**Surgical Nurse Practitioner Project Summary Report**

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## Introduction

In December 2013, Austin Health’s Surgical Clinical Services Unit (CSU) established a Nurse Practitioner (NP) steering committee to explore the idea of introducing a NP into one of the surgical units. The steering committee benchmarked general surgical NP roles and found nothing comparable existed in Australia. Surgical NP roles were then benchmarked internationally and in May 2014 two senior nursing staff undertook an observational tour of Vanderbilt University Medical Centre (USA), Cleveland Clinic (USA) & Toronto General Hospital (Canada). This observational tour highlighted a number of areas of how a surgical NP at Austin Health could positively influence patient outcomes that are aligned with organisational goals.

Following the observational tour, the Surgical CSU successfully obtained funding from the Department of Health for a project officer to develop the surgical NP role at Austin Health with the aim of appointing a nurse practitioner candidate (NPC) into the role in early 2015. The HPB/T was selected chiefly because the head of Unit wanted the role and because patients are often complex due to their chronic illness and it was deemed the surgical NPC will positively impact patient outcomes. As the surgical NP is a new role, the steering committee presumes a NP candidate is likely to be appointed and therefore the NP candidate will take 2-3 years before becoming an endorsed NP.
### Project objectives:

The primary objective of this project is to employ a surgical NPC candidate. For this to successfully occur, a number of other objectives also needed to be met. These were:

- Re-establish NP steering committee.
- Benchmark other NP roles.
- Interview other NP and NPC from Austin Health and other organisations.
- Understand the NP candidate role and requirements from the Nursing and Midwifery Board of Australia perspective.
- Document a detailed report that it includes:
  - Design a model of care/ work template of responsibilities for the surgical NPC.
  - Scoping the surgical NPC candidate role so that it has applicability to other surgical units.
  - Understand academic requirements for NPC.
  - Identify possible clinical supervisor/mentor & professional supervisor for the surgical NPC.
  - Governance and support structures.
  - Metrics of role.
- Produce a Position Description for the surgical NPC.
- Advertise NPC role and employ a suitable NPC into the role by early 2015.
- Produce a summary report for the Department of Health.
- Determine how $8,000 Department of Health funds can support the introduction of the surgical NPC.

### Summary of the project activities:

A number of project activities were undertaken to achieve the project objective:

- NP steering committee was re-formed.
- HPB/T patient population profiled.
- HPB/T patient flow data profiled.
- NP role benchmarked.
- Current NP’s and NPC interviewed.
- Key stakeholders identified and interviewed; including all six Austin Health HPB/T surgical consultants.
- Gap analysis performed. Themes identified included:
  - Surgical NPC will primarily be a ward based role.
  - Surgical NPC will attend the daily ward round.
  - Surgical NPC will attend the two HPB/T specialist clinics per week.
  - Surgical NPC will attend relevant unit meetings, including multi-disciplinary meetings
  - Proposed 38 hour per week timetable created that facilitates the NP candidate’s attendance on the ward round; in specialist clinics, at multi-disciplinary meetings (MDM’s) and allows for academic and administration time.
  - HPB/T requires clinical pathways to be developed that streamline inpatient care and eradicate barriers to discharging patients. The first pathways to be developed will be:
    - Liver & pancreatic resections.
    - Laparoscopic cholecystectomy.
    - Hernia repairs.
    
    The aim is for these pathways to be eventually uploaded onto Cerner.
- Identified personal skills and attributes that the NPC must display as this role will be challenging.
- Risk management strategies documented including mitigating risk strategies are documented.
- Governance and support structures identified and suitable people identified to fulfil those roles.
  Governance and support roles include:
  - Line Manager – CSU Director.
  - Clinical supervisor – HPB/T head of unit.
  - Professional supervisor – ADON: Improving care.
  - NP mentor – To be established once NPC commences.
- Identified that introducing a project support role who will assist the surgical NPC to continue focus on clinical issues whilst ensuring that:
  - Clinical pathways are being developed with the input of key stakeholders.
  - Establishing a data dashboard that displays metrics in ‘real time’.
  - Promotion of the role and education of staff
- Metrics on dashboard to include:
  - Number of patients treated by HPB/T.
  - Number of patient’s operated on by HPB/T.
  - HPB/T patient flow data including the number of Planned Patient Arrivals (PPA’s).
  - HPB/T hospital initiated postponement (elective surgery cancellations for no bed).
- Patient’s length of stay, including patient’s length of stay in ED.
- Number of complaints.

Also measured will be:
- Successful implementation of three stakeholder endorsed standardised pathways in the first twelve months.
- Patient and family satisfaction levels of this new role.
- Nursing and medical staff satisfaction of this new role.

- Identified and documented the university providers that deliver the relevant Masters of Nursing/Nurse Practitioner course in 2015.
- NPC position description created; job advertised and interviews conducted.

