

DEPARTMENT OF HUMAN SERVICES

**Bayside Nurse Practitioner
Service Plan Development
Project**

Report

June 2006

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CHAPTER 1. EXECUTIVE SUMMARY

The Bayside Nurse Practitioner Service Plan Development Project commenced in October 2005. The focus of the project was to identify and prioritise areas for development of the Nurse Practitioner role across the organisation. This work was overseen by the Bayside Nurse Practitioner Steering Committee.

A two stage process involving Expressions of Interest and then a more comprehensive Submission phase, was developed to identify potential areas for Nurse Practitioner roles, and then to evaluate and prioritise the suitability and readiness of those areas to progress development of the role. The emphasis was on service driven models, where the proposed Nurse Practitioner role was conceptualised as an Advanced Practice nursing role that would utilise extensions to practice, and the development of a robust funding strategy.

This process identified the following priority areas for Nurse Practitioner roles across Bayside Health.

1.1 IMMEDIATE PRIORITY AREAS (6 – 12 MONTHS)

- Melbourne Sexual Health

- Psychiatry Triage (Alfred Emergency Department)

- Mobile Assessment and Treatment Service (Alfred Acute Aged Care)

- Stroke

1.2 LONGER TERM PRIORITY AREAS (2 – 5 YEARS)

- Cystic Fibrosis

- Disease Management Unit

- Diabetes

- Dialysis

- Professorial General Medical Unit

- Neurosurgery

- Heart Failure

These priority areas were compared to the Bayside Strategic Plan to ensure they were in line with the strategic direction of the organisation. A further thirteen areas have been identified for future potential development.

It is anticipated that Nurse Practitioner roles in these clinical areas will provide safe, effective, efficient and flexible health care for patients. Many of the proposed roles will work to address issues such as access and waiting times for health services.

As part of this project, organisational processes such as clinical practice guideline development and approval, and a mentorship and education framework have been formulated to support the ongoing development of Nurse Practitioner roles at the local level. Expectations of both Nurse Practitioner Candidates and endorsed Nurse Practitioners have been clearly articulated within generic job description templates.

Analysis of a number of barriers and constraints to the development of Nurse Practitioner roles throughout the work of this project has generated the following recommendations.

1.3 KEY RECOMMENDATIONS

- Funds in addition to the Department of Human Services (DHS) Training and Development Grants currently provided for medical training positions within the public health sector, are allocated to support ongoing clinical educational needs of the Nurse Practitioner Candidates (NPCs)
- Future collaborative initiatives are developed between clinical areas across organisations to address the educational needs of the NPCs, as occurred in the Victorian Emergency Department Nurse Practitioner collaborative
- The Victorian Nurses' Board consider including a Health Assessment and Diagnostics module as a compulsory element of the preparation of NPCs (who are not completing or who have not completed a Masters of Nurse Practitioner course), similar to the compulsory nature of the pharmacology units, in order to address the common educational needs of NPCs and to reduce the demand on organisational resources
- There is increased availability of financial support for nurses undertaking masters qualifications, perhaps in the form of scholarships from professional or government bodies
- The university sector demonstrates increased flexibility in regard to recognition of prior learning for nurses with extensive relevant experience, who wish to undertake a master of nursing qualification
- Consideration is given by DHS to the establishment of a position to sustain the ongoing development of NP roles at an organisational level
- Nurse Practitioner access to the Pharmaceutical Benefits Scheme and Medicare Provider Numbers are addressed at the level of the federal government
- DHS explore insurance coverage for NPs with VMIA to ensure there is agreement in terms of understanding the scope of the role, insurance requirements and a consistent approach to the documentation required
- There is consideration of the need to isolate specific providers within public hospital data systems as new systems are implemented in the future, to minimise the amount of manual data entry that Nurse Practitioners are required to complete.

1.4 ACKNOWLEDGEMENTS

I would like to acknowledge the commitment and energy of the steering committee, as well as the considerable skills of Danielle Bolster (Project Officer), Gwenda Peters (Manager, Nursing Education, The Alfred) Julie Cairns and Michele Gardner (Nursing Co-Directors) in their ability to critically analyse and challenge existing understandings and practices.

*Sharon Donovan, Chief Nursing Officer
Chair, Bayside Nurse Practitioner Steering Committee*

CHAPTER 2. INTRODUCTION

2.1 BAYSIDE HEALTH OVERVIEW

Bayside Health is a leader in health care delivery, improvement, research and education. We strive to achieve best possible health outcomes for our patients and our communities by integrating clinical practice with research and education.

Bayside Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and a major provider of specialist state wide services to the people of Victoria. These services are provided across the continuum of care from inpatient, to ambulatory and home and community based services.

Bayside Health has a strong commitment to research and undergraduate and postgraduate training for medical, nursing, allied health and other support staff through its major partnerships with Monash, Deakin and LaTrobe Universities. It has important research and development links with Baker Institute, the Burnet Institute and Monash University as a partner in the Alfred Medical Research and Education Precinct (AMREP).

Bayside Health is recognised as a pacesetter in the national health care arena and has consistently been linked to progressive developments in health care and services, medical research and health care teaching. Its' hospitals have always been at the forefront of developments in clinical services to ensure patients have the best possible care. It has also been a leader in implementing new models of care to ensure greatest accessibility for patients and efficiency of service delivery.

Bayside Health services are provided from the following 3 campuses:

The Alfred is a major tertiary referral teaching hospital. It has a major role in the provision of specialist tertiary and quaternary services on a state-wide and national basis. Specialist services include trauma services, emergency and intensive care, comprehensive cancer services, blood diseases, respiratory medicine, melanoma, bone marrow transplant, cardiology/cardiovascular services, neurosurgery, general and specialist surgery and medicine, psychiatry and diagnostic services. The Alfred's state wide services include heart and lung replacement and transplantation, cystic fibrosis, burns, HIV/AIDS, haemophilia, sexual health and hyperbaric medicine.

The Alfred provides acute and mental health care services to the residents of the local municipalities to meet the needs of the local community. These services are provided in a range of inpatient and ambulatory settings and in partnership with other community providers.

Sandringham & District Memorial Hospital (SDMH) is a community hospital with a strong focus on meeting the health care needs of its local community. The hospital plays an important part in the delivery of elective surgery services generated by Bayside Health, including general surgery, colorectal, breast, gynaecological, orthopaedic, ENT and urology. It also provides general medical, emergency, women's health and maternity services including a level one nursery. A number of ambulatory care services are also located at SDMH including a nine chair dialysis unit. Postoperative rehabilitation is coordinated between SDMH and Caulfield General Medical Centre and the Kingston Centre.

Caulfield General Medical Centre (CGMC) provides a range of specialty services in the areas of community services, rehabilitation, aged care, residential care and aged mental health. In addition, the hospital has a state-wide role in the provision of rehabilitation services to people throughout Victoria. Many services are provided through outpatient and community based programs that focus on enhancing the health, independence and overall well being of people residing in the community¹.

2.2 BAYSIDE VISION

Excellence in health care and service

2.3 BAYSIDE VALUES

Caring and responding to our patients and our community

We design our care around the individual and the communities we serve and value feedback and input from patients, consumers, families and staff. We strive to address concerns and improve our care and services as a result.

Encouraging and achieving excellence, continual learning and improvement

We will advance the service and practice in health care to ensure the care provided is of the highest quality. We support a culture of innovation, evidence-based practice, learning from experience through reflection, and continuous learning in order to provide outstanding care.

Working in partnership and cooperation

We work in partnership with patients, staff, volunteers, the community and other health services to improve the quality of life of the people to whom we provide care and services. We communicate openly with all our partners in health care to build supportive and effective working relationships.

Being responsible and accountable for the service we provide

We use resources wisely to get the best value for the people we serve. We take responsibility for the performance of our services.

Achievement through teamwork

Our greatest asset is our people. We value their contribution and recognise and reward this. We work together as a team, valuing each other's view, skills, diversity and knowledge.

Treating people with integrity and in a friendly, trusting and respectful manner and environment

We have a people-centred approach to everything we do. We work with and provide care and services to a diverse multicultural community. We treat everyone with trust, compassion, integrity and respect.

CHAPTER 3. BACKGROUND/ HISTORY TO THE NURSE PRACTITIONER ROLES IN THE HEALTH SERVICE

Prior to the commencement of the Bayside Nurse Practitioner Service Plan Project, Bayside Health has been involved in a Nurse Practitioner Demonstration Project. The Alfred Emergency Department project started in July 2004 as part of the DHS Emergency Department Nurse Practitioner Project, with two Nurse Practitioner Candidates (NPCs) who were identified as having suitable experience and qualifications. The implementation of the role in the Emergency Department commenced in the fast track area, and has now evolved to encompass appropriate patients as defined by the Nurse Practitioner (NP) clinical practice guidelines in all areas of the department.

Since that time the role has become a sustainable component of the health care delivery model of the Emergency Department, and has expanded to include a third Nurse Practitioner Candidate (NPC) who was employed by the Department in 2005. The NPCs work as an integral part of the team and provide a holistic approach to the provision of patient care. One of the candidates has progressed to become the first endorsed Emergency NP in Victoria in June 2006.

The introduction of the role has demonstrated a reduction in the number of patients who fail to wait to be seen and treated despite increasing numbers of patients attending the department, decreased treatment times for patients, and improved patient satisfaction². In conjunction with these outcomes, the robust organisational wide communication strategy for the project has ensured the successful implementation of the NP role. This work provided a solid foundation from which to commence the Bayside NP Service Plan Development Project.

CHAPTER 4. POLICY FRAMEWORK TO SUPPORT THE ROLE AT THE LOCAL LEVEL

A number of organisational guidelines have been developed to support the NP extensions to practice. They are broad overarching guidelines, as the specific clinical details and processes will be included in the clinical practice guidelines developed by the NP/NPCs in the local clinical areas. The guidelines remain draft documents at this stage, until they are approved by the Bayside Health Quality and Clinical Governance Committee. Examples have been included for reference (**Appendices 1 – 3**).

CHAPTER 5. PROCESS FOR DEVELOPMENT OF BAYSIDE NURSE

PRACTITIONER ROLES

The Bayside NP Service Plan Development Project commenced in October 2005, with the appointment of a Project Officer. The focus of the project was to promote and prioritise the development of the NP role across Bayside Health and to develop a service plan, frameworks and guidelines, as outlined in the DHS project objectives.

A Bayside NP Steering Committee was formed to oversee the work of the project. The membership of the committee was as follows:

Chief Nursing Officer Bayside Health (Chair)
Director of Nursing – CGMC
Director of Nursing – SDMH
Acting Executive Director of Medical Services
Director, Emergency and Trauma Centre
Director of Clinical Imaging, The Alfred
Director of Pathology, The Alfred
Director of Pharmacy, The Alfred
Consultant Physician, The Alfred
Manager, Nursing Education, The Alfred
Co-Director (Medical Specialties)
Co-Director (Neurosciences and Medicine)
Associate Director of Nursing, Psychiatry
Post-Graduate Courses Coordinator, LaTrobe University
Bayside Nurse Practitioner Project Officer

Terms of Reference (**Appendix 4**).

The aim of the composition of the committee was to have broad representation from the three Bayside Campuses. Strong nursing presence on the committee was augmented by medical, multidisciplinary and academic representation. The Alfred Allied Health Manager was also invited to join the committee during the course of the project, once some of the initial conceptual work had been undertaken. The committee met monthly, with some additional extraordinary meetings for the duration of the project.

The initial work of the committee focused on how to identify priority areas for NP roles. A process also needed to be developed that would enable assessment of whether an area was suitable and ready to proceed with developing the new role and associated model of care. Following a review of the literature and initial scoping work with different areas across the organisation who had expressed an interest in developing NP positions, a framework was developed to evaluate and ultimately prioritise proposed NP roles.

The developed framework is a two stage process (**Appendix 5**).

5.1 STAGE 1: EXPRESSION OF INTEREST (Appendix 6).

This template is designed to be a brief two page document describing the proposed NP role. It is completed by any member/s of a clinical team and presented to the Bayside NP Steering Committee for assessment. Clinical areas completing an application are required to discuss the proposal with the Nursing Co-Director (Alfred) or Director of Nursing (CGMC & SDMH). Due consideration also needs to be given to the criteria that would need to be addressed as part of the more detailed submission, if an invitation was given by the Bayside NP Committee for the application to proceed to Stage 2.

5.1.1 Key elements of the Expression of Interest

The Expression of Interest requires a description of:

- The proposed role of the NP in the clinical setting.
This assists in the process of exploring whether the proposed role is a NP role or an Advanced Practice role. Evidence is required that the extensions to practice will be utilised.
- How existing health services would be enhanced or new services provided to meet the needs of a patient group or an organisational need, or to address a service gap.
Examples of anticipated benefits needed to include improved cost-effectiveness, timeliness of service provision, patient satisfaction etc.
- Evidence of support from key stakeholders for the introduction of a NP role.
This needs to include medical, multidisciplinary and managerial support for the proposed role
- Proposed funding strategies from within the existing clinical budget.

Therefore the emphasis of this process is on the service driven nature of any new roles and models of care.

5.2 STAGE 2: SUBMISSION (Appendix 7).

The submission proforma is designed to be completed only at the invitation of the Bayside NP Steering Committee. It is a comprehensive document, which has criteria addressing all of the identified elements that would need to be considered and conceptualised prior to the development of a model including:

- Clinical mentorship opportunities
- Linking the proposed scope of practice of the NP to clinical practice guidelines
- Possibilities for recruiting a candidate – internal/external
- Exploration of existing NP roles in similar clinical areas
- Detailed and robust funding strategies.

The submission process builds upon the initial proposal articulated through the Expression of Interest, and is designed to be a working, multidisciplinary framework or tool to guide the development of the NP role by the local clinical team. The completed document needs to be signed by all key stakeholders prior to review by the Bayside NP Committee.

Both the Expression of Interest and Submission templates were trialled by a clinical area prior to organisational wide distribution. This helped the Bayside NP Steering Committee test the face and content validity of the documents. Modifications were made as required.

5.3 COMMUNICATION STRATEGY FOR THE PROCESS OF DEVELOPING NURSE PRACTITIONER ROLES

5.3.1 Bayside Executive and Nursing Leadership briefing

Briefing of the Bayside Executive Committee and Nursing Leadership teams at each campus was completed prior to the commencement of the Expression of Interest process.

