Registered Nurse Division 2
Enhanced Scope of Practice Project
Summation report
Developing and sustaining practice
Foreword

The challenges in building the capacity and capability of the nursing workforce to meet the demands of a rapidly evolving and dynamic health care system are significant, and key stakeholders from all sectors are grappling with the complexity of the issues.

Nine projects comprising the Registered Nurse Division 2 Enhanced Scope of Practice (ESOP) Project focused on implementing sustainable roles for endorsed registered nurses division 2 (division 2 nurses) and a range of other enhanced practice roles. This included the development of a supporting framework of organisational policies, procedures, position descriptions and mechanisms to enable and sustain safe and competent practice by endorsed division 2 nurses in a range of clinical practice environments.

The ESOP suite of projects commenced in 2005 following the successful implementation of medicines endorsement training, qualification and endorsement for division 2 nurses in Victoria supported by legislative change driven by the Department and the Nurses Board of Victoria.

Work on the ESOP project commenced under the leadership of Ms Kim Sykes, Director of the Nurse Policy Branch from April 2004 to August 2006. I acknowledge Kim’s instrumental role in progressing this activity.

The outcomes of the projects demonstrate the viability of division 2 nurses’ roles in the nursing team in a range of health service settings. The projects reported here do not necessarily provide clear methodological advice about how to manage workforce change at the organisational level. Nor do they provide definitive solutions to the barriers that are faced when implementing new roles or skill mix. They do, however, point to the need for a cogent business case that provides a compelling argument for change as the basis for securing executive support. Importantly, there needs to be a governance structure providing oversight and accountability and an expert team needs to methodically ready the organisation and manage the change process. Critical to implementing successful workforce change is the engagement of stakeholders through all stages of the process and attention to the implications and impacts of change across the organisation.

In overseeing the conclusion of the ESOP project and the writing of this report, I have been pleased to note the way more and more health services are embracing division 2 nurses as part of the solution to local nurse workforce and service demand and actively considering how to incorporate them in the nurse skill mix; looking creatively at the roles they can undertake; planning and dedicating resources to their ongoing education and professional development and factoring them into longer-term strategic workforce plans.

Division 2 nurses are clearly a workforce option for health services to consider. Importantly, they are one part of the solution to the workforce challenges that face us and there is a strong case for looking at new, different and advanced practice roles for division 1 nurses at the same time so that the skills of the nursing workforce are used to maximum advantage. At all times, it is vital that the health care needs of the Victorian community remain the central focus of strategic solutions to workforce challenges.

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Principal Nurse Advisor
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Executive summary

Developing the roles and practice of division 2 nurses is a necessary precursor to increasing their employment in Victoria’s public health services and one part of the solution to projected demand for nurses in Victoria.

In March 2005 the Department of Human Services called for expressions of interest from Victoria’s public health services to develop a plan to implement sustainable roles for division 2 nurses with medicines endorsement in settings outside the traditional scope of practice and employment.

Nine projects received funding, covering a range of clinical practice environments including acute, aged care, inpatient and community mental health, and emergency care settings in both metropolitan and rural services.

The project teams developed service plans to inform ongoing implementation of an enhanced scope of practice for division 2 nurses in their organisations, providing opportunities and recommending how their medicines endorsement capability could be fully utilised within the current regulatory framework. This included developing a supporting framework of organisational policies, procedures, position descriptions and mechanisms to enable and sustain safe and competent practice by endorsed division 2 nurses in these roles.

Organisations faced a number of challenges and barriers, resulting in a range of strategic approaches to implementing change at the organisational level.

The ESOP projects demonstrated that new roles and practice for division 2 nurses cannot be implemented in isolation and highlighted the need to understand the impacts of change on the way health services are delivered and to consider the implications for the broader nurse workforce and the whole organisation.

The ESOP projects demonstrated that medicines endorsed division 2 nurses can be effectively employed across a variety of service settings and clinical environments. Clear organisational leadership, together with quality, risk and clinical governance frameworks, communication and education provides a platform that can be applied more broadly to workforce change within an organisation.

These projects demonstrated that successful implementation of roles for division 2 nurses that fully utilise their medicines endorsement capability is underpinned by a methodological approach to managing workforce change, with a focus on:

1. Planning for division 2 roles and practice change
   - A sound business case
   - Organisational commitment
   - A governance framework

2. Managing implementation of new roles and practice for division 2 nurses
   - A project methodology
   - Communication strategy
   - Change champions
   - A framework of support for practice and roles
   - Evaluating the impact of new roles

3. Sustaining division 2 roles and practice
1. Planning for division 2 roles and practice change

A sound business case
A successful business case clearly outlines the scope of the project, the benefits for the organisation and its clients and resonates with the strategic goals of the organisation.

Organisational commitment
Executive leadership and sponsorship are critical to ensure new roles and workforce change align with the organisation’s service and workforce strategic directions, and adequate resources are allocated to support role development, implementation and evaluation.

A governance framework
A governance framework ensures: the project remains focused, roles and accountabilities are clearly articulated, resources are provided and used appropriately, timelines and milestones are met, risks are managed, problems are resolved, stakeholders engaged and outcomes are achieved.

2. Managing implementation of new roles for division 2 nurses

A project methodology
The project management methodology addresses the specific project or implementation deliverables. This includes specific processes for project initiation, prioritisation, project planning, status reporting, issue/decision/change management, quality management and risk management. A suitably prepared and experienced project leader (or change facilitator) and team coordinate and facilitate the project activities across the organisation. A methodology or approach that engages stakeholders in all stages of the project is vital to success. Similarly, by commencing key activities in areas where there is need and interest, stakeholder buy-in is secured.

Communication strategy
Dispelling myth and challenging misinformation is vital to changing organisational and professional culture and overcoming the barriers to implementation. An organisational communication strategy steers this process and includes informed, accurate and consistent information regarding the reasons and benefits for introducing division 2 nurses to the team, the training and practice capability of division 2 nurses and provides for consultation and engagement with stakeholders. A communication strategy should closely align with the organisation’s service and workforce plans and provide ways for engaging and consulting all key stakeholders including patients and consumer representatives.

Change champions
Identifying and engaging key people across all levels of the organisation as ‘change champions’ is critical to success. Change champions might include clinical nurse educators, clinical support nurses, nurse unit managers, and those with mentoring and preceptor responsibilities such as clinical nurse specialists, experienced clinicians or other division 2 nurses.

A framework of support for practice and roles
The Nurses Board of Victoria Guidelines for Nursing and Midwifery Practice provides principle-based guidance to nurses and their employers to assist them in considering the key factors that enable or might constrain practice development and implementation of new roles for division 2 nurses.

At the organisational level, thorough risk assessment indicates where organisational systems and processes require strengthening to support safe division 2 practice and quality outcomes. Developing clear position descriptions, organisational policies, procedures and protocols that authorise, legitimise and sustain new practice and roles is fundamental. Stakeholder engagement in developing the framework for safe practice is the key to readying the organisation for change.

Education and coaching at the clinical interface that is tailored to local need is essential for all members of the health care team, to assist them to embrace new division 2 roles, make the necessary transitions in their practice and change the way they work together as a team.

Evaluating the impact of new roles
A cogent evaluation framework that uses a range of methods and approaches to monitor deliverables, costs and benefits is needed to provide an adequate understanding of the impact of new roles and workplace practice for the organisation, its workforce and its clients.
3. Sustaining division 2 roles and practice

Recognition and celebration of success is an important part of the change process. Reflecting on and learning from the experience and outcomes, identifying gaps or deficiencies and implementing corrective action are other key steps before moving on to implement initiatives across the organisation.

