NURSE DELEGATED

EMERGENCY CARE

REGISTERED NURSE EDUCATION

AND ACCREDITATION

FRAMEWORK

Contents

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Introduction

The Nurse Delegated Emergency Care Registered Nurse Education and Accreditation Framework (the *"Framework"*) has been designed by the Emergency Care Institute (ECI). The Framework is a syllabus document designed to assist individual site educators and Local Health District education teams to implement and maintain an effective and efficient training and accreditation program for Nurse Delegated Emergency Care (NDEC). The target participants are local Emergency Department (ED) Registered Nurses (RNs).

At the completion of the Framework, the ED RN will be deemed competent and confident in using the Nurse Delegated Emergency Care (NDEC) patient care model.

NDEC was created to serve low risk / low acuity patient populations within NSW Rural and Remote EDs. Ongoing use by accredited RNs has shown that patients receive timely assessment, and management with high levels of patient satisfaction[1].

Initial education and competency based accreditation is the focus of this document however ongoing refresher training and assessment is essential to ongoing patient safety as well as RN competence and confidence with the NDEC model.

Program Aim

The Framework program aims to provide RNs with the essential knowledge, clinical skills and clinical acumen to work safely within the framework of NDEC within a rural or remote NSW ED.

The Framework is designed to augment clinical training already available to rural and remote ED RNs. Specifically; it is grounded in the learning from the *Between the Flags* Program[2], the *DETECT* Program[1] (including *DETECT Junior*[1]), NSW *Paediatric Clinical Practice Guidelines*[3] and the *Emergency Triage Education Kit*[4].

Program Overview

Learning Outcomes

The Framework goal is to enable a rural or remote ED RN to work safely with confidence and competence in treating low risk / low acuity patients. At the completion of this learning program, the RN will be able to:

* Explain the historical context of NDEC and its development
* Describe the underpinning principles of NDEC
* Recognise the benefits and limitations of NDEC; including when medical notification is not required and when it is required

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[1] Consan Consulting (2009) *Rural Models of Care: Evaluation of the Walcha ED Pilot Project* (unpublished)
[2] Available via http://nswhealth.moodle.com.au/login/index.php
[3] Available via http://doh.edmore.com.au/login.php?logout=1
[4] Available via
http://www.health.gov.au/internet/main/publishing.nsf/Content/casemix-ED-Triage+Review+Fact+Sheet+Documents

* Demonstrate application of the inclusion and exclusion criterion for NDEC including the Nursing Management Guideline Red Flags
* Demonstrate using the NDEC Nursing Management Guidelines to guide basic nursing assessment, management and documentation of low risk, low acuity patient presenting problems including
  - Burns (minor)
  - Ear problems
  - Eye problems
  - Foreign bodies
  - Head injuries (minor / mild)
  - Hydration alterations
  - Insect or marine creatures bites and stings
  - Limb problems
  - Pain
  - Rash
  - Respiratory illnesses
  - Wounds
  - Urinary symptoms
* Demonstrate use of NDEC nursing Standing Orders including contraindications and limitations
* Demonstrate discharge procedures including describing the minimum requirements for a patient to be deemed suitable for discharge utilising NDEC
* Formulate discharge information / instructions for a patient / carer being managed via NDEC
* Demonstrate the patient follow-up procedures including the follow-up phone call regime of NDEC
* List the ongoing processes that ensure ongoing patient safety of NDEC

Site / Local Facilitators

While the ECI is responsible for state-wide governance of NDEC, including this Framework document, site and Local Health District (LHD) governance and clinician support is pivotal to the ongoing safety and success of NDEC. Part of the 'local' governance and support responsibilities is the allocation of site / LHD NDEC facilitators. These facilitators will be recognised, senior, experienced ED RNs; ideally with workplace training and assessment qualifications (TAE40110 - Certificate IV or equivalent). Such suitable RNs would generally be ED (or critical care, or suitable subspecialty) Clinical Nurse Consultants or Clinical Nurse Educators. Other roles that may be appropriate to fulfil or potentiate facilitator responsibilities could include Nurse Practitioners, Nurse Managers, Nurse Unit Managers or Clinical Nurse Specialists with ED expertise.

Program Context

Rural and remote EDs within NSW face many challenges. Rural and remote clinicians list some of these challenges[5] as

* Training and education support – access and time to attend sessions

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[5] Emergency Care Institute (2012) Stakeholder Survey 2012 available via
http://www.ecinsw.com.au/sites/default/files/field/file/Combined%20final%20survey%20report%202012.pdf

* Addressing consumer expectations - increasing patient satisfaction
* Staffing and workforce shortages – recruiting and retaining skilled clinicians

NDEC addresses some of these aspects; specifically within the context of providing care to patients with low risk / low acuity presentation problems. Quality audits have demonstrated up to 80% of patients arriving at NSW rural and remote EDs present with low risk / low acuity symptoms[6].

This Framework equips RNs to assess and manage low risk / low acuity patients presenting to rural and remote EDs using NDEC. Training and education support will occur through a comprehensive multi-modal education program designed to maximise delivery and access flexibility.

NDEC (as *the Walcha* Model) has been shown to increase the likely recruitment and retention of rural and remote clinicians, particularly general practitioners[6].

Mode and Duration

The Framework utilises adult learning principles and blended delivery modes. The learning delivery modes that comprise the Framework delivery include:

* Formative evaluation and self-assessment of 'base-line' knowledge
* NDEC e-learning program (8 modules) or equivalent face-to-face session
* A *localised* face-to-face session/s lead by site or LHD facilitators and clinical experts
* Formal competency assessment
* Self-reflective practice and evaluation
* Clinical supervision by senior ED clinicians
* Ongoing refresher program and relevant evidence based clinical updates

The duration of initial NDEC training and assessment will generally be 2 – 6 months (initial training, accreditation and mentoring). Refresher programs and clinical updates will be ongoing for continued endorsement of the RN to manage patients using the NDEC.

Participant Prerequisites

All potential participants must be nominated by an appropriate line manager. Nominations must be made via objective individual participant merit selection. Minimum prerequisites include

* Registered Nurses (List A)
* At least 12 months post graduate acute clinical experience
* At least 6 months rural / remote ED experience (or equivalent)
* Current competency in rural / remote triage (including completion of a satisfactory triage practice snap-shot audit)
* The following training has been completed
  * ✓ Between the Flags
  * ✓ DETECT and DETECT Junior
  * ✓ NSW Paediatric Clinical Practice Guidelines e-learning (or equivalent)

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[6] Consan Consulting (2009) *Rural Models of Care: Evaluation of the Walcha ED Pilot Project* (unpublished)

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✓ Emergency Triage Education Kit (or equivalent)

Recognition of prior learning (RPL) is available to participants who can show evidence of completing an equivalent training and assessment package. The granting of RPL will be determined by an appropriate LHD delegate. An example of an equivalent package possibly suitable for RPL is the *Walcha Multi Purpose Service Emergency Department Model of Care* within Hunter New England LHD. Participants seeking RPL will be required to provide appropriate evidence of learning and competency that meets the learning outcomes of the Framework. If RPL is granted, it is essential that the participant still receives relevant orientation to the specific local context and local adaptations of NDEC.

Apart from local context, local adaptations and required refresher / update programs, completion of the Framework will be recognised across NSW rural and remote EDs where NDEC is operational (subject to RPL approval as above).

Registered Nurse Basic Skills Sets

As part of RN preparation for NDEC education and accreditation, basic skills sets have been identified as necessary 'formative' knowledge. The appendix contains the following resources to gauge baseline knowledge and remediate gaps when identified.