5.3.2 Staff information session

To launch the two stage Expression of Interest process a twilight NP information session was held for interested staff. Representatives from the Victorian Nurses Board and the Nurse Policy Branch of DHS were invited to speak about the development of the role in Victoria, and the education and endorsement requirements for NPs. The Project Officer spoke about the Bayside NP Project and the Expression of Interest process and timelines. Members of the Bayside NP Steering Committee were also in attendance to answer staff questions or queries.

The information session was advertised in the weekly information pack that is distributed across the three Bayside Health campuses. An article about the NP Service Plan Development Project was also published in each of the hospital magazines just prior to the information session.

The information session was very well attended by forty five people, representing twenty two clinical areas across the three Bayside Campuses.

CHAPTER 6. PRIORITY AREAS FOR ESTABLISHING THE NP ROLE AND METHOD FOR DETERMINING THOSE AREAS

6.1 ANALYSIS OF EXPRESSION OF INTEREST AND SUBMISSION FINDINGS

The Bayside NP Committee received fourteen completed Expressions of Interest. Only three of these areas were not invited to complete the Submission phase for one or more of the following reasons:

- The proposed role did not fit the criteria of a NP role or was at the level of an Advanced Practice nursing role
- There was a lack of evidence that the extensions to practice of the NP role would work to address a service need or gap
- There was a clear lack of medical support for a NP role in the clinical area
- The proposed role had a narrow scope of practice which had implications for recruitment of a potential candidate and the sustainability of the role
- Lack of clarity regarding proposed budget strategies.

Four completed submissions were received by the Bayside NP Committee. This reflected the short time frame given for completion of the document, as necessary within the constraints of the Bayside NP Service Plan Development Project timeframe. The areas that have not yet completed the submission are using the document to guide local multidisciplinary discussion and development of their proposed model. These submissions will be presented to the Bayside NP Committee when completed.

The information that was received through this two stage process has helped inform the development of a Service Plan for the implementation of NP roles across Bayside.

6.1 BAYSIDE NURSE PRACTITIONER SERVICE PLAN

Table 1 Bayside Nurse Practitioner Priority Areas

Note: The timeframes identified within this service plan refer to the time anticipated for clinical areas to develop the proposed model and have all components of the Bayside NP Submission document approved. At this point they would be ready to advertise for a NPC. The development of many of these models will require considerable work and will be driven at the local level. There is a risk that without a resource to support the development of the NP role, in conjunction with competing demands of the organisation, that these timeframes may not be achievable.

| Clinical Area | Patient Population | Service Gap/ Opportunities | Timeframe |
|---|---|---|---------------|
| Melbourne Sexual Health | Clients who are concerned about, or at risk of blood borne viruses, STIs and their sexual health | Opportunity to provide additional services for increasing numbers of symptomatic clients – attending the centre and “off site” locations. | Immediately |
| Psychiatry Triage The Alfred Emergency Department | Patient presenting to the Alfred Emergency Department with mental health problems | Lack of dedicated Psychiatry Triage Service based in the Emergency Department contributing to long waiting times for these patients, or failure to wait resulting in representation. Opportunity to improve the timeliness and effectiveness of care given to this patient group. | 6 – 12 months |
| Mobile Assessment and Treatment Service. Acute Aged Care Service, The Alfred – potential to increase services at Caulfield General Medical Centre | Assessment and treatment of clients in residential care settings with an aim to reduce unnecessary transfer to the Emergency Department and potential hospital admission. | Opportunity to increase the efficiency and effectiveness of the service by increasing the numbers of patients seen and decreasing the length of time between referral and review – ultimately preventing the numbers of hospital admissions. | 6 – 12 months |
| Stroke The Alfred | Patients with TIAs or Acute Stroke | Opportunity to provide more timely response for patients requiring thrombolysis, working towards requirements of a Level 4 Stroke Facility, as per DHS Stroke Guidelines. Potential for more effective outpatient management and review of patients with TIA. | 12 months |
| Cystic Fibrosis The Alfred – State Wide Service | Patients with Cystic Fibrosis | Opportunity to provide increased number of outpatient clinic services for increasing numbers in this patient group | 2 years |
| Disease Management Unit, Acute Aged Care Service. The Alfred | Proactive management to follow up for patients with chronic and complex co-morbid conditions who present frequently to hospital | Opportunity to enhance this service by increasing the number of clinics provided for this patient group where assessment and monitoring would aim to preventing hospital readmission. | 2 years |
| Diabetes The Alfred Potential to expand to other sites | Patients with Diabetes | Opportunity for improved coordination of patient services for access to treatment through initiatives such as outpatient insulin stabilisation clinics. | 2 years |
| Dialysis Across the 3 Bayside Campuses | Patients with Renal Failure requiring dialysis through one of the satellite Dialysis Units: Rosebud, Sandringham, CGMC, Frankston or Hastings. | Opportunities for increased efficiencies and effectiveness of service provision in satellite centres which currently have limited medical coverage, in addition to increasing the availability of outpatient services. | 2 years |

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| Professorial General Medical Unit | General medical patients. | Opportunity for increased regular or pre-admission screening for patients who are elderly and with complex co-morbidities. Potential for both decreasing the number of required hospital admissions, and decreased length of inpatient stay. | 2 years |
| Neurosurgery | Neurosurgical Patients | Opportunities to increase the efficiency and effectiveness of care delivered in preadmission, outpatients and emergency department settings. | 2 – 3 years |
| Heart Failure | Patients with Heart Failure | Opportunities to decrease incidence of hospital admission with regular review and screening clinics, and to improve effectiveness of inpatient management with timely review and initiatives to decrease length of stay. | 2 – 5 years |

The identified priorities and timeframes were then compared with the Bayside Strategic Plan. This process enabled confirmation that the identified priority areas for NP Roles were in line with the strategic direction of the organisation, and to ensure that organisational priority areas with potential for NP Models had not been overlooked, as summarised Table 2.

“The burden of disease for the catchments serviced by Bayside Health mirrors the national priorities. Cardiovascular diseases, cancer, mental disorders, neurological and sense disorders and chronic respiratory diseases consistently rank highest for the leading cause of death and for Disability Adjusted Life Years . . . The growing burden of disease in these priority areas means that Bayside Health has to develop innovative models of care to meet the changing needs of our communities. Our service models must reflect the increasing prevalence and health needs of people with chronic diseases, and an increasingly aged population¹.”

Table 2 Comparison between the Bayside Strategic Plan and the Bayside Nurse Practitioner Service Plan

| Bayside Strategic Plan | Nurse Practitioner Service Plan |
|--|--|
| <p>1. Provide safe, high quality services</p> <p>1.1 Continually improve the quality of clinical care</p> <ul style="list-style-type: none"> ▪ Utilise evidence based practice and data based decision making in clinical and management decisions ▪ Ensure optimal management of patients across the continuum of care <p>1.4 Work in partnership with our community, consumers and carers to improve our services</p> <ul style="list-style-type: none"> ▪ Actively engage consumers and the community in service planning and improvement | <ul style="list-style-type: none"> ▪ NP practice is framed by the multidisciplinary development of evidence based Clinical Practice Guidelines ▪ Improving patient outcomes and the coordination of care is the focus of all identified NP models ▪ Consumer involvement emphasised within the submission framework for NP models |

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| <p>2. Meet demand for clinical services 2.1 Be a leader in maximising access to health care services</p> <ul style="list-style-type: none"> ▪ Develop and implement models of care that optimise access for patients to our <ul style="list-style-type: none"> - specialist and state wide services for trauma - cancer - HIV/AIDS - burns - heart lung transplantation - cystic fibrosis - spinal and amputee rehabilitation - haemophilia - bone marrow transplantation - hyperbaric services ▪ Develop and implement innovative models of care to meet the needs of patients with chronic conditions, including: <ul style="list-style-type: none"> - dementia - mental health - people with complex medical, and/or psychiatric conditions including: <ul style="list-style-type: none"> - palliative care - stroke - frail aged people with functional decline - drug and alcohol issues - cardiovascular conditions ▪ Enhance rehabilitation across the continuum of care ▪ Develop and implement models of care that optimise access for high dependency and intensive care patients ▪ Further develop and implement the new model of care for patients utilising sub acute services focusing on the promotion of health independence ▪ Support carers and families to reduce the need for hospital admissions and build the health of our community | <ul style="list-style-type: none"> ▪ Proposed NP models in: <ul style="list-style-type: none"> - Cystic Fibrosis - Melbourne Sexual Health ▪ Potential NP models in other state wide services ▪ Proposed NP models in: <ul style="list-style-type: none"> - Aged Care (MATS, DMU) - Complex Medical (PGMU) - Psychiatry – Emergency Triage - Stroke - Heart Failure - Renal/Dialysis - Diabetes ▪ Potential NP models in: <ul style="list-style-type: none"> - Psychiatry – CATT - Dementia - Chest Pain/AF Management - Continence ▪ Potential NP model in ICU Liaison ▪ Proposed NP model in MATS (Acute Aged Care) ▪ Links to many of the NP models including: MATS, Cystic Fibrosis, DMU, Stroke |
| <p>2.2 Manage capacity to best meet demand for health care services</p> <ul style="list-style-type: none"> ▪ Ensure and appropriate range and mix of clinical services matched to health care need for local, specialty and state wide emergency and elective services ▪ Continue to develop the aged care services model of care to meet increased demand | <ul style="list-style-type: none"> ▪ Proposed NP model in Neurosurgery ▪ Potential NP models <ul style="list-style-type: none"> - Anaesthetics - The Alfred Centre ▪ Proposed NP models in MATS, DMU, Dementia |

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| <p>2.3 Collaborate with funders and service providers across the continuum to meet the demand</p> <ul style="list-style-type: none"> ▪ Improve linkages with GPs and other primary care providers to ensure continuity of care, with particular emphasis on targeted groups such as patients with alcohol and substance dependencies ▪ Work in partnership with community service providers, especially GPs to develop innovative ambulatory care models and outreach services | <ul style="list-style-type: none"> ▪ Improving linkages with GPs would be a key element of the majority of NP models identified ▪ Proposed NP model in MATS |
| <p>3. Have the best workforce</p> <p>3.2 Develop the expertise of our staff to meet the evolving skill requirements and patient needs</p> <ul style="list-style-type: none"> ▪ Develop and implement new workforce models beyond traditional roles and boundaries | <ul style="list-style-type: none"> ▪ Links to all NP models |
| <p>4. Be the leader in teaching and research in health science and practice</p> <p>4.1 Foster research for clinical advances and innovation</p> <ul style="list-style-type: none"> ▪ Support and promote the integration of research and education with clinical service delivery <p>4.3 Educate current and future practitioners to meet emerging clinical care needs</p> <ul style="list-style-type: none"> ▪ Support the development of staff training to meet emerging clinical needs | <ul style="list-style-type: none"> ▪ All NP models will have a strong clinical research focus in alignment with the requirements of the Victorian Nurses' Board ▪ NPC development will be supported by Clinical and Professional Mentorship programs |

Therefore, this process helped to identify additional potential areas for Bayside NP Roles in the future, which have not progressed through the Expression of Interest process at this stage. These roles require further exploration and are included within a longer term 5 year service plan, as summarised in Table 3.

Table 3 Potential future areas for Bayside Nurse Practitioner Roles

| Potential area for Nurse Practitioner Roles | Information informing identified service need/ gap |
|--|--|
| Anaesthetics | Better Skills/Best Care Project in Anaesthetics The Alfred Centre Model of Care |
| Dementia | Bayside Strategic Plan |
| Continence | Bayside Strategic Plan (Chronic Conditions) |
| Psychiatry – CATT, Clozapine Co-ordination | Bayside Strategic Plan (Mental Health) |
| Palliative Care | Bayside Strategic Plan |
| Cancer Services | Bayside Strategic Plan |
| State Services – including : Burns, Trauma, HIV | Bayside Strategic Plan |
| ICU Liaison | Bayside Strategic Plan/Initial Expression of Interest Indicated |
| Cardiac – AF, Chest pain | Bayside Strategic Plan (Chronic Conditions) |

CHAPTER 7. A PLAN FOR EDUCATION/ MENTORING OF NURSE PRACTITIONER CANDIDATES

Guidelines for education and mentoring have been developed for future Bayside NP Models (**Appendix 8**).

7.1 AIMS OF THE EDUCATION AND MENTORSHIP FRAMEWORK

The aims of the Bayside education and mentorship framework are to:

- Define the requirements of clinical and professional mentorship programs
- Identify potential resources for the ongoing education needs of NPCs
- Outline requirements of the patient log – a record of all patients seen by the NPC along with presentation details, assessment findings, tests ordered, diagnosis, plan of care and details of mentor review. This will provide a mechanism to ensure the consistent follow up of results, identification of any unexpected clinical outcomes and will detail the number of patients seen by the NPC according to clinical practice guidelines. In the future this will be linked into any minimum data set collection required by NPs, as likely to be recommended in the final report of the National Nursing and Education Taskforce
- Outline requirements to ensure appropriate assessment of the clinical skills of NPCs – such as clinical audit and case presentations built upon a modified Bondy scale and the Australian Nursing and Midwifery Council Competency Standards for NPs.

Through the work of this project and the experience of The Alfred Emergency Department NP project, it was recognised that the organisation needed to provide the NPCs with the support of one non-clinical day per week for at least the first 12 months of their NP candidacy. This will allow the candidate time to develop CPGs, meet with their mentors and pursue education and professional development requirements; including research and evaluation activities.

The framework addresses the need for the NPCs to have both clinical and professional mentorship. Guidelines have been incorporated to outline how endorsed NPs from the clinical area would become increasingly involved in the clinical mentorship role in the future.

Discussion with clinical areas interested in developing NP roles, in conjunction with the planning work undertaken by the Bayside NP Steering Committee has identified that there are common educational requirements for a majority of the potential NPCs. Many of these educational needs concern the knowledge and skills of advanced health assessment and diagnostics, which would be met if the NPC is enrolled or has completed a NP Masters. However, there is a concern that as the number of NPCs who are not enrolled in this particular Masters course increases across the organisation, there will be an overwhelming demand on

the time and teaching capacity of certain individuals – for instance: the Directors of Pathology and Radiology. Bayside Health have looked to utilise the components of the Health Assessment and Diagnostics Module from the LaTrobe University Masters of Nursing Science (NP), as a resource to meet individual's needs that would be supported by the clinical mentor.