Successful projects create action plans for ensuring that new practice capability and roles for division 2 nurses are enabled and sustained over time. Critical to this phase is the transition in status from ‘pilot project’ to ‘permanent state’.

This requires the organisation to think and speak differently about division 2 nurses’ roles and medicines capability; to reflect this as the norm – rather than something that is new, different or challenging.

The ESOP projects demonstrate the viability of division 2 roles in a range of service settings and frame the case for considering division 2 nurses as part of the solution to local nurse workforce and service demand. In taking this direction, there is clearly a need for organisations to comprehensively plan and manage the workforce change process, actively considering how to incorporate division 2 nurses in the nurse skill mix. Health services should look creatively at the roles division 2 nurses can undertake; plan and dedicate resources to ongoing education and professional development and factor them into the organisation’s longer-term strategic workforce plan.
Introduction

Registered nurses division 2 (division 2 nurses) are an essential and valued part of the nursing team, working with registered nurses division 1 (division 1 nurses) to deliver health services to the Victorian community.

The introduction of nationally-agreed qualifications, medicines endorsement and freeing-up of Nurses Board of Victoria (NBV) policy and standards have created a nexus of opportunity to develop practice, roles and employment options for division 2 nurses in Victorian.

At 30 June 2007, the NBV reported there were 19,449 division 2 nurses in Victoria. This accounted for about 24 per cent of all registered nurses at the time. Of these, about 18 per cent had completed a post-registration course to enhance their skills and career opportunities. Since introducing medicines endorsement for division 2 nurses in 2004, more than 2,743 division 2 nurses had completed the accredited training and been endorsed to administer medicines within the guidelines and limitation set by the Nurses Board of Victoria.1

Division 2 nurses with medicines endorsement have the knowledge and skills to work in a wide range of settings and services and can take on roles not traditionally part of their employment. However, when the Enhanced Scope of Practice project (ESOP project) commenced, many health services were seeking direction and advice about how to introduce enhanced roles for endorsed division 2 nurses at the organisational level. The projects reported here were funded in response to a general concern from health services about how to safely introduce and support division 2 practice in medicines administration.

In March 2005 the Department of Human Services called for expressions of interest from Victoria’s public health services to develop a plan to implement sustainable roles for division 2 nurses with enhanced practice in medicines administration and in other areas of practice. Nine projects were funded through the department’s ESOP project.

The project deliverables included development of a framework of organisational policies, procedures, position descriptions and mechanisms to enable and sustain safe and competent practice by medicines endorsed division 2 nurses. The intention was to develop resources for other health services to draw on and to collate and disseminate the lessons learnt from the project experience.

This report provides an outline of the background and context in which the ESOP projects were undertaken and a brief overview of each of the projects.2 The final section draws together the learning from the projects and highlights the features that lead to successful implementation of roles for division 2 nurses in a cross section of health service settings.

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1 Nurses Board of Victoria 2006-07 Annual Report – registration details as of 30th June 2007
Developing capability and capacity of division 2 nurses has been part of a longer-term agenda for the department. The *Nurses in Victoria: A supply and demand analysis 2003–04 to 2011–12* projected a progressive increase in demand for nurses with approximately 5,000 EFT or 6050 additional division 1 nurses required by 2011–12. Demand for division 2 nurses was also projected to rise, with the report forecasting that 1,969 EFT or 2,492 additional division 2 nurses would be required to meet demand in 2011–12.

Further workforce analysis that takes into account recruitment of more than 8,060 nurses to the public sector since 1999 and additional State and Commonwealth-funded training places for division 1 and division 2 nurses, indicate that the gap between demand and supply is likely to be only partially addressed by these successes.

Over a number of years, Victoria has responded to projected demand for nurses by implementing a range of medium and longer-term measures to build both the capacity and the capability of the nursing workforce. The department has particularly focused on nurse recruitment and retention, improving the working lives of nurses, developing the roles of nurses, more effective utilisation of the nursing skill mix within organisations, generating data to underpin strong policy and other innovative measures.

The ESOP projects comprise one element of this integrated approach to nursing workforce and the purpose and intent of the projects complement the department’s strategic approach to planning and developing the whole-of-the health workforce – an approach that encourages best use of available resources, stimulates innovation and facilitates more effective planning and funding.
Table 1: Division 2 milestones

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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| 2001 | • Nurse recruitment and retention report recommended a Nurse Policy Branch be formed to oversee the *Nurse Recruitment and Retention Strategy*  
      • Departmental steering group formed |
| 2002 | • Steering group reports to the Minister for Health |
| 2003 | • Eight recommendations accepted in principle |
| 2004 | • Amendments to the *Nurses Act 1993*[^3] and *Drugs, Poisons and Controlled Substances Act 1995*  
      • Nurses Board of Victoria releases its guidelines *Delegation and supervision for registered nurses and extended scope of practice for the division 2 nurse*  
      • Nurses Board of Victoria release its guidelines ‘*Extended scope of practice for division 2 nurses to administer medication*’  
      • OTTE in consultation with stakeholders develop a course enabling division 2 nurses to be trained in medicines administration |
| 2005 | • Department funds nine health services to undertake projects in relation to division 2 nurse practice capacity – *Enhanced Scope of Practice project* |
| 2006 | • Additional routes of medicines administration (subcutaneous and intramuscular) are added to endorsed division 2 nurses practice  
      • 200 hours accredited training program (supersedes the 190 hours program) |
| 2007 | • NBV develops Scope of Practice for Nursing and Midwifery and revise its Code of guidance  
      • New Health Training Package (HLT07) is released containing diploma, advanced diploma qualifications and intravenous medicines administration unit of competency  
      • Nurse Policy Branch conducts the Division 2 Directions Forum outlining its strategic approach to division 2 nurses in the workforce |

[^3]: Superseded by the *Health Professions Registration Act 2005*
Project approach

The ESOP projects sit within a broader framework of policy and activity making up the department’s strategic approach to division 2 nurses. Strands of activity include the development of professional practice, sustainable roles for division 2 nurses and promotion of workforce planning and innovation and these same themes have featured throughout ESOP projects.

The aim of the ESOP suite of projects was to identify ways to extend the role of division 2 nurses in a variety of service and clinical settings throughout Victorian health services, both metropolitan and rural. The projects sought to integrate division 2 nurses into non-traditional areas of nursing practice in a constructive, supported and guided manner.

Health services were required to submit applications providing evidence against a set of criteria and expectations. The projects also involved the development of a reporting mechanism, service plan and implementation plan for introducing roles for endorsed division 2 nurses at the organisational level. Table 2 sets out the application requirements.

Evaluation of submissions

Table 3 outlines the criteria used to evaluate submissions and determine the successful health service provider(s).

