DASWEST
Nurse Practitioner
(Drug and Alcohol)

Model Development Project
July 2010

Victorian Nurse Practitioner Project
Phase 4 Round 4.6

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Executive Summary:

Nurse Practitioners (NPs) are clinical and professional nurse leaders. They have undertaken advanced training and have expert knowledge and clinical skills. NPs work within a model of nursing practice that meets a particular service need. NP practice is supported by evidence-based guidelines, which are agreed to by the NP’s employer. Each Nurse Practitioner (NP) model is different because the needs of each service, client group and employer are different.

Authorised NPs in Australia can prescribe and administer certain medications in their specialty area, based on an approved formulary. In addition, NPs can initiate focused diagnostic investigations, such as pathology tests and medical imaging. Authorisation also formalises the right for NPs to refer to medical specialists.

There is significant scope for NP roles in the Drug and Alcohol (D&A) sector. NP D&A roles are ideally suited to the following:

- Pharmacotherapy management for withdrawal and relapse
- Opioid substitution prescribing and client management
- Holistic health management services for clients experiencing complex issues (e.g. co-morbidity with mental health or other health problems)
- Case management / coordination roles between and across services
- Counselling and other bio-psycho-social interventions (e.g. brief intervention, assessment, screening, designing and coordinating care).

DASWest has identified the specialist role for a NP to enhance the model of care and suite of services currently available.

DASWest provides a diverse range of services for individuals and their families affected by drug and alcohol related problems. DASWest offers innovative and client centred recovery programs that include early intervention, prevention, counselling and support. DASWest also offers specialist pharmacotherapy programs and home and residential withdrawal options. DASWest is a community-based program of Western Health. DASWest services are conducted from a number of sites in and around Footscray.

The Western Region of Melbourne has fewer General Practitioners (GPs) per head of population than other metropolitan areas and this situation has deteriorated in recent years. The region represents some of the largest population growth corridors in Victoria. Demand for drug and alcohol pharmacotherapies is increasing whilst the capacity of the primary health care system to meet this demand is diminishing.

Within the DASWest suite of services, availability of medical addiction specialists is limited. The demands on DASWest medical staff time could be shared in some areas with NPs Drug and Alcohol. Such a program enhancement would assist in promoting a seamless service for clients as well as enhancing coordination and linkages to GPs and other community based service providers.
In developing the DASWest NP Drug and Alcohol (NP D&A) model, a number of identified service gaps, and potential roles were canvassed, as below:

- Acute Hospital step up and step down
- Acute Consultation and Liaison service
- Bridging pharmacotherapy; for clients transitioning from an inpatient episode to the community
- Outpatient pharmacotherapy
- Home-based withdrawal services; (especially from opiates). There is a paucity of pharmacotherapy prescribers in Western Melbourne
- Inpatient / Community Residential Withdrawal detoxification management
- Outpatient detoxification management
- Hepatitis C testing with an emphasis on post test counselling

A team of key DASWest senior clinical and management staff debated the options available for a NP Drug and Alcohol at DASWest. The NP D&A role was identified as especially relevant to enhancing the clinical capacity and client access to two current DASWest service programs: Home Based Withdrawal and the Specialist Pharmacotherapy Program. Non-medical clinicians from both programs are currently challenged to gain adequate access to medical practitioners for expert drug and alcohol assessment, advice and treatment and prescribing and referral. A NP Drug and Alcohol would work seamlessly with current program staff to enhance client access and outcomes.

