

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 Policy](#)

[SCHN Consent to Medical Treatment: Patient Information Policy](#)

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

[SCHN Patient and Family Engagement - Governance Policy](#)

[SCHN Aboriginal Health Strategic Plan 2018-2021](#)

- All health care professionals should work closely and collaboratively with the child, adolescent or young adult and their parents, carers or their extended family in order to provide the optimum care. The provision of this care should be mutually agreed with all parties involved, wherever possible.
- Health care professionals aim to facilitate the involvement of parents, carers, children, adolescents or young adults in their health care according to their wellness, ability, maturity and any relevant law. Acknowledging that this may be variable over time.
- There are circumstances where all parties will not agree on care pathways, in these instances staff should address issues via their management lines, while parents are empowered to address issues by speaking directly with their treating team and then via the complaints process (see [SCHN Patient Complaints Management Procedure](#)) and or the REACH process. Aboriginal families can also address their concerns with an Aboriginal Health Worker.
- Staff should include parents, carers, children and adolescents (when appropriate) during clinical handover, as per the [SCHN Clinical Handover Policy](#).

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| Approved by: | SCHN Policy, Procedure and Guideline Committee | |
| Date Effective: | 1 st May 2020 | Review Period: 3 years |
| Team Leader: | Network Manager – Patient and Family 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This Policy/Procedure may be varied, withdrawn or replaced at any time.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.

- There is a broad policy context mandating that staff engage and work in partnership with consumers, most notably [Standard 2](#) of the National Safety and Quality in Healthcare Standards, Partnering with Consumers. **Compliance with Standard 2 is mandatory.**

CHANGE SUMMARY

- Links updated
- Language revised to reflect the requirements of the second edition of the NSQHS Standards.

READ ACKNOWLEDGEMENT

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

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Introduction

Developing a trustful therapeutic alliance between healthcare professionals and families is key to promoting the best interests of the child and adolescent. This is reliant on clearly and transparently articulating the reciprocal obligations both health care professionals and parents and carers have to the child first and foremost.

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.

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

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

Fully partnering in care will result in staff collaborating effectively with parents and carers in relation to their child's care, and including the adolescent or 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 address issues via their management lines. Parents are empowered to address issues first through open and direct discussion with the primary clinical team. If this does not resolve their concerns then via the complaints process (see [SCHN Patient Complaints Management Procedure](#)) and or following the REACH process. Aboriginal families can also address their concerns with an Aboriginal Health Worker.

There is a broad policy context requiring that staff engage and work in partnership with consumers, most notably [Standard 2](#) of the National Safety and Quality in Healthcare Standards, Partnering with Consumers. Standard 2 exists to ensure health services are responsive to patient, carer and consumer input and needs. **Compliance with Standard 2 is mandatory.**

Broader patient and family engagement across Sydney Children's Hospitals Network (SCHN) is addressed in the [SCHN Patient and Family Engagement - Governance Policy](#) and for the purposes of this document is separate to partnership in care.

Principles

In working together, it is recognised that the best interests of the child or adolescent should be primary and there is diversity in:

- The needs of children, adolescents and young adults who are admitted to the hospital; including their clinical, cultural and social needs.
- The needs, abilities and cultural sensitivities of parents, carers, and families.
- The reason for the admission and the context of the admission for the child, adolescents or young adult's life.

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 stressful and anxiety filled period, therefore consideration of the needs of the parent, carer, family, child, adolescent and young adult and adolescent should be taken into account. Parents, carers, children, adolescents and young adults are able to direct their own level of participation and renegotiate that at any time, with the support of health care professionals.

Aims

The aim of partnership in care is to:

- Acknowledge the ongoing care that parents, carers and families provide for their child, adolescent or young adult on a regular basis outside the hospital environment. Parents and carers 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 or young adult.
- Recognise children, adolescents and young adults as partners in care and acknowledge their ability.
- Recognise that the hospital admission is an opportunity for parents, carers, families, children, 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.
- Ensure that SCHN provides a cultural safe environment for our Aboriginal families through the support of our Aboriginal Health Workers and the families treating team to enable supportive and holistic services.
- Encourage and assist parents, carers, families, children, 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.

- Encourage and support parents, carers, families, children, adolescents and young adults to participate in their care to the degree that they choose. While also acknowledging that some parents, carers, children and adolescents may decline or be less able to participate for many considered reasons.
- Facilitate the involvement of parents, carers, families, children, adolescents and young adults in their health care according to their wellness, ability, maturity and any relevant law. Acknowledging that this may be variable over time.
- Ensure that health care professionals engage fully in partnership in care practice within their assigned area, and collaborate transparently with parents, carers, children, adolescents and young adults, including the range, nature and limits of the care, recognising the parent and carer's variable 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](#).
- Health care professionals are responsible for ensuring that care meets required standards and must use the appropriate policies or procedures and learning and assessment plans available to assess care provided by parents, carers or adolescents themselves.
- All health care professionals will work closely and collaboratively with the parents, carers, children and adolescents in order to provide the optimum care. The provision of this care will be agreed between all parties involved and the involvement may be renegotiated at any time.
- Staff are to include parents, carers, children, adolescents and young adults during clinical handover, as per the [SCHN Clinical Handover Policy](#).
- A health care professional 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 health care professional caring for the child, adolescent or young adult retains the responsibility for the care provided. Any concerns raised by parents, carers, children, adolescents, young adults and staff members must be escalated and managed appropriately.
- Parents, carers, children, 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 treating team.

- Health care professionals must ensure that parents, carers, children, adolescents and young adults have appropriate education, training and support in using hospital equipment and providing care.
- Results of agreements regarding the involvement and extent of care participation by parents, carers, children, adolescents and young adults must be documented in the patient's medical record as soon as practicable after agreement is made.
 - Any change to previously agreed care participation or any period where the parent, carer, child, 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 or 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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