Table 2: Application requirements

| Criteria | • On completion, plans would be made available to other health services as a resource for integrating enhanced practice capacity into their organisations. |
| | • A significant component of the funding was towards the costs of a project officer to support the development of the framework |
| | • Project teams must have included representatives from nursing management, nursing education, division 2 nurses and other nursing and/or professional groups upon whom it is anticipated the change in scope will impact. |
| Reporting | • Existing division 2 nurses’ scope of practice in their health service. |
| | • Identification of the patient population and key stakeholders in relation to potential changes in practice, including patients in the model of care at the time. |
| Service Plan | • Evidence that supports the need to enhance the scope of practice of division 2 nurses. |
| | • A description of the revised role for division 2 nurses in the organisation. |
| | • An outline of additional training / educational / development requirements to implement the enhanced scope (which may include stakeholders other than the division 2 nurse if required). |
| | • Selection criteria for division 2 nurses to participate in enhanced practice. |
| | • A policy framework to support the enhanced scope of practice at the local level. |
| | • The expected benefits of the enhanced scope of practice for division 2 nurses, consumers and the organisation. |
| | • The perceived barriers to the implementation of this enhanced scope of practice and possible solutions to those barriers. |
| | • Outline of the processes to ensure the sustainability of the enhanced scope in the organisation, including employer commitment, patient demand and funding allocation. |
| Implementation Plan | • A projected budget for implementation of a pilot project. |
| | • Timeframes for implementation. |
| | • A process for evaluation. |
Registered Nurse Division 2 Enhanced Scope of Practice Project
Summation report

Table 3: Evaluation criteria

<table>
<thead>
<tr>
<th></th>
<th>The service provider demonstrates an understanding of project requirements. The service provider has relevant previous and adequate experience in project management, with demonstrated ability to deliver services within prescribed timeframes and designated budgets.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>The submission includes sufficient supporting documentation to demonstrate satisfactory financial, technical, planning and other resource capability and viability. Documentation should include an audited financial statement and an annual report from the most recent financial period (or relevant equivalent, if not a corporate body); business or corporate plan covering current period.</td>
</tr>
<tr>
<td>3</td>
<td>The submission describes proposed methodology to address the project requirements (outlined in section 2.4) including organisational processes.</td>
</tr>
<tr>
<td>4</td>
<td>The submission provides evidence of an innovative response to a demonstrated, local need to develop an enhanced scope of practice for division 2 registered nurses.</td>
</tr>
<tr>
<td>5</td>
<td>The submission provides evidence of organisational commitment to the sustainability and further development of the division 2 registered nurse role.</td>
</tr>
<tr>
<td>6</td>
<td>The submission demonstrates willingness to collaborate with other successful projects and share knowledge and learnings about the division 2 registered nurse role from an organisational perspective.</td>
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Project methodologies

Individual project teams developed different methodologies or approaches in line with the nature of the work that was undertaken. All projects established site-specific governance through the formation of a steering or project reference group, which included key stakeholder representation and expertise. Where required, approval was sought through the health service ethics mechanism and where appropriate, also through project partners such as associated tertiary institution (higher education provider).

The projects employed a range of qualitative and quantitative data collection methods to inform the work and monitor outcomes including the use of:

- surveys and questionnaires
- interviews
- literature reviews
- focus groups
- process mapping
- SWOT analysis.

The projects teams also employed a range of internal communication strategies to raise awareness of the work being undertaken. These included staff forums, in-service education programs and the development of information materials and booklets for dissemination.

Progress monitoring

The department worked with the project teams to monitor progress, financial viability, governance and service quality. Participants were also invited to present at the Nurse Policy Branch Division 2 Directions forum held in October 2007. Each project team submitted progress reports and a final report.

To assist service providers, the department provided:

- a reporting proforma
- ongoing commitment to the development of collaborative relationships
- formal support via regular meetings with the service provider
- regular updates on relevant policy directions and initiatives
- consultancy where appropriate
- formal and informal contact as required.

Projects selected

Nine projects were selected for funding, covering a range of clinical practice environments including acute, aged care, inpatient and community mental health, and emergency care settings in both metropolitan and rural services. Table 4 provides a brief summary of the focus of each project.
Table 4: ESOP projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Aim</th>
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<tr>
<td>Austin Health</td>
<td>To investigate a supported education pathway for Division 2 nurses to enable them to undertake advanced skill development. This process aims to enhance care delivery and job satisfaction, amongst both division 2 and division 1 nurses.</td>
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<tr>
<td>Barwon Health</td>
<td>To provide a framework and sustainable plan for the implementation of enhanced scope of practice for division 2 registered nurses to work in mental health, community, medical, subacute and aged care services. To address the concerns of the Barwon Health division 2 registered nurses workforce regarding career pathways and job security.</td>
</tr>
<tr>
<td>Barwon South West Collaborative</td>
<td>To provide a post-basic module in front line emergency care to meet the specific needs of the Barwon-South Western Region rural healthcare agencies.</td>
</tr>
<tr>
<td>Bendigo Health</td>
<td>To develop a plan to implement a division 2 registered nurse beginner practitioner program to ultimately assist in consolidation of skill development and confidence.</td>
</tr>
<tr>
<td>Eastern Health</td>
<td>To implement and evaluate the extended scope of practice of division 2 registered nurses in medication administration in diverse clinical practice settings.</td>
</tr>
<tr>
<td>Mt Alexander and Maldon Hospitals</td>
<td>Identify, within a rural context, potential areas to enhance the scope of practice of the division two registered nurse and to develop an implementation framework to enable these enhancements.</td>
</tr>
<tr>
<td>Western District Health Service</td>
<td>Develop a sustainable service plan/framework to support the implementation of an enhanced scope of practice for the division 2 registered nurse (medication endorsed) in aged care.</td>
</tr>
<tr>
<td>The Alfred Hospital</td>
<td>To develop an implementation strategy to introduce division 2 registered nurses with an enhanced scope of practice into Ward 7 East within The Alfred’s primary nursing model of care.</td>
</tr>
<tr>
<td>Southern Health</td>
<td>To recruit division 2 registered nurses into the acute care environment supported by a registered training organisation in the provision of a post-basic qualification.</td>
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</table>
Austin Health

Austin Health is the major provider of tertiary health services, health professional education and research in the northeast of Melbourne. Austin Health is renowned for its research and specialist work in cancer, liver transplantation, spinal cord injuries, neurology, endocrinology, mental health and rehabilitation.

The aim of the Austin ESOP project was, in the absence at the time of definitive NBV guidance about scope of practice, to investigate and implement a 'decision-making framework' enabling division 2 nurses to enhance their practice skills and take on new roles in the provision of service.

Project activities included:

- analyses of the scope of division 2 practice in clinical areas employing a significant proportion of experienced division 2 nurses
- scoping the competency profile of the clinical areas involved in the project
- developing a process for identifying practice skills or clinical functions, historically the domain of the division 1 nurse, that can be performed by division 2 nurses
- developing or revising organisational policy and procedures to support division 2 enhanced practice, ensuring consistency with regulatory, legislative and organisational guidelines
- developing education and resources to support division 2 practice in new areas.

Austin Health historically had a small number of clinical areas employing experienced division 2 nurses; in particular, aged care and spinal services. These areas had often found it difficult to recruit and retain division 1 nurses.

Prior to the ESOP project, Austin Health identified opportunities for division 2 nurses to participate in patient care in new or non-traditional clinical environments across the organisation. At the time, organisational policy and protocols needed to be revised to accommodate or enable division 2 nurses to develop their skills base or expand their practice within the organisation.

Outcomes

The Austin Health ESOP project developed a framework for introducing new skills to division 2 practice at Austin Health. The framework sets out the steps in the process to be followed at Austin health and the governance structure that ensures skills development is justified and supported by the executive. Competencies or skills that are supported proceed to the next step where there is consideration of the training that may be required to achieve competence.

Through the project, competency training and assessments were developed for division 2 nurses in a range of skill areas generally not accepted as part of their scope of practice. At the time of reporting:

- twenty nurses had competed catheterisation competencies
- five nurses had completed venepuncture and a 'train-the-trainer program was underway
- ten nurses had completed tracheostomy competencies
- ten nurses were undertaking nasogastric or PEG feeding and oesophageal manometry training.