7.2 RECOMMENDATIONS

- The Victorian Nurses' Board consider including a Health Assessment and Diagnostics module as a compulsory element of the preparation of NPCs (who are not completing or who have not completed a Masters of Nurse Practitioner course), similar to the compulsory nature of the pharmacology units, in order to address common educational needs
- There is additional funding provided through the Training and Development grants from the Department of Human Services (DHS) currently provided for medical training positions within the public health sector, to fund/support ongoing clinical educational needs of the NPCs
- Future collaborative initiatives between clinical areas across organisations to address the educational needs of the NPCs, as occurred in the Emergency Department NP collaborative would be viewed as highly advantageous.

CHAPTER 8. DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES, INCLUDING THE PROCESS FOR ORGANISATIONAL APPROVAL

The following documents have been developed to support the development of clinical practice guidelines (CPGs) by NPs/NPCs across Bayside Health.

8.1 CLINICAL PRACTICE GUIDELINE OVERVIEW (Appendix 9).

This document describes CPGs and the processes required for their development.

8.2 CLINICAL PRACTICE GUIDELINE TEMPLATE (Appendix 10).

This template is based upon that developed by the NPCs in The Alfred Emergency Department. Local clinical areas will be able to make modifications and additions to the generic template as required.

8.3 PROCESS FOR ORGANISATIONAL APPROVAL OF CLINICAL PRACTICE GUIDELINES (Appendix 11).

This flowchart describes the steps required for development and organisational approval of CPGs.

These documents will be available via the Bayside Health intranet.

CHAPTER 9. EXPECTED BENEFITS TO THE ORGANISATION, COMMUNITY AND CLIENTS WITH THE ESTABLISHMENT OF THE ROLE

The Expression of Interest and Submission process and documentation has helped identify many of the expected benefits of NP roles across Bayside Health. There are many similarities with the benefits previously identified in the Victorian NP Demonstration Projects.

9.1 BENEFITS FOR CLIENTS

9.1.1 Generic

- Provision of safe, effective, efficient and flexible health care
- Timely and appropriate referral to other health care providers
- Improved patient and family education regarding health promotion and disease management
- Improved satisfaction with health care.

9.1.2 Role specific

- Reduction of waiting times for health services
Eg: Emergency Department Psychiatric Triage NP role where patients with mental health issues presenting to the Emergency Department would be seen in a more timely manner
- Improved access to health services
Eg: Implementation of routine outpatient screening clinics in many proposed NP models, such as the Disease Management Unit NP role
- More timely provision of health care
Eg: Stroke NP role in thrombolysis for patients with Acute Stroke
- Improved consistency and co-ordination of care
Eg: Renal Dialysis NP Role in patient review and treatment particularly in satellite dialysis centres
- Improvement in quality of life indicators
Eg: NP role in Heart Failure management is anticipated to increase patients' functional capacity and quality of life, reducing hospital admission and deferring cardiac transplantation
- Reduced length of hospital stay
Eg: Neurosurgery NP Role, Professorial General Medical Unit NP Role
- Reduced incidence of hospital admission, due to early intervention and referral, and opportunities for post discharge follow up
Eg: NP role in Mobile Assessment and Treatment Service in Nursing Homes and Hostels

- Introduction and availability of new health services eg: NP led outpatient screening clinics for insulin stabilisation in diabetic patients and provision of a suicide counselling and review service for patients who have presented with high risk suicide behaviour within the Emergency Department Psychiatric NP Triage Service.

9.2 BENEFITS FOR THE ORGANISATION

- More efficient health care delivery: prevention of hospital admission, more timely provision of health care, improved co-ordination of patient care, improved access to health services etc.
- Potential for a reduction of diagnostic testing due to streamlined, protocol driven testing
- Legitimisation of the highly advanced nursing roles in clinical settings
Eg: Melbourne Sexual Health NP Model
- Provision of increased clinical and professional leadership for nursing staff in clinical areas
- Increased emphasis on the implementation of evidence based practice through the development of NP clinical practice guidelines
- Encouragement and support of increasing nursing research and quality improvement activities
- Increased opportunities for interdisciplinary collaboration to improve client outcomes and service delivery
- Development of a clinical ladder for nurses with significant experience and expertise who wish to continue to deliver clinical care
- Recruitment and retention of nursing staff to clinical areas within the organisation.

9.3 BENEFITS FOR THE COMMUNITY

- More flexible health services to meet the needs of the community
- More support for some community based services such as Nursing Homes
EG: roles such as a NP in the Mobile Assessment and Treatment Service (Acute Aged Care Service)
- Improved liaison and coordination of care with community service providers, especially General Practitioners
- Establishment of NP roles in certain clinical areas will provide clinical leadership and education and training opportunities that could be accessed by other nurses across the state, particularly in rural centres
- Opportunities for consumers to be consulted and involved in the development of NP roles.

10. EXAMPLE OF A GENERIC POSITION DESCRIPTION FOR NURSE PRACTITIONER

Generic position descriptions have been developed for both the NPC and endorsed NP positions (**Appendices 12 & 13**). Two separate position descriptions were developed to differentiate between the requirements of the NPC while they completing their education and training and working towards endorsement, and the endorsed NP. Local clinical areas developing a NP Role will be encouraged to add additional requirements of the role to the generic templates if required. The position descriptions will be closely linked to the performance management plans of the individuals employed in these positions.

CHAPTER 11. A DESCRIPTION OF THE BARRIERS/ CONSTRAINTS TO IMPLEMENTATION OF THE ROLE AND POSSIBLE SOLUTIONS.

There were a number of potential barriers or constraints that arose during the course of exploring potential NP roles across Bayside Health. These can be summarised under the following headings.

11.1 CONFUSIONS AND MISUNDERSTANDINGS ABOUT THE NURSE PRACTITIONER ROLE

This was found to be both external to, and within the nursing profession itself. Commonly, there is a lack of understanding about the NP role, and education and endorsement requirements.

11.1.1 Potential solutions

This was addressed through communication and education to a variety of groups and individuals across the organisation throughout the course of the project. Individuals and clinical teams completing the Expression of Interest and Submission process were directed to the educational resources provided by the Victorian Nurses Board. Information regarding NP roles will be placed on the Bayside Health Intranet site to ensure it is available for interested individuals and areas in the future. It is also envisaged that knowledge and understanding about NPs will increase as professionals are exposed to more endorsed NP and NPC roles across the organisation.

11.2 DIFFERENTIATION BETWEEN ADVANCED PRACTICE AND NURSE PRACTITIONER ROLES

This may also be related to a lack of understanding about the role: however it was found to be necessary to repeatedly emphasise the difference between Advanced Practice nursing roles and NP roles when communicating with areas that were developing a NP model.

11.2.1 Potential solution

Bayside NP Steering Committee are committed to ensuring that approved NP roles clearly require the extended scope of practice to meet a service need.

11.3 ROLE SUBSTITUTION

There was concern from a number of medical or multidisciplinary colleagues at varying stages of the project, regarding the intended introduction of proposed NP positions. The apprehension was mainly regarding traditional professional boundaries and concern that proposed NP roles were substitution roles. This is sometimes a difficult area to conceptualise as there will always

be elements of substitution within the NP role in that the extensions to practice allow the performance of some tasks that would have been traditionally performed by a medical officer.

11.3.1 Potential solutions

Ongoing communication and education with individuals and clinical areas is clearly required. The Bayside NP Steering Committee is committed to the development of NP roles that are grounded within a nursing framework. In all NP roles the extensions to practice will enhance the nursing role in order to optimise service delivery. It was recognised that the multidisciplinary representation on the Bayside NP Committee was key to ensuring information was disseminated to all disciplines. Local clinical areas have also been encouraged to engage multidisciplinary teams in the process of developing submissions, to ensure these groups are fully involved at all stages of the process. These strategies recognise that much work is currently being done to enhance the scope of many different roles, not just within nursing, to meet the health care needs of patients more flexibly and efficiently. Open dialogue is obviously crucial within such a climate of change.

11.4 “STOP GAP” MEASURES

In some of the NP submissions there was a tension between addressing immediate service needs and the temptation to utilise the NP role as a “stop gap” measure, rather than fully conceptualising the development of the proposed role.

11.4.1 Potential solution

The Bayside NP Steering Committee is fully aware of this risk and the implications this may have for training/support and recruitment of NPCs for some roles. This will continue to be assessed as part of the ongoing Expression of Interest and Submission process.

11.5 RELATING THE NURSE PRACTITIONER ROLE TO THE ROLE OF OTHER HEALTH PROFESSIONALS AND THE CURRENT MODEL OF CARE

This was particularly challenging in a metropolitan health service with many layers of health care professionals. As the proposed role is conceptualised, there needs to be consideration of the model of care delivery that the NP will be practicing within, and the potential impact on the other health professionals that the NP will be working alongside.

11.5.1 Potential solution

The Bayside NP Committee will continue to assess the impact of the role on the model of care delivery and other roles, as part of the process of reviewing Expressions of Interest and Submission process. The need to identify funds from within the existing clinical budget has also ensured that there has been rigor around the conceptualisation of which health professional will be responsible for which components of patient care.

11.6 Identifying Nurse Practitioner Candidates

There were some individual nurses across the organisation expressing an interest in becoming a NP who saw the role as “not much different to what I already do”.

11.6.1 Potential solution

Ongoing communication and education about the NP role is required. The generic job descriptions that have been developed for both the Candidate and endorsed NP positions clearly define the expectation of the roles. Particular emphasis has been placed upon research and professional leadership requirements.

11.7 ROLE CONVERSION

There were also some individuals in current positions that could potentially be developed into NP roles in the future, who were not interested in pursuing the role for a variety of personal reasons. If there is no funding available to support “additional” positions within the clinical service, then it is not possible for a NP role to be developed in these areas at this stage.

11.7.1 Potential solution

Some clinical areas are working on the Submission to develop proposed NP roles, and will wait for future opportunities for service re-development.

11.8 IDENTIFYING INTERNAL FUNDS FOR THE DEVELOPMENT OF PROPOSED NURSE PRACTITIONER ROLES

This has proven to be a major barrier, with only one clinical area identifying internal funds for the development of the role at this stage. See Chapter 12.

11.9 COST OF NURSING MASTERS QUALIFICATIONS

This was identified as a common barrier for nurses who would be interested in pursuing a NP position, but report the cost of nursing masters programs to be prohibitive.

11.9.1 Potential solutions

This has been partially addressed by the latest Enterprise Bargaining Agreement whereby NPs are paid at the level of a Grade 6. This works to reimburse some of the expense of the educational qualifications, and is commensurate with the responsibility and accountability of the endorsed NP Role. However, the initial financial outlay for further education remains a barrier for many individuals.

11.10 RESOURCES

A potential barrier after the completion of the project is anticipated to be the lack of project officer to coordinate and support the development of NP roles across the organisation.

11.10.1 Potential solution

Many of the processes and frameworks developed as part of this project will partially address this ongoing difficulty.

11.11 INSURANCE

Information from provided from Bayside Corporate Counsel indicates that the Victorian Managed Insurance Company (VMIA) have not formally reviewed the NP role, although they are aware of the development of these positions.

11.11.1 Potential solution

VMIA currently consider that as long as NPs are acting within the course of their employment, they will be indemnified under the public healthcare program insurances.

11.12 LEGISLATIVE RESTRICTIONS

Legislative restrictions for NPs such as a lack of access to the Pharmaceutical Benefit Scheme (PBS) and a Medicare Provider Number were seen as a barrier, particularly for proposed roles operating in the community or outside of the acute setting.

11.12.1 Potential solutions

Prescriptions and other documentation can be countersigned by Medical Consultants in the short term.

11.13 RECOMMENDATIONS

- Increased availability of financial support for nurses undertaking masters qualifications, perhaps in the form of scholarships or other strategies, from professional or government bodies. This will ultimately enhance health care delivery in areas with identified service needs
- The university sector demonstrates increased flexibility in regard to recognition of prior learning for nurses with extensive relevant experience, who wish to undertake a master of nursing qualification. Examples may include; very experienced Advanced Practice Nurses with extensive clinical and publication experience, or an experienced clinician with a masters qualification in another area – such as education, both of whom may be able to develop a portfolio of evidence to support prior learning, and decrease the overall cost of a Masters of Nursing qualification

- Consideration is given by DHS to the establishment of a position to sustain the ongoing development of NP roles at an organisational level
- DHS explore insurance coverage for NPs with VMIA to ensure there is agreement in terms of understanding the scope of the role, insurance requirements and a consistent approach to the documentation required
- Nurse Practitioner access to the Pharmaceutical Benefits Scheme and Medicare Provider Numbers are addressed at the level of the federal government

CHAPTER 12. A BUDGET FOR THE IMPLEMENTATION OF THE ROLE INCLUDING POSSIBLE FUNDING OPTIONS

The Expression of Interest and Submission Process states that clinical areas need to identify funds within their internal clinical budget to allow for the development of a NP role. The budget for the role needs to include maintenance of the substantive salary of the position in addition to supporting one non-clinical day per week for the first twelve months. Funds also need to be identified for the increased salary of the NP role, once fully endorsed.

Of the Expressions of Interest and Submissions that have been received by the Bayside NP Steering Committee to date, Melbourne Sexual Health is the one clinical area that has been able to successfully identify these funds. In this instance, this has been possible by converting existing positions. The non-clinical time during the candidacy will be able to be supported by their existing budget.

12.1 POTENTIAL BUDGET STRATEGIES

Strategies that have been proposed by other clinical areas and require further development include:

- Conversion of existing roles such as Care Co-ordinator or Clinical Nurse Consultant roles, plus additional funds required once the NP is endorsed
- Use of funds for existing unfilled nursing equivalent full time positions within the clinical budget
- Use of funds within the Clinical Directorate. This may mean using funds from a combination of nursing and medical budgets, which is the funding model used for NP roles within The Alfred Emergency Department
- Utilisation of identified specified savings and efficiencies that would be gained through the introduction of a NP role
- Seeking additional funding through DHS programs or projects such as; Mental Health initiatives, HARP and the Stroke Care Strategy
- Funding through pharmaceutical medical companies – eg AMGEN for a Dialysis NP role, similar to the funding structure for the Victorian Anaemia Coordinator Positions.

12.2 RECOMMENDATIONS

- Funding NP roles within the existing clinical budget requires exploration of opportunities for the reconfiguration of existing roles or the reallocation of existing funds
- There is potential to explore external funding sources or to seek new funding opportunities.

