

PROJECT SCAFFOLD - BEST PRACTICE

(Note: Areas is green for office use only)

Organisation contributing the best practice

Organisation name:		Huis Herfsblaar		Best Practice Ref. Nr.		5053/005/025	
Information provided by:		Sr C Luus		Date:			
Contact email:		nsm@huisherfsblaar.co.za		Role within organisation:		Nursing service manager	
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Stage of BP development:	Submitted	x	Under Review	x	Clarification		Legal Review
						Sector Contributions	Published

BEST PRACTICE

Name of Best Practice	Five professional nurses (PN) on duty at any given time
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1. This proposed best practice is primarily related to (please tick 2 most applicable boxes):

What Customers want or value		Finances / Costs		Business Processes		Staff	x	Systems	
Organisation Structure		Quality of care	x	Care Service Delivery		Health & Safety		Morale	
Other: Please indicate									

2. Context: Share information to give more context in relation to where this specific practice is used in your organisation.

Urban	Y	Rural	N	Number of Social Grant Recipients					0
Care centre	x	Independent Living	x	Assisted Living	x	Nr. of In-house staff	377	Nr. of Outsourced staff	9
Nr. of rooms	175 Flats 69 Town houses		Nr. of beds	175 Frail					

3. Description of best practice:

3.1 Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc.	
The six weekly change list/duty roster is developed to ensure each of the eight wards are covered by a PN. Weekdays are covered by one or two PNs in each ward and over weekends one PN covering 2 wards.	
3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this.	
Most health care workers are sub-professional carers with a basic training of between 6 and 12 months. Having PN's in charge of wards ensure thorough supervision and theory and practical integration by means pf demonstrations, teachable moments and in-service training.	
3.3 Why do you consider this to be a best practice? E.g., Outcomes noted	
The more advance training and experience of PNs ensure better total care due to the holistic approach for residents and patients.	
3.4 Do you consider this to be compliant with the current Older Persons Act?	
Yes	x
No	
If Yes, which portions does it comply with?	If No, which portions does it not comply with?
Chapter 1, a,b,d,e and Chapter 4	
I do not know	
3.5 How long has this practice been used within the organisation? (state period in years)	20+ years
3.6 What are essential aspects in the organisation that directly support / maintain this practice?	
Good health service management by a dedicated, well trained and experienced Registered nurse. Adherence to policies and procedures to maintain standards	
3.7 What are the benefits for your residents and/or staff and other stakeholders?	
Residents are ensured of a safe caring environment enabling them to enjoy interaction, activities and socialization within their physical and psychological means. Staff members gain from constructive supervision and on-going training and teaching.	

Family member of residents are encouraged to have an open relationship with all staff, but especially the Professional, who provide support, guidance and comfort.

3.8 What lessons were learned?

The family of residents feel comfortable and relaxed about the safety and well being of their loved ones with a PN on duty. Greater accountability is ensured as the absence of sub-professional categories of staff is a major problem.