- NDEC basic skills sets RN self-assessment tool (this assessment is also part of the NDEC e-learning program module 3 *RN requirements*)
- NDEC RN basic skills sets mapped to existing resources for review and completion if an area of need is identified during self-assessment tool

Competence and Confidence Requirements

The requirements to successfully complete the Framework and receive subsequent NDEC endorsement and an accreditation certificate include:

1) Completion of the NDEC basic skills set RN self-assessment tool
2) Completion of appropriate mapped existing resources (or equivalent) to address any areas of need identified from self-assessment
3) Completion of NDEC e-learning modules (8) or face-to-face equivalent session/s
4) Completion of the e-learning quiz (or face-to-face equivalent) where the pass mark is 80%
5) Completion of a NDEC face-to-face training session (localised content)
6) Demonstration and synthesis of NDEC related physical assessment skills and patient history gathering skills.
7) Demonstration of competency in (as per appropriate formal competency assessment)
   - Any relevant competency assessment items identified in point 1 and 2
   - Using the NDEC Nursing Management Guidelines and Standing Orders
   - NDEC patient discharge procedures
   - Basic eye problems management (including eye drop instillation and basic eye assessments) if required
   - Crutches fitting and patient education if required
✓ Evidence of reflective practice using the NDEC

Final initial assessment includes acceptable snap shot audit findings on participant practices using NDEC (completed within 4 months of the above training).

Ongoing NDEC accreditation and endorsement includes

- ✓ Ongoing evidence of recency of practice using the NDEC
- ✓ Ongoing demonstration of safe NDEC use in congruence with the initial accreditation requirements as listed above
- ✓ Completion of all relevant updates either through local or ECI development as they occur

Program Evaluation

The NDEC program will be evaluated by participants, facilitators and managers (where appropriate). Evaluation will be sought during online, face to face and assessment processes.

Evaluations will be collated at a state level by the ECI for education reporting within the wider NDEC reporting framework.

These evaluation reports, in addition to stakeholder feedback and content update requirements, will guide ongoing NDEC and Framework developments and adjustments. These updates will ensure contemporary, relevant, evidence based program content.

Key Performance Indicators

Key performance indicators for the Framework include

- ❑ Total number of completions of ECI NDEC e-learning package
- ❑ Number of RNs who have completed training and are NDEC endorsed at each site
- ❑ Total number of NDEC endorsed RNs state-wide
- ❑ Number of NDEC endorsed RNs who have completed relevant refresher and content updates (when appropriate)
- ❑ Total number of NSW NDEC trainers / assessors (including breakdown per LHD)

Glossary of terms

Auditing processes:
This process occurs during NDEC implementation at a site to provide a base-line and then at regular intervals once NDEC is operational. The snap-shot audits that are completed aim to track triage assessment, compliance with the Nursing Management Guidelines, medication administration in accordance with the Standing Orders, discharge compliance and documentation. Audits are conducted locally and reported both locally with feedback to NDEC RNs and at a State level through the ECI. The ECI provides guidelines and templates to assist in the auditing process.

Between the Flags:
"The Between the Flags Program is designed to establish a 'safety net' in all NSW public hospitals and healthcare facilities that reduces the risks of patients deteriorating unnoticed and ensures they receive appropriate care in response if they do".
http://www.cec.health.nsw.gov.au/programs/between-the-flags

Clinical Supervision:
"The provision of guidance and feedback on matters of personal, professional and educational development in the context of a trainee's experience of providing safe and appropriate patient care"
S. Kilminster, D. Cottrell, J. Grant & B. Jolly 2007, *'AMEE Guide No. 27: Effective educational and clinical supervision'*, Medical Teacher, 29(1): 2–19.
Accessed: 03/07/13 http://informahealthcare.com/doi/abs/10.1080/01421590701210907 cited in https://www.hwa.gov.au/sites/uploads/hwa-national-clinical-supervision-support-framework-201110.pdf

Clinical updates:
For NDEC to remain a relevant and evidence based model, regular updates will be required. These updates will occur in line with contemporary ED care improvements. It is imperative that nurses using NDEC stay up-to-date with these advancements. The clinical update regime will assist the NDEC accredited RN meet annual Continuing Professional Development Registration Standards
http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f135&dbid=AP&chksum=8UL9PD4%2byPR9h99u%2b6aIcA%3d%3d

Competency:
"Is the consistent application of knowledge and skill to the standard of performance required in the workplace. It is also the ability to consistently perform work activities... applying skills and knowledge... to agreed standards over a range of contexts and conditions". http://www.hwa.gov.au/sites/uploads/national-competency-report-final-20120410.pdf.

Competency assessment:
The objective assessment of knowledge and skills (competency) against relevant criterion. Assessment is conducted by an appropriately qualified assessor (see *Facilitators*).

Confidence:
Is a subjective assessment completed by the participant that they have sufficient knowledge and skills to perform to the expected competency levels.

Declaration of Confidence:
Written evidence of the above. Integrated throughout assessment documents of this Framework.

DETECT / DETECT Junior:
It is a program that… "was *developed for Nurses, Midwives, Doctors and Allied Health Staff to confidently identify and manage patients who are showing signs of deterioration*".
http://nswhealth.moodle.com.au/DOH/DETECT/content/

Discharge information / instructions:
As part of an NDEC episode of care, the RN provides the patient and / or carer with appropriate information relating to ongoing symptom management and appropriate follow-up arrangements. Information may include verbal instructions, factsheets, discharge letters and demonstration of discharge equipment use.

Emergency Care Institute (ECI) www.ecinsw.com.au:
The ECI is the State body responsible for the NDEC and this Framework. The primary role of the ECI is to improve outcomes for patients presenting at EDs across NSW through coordination, networking and research. It is under the umbrella of the Agency for Clinical Innovation (ACI); one of the NSW Ministry of Health Pillars.
http://www.health.nsw.gov.au/about/nswhealth/pages/structure.aspx#

Emergency Department (ED):
NSW EDs are open 24 hours a day and provide unscheduled clinical care. Clinical care ranges from minor / minimal interventions for less urgent conditions to complex advance life support for life threatening conditions. In some small rural hospitals, doctors may be on call from home. The NDEC allows the RN to manage low acuity / low risk patients in these facilitates without having to call a doctor.

Emergency Triage Education Kit:
The Emergency Triage Education Kit provides a nationally consistent approach to the educational preparation of emergency clinicians for the triage role, and promotes the consistent application of the Australasian Triage Scale.
http://www.health.gov.au/internet/main/publishing.nsf/Content/casemix-ED-Triage+Review+Fact+Sheet+Documents

Facilitators:
These are suitably qualified NDEC trainers who deliver local training to participants. Facilitators are determined by each LHD. A typical facilitator profile will include extensive acute clinical experience, with specialist knowledge of NDEC and the rural and remote ED context. Generally the roles associated with NDEC facilitators would be ED/Critical Care Clinical Nurse Consultants, Clinical Nurse Educators, Clinical Nurse Specialists, Nurse Unit Managers or Health Service Managers. Formal qualifications in workplace training and assessment highly desirable.

Follow-up procedures:
NDEC requires two forms of follow-up. Initially the patient is given instructions for medical follow-up as part of the discharge process. Secondly, the patient receives a telephone call from a designated RN within 24 hours of discharge to check progress.

Governance:
Governance of NDEC occurs at two levels. *Within a LHD*; governance structures ensure local adaptation, implementation, compliance, reporting and safety of individual EDs and accreditation of RNs. *The ECI*; ensures state-wide oversight and governance of NDEC including state-wide implementation, resources, updates, safety, compliance, reporting and Facilitator programs.

Line Manager:
This is the participant's direct reporting manager. This may be an ED Nurse Unit Manager, a Nurse Manager, a Facility manager or equivalent.

Local Health District (LHD):
There are eight Local Health Districts which cover the Sydney metropolitan region and seven which cover rural and regional New South Wales. Together, these LHDs provide local governance to every public ED in NSW.
http://www.health.nsw.gov.au/about/nswhealth/pages/structure.aspx#

Low risk / low acuity:
This is the patient cohort that NDEC services. Patients are screened for risk factors through evidence based criterion. Only patients who meet the low risk / low acuity threshold are managed via NDEC.