**Key outcomes**

- Surgical NP candidate has been appointed and will commence on March 9 2015.
- Detailed report delivered to Surgical CSU Director and steering committee.
- Project support nurse funding established and role to be advertised in mid-February and candidate to be appointed in early March and will commence early April.
- Momentum established within the medical staff discussing the role and what they are seeking from it. Strong support from ward staff for implementation of the role.
- Executive fully informed about progress of project

**Benefits and impacts:**

As the surgical NPC is a clinical role, and they will be a constant senior team member in a unit with frequently rotating medical staff (with the exception of the 6 consultants), it is planned the role will evolve to ultimately:

- **Improve patient outcomes.**
  - This will occur from standardising care primarily by introducing inpatient care pathways.
  - The expert NPC is present and available to respond immediately to the patient who is clinically deteriorating.
  - More patients will be seen in specialist clinics as an extra staff member will be attending.
  - Patients who need see to a consultant in clinic will be prioritised for a consultant. Other patients can be directed to the nurse
  - The NPC will support and educate their nursing colleagues and junior medical staff.
  - The NPC will fill a gap in patient service provision by being present and available on the
surgical wards when surgeons and doctors in training are occupied in theatre and specialist clinics.

- **Improve patient flow.** As the NPC will be mostly ward based there will be improved discharged processes. This will occur as the NPC will:
  - organise and direct the work of the interns to prioritise decisions and discharge processes.
  - make definitive decisions on behalf of the unit to promote patient flow, which will reduce the likelihood of elective cancellation.
  - relay information from the ward round in a timely, standardised manner to nursing colleagues, whilst applying continuous improvement to processes.
  - eradicate current barriers to discharge. It is not uncommon for surgical patients who are admitted via ED to wait for scans/tests before a clinical decision can be made. It is anticipated the NPC will promote and rationalise the ordering and prioritizing of those scans/tests.
  - Produce discharge brochures in plain English (and other languages) that streamline and standardise the discharge process.

## Future expansion of the role

The surgical NPC role will expand in a number of ways:

i) The HPB/T surgical NPC candidate will extend their practice as they develop more skills. When the NPC candidate becomes endorsed the role will move into the realm of prescribing, ordering diagnostic tests and referring to other health professionals.

ii) Another NPC can be added into the HPB/T unit in the future to expand the breadth of the service and ensure sustainability during leave.

iii) The surgical NP report was written in a manner that future surgical NPC’s (in different surgical specialties) can utilise when introducing a NP candidate into their surgical unit.

iv) Austin Health will make it a priority to share the knowledge, model, challenges, and successes with other health facilities.

## Key learnings and recommendations

- Ensuring the governance and support structures of the role are clearly established, defined and understood. It is recommended the steering committee governs and supports the NPC role. It is crucial there is unyielding support from these members; particularly the leadership displayed by the Head of Unit.

- It is recommended the steering committee continue to meet at least monthly, whilst the NPC meets individually with their manager, clinical and professional supervisors and their nominated
NP mentor monthly.

- Stakeholder engagement will be crucial when the surgical NPC commences.
- Identifying, clarifying and communicating the NPC’s role in the first 100 days.
- The surgical NPC role will be primarily a ward based role, though the NPC will attend specialist clinics and relevant unit meetings
- Introducing a project support nurse to start a few weeks after the NPC commences. This will allow the NPC to maintain a focus on clinical areas and developing and promoting their role, whilst the project support nurse is responsible for the development of pathways amongst other key components of their role.
- Metrics of role are identified and agreed upon.

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$37,000 grant plus the $8,000 support package will be used as follows:

Project officer wage $18,342 including 13.5% on-costs.
Project support nurse $19,898 including 13.5% on-costs.
Project overhead costs $6,300.
Total: $44,540.

### Surgical Nurse Practitioner five year plan

**2015:**
- Further development of surgical NPC Model of Care.
- Surgical NPC steering committee meets regularly.
- Appointment of NPC.
- NPC candidate commences role:
  - Formal and structured support is established with professional and clinical supervisors.
  - Role is further explored and developed by candidate, steering committee and stakeholders.
  - Development of clinical pathways / care sets for HPB/T patients.
- Appointment of project support role (temporary position).
- Annual review of NPC role.

**2016:**
- Role becomes more defined and refined.
- Formal professional and clinical supervision continues.
- Development of an assessment methodology to evaluate role including consumer engagement and satisfaction metrics.
- Further development of clinical pathways and audit and review of pathways established the previous year.
- Annual review of NPC role.
- Publication / conference presentation of the impact of the role.
2017:
- Role anticipated to expand and NPC requiring less support.
- Further development of clinical pathways and audit and review of pathways established the previous year.
- Annual review of NPC role.
- Possible application to AHPRA for endorsement.

2018:
- Appointment of endorsed NP.
- Expansion of NP role and responsibilities.
- Clinical and professional support requirements identified and agreed upon.
- Role re-evaluated and new success metrics established.
- Investigate funding to appoint next NP candidate.
- Annual review of NP role.

2019:
- Succession planning and/or adding EFT to surgical NP role.
- Investigate possible funding sources for additional EFT.
- Annual review of NP role.