Further reviews of the division 2 role will be undertaken and educational programs for division 2 nurses expanded. The Austin also intends to explore formalised education arrangements with local TAFE providers to deliver specialised clinical education programs.

Overall, nurses participating in the project reported a number of benefits for patients including improved delivery of holistic care, improved continuity of care and more timely medication administration. Perceived benefits for division 1 nurses include: improved roles, increased job satisfaction, increased morale and self esteem. Benefits for division 1 nurses may include less segmentation of practice, reduced stress, decreased workload and increased job satisfaction.

Importantly, the framework supports professional judgement by nurses about nursing practice and ensures that division 2 nurses have the right skills and supports to care for the patients in their clinical areas.

Learnings

The involvement of key stakeholders from participating clinical areas was fundamental to the process of identifying which skills would enable the team to work more efficiently to meet patient needs.

Findings from interviews and questionnaires conducted during the Austin Health ESOP project supported further expansion of division 2 nurse scope of practice beyond medication administration. A key learning from this project is that strong buy-in by division 1 and 2 nurses is achieved by establishing a shared goal to improve patient outcomes and to invite nurses’ involvement from the outset. The findings from the planning phase of the project illustrate that nurses’ readiness to explore enhanced practice roles for division 2 nurses was evidence of a "positive organisation culture" – and essential to success.
Barwon Health

Barwon Health serves a geographically-dispersed population through two major sites with a total of 921 beds and 21 sites overall, stretching down the coast to Anglesea, Torquay and Lorne. Health services cover the full spectrum from emergency and acute to mental health, primary care, community services and sub-acute/rehabilitation.

The aim of the Barwon Health ESOP project was to provide a framework and sustainable plan for the implementation of enhanced practice for division 2 nurses across a variety of service settings.

Activities included:
- developing policy to incorporate the administration of medicines by endorsed division 2 nurses into organisational practice
- establishing a supportive peer network of division 2 nurses within Barwon Health
- further developing the role of division 2 nurses within community settings.

Prior to commencing the Barwon Health ESOP project, none of the 400-strong division 2 workforce had undertaken the medicines endorsement qualification.

Outcome

At the completion of the ESOP project, a total of 33 division 2 nurses were endorsed and administering medicines across all Barwon Health campuses in a variety of clinical settings including mental health, acute, sub-acute and aged care.

As a result of the project, the Barwon Health medicines policy was revised not only to incorporate the medicines endorsed division 2 nurses, but also to update the policy for single checking along with numerous changes to medicines administration.

In the community health setting the new division 2 nurse role provides administrative support to the domiciliary service and acts as a resource and referral agent for clients, carers and staff. In the Hospital Admission Risk Team division 2 nurses provide care to clients including:
- establishing and maintaining a rapport with clients
- routing observation and clinical observation of administered treatments and reporting any changes in condition
- routine follow-up and support to clients who are stable
- providing timely and accurate information to case managers
- participating in care planning
- assisting clients in the community to optimise self-care and physical wellbeing
- participating in developing and implementing integrated disease management programs.

Learning

Barwon Health identified a number of barriers that impacted on progress of the ESOP project. These included misunderstanding and misinformation regarding division 2 nurse scope of practice and a general reluctance by some division 2 nurses to undertake further training and role development. Despite extensive communication, some nursing staff at Barwon Health experienced difficulty in ‘translating the concepts of enhanced role practice to the workplace’.

The project team recognised that the introduction of endorsed division 2 nurses required a significant shift in thinking across the organisation. Educating the health workforce was therefore essential to maximise the use of their practice capability in delivering patient care. This project also demonstrated the importance of actively engaging clinical staff in discussion around changes to successfully implement the new roles in moving towards sustainable medicines roles for the whole organisation, these practice concepts need to be embedded in the organisational culture through ongoing clinical and administrative support.

The effective and continued integration of endorsed division 2 nurses into new or non-traditional areas of practice requires development and communication of clinical and administrative policies and protocols that support their practice and have been developed in consultation with nurses in the organisation.

Barwon-South Western Region

The Barwon-South Western Region extends from Lara through to the South Australian border, containing a population of some 323,000 people. The region contains 20 healthcare agencies including major hospitals at Geelong, Warrnambool, Portland and Hamilton. These larger hospitals offer emergency department services, staffed by division 1 registered nurses.

The aim of the Barwon-South Western Region ESOP project was the development of a post-registration educational module in front line emergency care for division 2 nurses, preparing them to work in emergency department settings. Initially, this was to address the specific nursing and service needs of the Barwon-South Western Region healthcare agencies.
Project activities included:

- mapping rural and regional emergency department activity against the practice capability of a division 2 nurse
- developing a post-basic module inclusive of identified educational needs and applying for registered training organisation (RTO) status with the relevant training on their scope of registration
- developing a plan for deploying division 2 nurses to identified emergency departments.

Outcome

In preparation for the ESOP project, Barwon-South Western Region identified that some division 2 nurses working in emergency departments were performing certain clinical tasks without on the job training or formal preparation, or policies and procedures to support safe practice in the area. This presented a risk for the organisation.

By September 2006, Barwon-South Western Region had an agreement with a local TAFE provider to assist in the development of a post-registration education module to equip division 2 nurses with knowledge and skills to work in the emergency department.

Twelve division 2 nurses participated in the program which covered 37 different topics including scope of practice, ethical and legal considerations, assessment and history taking, communication and a range of emergency presentations, decontamination, cardiac assessment and monitoring, basic life support, providing support in critical situations and interventions.

Learning

Evaluation following the program showed that division 2 participants found the training had enhanced their appreciation and understanding of their job in the emergency department and had given them knowledge, skills and confidence to work effectively in the team, although support in their new role was still required. In some cases the nurses felt the program refreshed some aspects of their practice; which infers that division 2 nurses’ capability may have been underutilised in routine and traditional roles.

Barwon-South Western Region anticipated concerns from division 1 nurses regarding ‘role erosion’ and sought to address these in the context of the project. Strategies included broad communication regarding division 2 ‘scope of practice’ and promotion of ‘collaborative interdisciplinary communication strategies’.

The project highlighted the challenges in seeking to become a registered training organisation (approved by the Victorian Registration and Qualifications Authority). Pursuing partnerships with established training organisations may be an alternative and viable option to meet training needs.

Sustainability of the Barwon program over the longer term, as a means of supplying a competent workforce to meet the service needs of the various health services in the region is an issue identified for further consideration.

Bendigo Health

Bendigo Health (BH) is one of the state’s major rural health service providers, with a catchment area servicing one-quarter of Victoria. A 672 bed multi-disciplinary service, Bendigo Health incorporates medical, surgical, rehabilitation, psychiatric care, aged care, and ambulatory and community services. Bendigo Health is an essential service provider for the communities in central and northern Victoria including Gisborne in the south and Mildura to the north.

The aim of the Bendigo Health ESOP project was to implement and sustain a Division 2 Nurse Beginner Practitioner Program within BH and surrounding districts to help strengthen the nursing workforce capability and consolidate skills amongst newly registered division 2 nurses.

Project activities included:

- identifying and engaging key stakeholders to provide input regarding a beginner practitioner program.
- developing a strategic plan to guide implementation and sustainability of the program.
- developing and trialling a division 2 support program incorporating a self-directed learning package for program participants inclusive of competency-based assessment and reflective practice.

Outcome

The self-directed learning package developed included competency-based assessment in basic life support (BLS), No-lift techniques, patient assessment, pre and post procedural care, blood glucose monitoring and wound management.