Merit Selection:
Participant selection is based on principles of merit. These principles are based on the abilities, qualifications, experience, standard of work, performance and capabilities of an RN as they are relevant to NDEC.
http://nswhealth.erecruit.com.au/applications/Default/Interview/Documents/nswhealth_application_guide.pdf?v20130312

Nurse Delegated Emergency Care (NDEC):
NDEC is a comprehensive patient management strategy designed to facilitate complete patient care within rural and remote ED settings. Patient care is delegated to the RN via an agreed, endorsed framework. The framework includes Nursing Management Guidelines, Standing Orders and discharge criterion for medical officer follow-up. Completion of this *Framework* will accredit a RN to utilise the NDEC.

Nurse Delegated Emergency Care Education Framework (the *Framework*):
This document forms a matrix for initial and ongoing NDEC education and accreditation. It is based on adult learning philosophy and workplace training and assessment principles. It has been designed to assist LHDs and Facilitators to program a training and assessment program for NDEC.

Nursing Management Guidelines:
These are a series of presentation symptom related guidelines that outline management for the RN including assessment, interventions, investigations, documentation and follow-up.

Nursing Medication Standing Orders:
Directly related to the Nursing Management Guidelines, the Standing Orders authorise the RN to administer a narrow list of medications to aid investigation and symptom relief for the presentation problem.

Recognition of prior learning (RPL):
This is a process for giving participants credit for previous / existing knowledge, skills and experiences in regards to those required to use the NDEC. Evidence must be adequate to meet this *Framework* learning outcomes. https://www.training.nsw.gov.au/training_providers/resources/skillsonline/rpl_resources.html

Reflective practice:
Reflection is the examination of personal thoughts and actions. For practitioners this means focusing on how they interact with their colleagues and with the environment to obtain a clearer picture of their own behaviour.

Refresher programs:

These ongoing programs ensure accredited RNs maintain competency and confidence with NDEC. The clinical updates, if applicable, will form part of the refresher program.

Registered Nurses (RNs):

A person licensed to practice nursing under an Australian State or Territory Nurses Act or Health Professionals Act. Referred to as a Registered Nurse Division 1 in Victoria. (Glossary of a registered nurse – ANMC competency standards)

http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2f1342&dbid=AP&chksum=N5ws04xdBlZijTTSdKnSTQ%3d%3d

Reporting framework:

This refers to the local and State reports that will be generated via NDEC. This NDEC *Framework* will form a subsection of this reporting structure.

Rural and remote Emergency Departments:

Generally this refers to EDs delineated as Level 1 or 2 or 3. These are smaller facilities, generally located within smaller hospitals, including Multi-Purpose Service facilities. The NDEC has been tested and validated within Level 2 and 3 EDs.

Appendix

- NDEC Competency Assessment Matrix

- NDEC Matric for ANMC and CENA Standards

- Competency Assessment tool - USAGE OF NDEC, NURSING MANAGEMENT GUIDELINES AND STANDING ORDERS

- Competency Assessment tool – NDEC PATIENT DISCHARGE PROCEDURES

- Competency Assessment tool - NDEC Basic Eye Problems Management (including eye drop instillation and basic eye assessments)

- NDEC Core Skills Map

- NDEC Core Skills RN Self-Assessment Survey

NURSE DELEGATED EMERGENCY CARE
REGISTERED NURSE COMPETENCY ASSESSMENT MATRIX

Summary of possible evidence sources for NDEC competency

This document lists the possible sources of evidence to establish a Registered Nurse (RN) as *competent* and *endorsed* for the purpose of providing *Nurse Delegated Emergency Care* (NDEC). The individual *Elements* illustrate the required knowledge and skills for an NDEC endorsed RN. The possible *Evidence Sources* provide a workplace trainer / accreditor with options for flexibility and fairness in evidence gathering. It is recommended that multiple sources of evidence are used for each item for the purpose of gathering evidence that is valid and reliable. The highlighted items for each *Element* are endorsed as a primary assessment method by the Emergency Care Institute.

Assessment Matrix

			Direct observation	Focused Q & A	Formal Assessment	Participation in a Lecture / in-service	Practical demonstration	Recognition of Prior Learning	Scenarios / Simulation	Workplace documents
Element 1: (Background)	1.1	Exhibits awareness of the historical context and development of the NDEC		✓	✓	✓	✓		✓	
	1.2	Describes underpinning principles of the NDEC		✓	✓	✓	✓		✓	
	1.3	Outlines limitations of NDEC	✓	✓	✓	✓	✓		✓	
	1.4	Outlines benefits of NDEC, particularly in rural / remote setting		✓	✓	✓	✓		✓	
Element 2: (Nursing Management Guidelines)	2.1	Identifies the basic format of the Nursing Management Guidelines (NMGs)		✓	✓	✓	✓		✓	
	2.2	Demonstrates compliance in the application of general inclusion criteria	✓	✓	✓	✓	✓		✓	✓
	2.3	Demonstrates compliance in applying the exclusion criteria and common red flags	✓	✓	✓	✓	✓		✓	
	2.4	Demonstrates appropriate and adequate patient history gathering and assessment skills	✓	✓	✓		✓	✓	✓	✓
	2.5	Demonstrates compliance in using the NDEC NMG *Burns*	✓	✓	✓	✓	✓		✓	✓
	2.6	Demonstrates compliance in using the NDEC NMG *Ear problems*	✓	✓	✓	✓	✓		✓	✓
	2.7	Demonstrates compliance in using the NDEC NMG *Eye problems*	✓	✓	✓	✓	✓		✓	✓
	2.8	Demonstrates compliance in using the NDEC NMG *Foreign bodies*	✓	✓	✓	✓	✓		✓	✓
	2.9	Demonstrates compliance in using the NDEC NMG *Head injuries*	✓	✓	✓	✓	✓		✓	✓
	2.10	Demonstrates compliance in using the NDEC NMG *Hydration alterations*	✓	✓	✓	✓	✓		✓	✓
	2.11	Demonstrates compliance in using the NDEC NMG *Insect bites and stings*	✓	✓	✓	✓	✓		✓	✓
	2.12	Demonstrates compliance in using the NDEC NMG *Limb problems*	✓	✓	✓	✓	✓		✓	✓
	2.13	Demonstrates compliance in using the NDEC NMG *Pain*	✓	✓	✓	✓	✓		✓	✓
	2.14	Demonstrates compliance in using the NDEC NMG *Rashes*	✓	✓	✓	✓	✓		✓	✓
	2.15	Demonstrates compliance in using the NDEC NMG *Respiratory illnesses*	✓	✓	✓	✓	✓		✓	✓
	2.16	Demonstrates compliance in using the NDEC NMG *Wounds*	✓	✓	✓	✓	✓		✓	✓