The DASWest NP Drug and Alcohol will focus on Withdrawal and Transitional Pharmacotherapy. The key features of the NP D&A Withdrawal and Transitional Pharmacotherapy Model of Care will be;

- To provide advanced clinical assessment (including a comprehensive health and psychosocial assessment) and triage service for complex drug and alcohol clients, including those with mental health and substance use dual diagnoses
- To provide expert clinical service to individuals who have been appropriately assessed for home based detoxification and/or clinic based outpatient detoxification and/ or inpatient / CRWU detoxification
- To provide a Bridging / Transitional Pharmacotherapy service for nominated pharmacotherapy patients leaving the acute sector. The DASWest NP D&A will act as a prescriber for an individual pharmacotherapy client only until such time as an appropriate community based prescriber can be identified and a client transfer effected. This will provide a seamless process for patients exiting after a period of in-patient care, and ensure appropriate community allocation.
- To undertake a comprehensive health and psychosocial assessment for each referred client
- To order and interpret relevant diagnostic tests (as approved by Western Health)
- To prescribe relevant medications for clients (as approved by Western Health)
- To provide referrals to specialists / allied health professionals
- To liaise with Mental Health agencies and Mental Health clinicians, including psychiatrists in regard to clients with dual diagnoses
- To be a conduit to the GP community for advanced D&A clinical advice
- To be a conduit to Western Health staff for advanced D&A clinical Consultation and Liaison advice
- To provide linkages to community based and additional support programs
- To discharge clients
- To conduct expert clinical education programs

- To act as a positive clinical leader and role model for DASWest staff
- To practice within an evidence based clinical framework
- To develop a clinical portfolio including a credentialing Log, Clinical Performance Reviews and Case Histories
- To undertake Quality improvement activities, evaluation of interventions and research

In the area of Detoxification / Withdrawal and Bridging / Transitional Pharmacotherapy, the DASWest NP D&A will facilitate timely access to treatment, and prescriber services. Current levels of specialist drug and alcohol medical practitioner support are not adequate to meet service demands.

The DASWest Nurse Practitioner (Drug & Alcohol) will be a key clinical leader and role model for other DASWest staff; including nursing and allied health professionals. The Nurse Practitioner will have a caseload, and will also have a role in liaising, education and coordinating other staff members to ensure clinical efficacy and appropriateness of care for DASWest clients. Importantly the NP D&A will provide clinical governance and oversight for junior colleagues as appropriate.

In addition, the NP would also act as a primary/ secondary Consultation and Liaison NP Consultant to DASWest and other Western Health clinical staff to ensure optimal management of clients where other chronic or acute conditions impact on their addiction treatment.

Employing a NP Drug and Alcohol within DASWest will have clear benefits for clients. In addition, the role will benefit the DASWest clinical workforce; it will provide prescriber and referral support for medical staff; create opportunities for nurse clinicians who wish to focus their career development with a clinical rather than administrative/management focus and allow them to form a key part of a senior specialist nursing group within DASWest; offering supervision and mentoring to a teaching drug and alcohol nursing team.  In turn, this would enhance the capacity to attract and retain quality clinical specialist nurses to DASWest and assist with the ongoing development of the nursing workforce.  For DASWest, the NP Drug and Alcohol is an exciting and innovative initiative, which will improve access and health care outcomes for DASWest clients.
Acknowledgements

The consultants would like to express their appreciation for the assistance and support provided by senior members of the DASWest clinical and management team;

Sharon Desmond          Operations Manager (Acting)
Robyn Jackson           Adult Services Manager (Acting)
Leanne Prochazka        Nurse Unit Manager Community Residential Withdrawal Unit
Dimce Kotevski          Home Based Withdrawal Nurse
Dr Michael McDonough    DASWest Medical Director

The above DASWest staff formed the key NP Drug and Alcohol model development team. We would also like to acknowledge Western Health for providing much of the proforma documents found in the appendices.

Thanks also to Professor Ann Roche for her comments and observations in regard to this document.

Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANP</td>
<td>Advanced NP</td>
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<tr>
<td>AOD</td>
<td>Alcohol and Other Drugs</td>
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<tr>
<td>AANP</td>
<td>American Academy of NPs</td>
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<td>ACNP</td>
<td>Australian College of NPs</td>
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<tr>
<td>ANP</td>
<td>Advanced NP</td>
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<tr>
<td>CRWU</td>
<td>Community Residential Withdrawal Unit</td>
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<tr>
<td>D&amp;A</td>
<td>Drugs and Alcohol</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
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<td>NP</td>
<td>NP</td>
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<td>NPC</td>
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<td>VAADA</td>
<td>Victorian Alcohol and Drug Association</td>
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About NPs:

**How many NPs are there in Australia?**

There are currently over 350 authorised NPs nationally, approximately 50 in Victoria.