CHAPTER 13. A PLAN FOR THE EVALUATION OF THE ROLE

A Bayside NP evaluation framework has been designed to ensure a consistent approach to evaluation of NP models across the organisation (**Appendix 14**).

13.1 NURSE PRACTITIONER EVALUATION FRAMEWORK

The framework provides guidelines as to:

- The minimum requirements for pre and post implementation data that will be useful in evaluating the impact of the new role, particularly during the initial 12 months
- Outcome measures that will be most directly influenced by the NP role, and therefore form essential components of the evaluation framework
- How the evaluation data collections relates to quality and research activities that will be also undertaken by the NP/NPC.

13.2 RECOMMENDATIONS

- The recommendations of the National Nursing and Education Taskforce regarding data collection for NPs will need to be considered in relation to minimum data set collection and the ongoing NP evaluation strategy
- The data collection and evaluation activities required of NP/NPCs should not be unreasonably onerous or above that expected of other health professionals within the clinical area
- There is consideration of the need to isolate specific providers within public hospital data systems as new systems are implemented in the future, to minimise the amount of manual data entry that NPs are required to complete
- Longer term evaluation strategies for NP roles should be linked to work that needs to be completed for re-endorsement by the Victorian Nurses' Board which will occur every three years
- Evaluation data may also be used by Clinical Directorates within the organisation to measure or predict the growth of individual NP roles.

CHAPTER 14. PROCESS TO ENSURE SUSTAINABILITY OF THE NURSE PRACTITIONER ROLE IN THE ORGANISATION

The issue of sustainability is considered to be crucial to the success of the implementation of NP roles across the organisation. A number of strategies to address sustainability have been considered:

14.1 LOCAL STRATEGIES

- Information will be placed on the Bayside Health intranet regarding NP roles and the Expression of Interest process for areas/individuals interested in developing new roles/models of care in the future
- Local working groups will support the development and implementation of NP roles in clinical areas. Guidelines for the membership and responsibilities of the local working group have been developed (**Appendix 15**). These guidelines will ensure a consistent approach to issues such as engagement and communication with key stakeholders, implementing education and marketing plans for NP roles, in addition to developing local strategies to ensure sustainability. Local strategies might include building development activities into nursing positions such as Clinical Nurse Specialist roles with a view to succession planning, or engaging multidisciplinary staff in activities such as a NP special interest group.
- The Bayside Health education and mentorship guidelines have been designed to ensure a consistent approach to the educational and professional support of the NPCs and to enable their timely and successful progression towards endorsement (**Appendix 8**).
- There is an organisational expectation that NPCs will be given one non-clinical day per week during the first 12 months of their candidacy to allow time for the development of CPGs, to meet ongoing educational needs and for research and evaluation activities.
- Informal networking between NP/NPCs both within and external to the organisation will be encouraged to foster information sharing and professional support.

14.2 ORGANISATIONAL STRATEGIES

- The Bayside NP Steering Committee will continue to meet quarterly to: review Expressions of Interest and Submissions for new NP roles, approve Clinical Practice Guidelines as they are developed according to the Bayside Health CPG development and approval process (**Appendix 5**) and to discuss, debate and propose solutions for professional issues regarding the implementation and sustainability of NP roles across the organisation
- A variety of multidisciplinary forums will be utilised across the organisation to promote the NP role
- NPs/NPCs will be engaged in organisational committees and working groups relating to Advanced Nursing Practice.

Endorsed by:

Ms Jennifer Williams
Bayside Chief Executive Officer

Date

Signature

Ms Sharon Donovan
Director of Ambulatory & Mental Health Services
Director of Nursing *The Alfred*
Chief Nursing Officer *Bayside Health*
Bayside Nurse Practitioner Steering Committee Chair

Date

Signature

REFERENCES

1. Bayside Strategic Plan 2006 – 2010. Available:
<http://intranet.baysidehealth.org.au/Content.aspx?topicID=152#326>
2. Bayside Emergency Nurse Practitioner Final Report (2005). Department of Human Services, unpublished.



| | |
|-------------------------|---|
| Guideline Title: | Medication Prescribing guideline for Nurse Practitioner/Candidates |
|-------------------------|---|

| | | | |
|-----------------------------------|------------|----------------------------|------------|
| Campus: | | Control No.: | |
| Category: | | Related Policy No.: | |
| Responsibility for Review: | | Rev.: | 00# |
| Date Approved: | Month 200# | Review Date: | Month 200# |

GUIDELINES

These guidelines should be read in conjunction with the Bayside Medication Prescribing – Documentation Requirements, and the Clinical Care Standards Policies.

These guidelines provide a framework for the development of the Clinical Practice Guidelines for each specific Nurse Practitioner role.

PURPOSE

To ensure Nurse Practitioners/Candidates prescribe medications in a safe, effective and appropriate manner, according to legislative requirements.

1. Procedure – Nurse Practitioner Candidate

- The Nurse Practitioner Candidate will complete a full and comprehensive assessment of the client in accordance with the Clinical Practice Guidelines, prior to the prescription of medications
- Following the patient assessment, the Nurse Practitioner Candidate will contact and discuss the findings with their clinical mentor or delegated Consultant from the clinical area. The discussion will include a brief overview of the patient’s presentation and previous history as well as a working diagnosis and proposed treatment plan, including rationale for the prescription of medication, according to the Clinical Practice Guideline
- The Consultant will review the information and if appropriate to do so, will co-sign the prescription written by the Nurse Practitioner Candidate
- All medication prescription by Nurse Practitioner/Candidates will comply with the Bayside Health Prescribing Guidelines
- The Nurse Practitioner Candidate will monitor, review and document the patient’s response to the medication prescribed as per the Clinical Practice Guideline
- The Nurse Practitioner Candidate will educate the patient regarding the medication prescribed as per the Clinical Practice Guideline.

2. Procedure – Endorsed Nurse Practitioner

- The Nurse Practitioner will complete a full and comprehensive assessment of the client in accordance with the Clinical Practice Guidelines, prior to the prescription of medications
- Any required medications will be prescribed by the Nurse Practitioner according to the Clinical Practice Guideline relevant to the patient presentation
- All medication prescription will comply with the Bayside Health Prescribing Guidelines
- The Nurse Practitioner will monitor, review and document the patient’s response to the medication prescribed as per the Clinical Practice Guideline
- The Nurse Practitioner Candidate will educate the patient regarding the medication prescribed as per the Clinical Practice Guideline
- Pharmaceutical Benefits Scheme prescriptions are required to be co-signed by a Consultant, as per federal legislation.

RELATED DOCUMENTATION

REFERENCES

| | |
|------------------------|------------------|
| <i>Contact person:</i> | <i>Position:</i> |
| <i>Email:</i> | <i>Phone:</i> |



| | |
|-------------------------|--|
| Guideline Title: | Guidelines for the ordering of Diagnostic Tests for Nurse Practitioner/Candidates |
|-------------------------|--|

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|-----------------------------------|------------|----------------------------|------------|
| Campus: | | Control No.: | |
| Category: | | Related Policy No.: | |
| Responsibility for Review: | | Rev.: | 00# |
| Date Approved: | Month 200# | Review Date: | Month 200# |

GUIDELINES

These guidelines should be read in conjunction with the XX Policy on XXXX

These guidelines provide a framework for the development of the Clinical Practice Guidelines for each specific Nurse Practitioner role. The framework will only be utilised if it is relevant to the model of care in the clinical area.

PURPOSE

To ensure Nurse Practitioners/Candidates order diagnostic investigations in an appropriate, safe and efficient manner.

1. Procedure – Nurse Practitioner Candidate

- The Nurse Practitioner/Candidate will complete a full and comprehensive assessment of the client in accordance with the Clinical Practice Guidelines, prior to ordering diagnostic investigations
- Following the patient assessment, the Nurse Practitioner Candidate will contact and discuss the findings with their clinical mentor or a delegated Consultant from the clinical area. The discussion will include a brief overview of the patient’s presentation and previous history as well as a working diagnosis and proposed treatment plan, including rationale for the initiation of diagnostics.
- The Nurse Practitioner/Candidate will evaluate the results of the diagnostic investigation and proceed with an appropriate patient treatment plan according to the Clinical Practice Guideline and further liaison with their clinical mentor or a delegated Consultant from the clinical area as appropriate.

Procedure – Endorsed Nurse Practitioner

- The Nurse Practitioner will complete a full and comprehensive assessment of the client in accordance with the Clinical Practice Guidelines, prior to ordering diagnostic investigations
- The Nurse Practitioner will initiate the ordering and evaluation of diagnostic tests independently, consulting with colleagues as required

- The Nurse Practitioner will formulate a revised patient management plan on the basis of the results of the diagnostic investigations.

RELATED DOCUMENTATION

REFERENCES

| | |
|------------------------|------------------|
| <i>Contact person:</i> | <i>Position:</i> |
| <i>Email:</i> | <i>Phone:</i> |



| |
|---|
| Guideline Title: Referral Guidelines for Nurse Practitioner/Candidates |
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|-----------------------------------|--------------------------------|
| Campus: | Control No.: |
| Category: | Related Policy No.: |
| Responsibility for Review: | Rev.: 00# |
| Date Approved: Month 200# | Review Date: Month 200# |

GUIDELINES

These guidelines should be read in conjunction with the XX Policy on XXXX

These guidelines provide a framework for the development of the Clinical Practice Guidelines for each specific Nurse Practitioner role. The framework will only be utilised if it is relevant to the model of care in the clinical area.

PURPOSE

To ensure Nurse Practitioners/Candidates provide safe and appropriate referral of patients to Specialist Health Care Providers

1. Procedure – Nurse Practitioner Candidate

- The Nurse Practitioner Candidate will complete a full and comprehensive assessment of the client in accordance with the Clinical Practice Guidelines, prior to referral to specialist health care providers
- Following the patient assessment, the Nurse Practitioner Candidate will contact and discuss the findings with their clinical mentor or delegated Consultant from the clinical area. The discussion will include a brief overview of the patient’s presentation and previous history as well as a working diagnosis and proposed treatment plan, including rationale for referral to specialist health care provider
- The Consultant will review the information and if appropriate to do so, will provide authority for the Nurse Practitioner Candidate to proceed with the referral.
- The Nurse Practitioner will then initiate the referral
- Written referrals that are required for Medicare or Private Health Fund rebate will be prepared by the Nurse Practitioner Candidate and co-signed by the Consultant prior to being sent

Procedure – Endorsed Nurse Practitioner

- The Nurse Practitioner will complete a full and comprehensive assessment of the client in accordance with the Clinical Practice Guidelines, prior to referral to specialist health care providers
- The Nurse Practitioner will initiate the referral independently, consulting with colleagues as required
- Written referrals that are required for Medicare or Private Health Fund rebate will be prepared by the Nurse Practitioner Candidate and co-signed by the Consultant prior to being sent, according to Federal Legislation.

RELATED DOCUMENTATION

REFERENCES

| | |
|------------------------|------------------|
| <i>Contact person:</i> | <i>Position:</i> |
| <i>Email:</i> | <i>Phone:</i> |

BAYSIDE NURSE PRACTITIONER STEERING COMMITTEE

TERMS OF REFERENCE

PURPOSE

To oversee the progress of the Nurse Practitioner Service Plan Development Project.

OBJECTIVES

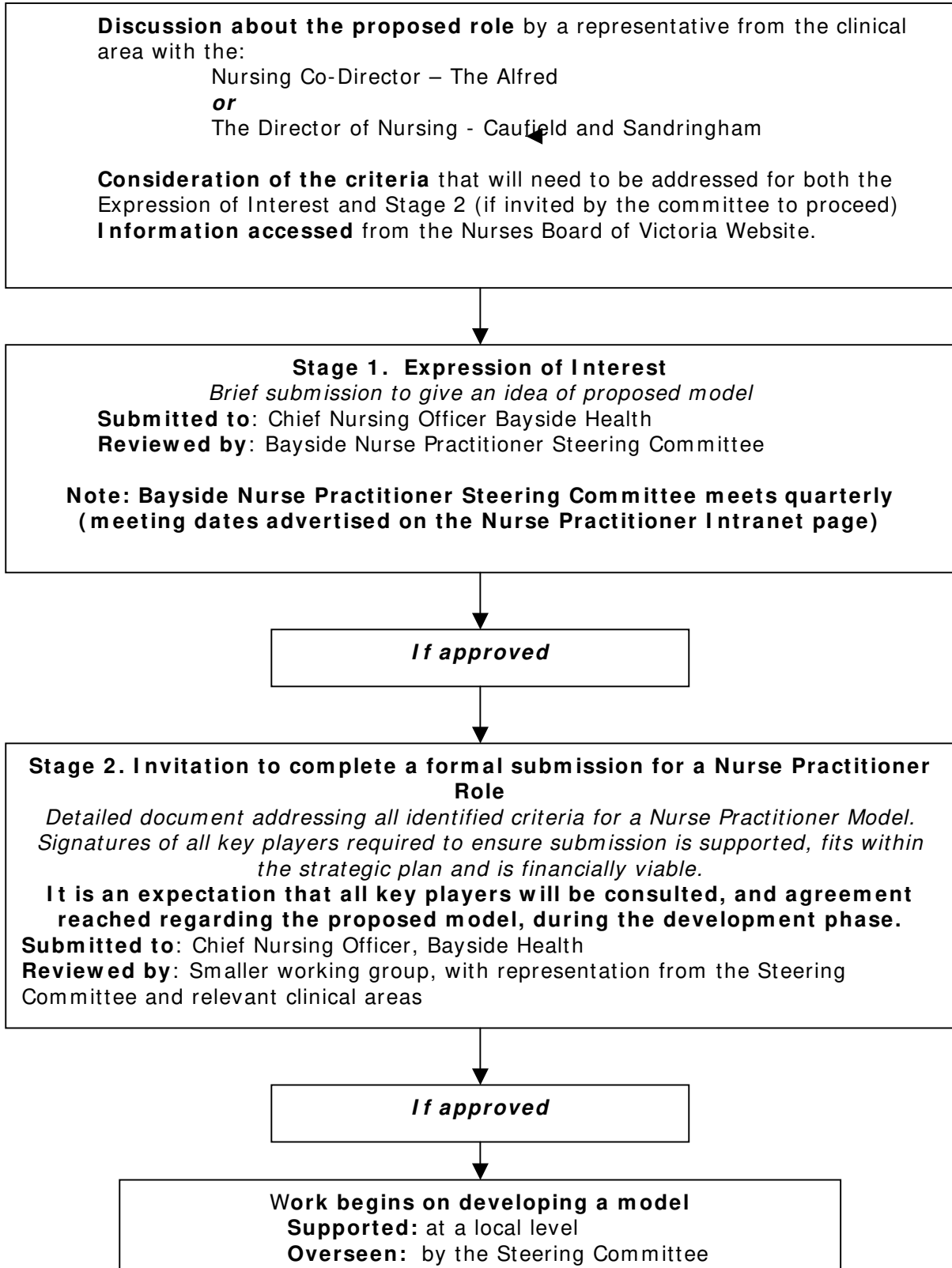
1. Provide leadership for the development of a comprehensive service plan for the development of Nurse Practitioner (NP) Roles across Bayside Health including;
 - a) Evidence that supports the need for the NP role
 - b) Identification of initial areas for establishment of the role
 - c) Description of the role and scope for potential future NP roles in the organisation
 - d) A plan for the implementation of the NP role in the organisation
 - e) A policy framework to support the role at a local level
 - f) Identification of expected benefits to consumers and the organisation
 - g) Identification of perceived barriers
 - h) A plan for the development of Clinical Practice Guidelines including a generic template design and a process for organisational approval
 - i) An education plan for the NP role including models for mentorship and ongoing clinical supervision
 - j) Formulation of budget strategies for the implementation of the role
 - k) A process for the evaluation of the role
 - l) Outline of a process to ensure the sustainability of the role
2. Develop and commence a communication strategy for relevant stake holders.
3. Oversee utilisation of the budget for the project