Key: ✓ = possible assessment method   = advocated NDEC assessment methods

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			Direct observation	Focused Q & A	Formal Assessment	Participation in a Lecture / in-service	Practical demonstration	Recognition of Prior Learning	Scenarios / Simulation	Workplace documents
Element 3: (Standing Orders)	3.1	Demonstrates compliance with the principles and requirements of medication safety, handling and administration	✔	✔	✔	✔	✔	✔	✔	✔
	3.2	Outlines mechanisms that allow medication administration by the RN via NDEC		✔	✔	✔	✔		✔	
	3.3	Describes limitations / restrictions of medication administration via NDEC	✔	✔	✔	✔	✔		✔	✔
	3.4	Identifies basic format of the Standing Orders (SOs)		✔	✔	✔	✔			
	3.5	Can access further information on particular medications	✔	✔	✔	✔	✔	✔	✔	✔
	3.6	Prepares all SO medications as per medication administration instructions	✔	✔	✔		✔	✔	✔	
	3.7	Administers medications according to 6 Rights of Medication Administration	✔	✔	✔		✔	✔	✔	✔
	3.8	Observes patients for adverse events and / or adequate therapeutic effect	✔	✔	✔		✔	✔	✔	✔
Element 4: (Documentation)	4.1	Outlines documentation requirements for NDEC including available templates	✔	✔	✔	✔	✔		✔	✔
	4.2	Complies with all documentation requirements associated with NDEC	✔	✔	✔	✔	✔		✔	✔
Element 5: (Patient Discharge)	5.1	Outlines principles of discharge associated with the NDEC		✔	✔	✔	✔		✔	
	5.2	Provides patient / carer with appropriate and adequate discharge instructions	✔	✔	✔		✔		✔	
	5.3	Can access appropriate patient discharge information including factsheets	✔	✔	✔	✔	✔	✔	✔	
	5.4	Provides instructions on when to return to the ED and seek scheduled follow-up	✔	✔	✔	✔	✔		✔	
	5.5	Completes discharge procedures including follow-up phone call	✔	✔	✔		✔		✔	✔
Element 6: (Auditing / Governance)	6.1	Outlines governance and auditing process both in local context and state-wide		✔	✔	✔				✔
	6.2	Describes local governance structures		✔	✔	✔				✔
	6.3	Can appropriately report adverse events associated with NDEC	✔	✔	✔	✔	✔	✔	✔	✔
	6.4	Identifies importance of self reflection and personal accountability		✔			✔	✔	✔	

Notes for trainers and assessors.

Decisions for the most appropriate modality/s must be made on merit, suitability and the available resources. The above matrix describes valid and reliable methods for training and assessment when applied to individual NDEC elements. It is the responsibly of the trainer and / or assessor to establish the sufficiency and authenticity of available evidence to meet the requirements of workplace competency and subsequent endorsement in the safe use of the NDEC.

Key: ✔ = possible assessment method   ▢ = advocated NDEC assessment methods

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NDEC[1] MATRIX FOR ANMC NATIONAL COMPETENCY STANDARDS[2] & CENA PRACTICE STANDARDS[3]

ANMC National Competency Standards[2]

The ANMC criterion assessment is based on consideration of the specific ANMC Domain aspects against the entire NDEC program (education, accreditation, patient care and quality improvement). Eligibility was assessed against the actual program and the assumption that a NDEC accredited RN is an engaged, reflective, adult learner who consistently demonstrates existing work practices aligned with the ANMC Standards. The purpose of the assessment is to aid a LHD in NDEC governance and assist the individual accredited RN in providing evidence of continuing professional development (CPD).

ANMC[2] Domain Aspect	Criteria Meet by NDEC[1]	Comments
1. Practices in accordance with legislation affecting nursing practice and health care		
1.1	✓	The NDEC complies with legislative and common law requirements of nursing care through a delegated health care model. The model outlines a narrow scope of practice that the RN must comply with when caring for low risk / low acuity patients within a NSW Rural and Remote setting
1.2	✓	The NDEC complies with the principles of evidence based best practice for the management of low risk / low acuity patients within the NSW Rural and Remote Emergency Department context. It encompasses patient safety mechanisms, thorough patient assessment, comprehensive symptom management and patient education
1.3	✓	NDEC is an alternative model from existing 'usual care' of low risk / low acuity patients in the NSW Rural / Remote setting. It has been shown to be safer, with increased staff and patient satisfaction whilst better utilising finite resources. Reporting mechanisms are in place to report and track incidences. An auditing regime monitors continued safe practices
2. Practices within a professional and ethical nursing framework		
2.1	✓	The model is non-discriminatory in practice. The provision of care through the NDEC has been shown to offer increased access to better care in the NSW Rural and Remote setting. The scope of the model allows nursing care is to be provided in an individualised patient context. Escalation strategies are in-built in line with state and local policies.
2.2	✓	Polices and guidelines are integrated throughout the NDEC. These are used as the foundation of patient care. The model will be updated regularly in line with practice updates.
2.3	✓	As per 2.1. In addition, training, assessment and ongoing practice are to be completed with acknowledgement of individual patient needs and rights. Resources within the NDEC allow care to be tailored to the patient. Patient care under the NDEC is ultimately at the discretion of the treating nurse at the time of care.
2.4	✓	The NDEC was created by Rural and Remote Clinicians to better care for Rural and Remote communities. Feedback mechanisms to the Emergency Care Institute exist for clinicians to identify deficiencies and / or suggest improvements to the model
2.5	✓	The NDEC utilises identified core nursing skills within a Rural and Remote Emergency Department nurse's scope of practice to provide an entire episode of care through delegation. Only patient's who meet strict inclusion criteria can be managed under this model.
2.6	✓	Existing knowledge, skills and attitudes are integrated into a nurses ability to safely and effectively care for a patient using the NDEC
2.7	✓	Usage of the model is restricted to accredited RNs. Management cannot be delegated to a non-accredited RN or another health care provider

[1] Emergency Care Institute (2013) *Nurse Delegated Emergency Care*
[2] Australian Nursing and Midwifery Council of Australia (2006) *National Competency Standards for the Registered Nurse (4th Ed.)*
[3] College of Emergency Nursing Australia (2007) *Practice Standards for the Emergency Nursing Specialist (2nd Ed.)*

ANMC[2] Domain Aspect	Criteria Meet by NDEC[1]	Comments
3. Critical thinking and analysis		
3.1	✓	A nurse using the NDEC will be using an evidenced based model, grounded in the pursuit of improving Rural and Remote health outcomes. The NDEC relies on evidence based care practices and feedback from 'frontline' nurses
3.2	✓	As per 2.3 and 3.1. The RN is vital in providing specific, individualised patient care through judgment and care decisions.
3.3	✓	Part of ongoing RN accreditation is reflective practice including application of NDEC updates (as per 2.2). Quality documentation is vital to monitoring and auditing processes encompassing any future research projects that may study the NDEC
3.4		
3.5	✓	Ongoing accreditation entails an ongoing involvement in quality improvement at a local and state level.
4. Participants in ongoing professional development of self and others		
4.1	✓	As per 3.3. Auditing process will involve feedback on practice from senior staff (CNC / CNE / Nurse Manager etc).
4.2	✓	Regular refresher programs and updates will ensure ongoing compliance and safety of the NDEC. Mentoring from senior clinical staff will allow staff new to the role to seek support and feedback
4.3	✓	When a nurse is accredited in the role, there will be ongoing opportunity to contribute to mentoring of new RNs within the NDEC role. This is also scope to allow appropriate RNs to act as content experts for the different aspects of the NDEC education program (LHD governance specific)
4.4	✓	As per 3.3.
5. Provision and Coordination of Care		
5.1	✓	The NDEC provides an evidence based framework of management strategies to provide nurse care (including assessment) to patients presenting with low risk / low acuity problems to Rural and Remote EDs. The framework incorporates many existing validated assessment tools to direct further patient care.
5.2	✓	As per 5.1. A RN using the NDEC must collect then interpret assessment data from a patient to direct further care decisions. The NDEC has built-in safety mechanisms to exit a patient from the model if a patient has deviated from the normal expected progression or outcomes. Patient feedback of the model has demonstrated consistent high satisfaction with care provided, particularly when compared to 'standard' ED care.
5.3	✓	The RN must be able to utilise all sources of information to make decisions related to patient management using the NDEC. Many validated assessment tools are used to care for a patient using the NDEC in addition to general RN clinical assessment and observation skills. The information gathered is the assessed against different aspects of the NDEC to guide further patient management.
6. Plans nursing care in consultation with individuals / groups, significant others and the interdisciplinary health care team		
6.1	✓	Whilst the NDEC directs patient management decisions, the nurse must incorporate assessment data and accurately incorporate this to guide patient care.
6.2	✓	A remit of the NDEC is the efficient care of patients presenting to a Rural and Remote ED in congruence with contemporary national ED efficiency strategies
6.3	✓	Associated patient care documents record progression of care. Expected outcomes are mapped to ongoing patient management
6.4	✓	The discharge process aims to achieve ongoing continuity of care for low risk / low acuity complaints. Follow-up is organised through scheduled medical officer follow-up and RN follow-up phone call. Discharge factsheets direct patients / carers to further resources and agencies for ongoing information and support.
7. Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual / group health outcomes		
7.1	✓	The NDEC provides an effective management strategy for the care of low risk / low acuity patients presenting to Rural and Remote EDs
7.2	✓	The NDEC provides a proscriptive framework for the care of low risk / low acuity patients in Rural and Remote settings. The documented management (treatment) plans must be followed by accredited RNs
7.3		
7.4	✓	The NDEC caters for low acuity / low risk patients however the RN is expected to identify patient deterioration and use local Clinical Emergency Response Systems as indicated by the specific situation