Seven division 2 nurses participated in the program across two sites; Bendigo Hospital and East Wimmera Health Service (EWHS). While the program assisted participants to consolidate their competence and clinical skills, there were different outcomes for the two groups. The participants at BH received a greater level of clinical support than those at EWHS. As a result, there was a lower completion rate for EWHS participants.
Learning

Qualitative data obtained through the evaluation process links program attrition directly to the level of clinical support provided at the two sites. The BH ESOP project highlighted that newly registered division 2 nurses are ‘primarily concerned with consolidating their clinical practice and developing confidence’. Although provided with learning materials, they also benefited from the clinical support provided in terms of their transition to professional practice.

As a result of this project, BH developed a series of key recommendations to guide the development and implementation of an early graduate program specifically designed for division 2 nurses including that:

- programs focus on consolidating knowledge and clinical skills in order to develop confidence
- resources are assigned to coordinate and monitor progress and to guide completion of the learning objectives
- designated preceptors provide clinical support and education
- further research is undertaken to more fully understand the needs of newly graduated division 2 nurses transitioning to professional work and practice.

Outcome

The Eastern Health ESOP project used a structured approach to introducing medicines endorsed division 2 nurses that included:

- an establishment phase where a governance structure was formed, key decisions were made regarding the scope of the work and preparatory work on policies, tools and an education package were completed
- an implementation phase involving competency assessment, education, information dissemination, staff consultation, piloting of medicines administration in the clinical areas, debriefing and evaluation
- an evaluation phase in which the key indicators pertinent to the care of patients were analysed.

To support endorsed division 2 medicines practice, Eastern Health provided an education program and supporting information workshops focusing on delegation and supervision, scope of practice, accountability and responsibility. Organisational policy was developed to guide endorsed division 2 nurse practice and nurses generally about their responsibilities and supervision.

Through the ESOP project 15 endorsed division 2 nurses were introduced to the nursing workforce across the participating clinical service areas. Data from the Eastern Health Riskman database revealed an overall decline in medication errors during the project period.

As a result of the project, Eastern Health has undertaken further work around designing a consistent network approach to the roles and responsibilities of division 2 nurses, including improvement of education and training and ensuring these reflect contemporary workforce expectations. A component of this activity includes the identification of enhanced scope of practice activities educationally linked or mapped to diploma and advanced diploma level units of competence from the Health Training Package HLT07.

Learning

The Eastern Health implementation strategy is instructive for other health services considering introducing medicines administration to division 2 roles. Importantly medicines administration by division 2 nurses cannot be viewed in isolation from the quality, safety and risk management frameworks of the organisation. For successful implementation, organisational focus needs to be on effective communication with stakeholders and ensuring nurses are familiar with regulatory practice guidelines. Role clarity, leadership and mentoring are essential as is educational support for all involved in the medicines management of patients.
Mount Alexander Hospital and Maldon Hospital

Mount Alexander hospital is the major health care provider for the district and serves an immediate population of 17,000. It offers a wide range of services to the local community including residential care, sub-acute care, acute care and community services. Maldon hospital comprises four acute beds, accident and emergency, district nursing and residential care.

The aim of the Mount Alexander and Maldon Hospitals’ joint ESOP project was to identify and examine the role of division 2 nurses and identify opportunities to maximise the use of their skill set in delivery of health care in rural health services. The project objectives included identifying the current scope of division 2 practice in each hospital, options for enhancing division 2 practice, barriers and mechanisms for managing them and an implementation plan to support enhanced scope of practice for division 2 nurses.

Project activities included:
- developing of a clear purpose for scope enhancement
- exploring the context of scope of practice
- a limited trial of endorsed division 2 nurses administering medications
- enabling access to education and training.

Outcome

A primary step in this project was to develop a shared sense of purpose and a clear understanding of the core reasons for working towards a change of practice and roles for division 2 nurses. This gave direction to the project.

Importantly, engaging and harnessing the commitment of division 1 and division 2 nurses in all dimensions was critical to the outcomes of the project. Work logs completed by fifteen nurses helped to establish a baseline of how division 2 nurses contribute to care. Focus groups allowed further exploration of the way nurses work together to provide care and where there might be opportunities for division 2 roles in areas such as medication administration, infection control, wound care, no-lift coordination, continence management and activities coordination.

Key challenges and barriers were identified through this process. Safe practice and quality outcomes for patients were central to the dialogue, as was access to suitable and affordable training. Access to a registered training organisation and clinical placement coupled with difficulty in travelling impacted upon the aim of this project. In this instance, the registered training organisation agreed to deliver medicines endorsement training at a campus closer to the hospitals. This increased the training participation rate of division 2 nurses.

During the course of the project, two division 2 nurses gained their medicines endorsement. These nurses piloted the medication procedures developed for use in each facility. At Alexander Hospital endorsed division 2 nurses were authorised to administer medicines to residents allocated to their care. At Maldon, medicines were administered in consultation with the division 1 nurse. Initial supervision and guidance was provided to support skill set retention and consolidation and for evaluation purposes. As part of the risk management strategy, an organisational competency test had to be completed prior to administering medicines without direct clinical support.

No medication errors or incidents were reported. The pilots highlighted the need for conventional work patterns and patient care models to be examined and for consideration of new ways of working in teams to take full advantage of the division 2 medicines administration capability.

Learning

Implementing new division 2 roles and scope of practice represented a significant change for Mount Alexander and Maldon Hospitals. Through the ESOP project, the partners identified a clear need ‘to adopt a robust organisational change model with a focus on developing organisational readiness to augment the scope of division 2 practice’.

Organisational readiness, in this sense, is marked by:
- an organisational statement of purpose to support the implementation of an enhanced scope of practice for division 2 nurses
- engagement of nurse unit managers and other nurses at senior levels
- dedicated human resources to support the implementation project
- access to training and development including on-site training where possible
- meaningful financial support to nurses undertaking training including consideration of travel and living away from home expenses
- organisational policies and procedures to support competent and safe practice
- clear position descriptions and role definitions
- mechanisms for identifying the skills set of division 2 nurses incorporated in the performance management program
- a decision-making framework
• a range of incentives to encourage division 2 nurses to further develop their practice
• a planned communication strategy which identifies and reaches all stakeholders
• evaluation mechanisms to measure the impact and efficiency of change.

In this case, the participating division 2 nurses were highly motivated and embraced the changing practice direction. Their enthusiasm and preparedness contributed to the success of the pilots.

Through qualitative evaluation, several issues and potential barriers to enhancing division 2 nurse practice were identified, including role ambiguity for division 1 nurses and reluctance by division 2 nurses to leave their established roles. Successful implementation of new roles is therefore contingent on engaging and harnessing the support of all nurses in the organisation. Targeting strategies specifically to manage these types of issues is an essential focus of the work.

Some of the specific challenges faced by organisations in rural environments were identified through this study.

Of particular note was the lack of ready access to affordable education and training, which potentially impacts on implementation of roles that are dependent on formalized or recognized training such as medicines administration. A partnership approach between health services and training providers is one way to overcome this hurdle.

**Western District Health Service**

Western District Health Service (WDHS) is based across Hamilton, Coleraine and Penshurst. WDHS incorporates Frances Hewett Community Centre, Grange Residential Care Service, Hamilton Base Hospital, Coleraine District Health Service, Penshurst District Health Service and YouthBiz. WDHS provides 96 acute beds, 170 high and low level extended care and residential aged care beds, 35 independent living units, community health and youth services.