MEMBERSHIP

- Chief Nursing Officer Bayside Health (Chair)
- Director of Nursing – CGMC
- Director of Nursing – SDMH
- Exec Director of Medical Services
- Director, Emergency and Trauma Centre
- Director of Clinical Imaging, The Alfred Hospital
- Director of Pathology, The Alfred Hospital
- Director of Pharmacy, The Alfred Hospital
- Consultant Physician, The Alfred Hospital
- Manager, Allied Health, The Alfred Hospital
- Manager, Nursing Education, The Alfred Hospital
- Co-Director (Medical Specialties), The Alfred Hospital
- Co-Director (Neurosciences and Medicine), The Alfred Hospital
- Associate Director of Psychiatry, The Alfred Hospital
- Post-Graduate Courses Coordinator, LaTrobe University
- Bayside Nurse Practitioner Project Officer

Quorum = 50%

Nurse Practitioner Role Development Process



EXPRESSION OF INTEREST NURSE PRACTITIONER ROLE

The nurse practitioner role “. . . extends current clinical nursing practice, is advanced, with a strong foundation in knowledge, skills and competencies¹” In Victoria their practice extends the nursing role outside of the current scope of practice for a registered nurse in limited prescribing and at least one other of the following areas:

- initiation of diagnostics
- referral to medical specialists
- admitting and discharging privileges
- approval of absence of work certificates²

The nurse practitioner role is therefore the apex of clinical nursing practice. The role requires a highly experienced registered nurse with a clinically relevant Masters degree, to work autonomously and collaboratively in an expanded clinical role that continues to have a nursing focus. There is an expectation that the Nurse Practitioner is also actively contributing to research, publication, teaching, quality improvement and other activities that indicate a high level of leadership capacity and clinical expertise.

In order for the Bayside Nurse Practitioner Steering Committee to identify and prioritise areas for the development of Nurse Practitioner roles across Bayside Health, a two stage process has been developed.

- **Stage 1. Expression of interest.**

It is important that prior to completing the Expression of Interest form, due consideration is given to the criteria for Stage 2 (attached). This will ensure that you will be able to adequately address these criteria if you are invited by the Steering Committee to complete this more detailed submission.

There is also an expectation that the following will have occurred:

- a. Discussion regarding the proposed role with:
 - i. Nursing Co-director – The Alfred

or

The Director of Nursing – Caulfield and Sandringham
- b. Information from the Nurses Board of Victoria website is accessed and understood. Follow the links to Nurse Practitioner information under “Frequently asked Questions”.

- **Stage 2. Submission for a Nurse Practitioner role**
Completed at the invitation of Bayside Nurse Practitioner Steering Committee.

References

1. Department of Human Services (2000) *Victorian Nurse Practitioner Project: Final Report of the Taskforce*, Melbourne
2. www.nbv.org.au

Resources

Competency Standards for the Advanced Nurse. Melbourne: ANF, 1997

Gardner G, Carryer, J, Dunn S, Gardner A. The Nurse Practitioner Standards Project: Report to the Australian Nursing & Midwifery Council. Dickson: Australian Nursing and Midwifery Council (ANMC), 2004

www.health.vic.gov.au/nursing/furthering/practitioner.htm

www.nbv.org.au

The Nurses Board of Victoria also offers regular information workshops for potential candidates. Details can be found on their website.

www.latrobe.edu.au/nursing/Nurse%20Prac.htm

Expression of Interest

| | |
|---|--|
| Name of Service | |
| Name of Person Completing the Submission | |
| Position/ Title | |
| Phone/ Fax | |
| Email address | |

For the proposed Nurse Practitioner Model please describe (in no more than 2 pages):

- a) the current service/model of care (brief outline only).
- b) the role of the Nurse Practitioner/s in the clinical setting, including the extensions to practice that will be utilised.
- c) how existing health services will be enhanced or new services will be provided to meet the needs of a patient group or an organisational need, or address a service gap. Examples of anticipated benefits need to include improved service access, cost-effectiveness, timeliness of service provision, client satisfaction etc.
- d) what support there is from key stakeholders for the introduction of this role at this stage. This needs to include an indication of in principle support from key Executive and Managerial Staff, whose signatures are required as part of this Expression of Interest.
- e) strategies that will allow for funding the Nurse Practitioner model within the existing unit budget, including brief consideration of additional costs associated with the

development of the model, education and mentoring, which may require a minimum of one day per week of non-clinical time for the initial 12 months.

| Salaries for Nurse Practitioner Roles – as of Jan 2006 | |
|--|-------------------------------|
| Nurse Practitioner Candidate | Remains on substantive salary |
| Endorsed Nurse Practitioner Year 1. (201 – 300 beds) | \$1392 |
| Endorsed Nurse Practitioner Year 2 and thereafter (301 – 400 beds) | \$1443 |

I have read the above submission for the development of a Nurse Practitioner role and support the proposed model in principle. I am able to confirm that the development of the role will occur within the existing unit budget as indicated within the proposal.

**Nursing Co-Director
(The Alfred)**

OR

**Director of Nursing/ General Manager
(Caulfield and Sandringham)**

Signature _____

Signature _____

Date _____

Date _____

Please forward your completed Expression of Interest to:

Sharon Donovan
Chief Nursing Officer, Bayside Health
Chair of Bayside Nurse Practitioner Steering Committee
Email: s.donovan@alfred.org.au

**c/ o Nursing Services
2nd Floor East Block
The Alfred**

**STAGE 2.
BAYSIDE NURSE PRACTITIONER
SUBMISSION CRITERIA**

Stage 2. These criteria are to be completed only at the invitation of the Bayside Nurse Practitioner Steering Committee, following the approval of an Expression of Interest.

1. THERE IS A DEMONSTRABLE NEED.

1.1 Describe the existing model of care for the clinical area.

1.2 Describe how existing health care services could be enhanced or new services provided, to meet the needs of a patient group, or an organisational need, or to address a service gap? Examples of anticipated benefits need to include improved service access, cost-effectiveness, timeliness of service provision, client satisfaction etc.

1.3 What data/information is there to support the requirement for this change to the health care service?

1.4 In what ways is a Nurse Practitioner the most appropriate health professional to provide this service?

1.5 How would patient/organisational outcomes of the new/expanded service and Nurse Practitioner role be evaluated? Include details of key performance indicators that would be crucial for the new role, and examples of data that would be collected and analysed as part of the evaluation.

2. THERE IS A CLEARLY DEFINABLE SCOPE OF PRACTICE.

2.1 What would be the role of the Nurse Practitioner/s in the clinical setting?

Your response needs to address:

- a) the scope of practice
- b) the patient presentations to be seen/target patient population
- c) the extensions to practice that would be required/utilised:
 - prescribing
 - initiation of diagnostics
 - referral to medical specialists
 - admitting and discharging privileges
 - approval of absence of work certificates
- d) the proposed reporting structure

2.2 How would the Nurse Practitioners' scope of practice be linked to Clinical Practice Guidelines?

2.3 How would the Nurse Practitioner function within a multidisciplinary team?

In your response, consider what opportunities there would be for both autonomy and collaboration.

2.4 What changes to the current model of care would be required to implement this Nurse Practitioner role? In your response, consider the impact on any existing roles.

2.5 Are there any other Nurse Practitioner Models in an equivalent clinical area? If so, please provide details, and comment on useful learnings that are applicable to your proposed model?

3. THERE IS DEMONSTRATED SUPPORT FOR THE ROLE FROM KEY STAKEHOLDERS

3.1 What evidence is there of:

- Nursing (including clinical staff, Nurse Manager, Nursing Co-Director)
- Medical (including clinical staff and Medical Co-Director)
- Multidisciplinary
- Executive (including Director of Nursing/ Operations Director/General Manager)
- Consumer

support for the introduction of this Nurse Practitioner role?

3.2 What specific multidisciplinary input is available to collaborate in the development of the Nurse Practitioner role, within the revised model of care?

4. THE ROLE CAN BE FUNDED WITHIN THE EXISTING UNIT BUDGET.

4.1 What strategies would allow for funding the Nurse Practitioner/s within the existing budget?

In addition to ongoing funding for the role, there needs to be consideration of the requirement for:

- The 12 month candidature for the Nurse Practitioner/s
- The need for non-clinical time for education/training and the development of Clinical Practice Guidelines, which may be a minimum of one non-clinical day per week for the initial 12 months.
(Note: – if the candidate is eligible for 4 hours of study leave per week for the 26 weeks of the academic year, this will be factored in as part of the allocated non-clinical time)
- Any additional resources such as equipment or work facilities for either clinical or non-clinical components of the role.

5. THE REQUIREMENTS FOR AN EDUCATION PROGRAM AND OTHER REQUIRED RESOURCES HAVE BEEN IDENTIFIED.

5.1 What would be the educational requirements of the Nurse Practitioner Candidate that would enable/support extensions to current practice?

Please give consideration to:

- Health Assessment
- Diagnostic Testing
- Prescribing
- Documentation

5.2 What would be the relevant multidisciplinary input into the required education? What indication is there that this will be available?

5.3 Are you aware of any existing relevant educational programs (internal and/or external) that could be accessed by the Nurse Practitioner Candidate? For example – there may be existing registrar education programs that could have useful components.

5.4 Is there a team of medical consultants to take on the role of clinical mentorship? It is expected that this would require at least 2 hours per week of one to one teaching and supervision of the candidate, in addition to providing direct clinical support on a day-to-day basis.

- If possible, please specify consultants who have indicated their willingness.

- Describe how the mentorship team will operate to ensure the appropriate level of support and clinical supervision, and how the model will be incorporated within the existing service.

6. THERE IS POTENTIAL FOR A SUITABLE NURSE PRACTITIONER CANDIDATE

6.1 Are there any potential Nurse Practitioner Candidates who have:

- A clinically relevant Masters level of nursing qualification (or working towards)
- Completed the therapeutic medication management module at an approved university (or working towards)
- A commitment to seek endorsement by the Victorian Nurse's Board as a Nurse Practitioner
- A minimum of 3 - 5 years clinical experience post specialist qualification, and evidence of working at a level of advanced practice in the clinical area
- An active involvement in research, publication, teaching, quality improvement and best practice activities.
- Clinical leadership, collaboration and professional role modelling skills
- A focus on best patient outcomes within a multidisciplinary team
- High level interpersonal and communication skills across a broad range of health professionals
- A conceptualisation of the Nurse Practitioner model that is patient centred and within a nursing model of practice
- The capacity to be critically reflective and insightful
- An understanding and sensitivity to the political dimension of developing the Nurse Practitioner role and an ability to promote the role in a positive manner

6.2 If there is no suitable internal candidate, what potential is there to externally recruit a suitable candidate?

7. OTHER CONSIDERATIONS

7.1 Are there any other ways (not already described) in which the Nurse Practitioner role may impact upon:

- Patients
- The Nurse Practitioner Candidate
- Nursing Staff
- Other disciplines, including existing training commitments for other health professionals
- Your clinical area
- Other departments/clinical areas?

Describe what you anticipate some of the implications may be.

7.2 Any additional comments or information:

8. SIGNATURES

8.1 Signatures indicating support and financial feasibility of the model are required from:

Department/Unit Manager

Medical Co-Director

Nursing Co-Director

Operations Manager/General Manger/Director of Nursing

8.2 Further signatures of support for the model are required from:

Medical Head of Unit

Head of Pathology

Head of Pharmacy

SUBMISSION FOR A NURSE PRACTITIONER ROLE

The work of the endorsed Victorian Nurse Practitioners, in conjunction with demonstration projects and the literature on Nurse Practitioner roles, have helped identify criteria that can influence the degree of success when developing and implementing the new role. The framework for this submission has therefore been developed around these criteria to assess the suitability of a clinical area for the development of a Nurse Practitioner role. It will also give an indication as to any issues or areas that need further exploration or refinement prior to approval and implementation.

Process:

Stage 1. Expression of interest.

Stage 2. Submission for a Nurse Practitioner Role

This detailed submission should only be completed at the invitation of the Bayside Nurse Practitioner Committee.

Please fill out the submission framework, providing as much information/data as is available; including letters or statements of support as appropriate. Please note that all criteria are mandatory. Useful references and resources are listed within the Expression of Interest Form

Forward completed submissions via Nursing Co-director (The Alfred) or Director of Nursing (Caulfield and Sandringham) to:

Sharon Donovan

Bayside Nurse Practitioner Steering Committee, Chair **and**
 Chief Nursing Officer, Bayside Health

Email: s.donovan@alfred.org.au

c/o Nursing Services
 2nd floor East Block
 The Alfred Hospital

| | |
|---|--|
| Name of Service | |
| Name of Person Completing the Submission | |
| Position/ Title | |
| Phone/ Fax | |
| Email address | |

| <p style="text-align: center;">CR I T E R I A</p> | <p style="text-align: center;">R E S P O N S E <i>Add additional lines to each section as needed.</i> <i>Attach additional documents as required</i></p> |
|--|---|
| <p>1. THERE IS A DEMONSTRABLE NEED.</p> | |
| <p>1.1 Describe the existing model of care for the clinical area.</p> | |

1.2 Describe how existing health care services could be enhanced or new services provided to meet the needs of a patient group, or an organisational need, or to address a service gap?