ANMC[2] Domain Aspect	Criteria Meet by NDEC[1]	Comments
7.5		As per 2.7
7.6		As per 2.7
7.7	✓	Complete episodic care of the low risk / low acuity Rural and Remote patient is pivotal to the NDEC. Education on management of symptoms and follow-up after discharge is an integral part of this.
7.8	✓	The NDEC was designed to manage finite resources within Rural and Remote EDs. It has been shown to be particularly useful in the management of patients when there is no medical presence within a hospital
8. Evaluates progress towards expected individual / group health outcomes in consultation with individuals / groups, significant others and interdisciplinary health care team		
8.1	✓	Care is directed through Nursing Management Guidelines. Expected outcomes are inbuilt. The nurse must assess for expected progress to guide further management. Escalation of care is also included if a patient has deviated from the expected outcomes
8.2	✓	As per 8.1. Communicating to other health care providers (medical officers) that a patient has not progressed to expected endpoints are essential within this model. In addition, patient follow-up provides further opportunity for the RN to assess patient progression.
9. Collaborative and Therapeutic Practice		
9.1	✓	Establishing appropriate therapeutic relationships is essential to positive outcomes of patients being managed under the NDEC. It is an expectation that the RN will use appropriate communication principles and techniques throughout.
9.2	✓	As per 9.1. The NDEC (through ECI) provides resources and recommendations for communicating with culturally and linguistically diverse groups.
9.3	✓	The NDEC facilitates an individual's self determination of their health. The program aims to increase patient comfort through symptom relief and education of self management of low risk / low acuity symptoms.
9.4	✓	Explaining the NDEC to a patient / carer is part of the program. This allows the patient or carer to make informed health care desicions relating to their symptom management
9.5	✓	The NDEC has been validated as a safe model for the care of low acuity / low risk patients in NSW Rural and Remote settings. It encompasses principles of patient symptom management (comfort), infection control, work health and safety and the like.
10. Collaborates with the interdisciplinary health care team to provide comprehensive nursing care		
10.1	✓	The NDEC is a delegated care model where the nurse undertakes initial assessment and symptom management. The patient is then referred to a medical officer for further assessment and management if required. Inter-professional relationships are essential to the efficient functioning of the NDEC.
10.2	✓	Documentation templates allow the RN to concisely and accurately record patient assessment and management thus providing an ongoing communication record for other health care providers. If a nurse is unsure of a patient management aspect, they are encouraged to seek further senior clinical input. All health care team communications are to use the Introduction / Situation / Background / Assessment / Recommendation format
10.3	✓	As per 10.2
10.4	✓	As per 1.2, 2.2, 3.1, 5.1, 6.2.

CENA Practice Standards for the Emergency Nursing Specialist[3]

The CENA criterion assessment is based on consideration of the specific CENA Practice Standard Domains[3] against the entire NDEC program[1] (education, accreditation, patient care and quality improvement). Eligibility was assessed against the actual program and the assumption that a NDEC accredited RN is an engaged, reflective, adult learner. Whilst it is recognised that the CENA Practice Standards are aimed at the Emergency Nursing Specialist, an accredited NDEC nurse may be a 'generalist' nurse within a Rural or Remote health facility. However, the NDEC is specific to Emergency Nursing Practice and this criterion assessment acknowledges this. Furthermore, the criterion assessment may assist a nurse wishing to pursue Emergency Nurse specialisation. Similar to the ANMC[2] assessment, the following will aid a LHD in NDEC governance and assist the individual accredited RN in providing evidence of CPD.

CENA[3] Domain Aspect	Criteria Meet by NDEC[1]	Comments
1. Clinical Expertise		
1.1	✓	The NDEC integrates the Australian Triage Scale in identifying low risk / low acuity patients. Through initial and ongoing assessment of the undiagnosed patient, the nurse provides patient centred care aimed at symptom management. Using the NDEC Nursing Management Guidelines, the nurse assesses interventions against expected outcomes and further plans patient management including escalation of care for patients deviating from the expected norm.
1.2	✓	The NDEC is a strategy for managing low risk / low acuity cohorts of patients within Rural and Remote EDs. Appropriate patient selection includes the exclusion of higher risk patient populations through absolute exclusion criteria and 'red flags'. A nurse uses assessment data to facilitate this decision then instigates appropriate care under the model
1.3	✓	The NDEC outlines expected outcomes. The nurse assesses patient progress against these outcomes and individualises care as indicated. The model facilitates faster throughput of low risk / low acuity patients in Rural and Remote EDs. It has been consistently demonstrated as a safe care model
1.4	✓	Safe patient discharge is a critical aspect of the NDEC. RNs demonstrate proficiency in all aspects of discharge including risk assessment, patient education, resource provision, medication administration and referral when a patient is discharge through NDEC.
1.5	✓	Family centred care is demonstrated throughout the NDEC, with a particular focus on the management of paediatric low risk / low acuity patients.
2. Communication		
2.1	✓	The NDEC relies on excellent communication skills – verbal, non-verbal and written. Templates are provided for different communication aspects. Continuity of care is maintained through appropriate effective communication
2.2	✓	Tailoring communication to individuals throughout the dynamic health encounter, where NDEC is being used, is vital. Updating progress and planned outcomes is part of the role of the NDEC accredited RN
2.3	✓	Templates are used for documentation. The *Introduction / Situation / Background / Assessment / Recommendation* strategy is used for all professional communications
3. Teamwork		
3.1	✓	The NDEC works due to the ongoing collaboration between nurses, doctors, allied health and Health Service Managers in the Rural and Remote setting. Patient care continuity is ensured through this collaboration
3.2		
4. Emergency Resources and Environment		
4.1	✓	It has been demonstrated that the NDEC is an effective management strategy for patient flow. It has been shown to be a safe model with increased patient / carer satisfaction
4.2		
4.3	✓	Finite resources are maximised within the Rural and Remote setting by utilising the NDEC. Managing a patient under the model requires integration of existing ED equipment, particularly adjuncts to patient assessment.
4.4		

CENA[3] Domain Aspect	Criteria Meet by NDEC[1]	Comments
5.Professional Development		
5.1	✓	Ongoing RN accreditation of the NDEC requires ongoing maintenance of relevant professional development. Self reflection and participation in quality improvement activities related to NDEC are essential
5.2	✓	Opportunities to be mentored and be a mentor are embedded within the NDEC model. Involving staff in auditing and self reflection processes also allows a sharing of experience and further refinement of the model thus contributing to other development within the NDEC
5.3		
6. Leadership		
6.1	✓	The NDEC demonstrates innovative, nurse lead practice improvements through delegated care. This model supports nurses maximising the impact of their scope of practice in the care of low risk / low acuity patients within a Rural and Remote context
6.2	✓	In response to contemporary issues affecting ED care provision, the NDEC was created. The NDEC addresses issues of equity and access, the National Emergency Access Target and the specialty of Emergency Nursing.
7. Legal		
7.1	✓	The NDEC complies with all existing relevant legislation, guidelines and Practice Standards, An accredited nurse will be practicing within this framework. Mechanisms are embedded to identify and respond to breaches.
8. Ethical		
8.1	✓	All aspects of the NDEC function within an accepted ethical framework
9. Research		
9.1	✓	The program is grounded in current evidence based best practice. Updates are based on advancements in this evidence base. NDEC practice data may spur further research and practice improvements in ED management of low risk / low acuity patients.