The aim of the Western District Health Service ESOP project was to develop a sustainable service framework to support the implementation of endorsed division 2 nurses into its residential aged care services.

Project activities included:

• establishing a governance structure that included a steering committee, management committee and project team to oversee and execute the project
• reviewing organisational policy and procedure to align with legislation and regulation around medicines administration by endorsed division 2 nurses

• reviewing the division 2 nurse position description to reflect intended changes to practice
• developing a communication strategy including staff forums and focus groups to engage, inform and consult with nurses and other stakeholders in the organisation
• exploring professional development strategies adopted by other organisations introducing medicines administration by endorsed division 2 nurses.

**Outcome**

Through the ESOP project, WDHS identified potential benefits of enhancing the practice capability of its division 2 workforce. Through the project, WDHS developed an organisational framework to support implementation of endorsed division 2 nurses into aged care services. The framework established the vision and the steps to take to prepare staff to embrace the enhanced scope of practice. The framework, which is intended to be used as a working tool to promote a coordinated approach, includes:

• a nursing and midwifery practice information booklet
• an education package and education plan
• communication aids such as power point presentations and posters
• position descriptions that clearly articulate the roles, accountabilities and responsibilities of endorsed division 2 nurses with respect to medicines administration and a structure for recognising and remunerating these nurses aligned to EBA pay points
• policy and clinical standards for medication management, drug administration and advanced competency management
• a competency assessment tool
• decision making flowcharts to support scope of practice decisions
• an orientation process.

**Learning**

Initial scoping, research and consultation highlighted the considerable change required to establish organisational readiness to implement an enhanced scope of practice for division 2 nurses. WDHS did not have a critical mass of medicines endorsed division 2 nurses, and training was hampered by shortages of staff for backfill. Access to training in the rural area and the cost of training were also barriers to implementation. WDHS policy, quality, risk and performance management frameworks, the staffing model and care model needed reviewing to account for endorsed division 2 nurses. Staff attitudes, misconceptions and resistance were also key barriers to address.
WDHS identified that ‘leadership, continued education and support of staff were all key elements for successful implementation of an enhanced scope of practice in the clinical setting’.

As a result of the project, WDHS has given further consideration to creating a transition program to support newly registered division 2 nurses, focusing on helping them build the confidence and competence to practice as division 2 nurses.

For the nurses at WDHS, this project triggered vigorous debate around the issues of enhanced scope of practice for all nurses and raised awareness of the broader debates, complexities and challenges for nurses, management and organisations in ensuring a sustainable workforce.

The Alfred Hospital

The Alfred Hospital is part of Bayside Health and a major tertiary referral teaching hospital. It has a major role in the provision of specialist tertiary and quaternary services on a statewide and national basis. The Alfred Hospital provides acute and mental health care services to the residents of the local municipalities to meet the health needs of the local community. These services are provided in a range of inpatient and ambulatory settings and in partnership with other community providers.

The aim of the Alfred Hospital ESOP project was to develop an implementation plan for introducing a division 2 registered nurse enhanced scope of practice role and to integrate the role into its established primary nursing model. The project was undertaken as a pilot in a 30-bed haematology, oncology and bone marrow transplantation unit with a mostly acute patient population requiring specialised care with a view to adapting and rolling out the program in other clinical areas.

Project activities included:

- establishing a steering group committee
- developing a communications plan and strategy including in-service sessions and information leaflets, evaluation forums, information for other stakeholders and consultation with health services and professional groups across Australia
- process mapping to firstly, distinguish those elements of care that could only be performed by a division 1 nurse (and why) and those that could be performed by a division 2 nurse, and secondly to differentiate and clarify potential roles for division 2 nurses
- developing clearly defined roles that provided opportunity for division 2 nurses to practice an enhanced scope of practice, and policies to support safe practice
- developing educational programs to support the introduction of division 2 nurses into a pre-existing primary model of care. The program focused on the care of patients in a specialised acute care haematology and oncology environment and included a specific haematology and oncology component
- preparing suitable preceptors
- electing and recruiting division 2 nurses
- developing evaluation strategies.

Outcome

Three division 2 nurses were employed by the pilot ward and subsequently enrolled into a newly developed 12-week Nursing in a Specialised Acute Care Environment program.

Many division 1 nurses at the Alfred had not previously experienced working with division 2 nurses and lacked understanding of their knowledge and capability or how to fully utilise their skill set in the delivery of care. Evaluation indicated that, through the project, division 1 and division 2 nurses developed a better understanding of their roles, responsibilities, accountability, teamwork and delegation.

As a result of the project, division 2 nurses in the haematology and oncology area are now able to undertake more clinical procedures such as venepuncture and other activities relevant to the care of patients in the area. However, as they were not authorised by the Nurses Board of Victoria to administer intravenous medicines, this was considered a source of additional stress and workload for division 1 nurses within the primary nursing model of care.

Further evaluation is planned to assess the impact of skill mix change on patient outcomes and the recruitment and retention of division 2 nurses.

Learning

A major finding of the Alfred Hospital ESOP project was that significant resources were required to effectively embed and sustain a new role or level of worker in the organisation. Resources needed to be directed to critically evaluate policy, development of an education program, recruitment processes and preparation of division 1 and 2 nurses.

The value of the steering group was in guiding the project and providing direct communication and links to organisational leaders. The success of this project was underpinned by the ongoing commitment and support of the leadership group and its ability to effectively manage change.

4 Known as Alfred Health from September 2008
The project highlighted that formation of a Nursing Scope of Practice Committee (or similar vehicle) at an early stage would help manage the organisational policy and education changes needed to support new division 2 roles and practice and has ongoing and broader application in managing practice change in general.

While the supporting education program was highly rated by participants, the capability level of the participants was criticised by some division 1 nurses. This highlighted the importance of clearly articulating roles and setting realistic performance and proficiency expectations. Further evaluation to determine the cost effectiveness of the program was recommended.

The evaluation forums provided valuable debriefing opportunities and insights into the challenges encountered through the project, particularly the challenge for division 1 nurses of prioritising competing demands for supervision, role modelling, education and direct care.

Southern Health

Southern Health provides services to an area in excess of 2,800 square kilometres with a population of over 750,000 people. Its primary catchment area includes the cities of Cardinia, Casey, Greater Dandenong, Kingston and Monash. Specialist services are also provided to a rural catchment including Gippsland with a population of more than 300,000. Southern Health provides public hospital services; aged inpatient, community and home care services; and inpatient and community mental health services to its primary and nearby catchment populations.

The aim of the Southern Health ESOP project was to increase the percentage of division 2 nurses in its nursing workforce from 12.05 to 20 per cent. This was part of a broader strategy to tackle the existing nurse workforce deficit and projected shortages. The primary vehicle for achieving this was the design and implementation of the Acute Care Transition Program (ACTP) for division 2 nurses.

Historically division 2 nurses were underutilised across Southern Health services. The ACTP was developed to enable an appropriate and sustainable integration of division 2 nurses into the acute care sector. The ACTP aimed to provide a structured approach to developing or refreshing the acute care skill set of divisions 2 nurses, whose previous experience was in sub-acute, aged care or other types of service settings, and supporting integration into the nursing workforce in acute areas.

Project activities included:
- appointing a senior program manager to oversee and coordinate implementation of the program components and site-based division 2 working parties
- site-based forums and communicating and disseminating information to participants and stakeholders
- reviewing roles and responsibilities of division 2 nurses and developing position descriptions
- developing an education and support framework that included preceptors, clinical support nurses, clinical educators and the program manager
- developing a resource manual
- Support and education for division 1 nurses throughout the ACTP and transition phase
- development and delivery of a post-registration training module by a registered training organisation.
- developing an evaluation framework that included pre- and post-surveys of program participants, patients and nursing staff in participating wards.