Examples of anticipated benefits need to include improved service access, cost-effectiveness, timeliness of service provision, client satisfaction etc.

1.3 What data/information is there to support the requirement for this change to the health care service?

| | |
|--|--|
| <p>1.4 In what ways is a Nurse Practitioner the most appropriate health professional to provide this service?</p> | |
| <p>1.5 How would patient/organisational outcomes of the new/expanded service and Nurse Practitioner role be evaluated? Include details of key performance indicators that would be crucial for the new role, and examples of data that would be collected and analysed as part of the evaluation.</p> | |

| | |
|--|--|
| 2. THERE IS A CLEARLY DEFINABLE SCOPE OF PRACTICE. | |
| <p>2.1 What would be the role of the Nurse Practitioner in the clinical setting? Your response needs to address:</p> <ul style="list-style-type: none">e) the scope of practicef) the patient presentations to be seen/target patient populationg) the extensions to practice that would be required/utilised<ul style="list-style-type: none">a. prescribingb. initiation of diagnosticsc. referral to medical specialistsd. admitting and discharging privilegese. approval of absence of work certificatesh) the proposed reporting structure | |

| | |
|--|--|
| <p>2.2 How would the Nurse Practitioner's scope of practice be linked to Clinical Practice Guidelines?</p> | |
| <p>2.3 How would the Nurse Practitioner function within a multidisciplinary team? In your response, consider what opportunities there would be for both autonomy and collaboration.</p> | |

2.4 What changes to the current model of care would be required to implement this Nurse Practitioner role?
In your response, consider the impact on any existing roles.

2.5 Are there any other Nurse Practitioner Models in an equivalent clinical area?

If so, please provide details, and comment on useful learnings that are applicable to your proposed model.

| 3. THERE IS DEMONSTRATED SUPPORT FOR THE ROLE FROM KEY STAKEHOLDERS | |
|--|--|
| <p>3.1 What evidence is there of:</p> <ul style="list-style-type: none">▪ Nursing (including clinical staff, Nurse Manager, Nursing Co-Director)▪ Medical (including clinical staff and Medical Co-Director)▪ Multidisciplinary▪ Executive (including Director of Nursing/Operations Director/General Manager)▪ Consumer <p>support for the introduction of this Nurse Practitioner role?</p> | |

3.2 What specific multidisciplinary input is available to collaborate in the development of the Nurse Practitioner role, within the revised model of care?

| | |
|--|--|
| <p>4. THE ROLE CAN BE FUNDED WITHIN THE EXISTING UNIT BUDGET.</p> | |
| <p>4.1 What strategies would allow for funding the Nurse Practitioner/s within the existing budget? In addition to ongoing funding for the role, there needs to be consideration of the requirement for:</p> <ul style="list-style-type: none"> ▪ The 12 month candidature for the Nurse Practitioner/s ▪ The need for non-clinical time education/training and the development of Clinical Practice Guidelines, which may be a minimum of one non-clinical day per week for the initial 12 months. (Note: - if the candidate is eligible for 4 hours of study leave per week for the 26 weeks of the academic year, this will be factored in as part of the allocated non-clinical time.) ▪ Any additional resources such as equipment or work facilities for either clinical or non-clinical components of the role. | |

| | |
|---|--|
| <p>5. THE REQUIREMENTS FOR AN EDUCATION PROGRAM AND OTHER REQUIRED RESOURCES HAVE BEEN IDENTIFIED.</p> | |
| <p>5.1 What would be the educational requirements of the Nurse Practitioner Candidate that would enable/support extensions to current practice? Please give consideration to:</p> <ul style="list-style-type: none">▪ Health Assessment▪ Diagnostic Testing▪ Prescribing▪ Documentation | |

| | |
|--|--|
| <p>5.2 What would be the relevant multidisciplinary input into the required education? What indication is there that this will be available?</p> | |
| <p>5.3 Are you aware of any existing relevant educational programs (internal and/or external) that could be accessed by the Nurse Practitioner Candidate? For example – there may be existing registrar education programs that could have useful components.</p> | |

5.4 Is there a team of medical consultants to take on the role of clinical mentorship? It is expected that this would require at least 2 hours per week of one to one teaching and supervision of the candidate, in addition to providing direct clinical support on a day to day basis.

- If possible, please specify consultants who have indicated their willingness.
- Describe how the mentorship team will operate to ensure the appropriate level of support and clinical supervision, and how the model will be incorporated within the existing service.

| | |
|---|--|
| <p>6. THERE IS POTENTIAL FOR A SUITABLE NURSE PRACTITIONER CANDIDATE.</p> | |
| <p>6.1 Is there a potential Nurse Practitioner Candidate who has:</p> <ul style="list-style-type: none"> - A clinically relevant Masters level of nursing qualification (or working towards) - Completed the therapeutic medication management module at an approved university (or working towards) - A commitment to seek endorsement by the Victorian Nurse's Board as a Nurse Practitioner - A minimum of 3 - 5 years clinical experience post specialist qualification, and evidence of working at a level of advanced practice in the clinical area - An active involvement in research, publication, teaching, quality improvement and best practice activities - Clinical leadership, collaboration and professional role modelling skills - A focus on best patient outcomes within a multidisciplinary team | |

| | |
|---|--|
| <ul style="list-style-type: none">- High level interpersonal and communication skills across a broad range of health professionals- A conceptualisation of the Nurse Practitioner model that is patient centred and within a nursing model of practice- The capacity to be critically reflective and insightful- An understanding and sensitivity to the political dimension of developing the Nurse Practitioner role and an ability to promote the role in a positive manner | |
| <p>6.2 If there is no suitable internal candidate, what potential is there to externally recruit a suitable candidate?</p> | |

| 7. OTHER CONSIDERATIONS | |
|---|--|
| <p>7.1 Are there any other ways (not already described) in which the Nurse Practitioner role may impact upon:</p> <ul style="list-style-type: none"> ▪ Patients ▪ The Nurse Practitioner Candidate ▪ Nursing Staff ▪ Other disciplines, including existing training commitments for other health professionals ▪ Your clinical area ▪ Other departments/clinical areas? <p>Describe what you anticipate some of the implications may be.</p> | |
| <p>7.2 Any additional comments or information;</p> | |

I have read the above submission for the Nurse Practitioner role and support the proposed model. I am able to confirm that the development of the role will occur within the existing unit budget.

Department/ Unit Manager _____

Medical Co-Director _____

Signature _____ Date _____

Signature _____ Date _____

Operations Director/ General Manager/ Director of Nursing _____

Nursing Co-Director _____

Signature _____ Date _____

Signature _____ Date _____

I have read the above submission for the Nurse Practitioner role and support the proposed model.

Medical Head of Unit _____

Head of Pathology _____

Signature _____ Date _____

Signature _____ Date _____

Head of Pharmacy _____

Head of Radiology _____

Signature _____ Date _____

Signature _____ Date _____

Education and Mentorship Guidelines for Nurse Practitioner Candidates

During the first year of candidacy, it is estimated that the Nurse Practitioner Candidate (NPC) will need one day per week of non-clinical time for training/education and the development of Clinical Practice Guidelines (CPGs).

Note: that if the candidate is eligible for four hours of study leave per week for the 26 weeks of the academic year, this will be factored in as part of the non-clinical time.

It is recognised that both Clinical and Professional Mentorship is required to support the education and development of the NPC.

Key processes referred to throughout this document:

Patient log: A record of all patients seen by the NPC along with presentation details, assessment findings, tests ordered, diagnosis, plan of care and details of mentor review. It provides a mechanism to ensure the consistent follow up of results, and provides details of the number of patients seen by the Nurse Practitioner according to CPG.

Clinical Audit: A weekly review conducted by the Clinical Mentor and NPC of each presentation seen by the NPC as per the patient log. Assists in ensuring practice is consistent with Clinical Practice Guidelines, provides an opportunity for NPC education and the recognition of ongoing learning needs, and assists in the identification and follow up of any unexpected patient outcomes.

Case Presentation: Monthly formal presentation of an NPC case to Medical Mentor +/- other team members. Assessed by the medical mentor according to the relevant CPG and the ANMC competency standards for Nurse Practitioners – see Case Presentation Tool – Appendix 1.

Professional Portfolio: A record of clinical audits and other meetings with Clinical Mentor – including learning needs identified, objectives set, learning activities undertaken, and details and feedback from case presentations. Provides an audit trail of training and competency processes for quality purposes, and assists the NPC in the preparation for endorsement.

Clinical Mentorship

Who can be a clinical mentor?

A Medical Consultant (or team of Medical Consultants) currently practicing in the specialty area who has/have a good understanding of the NP model and extended scope of practice of the role. Consideration may be given to involving an experienced Nurse Practitioner in this process as opportunities arise. It is recommended that a Nurse Practitioner taking on this role for the first time would do so within a model of co-supervision with a medical consultant.

Clinical mentors must be:

- accessible within the clinical environment for teaching and reviewing patients seen by the NPC
- actively involved in clinical research
- able to observe and assess the NPC working clinically and provide thorough feedback on their performance in the role
- committed to participating in the local Nurse Practitioner working group that will work to oversee the development of the Nurse Practitioner Model in the clinical area
- able to create and maintain a positive learning relationship/environment
- committed to supporting critical reflection and independent adult learning

Responsibilities of the Clinical Mentor:

1. Role development

- Work with the Nurse Practitioner Candidate and other members of the local Nurse Practitioner working group to identify patient groups that will be seen by the NPC within their scope of practice in the clinical setting
- Develop Clinical Practice Guidelines in conjunction with the NPC, focusing in particular on clinical relevance and levels of evidence within the guidelines

2. Clinical supervision

- Provide clinical support and supervision on a daily basis to ensure both:
 - the support and development of the NPC
 - the safety and quality of care given to the patient under the care of the NPCThe clinical mentor may require the assistance of medical colleagues to perform this aspect of the role at times.
- Assist the NPC in the development of clinical skills – including patient assessment, diagnosis, prescription of medications, specific clinical skills etc, as relevant to the clinical practice guidelines
- Assist with extensions to practice that are not supported by legislation during the period of candidacy eg: countersigning of prescriptions, WorkCover certificates etc, as per legislative requirements.

3. Education

It is anticipated that at least 2 hours per week will be dedicated to one-to-one teaching and supervision

- Assist NPC to identify learning needs from practice and to formulate objectives to meet these
- Assist in identifying resources to be utilised by the NPC in self-directed learning activities
- Conducts weekly **Clinical Audit** in conjunction with the NPC

There are a range of suitable educational resources that can be accessed by the NPC including:

- ❖ Existing Resident Medical Staff teaching programs
- ❖ Latrobe University – Relevant components of the Health Assessment & Diagnostics Module, Master of Nursing Science - Nurse Practitioner Stream
Contact: Nurse Practitioner Course Coordinator, LaTrobe University
- ❖ Other Nurse Practitioners (or Nurse Practitioner Groups) in the clinical area from within the organisation, other health services or interstate
- ❖ Multidisciplinary groups/individuals

4. Competency Assessment

- Supervision of the clinical components of each CPG until both the NPC and Mentor are satisfied that they can be performed safely and independently
 - There may be some high risk or highly invasive procedures, or particular skills where the process of supervision and assessment of competence is more formalised (i.e.: signing off on a certain number of supervised procedures). This is determined at the discretion of the Clinical Mentor and the NPC.
 - Consideration should be given to the possibility of using simulation training
- Assessment of a **case presentation** once per month

5. Research and Professional Development

- Assist the NPC to identify research opportunities from practice
- Assist the NPC with research design and the identification of external resources to assist the research process
- Ensure that the NPC is attending appropriate seminars/meetings in the clinical specialty

Responsibilities of the Nurse Practitioner Candidate within the Clinical Mentorship Model

- Commitment to self directed learning and the active pursuit of additional learning opportunities to meet identified learning needs
- Completion of Therapeutic Medication Module (as per the Victorian Nurses Board requirements) within 12 months of commencing candidacy to support medication prescription as per CPGs
- Maintenance of **patient log** and commitment to the process of **clinical audit**
- Preparation and presentation of **case studies**
- Maintenance of a **professional portfolio**
- Progression towards endorsement in a timely manner

Professional Mentorship

Who can be a Professional Mentor?