USAGE OF NDEC, NURSING MANAGEMENT GUIDELINES AND STANDING ORDERS COMPETENCY ASSESSMENT TOOL

This competency assessment tool allows a facilitator to assess nurse confidence and competence in using Nurse Delegated Emergency Care (NDEC), associated Nursing Management Guidelines (NMGs) and relevant Standing Orders (SOs). The NMGs and SOs determine the management standards of low risk / low acuity patient's symptoms. Correct application of these documents is critical to the safe and efficient use of the NDEC.

Confidence[1]	Performance Criteria	Competent	NYC[2]	Comments	CENA[3]	ANMC[4]
	General Understanding of NDEC					
	Describes what the NDEC is *(A legal framework for the RN to manage low risk / low acuity patients in the ED through delegated care)*				1.1, 4.1, 4.3, 5.3, 6.1, 7.1, 8.1, 9.1	1.1, 1.2, 1.3, 2.2, 2.4, 2.5, 2.7, 3.1, 3.5, 6.1, 7.8, 10.3
	Indicates the purpose of the NDEC *(Designed for rural / remote EDs for the management of low risk / low acuity patients. Increases patient satisfaction, with greater access to timely care with improved efficient use of finite resources)*					
	Explains the limitations and safety mechanisms within the NDEC *(Has inclusion / exclusion criteria. Is evidenced based and comprehensively tested in rural / remote ED setting. Requires special training and assessment to be accredited to use NDEC. Accredited nurses are able to override NDEC if it is felt that patient needs formal medical review prior to D/C)*					
	Explains patient eligibility criteria and demonstrates correct application of patient selection / exclusion *(ATS 4 / 5; relevant NMG available; no red flags)*					
	Describes how NDEC works in local facility *(Where NDEC materials are located within ED (hard copy and electronic), operational hours, referral arrangements etc)*					
	Patient / Carer Education and Consent					
	Uses 'plain language' to explain NDEC to a patient / carer *(Information is given in a direct and clear way. Jargon and unnecessary official, legal or bureaucratic wording is avoided. Other resources are accessed for culturally and linguistically diverse patients / carers as needed)*				1.5, 2.2, 2.3, 8.1	2.3, 3.2, 6.2, 7.7, 9.1, 9.2, 9.3, 9.4
	Demonstrates an ability to gain valid verbal consent to treat a patient under the NDEC *(Principles of valid consent are adhered to whilst being applied to NDEC)*				1.5, 2.2, 7.1, 8.1	1.1, 1.2, 2.1, 2.6, 6.2, 9.2, 9.4
	Nursing Management Guidelines					
	Describes the purpose of the NMGs *(Guides the RN to include low risk / low acuity patients. Outlines assessment, investigation and further management of patient).*				1.1, 1.3, 7.1, 8.1	5.1, 5.2, 5.3, 7.1, 7.2, 7.3
	Chooses the correct NMG associated with the patient presentation problem *(Can be actual / supervised or simulated. Based on a patient's primary presentation complaint)*				1.2, 7.1	1.1, 1.2, 2.2, 2.5, 2.6, 5.2, 5.3, 6.1, 6.2, 7.1, 7.2
	Uses the NDEC exclusion criteria and NMG red flags to distinguish the correct patients eligible to receive NDEC. *(Demonstrates application of excluding patients who have red flags or including patients who have no red flags)*					
	Describes how patients who are excluded from the model are cared for *(usual care including medical officer notification / review)*				1.2, 1.3, 2.1, 2.2, 2.3, 3.1, 7.1	1.2, 1.3, 2.6, 5.3, 6.1, 6.4, 7.1, 7.4, 7.8, 8.2,

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[1] **Completed by the participant**. Confidence is a declaration <u>from</u> the participant that they are confident in the particular performance criteria <u>prior</u> to formal assessment.

[2] NYC = Not Yet Competent. Competence is not adequately demonstrated.

[3] CENA = Criteria mapped to: College of Emergency Nursing Australasia (2007) *Practice Standards for the Emergency Nursing Specialist* (http://cena.org.au/CENA/Documents/Standards.pdf)

[4] ANMC = Criteria mapped to: Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse* (http://www.nursingmidwiferyboard.gov.au)

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	Demonstrates proficiency in using NMGs to provide safe nurse delegated care *(Completes relevant assessments, commences investigations, commences correct treatment and assess efficacy. Documents interactions)*				1.2, 1.3, 2.2, 2.3, 4.1, 4.3, 7.1, 8.1	1.2, 1.3, 2.2, 2.3, 2.5, 2.6, 5.2, 5.3, 6.1, 6.2, 6.3, 6.4, 7.2, 7.4, 7.8, 8.1, 8.2, 9.1, 9.2, 9.3, 9.4, 9.5, 10.2, 10.3
	Outlines the strategy for managing patients whose condition deteriorates during the episode of care *(Exit NDEC; follow usual care principles including clinical review or rapid response if required. Seek medical officer review)*				1.2, 2.1, 2.3, 3.1, 4.1, 7.1, 8.1,	1.2, 1.3, 2.2, 2.5, 2.6, 5.1, 5.2, 5.3, 6.3, 7.1, 7.4, 7.8, 8.2, 10.3
Standing Orders						
	Describes the relationship between NMG 'red flags' and the SOs *(NMG must sanction SO use. Any precautions or contraindications within a NMG needs to be considered when using the SO)*				1.3, 2.1, 2.2, 2.3, 3.1, 7.1, 8.1	1.1, 1.2, 2.2, 2.5, 6.3, 7.1, 7.2, 7.7, 8.1, 8.2
	Outlines components common to all SO's *(Indications, contraindications, dosages, administration instructions, side effects etc.)*					
	Discusses who can administer medications from the S.O *(only RNs who are accredited to use NDEC)*					
	Produces correct documentation record of S.O. medication administration *(as per medication charting requirements for nurse initiated medications)*					
	Describes local policy for ensuring medical officer checking and countersigning of medication chart					
Governance and Auditing Processes						
	Can outline local auditing process for the NDEC *(Individual practice audits of triage, documentation, assessment, NDEC use and NDEC compliance. Results fed back to RN)*				3.2, 5.1, 5.2, 5.3, 7.1, 9.1	3.5, 4.1, 4.4, 10.4
	Can outline other monitoring methods for NDEC *(Follow-up call logs; reasonable workload tools; in-charge reports; IIMS; direct staff, patient and carer feedback)*					
	Can outline local and state governance process *(Local governance described as per individual site arrangements. State governance is through the Emergency Care Institute (ECI). ECI responsible for NDEC updates etc.)*					

☐ Competent (must meet all above criteria)   ☐ Not Yet Competent

Facilitator Name: _____   Facilitator Signature: _____

Facilitator Comments:

Participant Name: _____   Participant Signature: _____

Participant Comments:

Date: __ / __ / __   LHD: _____   Facility: _____

NDEC PATIENT DISCHARGE PROCEDURES COMPETENCY ASSESSMENT TOOL

This competency assessment tool allows a facilitator to assess nurse confidence and competence in the patient discharge procedures associated with Nurse Delegated Emergency Care (NDEC). Correct discharge procedures are essential to safe and comprehensive patient care whist using the NDEC model of care.

