

Team Nursing Model of Care, Skills List and Education/Training: **Labour & Delivery (L&D)**

Team Based Nursing Model of Care Definition: In general, an experienced nurse will oversee the unit or the care for the individual patient while coordinating the care with the team and delegating responsibilities to appropriate members. Responsibilities will vary depending on skills and strengths of each team member.

With nurses that fall under category B **Team based Nursing Model** may look like the maternal newborn nurse managing the patient assignment with only a supportive role by the experienced obstetrics nurse for unfamiliar skills or treatments. Category C or D may require the obstetrics nurse to maintain management of the patient but delegate skills or aspects of care to the alternate available staff based on their level of experience and knowledge.

<p style="text-align: center;">A</p> <p style="text-align: center;">Full Scope L&D Nurse (RN Currently working in L&D including MNB Composites, Refer to ADM-2-12 for RN specific competencies)</p> <p style="text-align: center;">Able to work independently in Obstetrics</p>	<p style="text-align: center;">B</p> <p style="text-align: center;">Partial Scope L&D (previous L&D nurses working in other departments, 1C staff, perioperative trained staff or Midwives in alternate role)</p> <p style="text-align: center;">Independently work with lower risk obstetrical load OR Work in partnered model in collaboration with experienced Obstetrics nurse for patients outside of nurse's experience</p>	<p style="text-align: center;">C</p> <p style="text-align: center;">Nurses trained in any Women and Children's Department (Any RN and RPN not currently in a L&D role)</p> <p style="text-align: center;">Independently work with the least complex patients based on their current experience OR Able to support team based nursing mode of care</p>	<p style="text-align: center;">D</p> <p style="text-align: center;">Alternate Care Staff OR Nurses with no Women and Children's experience. (i.e., Nurses from adult care locations, nursing students, UCAs, allied health, etc. within their appropriate scope)</p> <p style="text-align: center;">Able to support in a team based nursing model of care</p>
<ul style="list-style-type: none"> • Care of the Antepartum patient • FHS certified • NRP Certified • Competency in vaginal exams • Intrapartum Standard of Care • Medication administration • IV initiation and maintenance • Fluid bolus • IV medication that require titration (including induction and augmentation) • Epidural infusions • PPROM Management • Prolapsed care management • PIH standard of care • Postpartum hemorrhage standard of care • Able to assist with instrument delivery • Perioperative care • Postoperative care • Postpartum standard of care • Newborn standard of care 	<ul style="list-style-type: none"> • Entrance Screening & Admission Testing • Order entry • Intrapartum Standard of Care • Medication Administration • IV initiation and maintenance • Outpatient processing • Potential to have other patients identified as independent patient load based on prior experience and provided the unit workload will allow for sufficient support by senior nurses <p>Team based care of:</p> <ul style="list-style-type: none"> • Care of the antepartum patient • FHS Interpretation • Vaginal exam • IV medications that require titration (including Induction/Augmentation) • Assess on individual skills and experience 	<ul style="list-style-type: none"> • Entrance Screening & Admission Testing • Order entry • Medication administration • IV care and maintenance • Newborn assessment and care • Vital signs • Breastfeeding assistance • May have experiences/competency to act as "second" at deliveries (i.e., NICU staff) • Potential to have other patients identified as independent patient load based on prior experience and provided the unit workload will allow for sufficient support by senior nurses <p>Team based care of:</p> <ul style="list-style-type: none"> • Assess on individual skills and experience i.e., CAMHU staff may have limited or no experience with acute obstetrical patients 	<ul style="list-style-type: none"> • Entrance Screening & Admission Testing • Answering phones • Nutrition care (deliver trays) • Basic IV care and maintenance (i.e., bag change, monitoring site, tubing change, etc.) • Basic urinary catheter care and maintenance • Vital signs • Retrieving equipment • Updating contact tracing sheets

Education and Training	B	C	D
<ul style="list-style-type: none"> Composite nurses are responsible for maintaining their competency across their assigned units 	<ul style="list-style-type: none"> Schedule orientation to unit if not already completed. Complete L&D Skills Checklist. Consider any necessary unit review with CNS or obstetric trained nurse with focus on new PPE guidelines, documentation, changes to equipment if no shifts > 6 months Clinical preceptor shift x 1 (11.25 hr.) if no shifts >12 months; no orientation needed for perioperative certified 	<ul style="list-style-type: none"> All are currently working in clinical areas within the Women and Children's Program at the Hospital Skills vary greatly Reference document for emergency codes, role, and responsibility 	<ul style="list-style-type: none"> Reference document for emergency codes, role, and responsibility
Learning/Opportunity			
	<ul style="list-style-type: none"> Completion of skill competency checklist. Completion of L&D specific e-learning information and learning packages on Dual Code. 	<ul style="list-style-type: none"> Real-time unit familiarization 	<ul style="list-style-type: none"> Real-time unit familiarization.