A nurse in a senior leadership role in the clinical area – (in most cases this will be the Nursing Co-Director, Alfred/ Associate Directors of Nursing – Caufield and Sandringham) who:

- has a good understanding of the NP model and extended scope of practice of the role
- is committed to participating in the local Nurse Practitioner working group that will work to oversee the development of the Nurse Practitioner Model in the clinical area

Responsibilities of the Professional Mentor:

Frequency of meetings to be determined locally, however once per month would be considered a minimum requirement. The Professional Mentor will have direct involvement in the performance management meetings and plans for the NPC and will work with them to:

- provide feedback on the development of leadership skills
- provide supervision and support to assist in the development of the clinical leadership skills required in the Nurse Practitioner role
- encourage critical thinking, reflection and problem solving
- support the development of research and quality improvement activities
- assist with the development of change management skills and strategies
- monitor and support the candidate's progression towards endorsement
- ensure that the NPC is involved in appropriate organisational activities relevant to advanced nursing practice
- encourage the NPC's involvement in external Professional Nursing bodies/ issues

Responsibilities of the Nurse Practitioner Candidate within the Professional Mentorship Model

- engage in reflective processes and activities
- utilise feedback and other opportunities to further develop leadership capacity
- participate in performance management as per organisational requirements
- progress towards endorsement in a timely manner

APPENDIX 1. CASE PRESENTATION TOOL: This tool is to be used in conjunction with the clinical log and the clinical practice guidelines

| <i>The NP candidate uses acquired theoretical knowledge in practice to patients/clients:</i> | ANMC competency (see Appendix 1 for explanation of competency) | Mentor assessment of level | <i>Mentor's Comments</i> | <i>SIGNED AND DATED</i> Mentor Student |
|---|--|----------------------------|--------------------------|--|
| <i>Systematically carries out a comprehensive initial and ongoing assessment to determine patient's needs and determine tests required</i> | Competency 1.1 | | | |
| <i>Consistently and systematically orders & interprets all relevant pathology, radiology and other relevant tests</i> | Competency 1.1 | | | |
| <i>Provides good rationale for diagnostic tests & can provide an acceptable working diagnosis based on findings with autonomy and accountability in practice.</i> | Competency 1.2 Competency 2.2 | | | |
| <i>Prioritises nursing care based on assessment of immediate and ongoing patient/s needs and provides adequate education/information</i> | Competency 1.2 Competency 1.3 Competency 2.1 | | | |
| <i>Collaborates with the multidisciplinary team (incl. contributing to ward round), patient and significant others in leading /managing patient/client care.</i> | Competency 2.2 Competency 3.1 | | | |
| <i>Plans for discharge and follow-up or transfer taking patient/client culture and lifestyle into consideration.</i> | Competency 2.2 | | | |
| <i>Critiques own practice and uses peer review taking health policies, social factors, professional, organisational and financial issues into consideration.</i> | Competency 3.1 Competency 3.2 | | | |

(Source: LaTrobe University Unit Guide. Clinical Internship for Masters of Nursing Science – Nurse Practitioner, 2006)

Bondy Scale:

Below is the scale that relates to the clinical practice of the NPC. Clinical practice may be graded from Independent (I) to Dependent (D). The scale describes the quality of clinical performance and the level of assistance required.

| Grade | Performance Criteria | Quality of Performance | Assistance Required |
|------------------------|---|---|--|
| <i>Independent (I)</i> | <i>Level of clinical practice is of a high and safe standard</i> | <ul style="list-style-type: none"> <input type="checkbox"/> <i>Sound level of theoretical knowledge applied effectively in clinical practice</i> <input type="checkbox"/> <i>Coordinated and adaptable when performing skills</i> <input type="checkbox"/> <i>Achieves intended purpose</i> <input type="checkbox"/> <i>Proficient and performs within expected time frame</i> <input type="checkbox"/> <i>Initiates actions independently and / in cooperation with others to ensure safe delivery of patient care.</i> | <i>Without supporting cues</i> |
| <i>Supervised (S)</i> | <i>Level of clinical practice is of a safe standard but with some areas of improvement required</i> | <ul style="list-style-type: none"> <input type="checkbox"/> <i>Correlates theoretical knowledge to clinical practice most of the time</i> <input type="checkbox"/> <i>Coordinated and adaptable when performing skills</i> <input type="checkbox"/> <i>Achieves intended purpose</i> <input type="checkbox"/> <i>Performs within a reasonable time frame</i> <input type="checkbox"/> <i>Initiates actions independently most of the time and / in cooperation with others to ensure safe delivery of patient care.</i> | <i>Requires occasional supportive cues</i> |
| <i>Assisted (A)</i> | <i>Level of clinical practice is of a safe standard but with many areas of improvement required</i> | <ul style="list-style-type: none"> <input type="checkbox"/> <i>Demonstrates limited correlation of theoretical knowledge to clinical practice</i> <input type="checkbox"/> <i>At times lacks coordination when performing skills</i> <input type="checkbox"/> <i>Achieves intended purpose most times</i> <input type="checkbox"/> <i>Performs within a delayed time period</i> <input type="checkbox"/> <i>Lacks initiative and foresight</i> | <i>Requires frequent supportive cues and direction</i> |
| <i>Dependent (D)</i> | <i>Level of clinical practice is unsafe if left unsupervised</i> | <ul style="list-style-type: none"> <input type="checkbox"/> <i>Unable to correlate theoretical knowledge to clinical practice</i> <input type="checkbox"/> <i>Lacks coordination when performing skills</i> <input type="checkbox"/> <i>Unable to achieve intended purpose</i> <input type="checkbox"/> <i>Unable to perform within a delayed time period</i> <input type="checkbox"/> <i>No initiative or foresight</i> | <i>Requires continuous supervision and direction</i> |

APPENDICES:

APPENDIX 1: ANMC Competencies for Nurse Practitioner competency framework:

Standard 1: Dynamic practice that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations

Competency 1.1: Conducts advanced, comprehensive & holistic health assessment relevant to a specialist field of nursing practice

Competency 1.2: Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments and interventions that are evidenced based and informed by specialist knowledge.

Competency 1.3: Has the capacity to use the knowledge and skills of extended practice competencies in complex and unfamiliar environments.

Competency 1.4: Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others.

Standard 2: Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability

Competency 2.1: Applies extended practice competencies within a nursing model of practice.

Competency 2.2: Establishes therapeutic links with the patient/client/community that recognise and respect cultural identity and lifestyle choices.

Competency 2.3: Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice

Standard 3: Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service.

Competency 3.1: Engages in and leads clinical collaboration that optimize outcomes for patients/clients/communities

Competency 3.2: Engages in and leads informed critique and influence at the systems level of health care.



Nurse Practitioner Clinical Practice Guidelines – An overview

What is a Clinical Practice Guideline?

Clinical Practice Guidelines (CPGs) are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances¹.

The process involves reviewing literature and existing guidelines: considering the level, quality, relevance and strength of evidence available to support treatment recommendations.

Guidelines should indicate the strength of evidence upon which they have been formed.

Consensus based recommendations may result where evidence is lacking. The emphasis is therefore on implementing evidence based research to improve patient care and outcomes.

Why are they required?

One of the Nurses Board of Victoria requirements for Nurse Practitioner Candidates seeking endorsement is to have CPGs outlining their clinical practice. In conjunction with education and training the CPGs support safe practice and prescribing for Nurse Practitioners during their candidacy and once fully endorsed.

The Nurses Board no longer require CPGs to be submitted for NP endorsement, but do require evidence of organisation approval and authorisation for each CPG. The Nurse Practitioner candidate will also be examined on components of their CPGs as part of the endorsement process.

What do they look like?

There is not a generic Nurse Practitioner CPG template in use in Victoria or in other states.

A Bayside template for CPGs has been developed. There will be variations for each clinical area, and between individual CPGs, however the template has broad headings and sections to use as a guide for development.

How are they developed?

1. The Nurse Practitioner Candidate, their clinical and professional mentors and the local Nurse Practitioner Working Group identify the specific patient groups or presentations that will be seen by the Nurse Practitioner and therefore require the development of CPGs.
2. The guidelines should be developed in conjunction with the clinical mentor and endorsed by multidisciplinary panels of experts such as radiologists, pathologists, pharmacists and the specialty team.

3. Guidelines should be based on the highest level of evidence, preferably a systematic review of the available scientific evidence.

The following sites are recommended:

- Clinical Evidence www.clinicalevidence.com
- National Health and Medical Research Council www.health.gov.au/nhmrc/publications/
- Evidence Based Nursing www.evidencebasednursing.com
- Joanna Briggs www.joannabriggs.edu.au
- National Institute for Clinical Studies www.nicsl.org.au
- National Institute for Clinical Excellence www.nice.org.uk
- Cochrane Library www.cochrane.org

4. The CPG should be applicable into the context in which the Nurse Practitioner/Candidate is working and therefore should demonstrate contextual interpretation and strength of evidence.
5. There is a Bayside process for approval for CPGs.
6. The guidelines need to be revised every three years or more frequently if necessitated by practice change.
7. The revision process should replicate the steps involved in the initial development of the guidelines.

References

1. Field and Lohr, 1990 in NHMRC (1998) A guide to the development, implementation and evaluation of clinical practice guidelines.

Resources

http://www.nhmrc.gov.au/publications/_files/cp

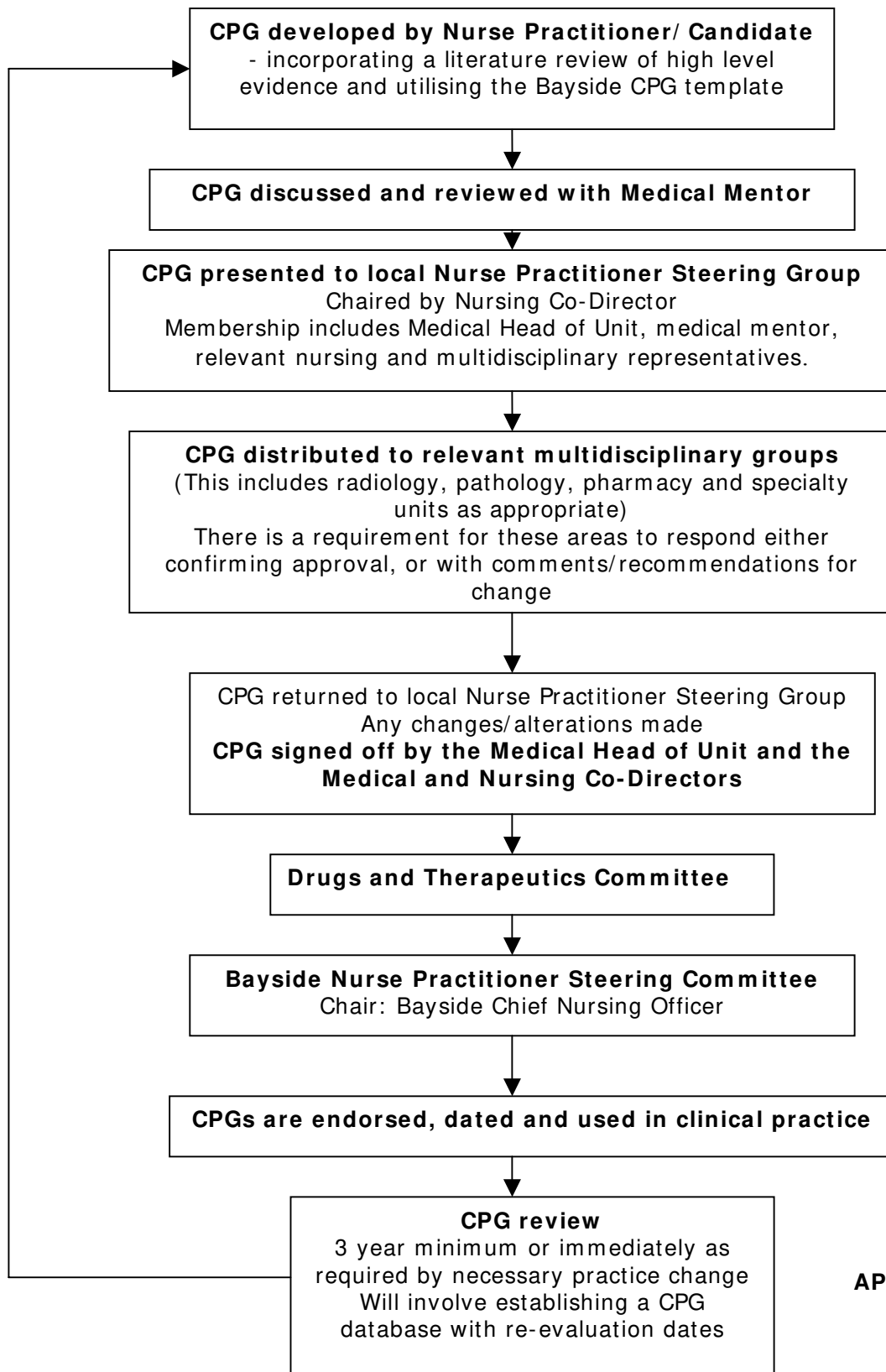
[http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/NPDHSDDevelopingCPGforNursePractitioners/\\$File/DHSDDevelopingCPGforNursePractitioners.pdf](http://www.nbv.org.au/nbv/nbvonlinev1.nsf/attachment/NPDHSDDevelopingCPGforNursePractitioners/$File/DHSDDevelopingCPGforNursePractitioners.pdf)

Nurse Practitioner Clinical Practice Guideline Template

| | | |
|--|-------------------------|---|
| NP CPG SCOPE: | | Outcomes: |
| Nurse Practitioner | | Identify patients suitable for NP |
| Medical Practitioner +/- Nurse Practitioner | | Identify patients NOT suitable for NP CPG |
| Assessment & intervention | | |
| Primary Survey | | |
| History | | |
| Focused clinical assessment | | |
| Investigations | | |
| Imaging | | |
| Pathology | | |
| Interpretation of results (diagnostic features) and management decisions | | |
| Pathology and Clinical features | | |
| Diagnosis | | |
| Management | | |
| Associated Care | | |
| Referrals | | |
| Patient Education / Discharge Information (Verbal & Written) | | |
| When to return instructions | | |
| Follow-up Appointments | | |
| Other Referrals | | |
| Patient Education | | |
| Medication Instructions | | |
| Letters/Certificates | | |
| Medication | | |
| All medication will be stored, labelled and dispensed in accordance with hospital policy and legislative requirements. List of medications including indication, route, dose and frequency: | | |
| Clinical audit evaluation strategies | | |
| Unexpected Outcomes | Departmental Audit Tool | |
| References | | |
| | | |
| Author(s) & Endorsement | | |
| This CPG was written by: | | Reviewed & Authorised by: |
| Abbreviations used: | | Appendices: |
| Approval Date: | | Review Date: |



**Nurse Practitioner
Clinical Practice Guideline Development and Approval Process**



APPENDIX 12

DEPARTMENT: Nursing

CLASSIFICATION: Substantive Salary during Nurse Practitioner Candidacy

DEPARTMENT CODE: According to location

QUALIFICATIONS:

Academic
 Current registration with the Nurse's Board of Victoria as a Division 1 Registered Nurse.
 Working towards an approved Masters Qualification
 Working towards an approved Therapeutic Medication Management Unit

Experience
 Significant years experience post specialist qualification, and evidence of working at a level of advanced practice in the clinical area *

ACCOUNTABLE TO: Co-Director Nursing – Professional Nursing functions
 Medical Director- Clinical functions

POSITION SUMMARY: Is a registered nurse who has acquired the expert knowledge base, complex decision making skills and clinical competencies to prepare for expanded practice. The Nurse Practitioner Candidate is an integral member of the health care team who is working towards an increased level of professional autonomy in collaboration with other health professionals to assess and manage clients within their clinical context using nursing knowledge and skills. The Nurse Practitioner Candidate is engaging in clinical education, mentorship and professional activities to assist the development of extensions to practice including prescription of medications and *at least one* of the following; ordering diagnostic investigations, direct referral to other health care professionals, the ability to admit and discharge patients and/or provision of absence from work certificates, within the limitations of their registration as a Registered Nurse.

* Note: The Victorian Nurse's Board require five years experience post specialist qualification for endorsement.