Outcome

A total of 50 division 2 nurses were employed and subsequently commenced a 24-week ACTP during 2006. The course comprised a two-week theoretical and supernumerary component supported by two three-month clinical rotations. Professional development tutorials were scheduled periodically throughout clinical rotations. A preceptor was allocated to each ACTP participant and two clinical support nurses were available to provide individual assistance as required. A range of clinical competencies were to be completed with assistance from preceptors, support staff and clinical educators.

The clinical areas involved in the ACTP included general medical and surgical, paediatric, orthopaedic, neurosciences and gastroenterology across four Southern Health campuses.

Evaluation of the ACTP revealed a 16.1 per cent increase in division 2 nurses in the local workforce by the end of the first program and with recruitment to the second program. Southern Health remains committed to the program and to reaching the targets set for division 2 representation.

Generally, division 2 participants reported that their skill level and competence improved considerably in defined areas of practice, patient satisfaction across the organisation was unchanged and the acceptance of division 2 nurses and their role generally improved amongst division 1 nurses. In contrast, division 1 nurses perceived an increased workload due to the requirement for supervision of ACTP participants.
Learning

Engaging nurse unit managers in the project was considered an essential step in moving the program forward. Managers were invited to participate and identify existing vacancies to which they could recruit a division 2 nurse. Information dissemination and education were identified as important contributing factors to the positive outcomes associated with this project. Participating division 2 nurses attended a series of tutorials addressing clinical and professional development topics. Clinical tutorials provided information on anatomy and physiology, acute complications, phases of illness and the nursing response. Professional development tutorials focused on concepts such as learning for life and stress management. Feedback from participants indicated that the tutorials were well received and an important component of the program preparing them to care for acute patients.

However, the development and implementation of the ACTP was limited as a result of:

- a resistance to change from division 1 nurses
- unfamiliarity with the concepts of supervision and delegation and a reluctance to take on such roles
- limited educational resources
- inflexible care models that limited the capacity and opportunities for staff to supervise and instruct ACTP participants.

Ensuring capacity in the project team and resourcing to manage these types of challenges is critical to the successful implementation of enhanced division 2 roles.

As a consequence of feedback and evaluation activities, a number of initiatives have since been undertaken to further improve Southern Health’s capacity to integrate greater numbers of division 2 nurses into the acute care setting. Further revision of the organisation’s policies and protocols to better reflect the changing nature of the division 2 role, changes to traditional care delivery models and the development of educational tools to improve the nurses’ skill set will allow for ongoing improvements to the systems established over the course of the project.

The project highlight that to sustain the program requires:

- a coordinated recruitment and retention strategy that targets division 2 nurses
- resources to support education and transition for division 1 and 2 nurses and links to the tertiary and training sector
- engaging clinicians to ‘working smarter not harder’
- a process for reviewing and implanting models of care that incorporate roles for division 2 nurses
- a process for developing protocols that is responsive to the changing scope of division 2 practice.

While the success of the ESOP project provided Southern Health with the impetus to continue to grow its division 2 workforce, it is through understanding the limitations of the program that further progress can be made. Managing the risks and the barriers to implementation are critical. Seizing opportunities to develop the scope of division 2 practice further, and improve preceptorship and effective and efficient work practices, will enable a better learning environment with a two-tiered registered nurse skill level. This cannot be achieved in isolation or without a full understanding of developments in education for both divisions 1 and 2 nurses.

Strategic planning and preparation must be undertaken to develop and implement organisational frameworks, revise current policy and protocols and improve educational constructs to better reflect the needs, roles and responsibilities of the contemporary workforce.
Key considerations

The findings and outcomes of the ESOP suite of projects highlight that the introduction of new roles for division 2 nurses impacts on the way services are delivered and therefore cannot be implemented in isolation, without support from all levels of the organisation or consideration of broader nurse workforce issues.

These projects demonstrate that successful implementation of roles for division 2 nurses that fully utilise their medicines capability and advanced practice skills is underpinned by a methodological approach to managing skill mix change, which includes three key steps:

• planning for division 2 roles and practice change
• managing implementation of new roles and practice for division 2 nurses
• sustaining division 2 roles and practice

1. Planning for division 2 roles and practice change

A sound business case

Where change to the organisation required investment, the executive needed to be convinced of the case and the benefits for the organisation to garner executive support. A sound business case is therefore required to argue the rationale for introducing new division 2 roles and practice and to justify commitment of resources to the change agenda.

The ESOP experience suggests that a sound and compelling business case clearly outlines the scope of the project and the benefits for the organisation and its clients; and resonates with the organisation’s strategic goals. Such a business case might include:

• evidence supporting why new division 2 roles are needed
• an implementation and sustainability plan
• resources required (budget, human resources and other resources)
• potential impact on the service (implications for service delivery, staffing models and roles and practice of others in the health care team)
• a cost–benefit analysis (which might include both measurable and less tangible costs and benefits)
• a risk assessment and risk management strategy
• a governance framework
• an evaluation strategy
• a communications plan
• A stakeholder engagement strategy (including champions and sponsors).

Organisational commitment

Executive leadership and sponsorship were critical in the ESOP projects to ensure changes aligned with organisational service and workforce strategic directions; and adequate resources were allocated.

As an example, the project submission group for the Austin ESOP project included the Eastern Health chief executive officer, and the directors of nursing from the collaborating campuses, ensuring a high level of commitment and support for the project.

The Austin Health framework for introducing new skills to division 2 nurses' practice is another example. The framework included an early consultation step with the Deputy Director of Nursing (DDON) to check viability and compatibility with organisational directions. Submissions that progress do so with DDON sponsorship.

A governance framework

Each of the ESOP projects implemented a governance framework to ensure the project remained focused, resources were provided and used appropriately, timelines and milestones were met, risks managed, problems resolved, stakeholders engaged and outcomes achieved.

A transparent and robust governance framework is grounded in the principles of:

• transparency and accountability
• clear aims and objectives for those involved across all levels
• articulated roles, responsibilities, relationships and clear lines of accountability
• measurement of outcomes and performance
• clear strategies for communication and reporting
• linkages with other key organisational frameworks and structures with responsibility for service and workforce planning, quality and risk management.

A governance framework might include a project steering committee with senior membership providing links to other key organisational structures with responsibility for service and workforce planning, quality, clinical standards, risk management, policies and procedures, human resource management and finance.

Senior nursing clinicians as well as division 2 nurses should also be represented on the steering committee. A project team and suitably experienced project manager may be appointed to drive and coordinate activity and work closely with those at the clinical interface.
The WDHS project, for example appointed a steering committee to provide support and guidance for the life of the project and a management committee, with cross-representation on both groups. The latter was a valuable forum for the project team to discuss issues, present ideas, seek feedback and gain direction in relation to the organisation and its needs. It was also a mechanism for keeping the executive informed of the issues impacting on nurses as the project progressed.

Southern Health, on the other hand, appointed a nursing workforce transition manager to coordinate nursing workforce redesign in parallel with its ESOP project. This manager also played an active role in the ESOP project with regard to educational progress and in addressing any potential workplace cultural barriers encountered by participants.