CONFIDENCE[1]	PERFORMANCE CRITERIA	COMPETENT	NYC[2]	COMMENTS	CENA[3]	ANMC[4]
	General Understanding of Discharge Processes					
	<u>Outlines the discharge process of NDEC</u> *(Patients are discharged by the nurse under a delegation of care model. Using the Nursing Management Guidelines [NMGs] and discharge checklist as a guide, the nurse determines the patient is safe for discharge. The patient is discharged for scheduled follow-up)*				1.3, 1.4, 1.5, 2.2, 2.3, 7.1	1.1,1.2, 2.2, 2.3, 2.5, 2.6, 3.2, 5.3, 6.4, 7.1, 7.2, 7.7, 9.1, 9.2, 9.3, 9.5, 10.3
	<u>Identifies the different aspects that need to be completed prior to patient discharge</u> *(Two sets of observations in 'white zone' of the relevant Between the Flags chart, additional observations as per specific NMG, management completed as per NMG, Standing Order medication administered and assessed for efficacy etc.)*					
	<u>Demonstrates an understanding of strategies for catering to patients and carers who are from culturally and linguistically diverse backgrounds</u> *(Use of interpreter services, providing factsheets in appropriate translated language etc.)*					
	<u>If applicable</u> (otherwise mark as N/A) <u>Describes the local strategy for afterhours discharge of patients and carers who are from geographically isolated areas</u> *(Offer of local non-inpatient hospital accommodation etc.)*					
	Discharge Paperwork and Documentation					
	<u>Demonstrates ability to complete the pro-forma NDEC discharge letter to required documentation standards</u> *(Includes presenting problem; history; nursing assessment; investigations; treatments; outcomes and discharge plan)*				1.4, 2.1, 3.1, 7.1, 8.1	1.2, 2.2, 3.3, 6.3, 7.2, 7.8, 10.2
	<u>States the location of patient discharge resources (hard copy and electronic)</u> *(Resource folder; www.ecinsw.com.au)*					
	<u>Distinguishes what discharge paperwork needs to be given to a patient / carer</u> *(Discharge letter, appropriate factsheets, NDEC flyer)*					
	Patient Instructions and Patient Follow-up					
	<u>Relates all relevant discharge instructions to patient and / or carer</u> *(The patient is to follow-up with a medical officer [either in rooms or back at ED within 24 hours]. Patient / carer will receive a phone call from RN the next morning)*				1.4, 1.5, 2.2, 2.3, 8.1	1.2, 3.3, 6.3, 6.4, 7.2, 7.7, 7.8, 8.1, 8.2, 9.1, 9.4, 9.4
	<u>Demonstrates ability to conduct and document a NDEC follow-up patient phone call</u> *(Correct phone interactions to ascertain patient progress, compliance with follow-up. Appropriately documented)*					

☐ Competent (must meet <u>all</u> above criteria)   ☐ Not Yet Competent

(Note: continued over page)

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[1] **Completed by the participant**. Confidence is a declaration <u>from</u> the participant that they are confident in the particular performance criteria <u>prior</u> to formal assessment.

[2] NYC = Not Yet Competent. Competence is not adequately demonstrated.

[3] CENA = Criteria mapped to: College of Emergency Nursing Australasia (2007) *Practice Standards for the Emergency Nursing Specialist* (http://cena.org.au/CENA/Documents/Standards.pdf)

[4] ANMC = Criteria mapped to: Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse* (http://www.nursingmidwiferyboard.gov.au)

Facilitator Name: _____   Facilitator Signature: _____

Facilitator Comments:

Participant Name: _____   Participant Signature: _____

Participant Comments:

Date: __ / __ / __   LHD: _____   Facility: _____

NURSE DELEGATED EMERGENCY CARE BASIC EYE PROBLEMS MANAGEMENT COMPETENCY ASSESSMENT TOOL[1]

This competency assessment tool allows a facilitator to assess nurse confidence and competence in undertaking a basic nursing eye assessment and commencing basic nursing management of eye problems as guided by the Emergency Care Institute's *Nurse Delegated Emergency Care "Eye Problems" Nursing Management Guideline*.

This assessment tool may be applicable to other basic nursing eye assessment contexts; however, facilitators should note that the tool is designed within the guidelines and principles of the *Nurse Delegated Emergency Care* (NDEC) program.

Confidence[2]	Performance Criteria	Competent	NYC[3]	Comments	CENA[4]	ANMC[5]
	General Understanding of Basic Eye Problems Management					
	Describes the types of eye problems that can present to an Emergency Department *(Traumatic – blunt and penetrating, chemical, foreign body, lacerations to eye lid or surrounding tissue. Non traumatic – infection, allergies, degenerative processes)*					
	Summarises eye problems that are considered suitable for inclusion through NDEC *(Low acuity / low risk – Australasian Triage Scale category 4 or 5 and no Red Flags as per the Nursing Management Guideline. Examples could include "red eye", "Welder's flash", non-embedded foreign body)*					
	States further patient care resources for eye management *(Eye Emergency Manual, ECI, local guidelines or protocols)*					
	Employs principles of infection control and Work Health and Safety throughout eye problem management					
	NDEC Eye Assessment					
	Sets up correct equipment for eye exam *(Visual acuity / Snellen chart, Pinhole occluder or equivalent, ophthalmoscope, Fluorescein drops, ophthalmoscope)*					
	Identifies potential aids that a patient may require during the exam *(Glasses, contact lens, interpreters, alternate visual charts – pictures instead of letters or figures)*					
	Prepares patient correctly for visual acuity assessment *(Patient comfortable and correct distance from visual chart being used. Can identify the correct distance required as per the chart being used)*					
	Demonstrates visual acuity assessment on both eyes and explains clinical significance of findings *(Descending order of letters on the visual chart. Uses other charts if appropriate. Any acute alteration in vision requires medical review – not an NDEC patient)*					
	Describes or demonstrates procedure for continued testing if visual acuity is less than 6/6 *(Pin hole disk on affected eye to improve vision, other methods of assessing vision using hand signals then light perception)*					
	Demonstrates correct method for instilling Fluorescein eye drops (or using blotting paper) for eye exam *(Pull down lower eyelid to form a 'pocket', tilt head slightly back and get patient to look up, instil drops into pocket formed [or place blotting paper on eye lid], instruct patient to close eyes and move eye side to side/ up and down to spread medication)*					

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[1] Adapted from Sydney / Sydney Eye Hospitals Clinical Nursing Services Department (2012) *Assessment of Visual Acuity* and *Assessing and Performing Instillation of Eye Drops / Ointment* SSEH CNSD

[2] **Completed by the participant**. Confidence is a declaration from the participant that they are confident in the particular performance criteria prior to formal assessment.

[3] NYC = Not Yet Competent. Competence is not adequately demonstrated.

