an integrated patient and family centred care team ensures that the staff's skills and knowledge, partnered with the parent's/carer's familiarity and nurturing of the child/adolescent and young adult patient, combine to produce improved hospital experience and optimised patient outcomes.

In keeping with a patient and family centred model of care, clinical staff work together with the child, adolescent / young adult, and their parent or carer to provide the best care whilst in hospital and in the community.

Fully partnering in care will result in staff negotiating effectively with parents and carers in relation to their child's care, and including the adolescent and young adult as a partner in their own care with their parents and carers. Acknowledging that there are circumstances where all parties will not agree, in these instances staff will escalate issues via their management lines. Parents are empowered to escalate partnering in care issues via the complaints process (see [SCHN Patient Complaints Management Procedure](#)) and/or following the parent activated escalation of care process, in addition to speaking with their treating team directly.

There is a broad policy context mandating that staff engage and work in partnership with consumers, most notably [Standard 2 of the National Standards on Safety and Quality in Healthcare, Partnering with Consumers](#), which exists to ensure health services are responsive to patient, carer and consumer input and needs. **Compliance with Standard 2 is mandatory.** Broader consumer engagement across Sydney Children's Hospitals Network is addressed in the [SCHN Consumer Engagement – Governance Policy](#) and for the purposes of this document is separate to partnership in care.

Principles

In working together, it is recognised that there is diversity in:

- the needs of children/adolescents and young adults who are admitted to the hospital;
- the reason for the admission and the context of the admission in the child/adolescent and young adult's life; and
- the needs, abilities and cultural sensitivities of parents, carers, children, adolescents and young adults

These factors will impact on the levels of knowledge and expectations in regards to daily and clinical care.

Sydney Children's Hospitals Network understands that hospitalisation can be a very emotionally draining and anxiety filled period, therefore consideration of the needs of the parent, carer, adolescent and young adult should be taken into account. Parents, carers, adolescents and young adults are able to direct their own level of participation and renegotiate that at any time, with the support of clinical staff.

Aims

The aim of partnership of care is to:

- Acknowledge the ongoing care that parents and carers provide for their child/adolescent and young adult on a regular basis outside the hospital environment. They are an important part of the health care team and are the experts when it comes to the needs and usual regular care of their child/adolescent and young adult.
- Recognise adolescents and young adults as partners in care and acknowledge their ability.
- Recognise that the hospital admission is an opportunity for parents, carers, adolescents and young adults to become educated and familiar in the ongoing care of their child/themselves during and after the hospital admission. This may include, but is not limited to the administration of medication, or other treatment that will need to be provided in the home environment.
- Encourage and assist parents, carers, adolescents and young adults, within their abilities, to become actively involved in the care of their child/their own care outside the basic care requirements to the extent that they choose.
- Understand that parents and carers have the right to participate in their child/adolescent and young adult's care to the extent that they choose and also to decline without feeling uncomfortable in expressing unwillingness in participating in any aspect.
- Appreciate that the child/adolescent and young adult, is central in the care partnership and that within their level of understanding have a right to have, or not to have, themselves, their parent or carer participate in their medical care while in hospital.
- Ensure that clinical staff participate fully in partnership in care practice within their assigned area, negotiate openly with parents, carers, adolescents and young adults in relation to the parent or carer's participation in the care partnership, including the range, nature and limits of the care, recognising the parent and carer's understanding, expectations, potentials and cultural sensitivities.

Responsibilities

- All managers must ensure that staff under their supervision have an understanding of Partnership in Care Policy and patient (carer) rights and responsibilities, as outlined in the [NSW Health Rights and Responsibility Policy](#).
- Clinical staff are responsible for ensuring that care meets required standards and must use the appropriate policies/procedures and learning and assessment plans available to assess care provided by parents, carers or adolescents and young adults themselves.
- All clinical staff will work closely and collaboratively with the parents, carers, adolescents and young adults in order to provide the optimum care. The provision of this care will be negotiated between all parties involved and the involvement may be renegotiated at any time.

- Staff are to include parents, carers and adolescents and young adults during clinical handover, as per the [SCHN Clinical Handover Procedure](#).
- A clinical staff member must closely supervise the complex care undertaken by the parent, carer, adolescent or young adult. This is also an opportunity to provide support and education around care provision. The nursing staff member caring for the child/adolescent and young adult retains the responsibility for the care provided. Any concerns raised by parents, carers, adolescents, young adults and staff members must be escalated and managed appropriately.
- Parents, carers, adolescents and young adults should use the equipment and resources provided by the hospital during their hospital admission. Alternative options may be considered in exceptional circumstances on a case by case basis by the clinical team.
- Clinical staff must ensure that parents, carers, adolescents and young adults have appropriate education, training and support in using hospital equipment and providing care.
- Results of negotiations for the involvement and extent of care participation by parents, carers, adolescents and young adults will be documented in the patient's notes in their medical record as soon as practicable after agreement with clinical staff.
 - Any change to previously agreed care participation or any period where the parent, carer, adolescent or young adult chooses to withdraw from participation in their child's care/ their own care will similarly be documented in the patient's notes in their medical record.
 - Should the parent elect an alternative carer for the child/adolescent and young adult, the name of the alternate carer must be documented by the nurse in the care plan and in the notes in their medical record.

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