ROLE RESPONSIBILITIES

1. Clinical Practice

- Undertakes and completes a period of clinical mentorship during which knowledge and skills are developed through education activities, mentored clinical practice, supervision, assessment and feedback
- Demonstrates excellence in advanced clinical nursing practice
- Delivers patient centred care and operates within a nursing model of holistic practice
- Maintains a focus on best patient outcomes
- Demonstrates developing competency within the scope of relevant, current and evidence based Clinical Practice Guidelines **under the supervision/ guidance of their Clinical Mentor**, including;
 - Conducting advanced comprehensive patient assessment.
 - Initiating and interpreting appropriate diagnostic tests
 - Formulating diagnoses and management plans
 - Performing and demonstrating increasing understanding of appropriate therapeutic procedures, treatments and interventions including medication prescription as part of the management plan
 - Facilitating appropriate referrals to specialists/units
 - Admitting and Discharging patients as required
 - Providing patient education
 - Communicating patient management plans to all relevant members of the health care team, including the GP
 - Evaluating client assessment and management on completion of the episode of care and taking appropriate action
 - Documenting episode of care
- Uses critical judgement to vary practice according to contextual and cultural influences
- Recognises limits to own practice and consults appropriately
- Identifies potential adverse outcomes and implements proactive strategies to achieve risk minimisation
- Actively engages community/public health information to inform interventions, referrals and coordination of care

2. Leadership

- Acts as a positive role model for all staff in a manner that is consistent with the values, standards and policies of the organisation and the Nursing Division
- Demonstrates leadership qualities such as vision, openness, flexibility and integrity
- Works closely with Professional Mentor to reflect upon and further develop leadership capacity
- Establishes and ensures the ongoing functioning of the local working group in conjunction with their Professional Mentor, to support the development of the Nurse Practitioner role in the clinical area
- Builds effective and collaborative relationships with patients, colleagues and other stakeholders to achieve best practice and ensure optimal outcomes for patients
- Actively promotes the NP role and advanced nursing practice through activities such as presenting at hospital and departmental meetings, local working groups and/or special interest groups
- Builds partnerships with other departments and health services developing Nurse Practitioner roles
- Influences and manages organisational change as appropriate

3. Research, Evaluation & Quality Improvement

- Monitors processes and outcomes of clinical care provided by the Nurse Practitioner Candidate
 - Maintains patient log
 - Conducts weekly clinical audit in conjunction with Clinical Mentor
 - Presents monthly case studies to mentor and other team members
- Critically appraises and applies relevant research to the development and promotion of evidence based practice
- Develops and maintains evidence based Clinical Practice Guidelines with multidisciplinary input
- Develops and pursues an evaluation strategy for the Nurse Practitioner role in the clinical area – as per the Bayside Health Nurse Practitioner Evaluation Framework
- Leads and contributes to quality improvement and best practice activities that evaluate current practices in the clinical area
- Initiates, leads and participates in research projects/activities in the clinical area

4. Education/ training and professional development

Provides education in the clinical discipline

- Participates in the education of nursing staff and other health professionals through role modelling and facilitating the exchange of knowledge to improve patient outcomes
- Provides in-service education as appropriate and as requested
- Delivers patient education
- Assists other staff in the development and implementation of patient education
- Promotes a clinical environment conducive to learning

Supports the professional development and learning of other staff

- Demonstrates clinical leadership in the area of specialty
- Shares knowledge of research, education and clinical practice issues and information gained from professional activities
- Assists, develops and supports colleagues in the area of research
- Facilitates special interest groups or other forums as relevant to the clinical discipline or local needs

Ongoing commitment to professional development and learning

- Develops and maintains own clinical development and competence, particularly in the areas of:
 - Advanced Health Assessment and Diagnostic Skills
 - Advanced Clinical Decision making
 - Pharmacological Interventions
 - Procedural care/management
 - Selection and interpretation of Diagnostic Tests
 - Process of referral to other Health Professionals
 - Evaluation and Documentation
- Works closely with Clinical Mentor to develop advanced clinical competence
- Maintains professional portfolio as a record of educational and training activities and competency
- Actively pursues additional learning opportunities to meet identified learning needs
- Works towards completing Therapeutic Management Module within the first 12 months of the commencement of the candidacy
- Works towards approved Masters Qualification
- Works towards submitting for endorsement as a Nurse Practitioner within 18 months to 2 years of the commencement of the candidacy, or as negotiated with Nursing Manager
- Actively participates in professional development and continuing education, conferences, seminars and professional groups.
- Presents and publishes at/in appropriate professional conferences and journals
- Develops strong collegial links and partnerships with other nurse practitioners

- Actively participates in professional mentorship relationship

Knowledge/ Skills/ Abilities

- Extensive advanced knowledge of clinical specialty area
- Peer recognition as a leader within clinical field
- Developing knowledge of research methods and processes, the ability to generate own research, as well as the ability to analyse and interpret existing data
- High level interpersonal and communication skills across a broad range of health professionals
- Ability to work both autonomously and collaboratively
- Demonstrated ability to be self motivated and innovative
- Capacity for critical reflection
- An understanding of the political sensitivity of developing the Nurse Practitioner role and an ability to promote the role in a positive manner



| | |
|--------------------------|--|
| POSITION: | Endorsed Nurse Practitioner |
| DEPARTMENT: | Nursing |
| CLASSIFICATION: | Nurse Practitioner Year 1: Grade 6 Year 1 (201 – 300 beds) Nurse Practitioner Year 2 and thereafter: Grade 6 Year 2 (301 – 400 beds) |
| DEPARTMENT CODE: | According to location |
| QUALIFICATIONS: | <p><u>Academic</u> Current endorsement by the Nurse's Board of Victoria as a Nurse Practitioner Completed an approved Masters Qualification (or working towards completion within 3 years of endorsement). Completed an approved Therapeutic Medication Management Unit</p> <p><u>Experience</u> Evidence of competent utilisation of extensions to advanced nursing practice according to approved Clinical Practice Guidelines in the clinical area.</p> |
| ACCOUNTABLE TO: | Co-Director Nursing – Professional Nursing Functions Medical Director- Clinical Functions |
| POSITION SUMMARY: | Is a registered nurse who has acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice ¹ . The Nurse Practitioner is an integral member of the health care team who practices autonomously but in collaboration with other health professionals to assess and manage clients within their clinical context using nursing knowledge and skills. Extensions to practice include prescription of medications and <i>at least one</i> of the following; ordering diagnostic investigations, direct referral to other health care professionals, the ability to admit and discharge patients and/or provision of absence from work certificates. |

1. International Council of Nurses, <http://icn-apnetwork.org/>

ROLE RESPONSIBILITIES

5. Clinical Practice

- Demonstrates excellence in advanced clinical nursing practice
- Delivers patient centred care and operates within a nursing model of holistic practice
- Maintains a focus on best patient outcomes
- Demonstrates competency within the scope of relevant, current and evidence based Clinical Practice Guidelines as they are developed, including;
 - Conducting advanced comprehensive patient assessment.
 - Initiating and interpreting appropriate diagnostic tests
 - Formulating diagnoses and management plans
 - Performing and demonstrating comprehensive understanding of appropriate therapeutic procedures, treatments and interventions including medication prescription as part of the management plan
 - Facilitating appropriate referrals to specialists/units
 - Admitting and Discharging patients as required
 - Providing patient education
 - Communicating patient management plans to all relevant members of the health care team, including the GP
 - Evaluating client assessment and management on completion of the episode of care and taking appropriate action
 - Documenting episode of care
- Uses critical judgement to vary practice according to contextual and cultural influences
- Recognises limits to own practice and consults appropriately
- Identifies potential adverse outcomes and implements proactive strategies to achieve risk minimisation
- Actively engages community/public health information to inform interventions, referrals and coordination of care

6. Leadership

- Acts as a positive role model for all staff in a manner that is consistent with the values, standards and policies of the organisation and the Nursing Division
- Demonstrates leadership qualities such as vision, openness, flexibility and integrity
- Builds effective and collaborative relationships with patients, colleagues and other stakeholders to achieve best practice and ensure optimal outcomes for patients
- Actively promotes the NP role and advanced nursing practice through activities such as presenting at hospital and departmental meetings, local working groups, committees and/or special interest groups
- Builds partnerships with other departments and health services developing Nurse Practitioner roles
- Develops mentorship skills and works towards mentoring new NP candidates
- Participates and facilitates organisational committees/working groups as required
- Influences and manages organisational change as appropriate

7. Research, Evaluation & Quality Improvement

- *Monitors processes and outcomes of clinical care provided by the Nurse Practitioner*
- Critically appraises and applies relevant research to the development and promotion of evidence based practice
- Develops and maintains evidence based Clinical Practice Guidelines with multidisciplinary input
- Develops and pursues an evaluation strategy for the Nurse Practitioner role in the clinical area – as per Bayside Health Nurse Practitioner Evaluation Framework
- Leads and contributes to quality improvement and best practice activities that evaluate current practices in the clinical area
- Initiates, leads and participates in research projects/activities in the clinical area

8. Education/ training and professional development

Provides education in the clinical discipline

- Participates in the education of nursing staff and other health professionals through role modelling and facilitating the exchange of knowledge to improve patient outcomes
- Provides in-service education as appropriate and as requested
- Delivers patient education
- Assists other staff in the development and implementation of patient education
- Promotes a clinical environment conducive to learning

Supports the professional development and learning of other staff

- Demonstrates clinical leadership in the area of specialty
- Shares knowledge of research, education and clinical practice issues and information gained from professional activities
- Assists, develops and supports colleagues in the area of research
- Facilitates special interest groups or other forums as relevant to the clinical discipline or local needs

Ongoing commitment to professional development and learning

- Develops and maintains own clinical development and competence
- Maintains professional portfolio as a record of ongoing clinical activity and competence
- Actively participates in professional development and continuing education, conferences, seminars and professional groups at state, national and government levels.
- Remains informed of current literature
- Presents and publishes at/in appropriate professional conferences and journals
- Develops strong collegial links and partnerships with other nurse practitioners

Knowledge/ Skills/ Abilities

- Extensive advanced knowledge of clinical specialty area
- Peer recognition as a leader within clinical field
- Knowledge of research methods and processes, the ability to generate own research, as well as the ability to analyse and interpret existing data
- High level interpersonal and communication skills across a broad range of health professionals
- Ability to work both autonomously and collaboratively
- Demonstrated ability to be self motivated and innovative
- Capacity for critical reflection
- An understanding of the political sensitivity of developing the Nurse Practitioner role



Bayside Nurse Practitioner Evaluation Framework

The aim of this evaluation framework is to ensure a consistent approach to the evaluation of Nurse Practitioner Roles as they are implemented across the organisation. Pre and post implementation data is essential to determine the impact of the implementation of the Nurse Practitioner role in the clinical area, particularly during the first 12 months. It needs to be demonstrated that the Nurse Practitioner is providing safe, efficient and effective patient care.

In developing a local evaluation strategy, it is important to consider that Nurse Practitioner roles will influence a range of service and client outcomes. However, a variety of other factors may also affect some of these outcomes. Therefore the outcome measures selected for the evaluation strategy need to focus upon assessment of criteria that are most directly affected by the activities of the Nurse Practitioner¹.

The following outcomes and outcome measures are therefore recommended:

| Outcomes | Outcome Measures |
|-------------------------|--|
| Timeliness of Treatment | <ul style="list-style-type: none"> ▪ Time to treatment ▪ Time to discharge |
| Quantity of Treatment | <ul style="list-style-type: none"> ▪ Numbers of patients seen |
| Quality of Treatment | <ul style="list-style-type: none"> ▪ Patient satisfaction |
| Cost of Treatment | <ul style="list-style-type: none"> ▪ Cost per patient treated |

The outcome measures will need to be collected in comparison with the Standard Model of practice within the clinical area that the Nurse Practitioner Role is being measured against.

Additional evaluation criteria or Key Performance Indicators that are particularly relevant to the Clinical Area can be included within the framework.

It is expected that other Nurse Practitioner models in relevant clinical areas will be accessed to assist in the process of determining relevant data collection/outcome measures, tools and strategies for evaluation.

This evaluation framework is to be utilised in conjunction with research and quality activities that the Nurse Practitioner/Candidate will also be conducting that will assist in the evaluation of the role.

For instance;

Quality Activities

- Nurse Practitioner Professional Portfolio – evidence of clinical audits and the mechanism for following up any unexpected patient outcomes.
- Audits of particular clinical activities

Research Activities

- A study that measures Quality of Life Indicators and outcomes for a specific patient group treated by the Nurse Practitioner
- A survey that evaluates the degree acceptance of the Nurse Practitioner Role by Key Stakeholders.

1. DHS (2006) A framework for the evaluation of nurse practitioner roles by individual health services. Unpublished.



Guidelines for Local Nurse Practitioner Working Groups

- Working group to be chaired by Nursing Co-Director (The Alfred) / Associate Director of Nursing (CGMC, SDMH)
- Membership to include the Nurse Practitioner Candidate, Medical Head of Unit, Clinical Mentor, Professional Mentor and nursing and multidisciplinary representatives relevant to the new role and the clinical area. This may include the local Pharmacist, Nurse Manager, Academic representation etc. Consideration should also be given to opportunities to involve the consumer group in the development of the Nurse Practitioner role
- Frequency of meetings to be determined locally, however it is anticipated that fortnightly meetings would be necessary at the commencement of the project, decreasing to monthly as the Nurse Practitioner role is established.

Suggested Terms of Reference:

- Oversee the development of the Nurse Practitioner role in the local setting
- Develop a timeframe for the development of the role and monitor progress accordingly
- Develop a communication, education and marketing strategy for the Nurse Practitioner role for the local area and other key stakeholders
- Provide support and advice for any issues or barriers that may arise during the development and implementation of the Nurse Practitioner role
- Ensure the development of the scope of practice of the Nurse Practitioner/Candidate role complies with relevant legislation
- Assist, support and review the development of Clinical Practice Guidelines by the Nurse Practitioner/Candidate and their clinical mentor, and ensure input/approval from all relevant specialty areas – as per the Bayside Clinical Practice Guidelines Development and Approval Process
- Develop a local evaluation strategy for the Nurse Practitioner Role, that is consistent with the Bayside Nurse Practitioner Evaluation Framework
- Support the Nurse Practitioner Candidate in the identification and pursuit of quality improvement, research and leadership activities relevant to the role
- Consider strategies to ensure sustainability of the Nurse Practitioner Role in the clinical setting

Local requirements/ considerations to be added to the Terms of Reference