[4] CENA = Criteria mapped to: College of Emergency Nursing Australasia (2007) *Practice Standards for the Emergency Nursing Specialist* (http://cena.org.au/CENA/Documents/Standards.pdf)

[5] ANMC = Criteria mapped to: Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse* (http://www.nursingmidwiferyboard.gov.au)

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Confidence[6]	Performance Criteria	Competent	NYC[7]	Comments	CENA[8]	ANMC[9]
	Demonstrates correct use of cobalt blue light to assess for abnormalities after Fluorescein instillation. *(Correctly uses ophthalmoscope with cobalt blue light to assess for corneal abrasion)*					
	Distinguishes how any abnormalities will appear with cobalt blue light and explains clinical significance of findings *(The appearance of a corneal abrasion post Fluorescein instillation during cobalt blue light assessment will appear as a green discolouration. This is a clinically significant abnormality, will require topical antibiotic eye drops in addition to usual NDEC follow-up)*					
Management						
	Demonstrates or describes the management strategies as outlined in NDEC *(Symptom relief, topical application of eye drops, appropriate referral)*					
	Explains the NDEC nursing management of abnormalities as found during above patient exam *(Consider direct notification to medical officer – withdraw from NDEC model. Otherwise topical antibiotic eye drops and referral)*					
	Demonstrates instructing a patient or carer in correct eye drop application technique *(Wash hands, tilt head up, pull lower lid down to form a pocket behind the lid, deliver recommended drops / dose without touching bottle tip to eye, shut eyelid and keep shut for 1 minute, recap bottle and wash hands. Provides appropriate factsheet to patient / carer)*					
Documentation						
	Produces a medical record that documents assessment findings, and subsequent management (including medication administration)				1.4, 2.1, 2.3, 7.1	2.2, 6.3, 6.4, 7.8, 9.2, 10.2

☐ Competent (must meet <u>all</u> above criteria)   ☐ Not Yet Competent

Facilitator Name: _____   Facilitator Signature: _____

Facilitator Comments:

Participant Name: _____   Participant Signature: _____

Participant Comments:

Date: __ / __ / __   LHD: _____   Facility: _____

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[6] **Completed by the participant**. Confidence is a declaration <u>from</u> the participant that they are confident in the particular performance criteria <u>prior</u> to formal assessment.

[7] NYC = Not Yet Competent. Competence is not adequately demonstrated.

[8] CENA = Criteria mapped to: College of Emergency Nursing Australasia (2007) *Practice Standards for the Emergency Nursing Specialist* (http://cena.org.au/CENA/Documents/Standards.pdf)

[9] ANMC = Criteria mapped to: Australian Nursing and Midwifery Council (2006) *National Competency Standards for the Registered Nurse* (http://www.nursingmidwiferyboard.gov.au)

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Registered Nurse Self-Assessment Skills Survey for Nurse Delegated Emergency Care

This self-assessment survey has been designed for you to evaluate your existing knowledge and skills <u>before</u> you commence training that is specific to the *Emergency Care Institute's* (ECI) *Nurse Delegated Emergency Care* (NDEC) model of care.

Please enter the most accurate answer in response to the following statements related to NDEC Core Nursing Skills

	Strongly Disagree	Disagree	Agree	Strongly Agree
I am confident in my ability to make clinical decisions based on my patient assessment skills	○	○	○	○
I am confident in assessing pain and strategies to manage pain in the Emergency Department	○	○	○	○
I am confident in using Medication Standing Orders as approved by my facility in line with NSW Ministry of Health Policy	○	○	○	○
I am confident in managing minor burns	○	○	○	○
I am confident in basic eye exams and the management of minor eye problems	○	○	○	○
I am confident in basic wound assessment and wound management principles	○	○	○	○
I am confident in my ability to fit crutches correctly and provide instructions to a patient in the safe use of crutches	○	○	○	○
I am confident in managing low risk, low acuity and low complexity paediatric presenting problems within the Emergency Department	○	○	○	○

If you have answered *Disagree* or *Strongly Disagree* to <u>any</u> statement, you need to contact your local line manager (NUM or HSM), NE, CNE, CNC and / or your facility NDEC facilitator. Further resources are available to increase your confidence in all areas that you have identified and these people can help you access these.

Nurse Delegated Emergency Care Skills Mapping

Introduction

The following provides an outline of the essential Registered Nurse (RN) skills that are required to provide Nurse Delegated Emergency Care (NDEC). Where an RN feels more training is required or a knowledge / skills gap has been otherwise identified, existing resources are mapped to allow for further training and workplace assessment. Before an RN commences specific training for NDEC, it is an assumption / prerequisite that the RN has been deemed competent and is also confident in the following areas prior to being endorsed as a NDEC RN.

Mandatory Pre-requisites

The listed education programs (or an equivalent as established by the relevant Local Health District) are pre-requisites for all RNs undertaking NDEC training. These pre-requisites include

* Completion of the Department of Health and Aging *Triage Education Kit* or an equivalent formal triage training program.
* Current competency in rural / remote triage including satisfactory completion of a triage practice audit.
* New South Wales (NSW) Ministry of Health (MoH) Between the Flags awareness training[1].
* NSW MoH *Detecting Deterioration, Evaluation, Treatment, Escalation and Communication in Teams* (D.E.T.E.C.T.) program[2].
* NSW MoH *D.E.T.E.C.T. Junior* program[3]
* NSW MoH *Introduction, Situation, Background, Assessment, Recommendation* (ISBAR) *for Clinical Handover* e-learning[4]
* *NSW Paediatric Clinical Practice Guidelines* e-learning[5]

Essential skills for the NDEC RN

The NDEC model is based on core RN knowledge and skills. The following is a list of identified core RN knowledge and skills that are essential to the delivery of NDEC.

* Patient assessment
* Pain assessment and pain management
* Using medication Standing Orders
* Management of minor burns

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[1] Available via http://www.cec.health.nsw.gov.au/programs/between-the-flags or http://nswhealth.moodle.com.au
[2] Available via http://www.cec.health.nsw.gov.au/programs/between-the-flags or http://nswhealth.moodle.com.au
[3] Available via http://www.cec.health.nsw.gov.au/programs/between-the-flags or http://nswhealth.moodle.com.au
[4] Available via http://nswhealth.moodle.com.au
[5] Available via http://doh.edmore.com.au/

- ∗ Basic eye assessment
- ∗ Wound management
- ∗ Fitting and providing instructions on the use of crutches
- ∗ Management of paediatric presentations

If it is identified that an RN requires further training, the following resources have been mapped to the areas listed above. These resources are not specific to NDEC or a rural / remote context. The mapped content is, however, directly related to the knowledge and skills required by the NDEC RN.

Key:		

- ∗ **CIN:** Clinical Initiatives Nurse training program[6]
- ∗ **TTENP:** Transition to Practice Emergency Nursing Program[7]
- ∗ **Numbers**: The listed numbers refer to the chapter and section of each *resource manual*
- ∗ **LA:** Refers to the applicable *Learning Activity* in each respective *participant manual*.
- ∗ Where **'*Other'*** resources are identified, it is recommended that these resources are consulted as a primary resource.

Component	CIN	TTENP	Other
Patient assessment	2.2	2.1 – 2.3 (LA = 3) 2.6	
Documentation	3.1 (LA = 1, 3)	1.10	
Pain management	1.4 (LA = 2, 3.2, 4, 5, 8, 9)	3.8 (LA = 39 – 42)	
Medication standing orders		1.9 – 1.10 (LA 2)	MoH Medication Standing Orders Policy[8]
Burns		10.2 – 10.7 (LA 45)	
Basic eye assessment			Eye Emergency Manual (2nd Ed.)[9] pg. 15 – 16, 21 – 23; 25 – 27 and ECI Basic Eye Assessment competency assessment[10]
Limb assessment	1.5 (LA = 1, 2, 3)		CIN Limb assessment DVD[6]
Wound Management	1.6 (LA = 1)		
Crutches			ECI e-learning & competency assessment[11]
Paediatrics	2.5	16.2 – 16.3, 16.5 – 16.10 (LA 62[12])	

NDEC Specific Training

The above elements form the foundation of NDEC RN training and accreditation. An understanding of these aspects is assumed when an RN begins specific training for NDEC. NDEC training and competency assessment is in addition to the above, and must be completed separately. Discuss the NDEC specific training requirements with your local NDEC facilitator or consult the ECI website www.ecinsw.com.au/ndec.

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[6] Available via http://www.ecinsw.com.au/CIN

[7] Available via http://www.ecinsw.com.au/search/node/ttpenp

[8] Available via http://www0.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_374.pdf

[9] Available via http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0010/154963/eem_education_session2.pdf#zoom=100 or http://www.ecinsw.com.au/Eyes

[10] Available via *in development*

[11] Available via *in development*

[12] This learning activity must be completed as the pre-requisite: *NSW Paediatric Clinical Practice Guidelines* e-learning