### PROJECT SCAFFOLD - BEST PRACTICE (Note: Areas is green for office use only)

**Organisation contributing the best practice**

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|  |  | | | | | | | | Best Practice Ref. Nr. | | | | |  | | | |
| Organization name: | Medwell SA | | | | | | | | Date: | | | | | 26/9/2022 | | | |
| Information  provided by: | Medwell SA | | | | | | Role within organization: | | | | | | Regional Healthcare Manager | | | | |
| Contact email: | Tracy.maddocks@medwell.co.za | | | | | | Contact number: | | | | | | 021-9497588 | | | | |
| **Stage of BP development:** | | Submitted | x | Under Review |  | Clarification | |  | | Legal Review |  | Sector Contributions | | | x | Published | x |

**BEST PRACTICE**

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| Name of Best Practice | Orientation and Onboarding program of Care workers |

1. **This proposed best practice is *primarily* related to** (please *tick 2 most applicable boxes*)**:**

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

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

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| Urban | x | Rural |  | Number of Social Grant Recipients | | | | |  |
| Care centre | x | Independent Living | x | Assisted Living | x | Nr. of In-house staff |  | Nr. of Outsourced staff |  |
| Nr. of rooms | 12 | Nr. of beds | 12 |  | | | | | |

1. **Description of best practice:**

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| * 1. Share as much detail as possible. Where appropriate, please indicate resident participation, involvement, benefit etc. | | | | |
| Starts with selection. All our job seekers complete an online test. Only those that pass the test with at least 80% get called in for an interview. The interview process is a full day process where the applicants are interviewed by the Nursing service manager and assessed for their experience and skills. We only take staff that have a minimum of 3 years experience and been through an accredited institution (as per DSD requirement). Everyone has to bring R120 for a police clearance unless they have one on hand that is less than 6 months old. Once they tick all the boxes HR has a chat to them with regards to expectations, salaries etc. The successful candidates are invited back for a 3 day orientation which includes CPR and basic nursing skills including Soft Skills. | | | | |
| 3.2 Why did you develop this best practice? Please describe the challenges, constraints or bottlenecks that led to this. | | | | |
| We learnt that the carer training differs for everyone. We needed a national Medwell way of doing things to standardize the quality and customer experience. The staff needed to understand that the bar was set high and that they needed to strive to achieve it. | | | | |
| 3.3 Why do you consider this to be a best practice? E.g., Outcomes noted | | | | |
| Quality of care and the customer experience especially in the home care environment was a concern and directly related to the calabre of carer that we were taking on. This process allows us to be more discerning in our selection to guarantee that the client can trust in our placements. | | | | |
| 3.4 Do you consider this to be compliant with the current Older Persons Act? | | | | |
| Yes | yes | No | n/a | |
| If Yes, which portions does it comply with? | | If No, which portions does it not comply with? | | |
| Staff needing to be accredited. | |  | | |
| I do not know | |  | | |
| 3.5 How long has this practice been used within the organization? (State period in years) | | | | 6mth to a year |
| 3.6 What are essential aspects in the organization that directly support / maintain this practice? | | | | |
| Our Nursing service manager works closely with the logistics team and HR so that the carers invited are reviewed by a panel of staff. The sisters in charge of the services where they are placed will continue with ongoing nursing care training applicable to that client. | | | | |
| 3.7 What are the benefits for your residents and/or staff and other stakeholders? | | | | |
| We do managed care. We don’t end the process at the placement. The training is ongoing based on needs identified. The care plan is adjusted as per the client needs. The RN is expected to do a minimum of 2 visits a month but will do more until she is confident in the carers capabilities. | | | | |
| 3.8 What lessons were learned? | | | | |
| We cant assume that all carers are on the same level. Experiences vary. The challenge is aligning them to the company values which this process addresses to a point. | | | | |

**SECTOR CONTRIBUTION** *– to be completed once the best practice has been presented at a monthly meeting for sector review and contribution.*

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| Date presented: | | 8 February 2023 | |
| Question or Comment or suggestion | | | Response / change to best practice if applicable |
| 1. **Online test, tell us more** | | | All applicants have to write an online test and application to check their literacy, understanding of the job they are applying for and use of technology. If they pass the test they are invited for an interview. |
| 1. Interview | | | The Nursing Service manager (NSM) interviews each and every one focusing on their clinical skills and understanding of nursing tasks. Once they pass with the sister, HR checks their references and criminal check and onboards them regarding our polices, remuneration etc. |
| 1. **New staff, how do you orientate them?** | | | If they pass all this they come back for a 3 day orientation which the NSM/ trainer do an intensive workshop with the carers including a section on soft skills to align them to the ‘Medwell’ way. Exams are written. |
| 1. **First Placement** | | | At the first placement in the home, the RN, will go through all the procedures and the care plan that the carer is required to do, in front of the resident/ client. This gives the client an opportunity to correct the care plan according to their needs. Should she not feel confident that the carer is 100% understanding her task she will schedule further visits to work one on one with the carer until she is confident in the carer. |
| 1. **Ongoing training** | | | 1. **POE’s:** all staff are required to do some self-study on their POEs (Proof of Education). We have 3 modules which they can work through slowly at their own pace. Once complete it goes into their staff file, they get a certificate, and it is reflected in their appraisals. Once (if) this is registered with SETA we will open a training facility and this will become our training material. 2. **CPR:** All staff have to complete a compulsory annual in house CPR course. |
| Contributor: |  | | |