2. Managing implementation of new roles and practice

A robust project methodology
Each of the ESOP projects adopted methodological approaches to project management that addressed the specific project management deliverables as outlined in the business plan/proposal. This included specific processes for project initiation, prioritisation, project planning, status reporting, change management, quality management and risk management. They created plans that were translated into project activities with measurable and achievable outcomes and clear responsibilities and accountabilities.

A communication strategy
Dispelling myth and correcting misinformation surrounding the role of division 2 nurses was identified as a key challenge and vital to changing organisational and professional culture and overcoming barriers to implementation.

An organisational communication strategy was needed to steer this process in the ESOP projects. This included providing detailed, accurate and consistent information regarding the training and capability of division 2 nurses. The ESOP projects demonstrated that successful implementation of new or changed practice roles can only be achieved if everyone understands why change is occurring and its impact on the way the organisation provides its services. A strategic approach to communication, consultation and engagement of nurses and other stakeholders was vital to ensure stakeholder buy-in, secure sponsorship and overcome resistance.

Both Southern Health and Austin Health illustrated this by facilitating regular meetings with key stakeholders to update and inform on stages of activity and update to organisational policy and procedure. Information was also disseminated to nurses involved on the wards where ESOP projects were being piloted. Other project teams produced newsletters, communiqués, posters and project updates. Most projects conducted forums or workshops to inform and consult with interested nurses and gain support for the project.

Where organisational policies needed to be reviewed or new policies formulated, this was done in consultation with staff required to work within them and communicated to the health team.

Change champions
Identifying and engaging key people across all levels of the organisation as ‘change champions’ was critical to success to the ESOP projects. These champions included nurse leaders, mentors, preceptors and clinical practice leaders. Their role in promoting the benefits of enhanced division 2 nurses’ roles, providing clear information and challenging custom and convention were vital to sustain momentum and overcome barriers.

A framework of support for practice and roles
An interlinked framework of regulatory policy, organisational policy and procedural guidance, education and training and support that is linked to quality and risk management and performance management was essential to support, enable and sustain new practice and roles at the clinical interface.

Although not available at the time of the ESOP projects, the NBV Guidelines for Nursing and Midwifery Practice 2007 now provide principle-based guidance to nurses and their employers in considering the key factors that enable or might constrain practice development and implementation of new roles.

At the organisational level, thorough risk assessment should be conducted to clarify where organisational systems and processes require review and amendment to support safe practice and quality outcomes. Clear position descriptions, organisational policies, procedures and protocols authorise and legitimate new practice, roles and responsibilities. Access to education and support at the clinical interface that is tailored to local need is essential for all members of the health care team to assist them to embrace new roles and to make the necessary transitions in their professional practice and they way they work together as a team.

The importance of educational support for all nurses impacted by the changes cannot be underestimated.
The Barwon Health project reported that one outcome of its project was that a transition program similar to an early graduate transition program, was being considered. Need for this type of supportive program was also identified through the WDHS ESOP project. As well as providing clinical support, a transition program may be an incentive to attract and retain division 2 nurses to new roles. Involving senior and experienced division 1 and 2 nurses as preceptors also promotes a broader understanding of new division 2 roles across health services.

Structured education and training is vital if division 2 nurses are to incorporate medicines administration in their practice. However, accessing formal education in rural areas was identified as a key barrier in both of the rural projects. As part of an initial enabling exercise, Mount Alexander and Maldon ESOP examined its capacity to access suitable training for their division 2 nurses. It became apparent that one of the biggest hurdles and stressors for entry into the medicines administration course was the requirement to sit a numeracy test. To address this issue, participants were provided revision and teaching in the relevant mathematics skills and guidance relating to exam technique.

Other projects reinforced the importance of providing clinical teaching support to division 2 nurses in their new roles and the nurses they work with. Mount Alexander and Maldon hospital provided a clinical support nurse (CSN) to give initial guidance and direct clinical supervision for division 1 and 2 nurses during the implementation phase. The CSN was greatly valued for ensuring resident safety as well as supporting nurses to consolidate new skills.

Flexibility in approaches to teaching and learning was also emphasised, with a number of projects developing self-paced and electronic or web-based learning materials. The importance of assessing competence in new areas of practice is a theme that threads through the projects and is linked to establishing a clear understanding of the expectations of division 2 nurses in their new roles and their clinical capability. Enabling division 2 nurses to seek assistance and supervision where required is part of the framework, as is providing for different levels of supervision as greater proficiency is gained.

**Evaluating the impact of new roles**

Successful ESOP projects implemented a cogent evaluation framework using a range of methods and approaches to monitor the deliverables and cost/benefits and to provide an adequate understanding of the impact of new roles and practice for the organisation, its clients and its employees. These included:

- indicators of staff retention rates and skill-mix ratios
- the impact on payroll
- projections of ongoing training costs
- evaluation of critical incidents and breeches of performance standards
- evaluation of episodes of care (such as separations and length of stay).

Quantitative data alone will not adequately demonstrate the impact of new roles on the quality and outcomes of health care to all stakeholders. Qualitative perspectives such as client satisfaction surveys and nursing workforce surveys are also essential.

### 3. Sustaining division 2 nurse roles and practice

Recognition and celebration of success was an important part of the process. Reflecting on and learning from the experience and outcomes, identifying gaps or deficiencies and implementing corrective action were also important steps before scaling up initiatives across the organisation.

In successful projects, the project teams created action plans for ensuring new practice capability and roles for division 2 nurses were sustained. They developed measures and mechanisms to monitor if:

- changes are accepted
- division 2 nurses were adequately supported and are practicing safely and competently in their new roles
- teams are fully utilizing the skill sets of the division 2 nurses
- outcomes for the organisation were achieved.

The transition from pilot project to ‘permanent status’ required the organisation to think and speak differently about division 2 nurses’ roles and medicines capability; to reflect this as the norm, rather than something new and challenging. This new thinking needs to be embedded in the normal business of the organisation and threaded through the framework linking organisational policy and procedures, risk management, quality management and the performance management mechanisms.

The Austin Health ESOP project, for example, implemented a framework for identifying where the care needs of patients could be met by division 2 nurses and the competencies required for safe care and quality client outcomes. This meant that changing practice became a focus of consideration at the clinical level – nursing teams were continually looking at ways to improve the care of patients by better utilising their division 2 workforce.
Summary

The organisations funded through the ESOP project identified strategies to address the challenge of implementing and sustaining the new roles and skill mix associated with an enhanced scope of practice for division 2 nurses.

Collectively the ESOP suite of projects:

• explored enabling frameworks, policy and procedures and change management concepts
• contributed to a departure from traditional conventions around the roles and capabilities of division 2 nurses to allow greater participation in the Victorian nursing workforce
• helped increase health service utilisation of division 2 nurses in the administration of medicines via endorsed routes
• contributed to additional Department of Human Services’ investment in further exploring nursing workforce alternatives to address current and predicted nursing shortages
• identified additional service settings and clinical environments for division 2 nurses to participate in
• generated structured frameworks to support the enhanced role of division 2 nurses
• facilitated a greater understanding of concepts including supervision, delegation and practice capability.

The department views the continued development of the division 2 nursing workforce as part of a longer-term agenda for Victoria. The ESOP suite of projects created informed discussion and ignited new thinking around how the nursing workforce is currently constructed and what it may look like in the future.

In the face of a predicted nursing workforce shortage and conversion to a national registration framework, the development of an evidence-based workforce strategy and policy, including the continued development of the division 2 nursing role, should occur collaboratively across health services.
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Registered Nurse Division 2
Enhanced Scope of Practice Project
Summation report
Developing and sustaining practice