**What is a NP Candidate (NPC)?**

A NP Candidate (NPC) is a term used in Victoria to identify a Registered Nurse registered under division 1, 3 or 4 who is engaged to undertake a course of study and undertake clinical experience leading to endorsement as a NP. The number of NP Candidates working towards endorsement is not known.

**How long does it take to become a NP?**

It will take between 7 and 9 years from initial registration as a Division 1 Registered Nurse to endorsement as a NP but many of the current NPs have had many more years practice before reaching a level of competency at the advanced practice level required to be ready for NP preparation.

**What does a NP do?**

NPs are clinical and professional leaders and most of their work involves direct service delivery where they can put their advanced training, clinical expertise and skills to best use. They work within a model of nursing practice that meets a particular service need(s). Their practice is supported by evidence-based policies/guidelines agreed by their employer. Each NP model is different because each service, client group and employer is different.

**Who can call themselves a NP?**

The title NP is protected, preventing the use of the title ‘NP’ by anyone who is not endorsed by the state or territory nursing and midwifery regulatory authority as a NP (NP). In Victoria, only the Nurses Board of Victoria (NBV) has the power to endorse nurses as NPs.

**What are NPs paid?**

NPs in Victoria are paid at the level of RN Grade 6 (201-300 or 301-400 beds) in the public sector nurses award. With a qualification allowance and leave loading this means that a full time NP will be paid between $88,700a and $91,800 per annum from 1st October 2009. This salary range does not include other shift allowances, penalties and other award payments1.

**What education and training is required to become a NP?**

Nurses need to demonstrate to the Nurse Board of Victoria (NBV) that they meet the ANMC NP Competency Standards to be endorsed as a NP in Victoria.

The minimum education requirement for endorsement as a NP in Victoria is a completed clinically based master’s degree or a completed specific NP masters. A mandatory component of the educational requirements is a therapeutic medication module(s) (master level). This module is generally included in the specific NP masters but may be additional study for others.

**What is the role of the Nurses Board of Victoria?**

The Nurses Board of Victoria (NBV) is the legally constituted body in Victoria charged with the regulation of nursing and midwifery professional practice and to protect the public through ensuring nurses and midwives demonstrate an acceptable standard of practice.

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NBV is responsible for the endorsement of NPs. Their website has comprehensive information on the requirements for endorsement and the endorsement process including NP Information Sheets. The NBV runs ‘Introduction to NP’ workshops three times per year.

**What standards govern NP practice?**

As registered nurses or midwives, all NPs must practise within the relevant Code of Ethics, Code of Professional Conduct and National Competency Standards set out by the Australian Nursing and Midwifery Council. In addition the Australian Nursing and Midwifery Council (ANMC) have identified three generic standards that define the parameters of NP practice. The three standards are:

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

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

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

These standards are defined by nine competencies each with specific performance indicators.

There are additional standards of practice outlined by the individual employers that employ NPs.

**Who does a NP report to?**

NPs are Registered Nurses and are fully accountable for their own practice in law. Complaints against NPs would be made to the Nurses Board of Victoria in the same way as for any other nurse. Within an employment setting, the most appropriate reporting arrangements will depend on both the organisation and the role/services the Nurse for which the Practitioner is accountable.

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Overview Western Health

Western Health provides health services in the western metropolitan region of Melbourne. It is a vibrant and progressive organisation that focuses on achieving excellence in teaching and research. The region covered by Western Health is acknowledged as being strongly multi-cultural.

The population of Western Health is characterised by two age profiles. The Sunshine area has a high proportion of families and children while in Western and Williamstown there is an older population cohort. Western Health’s population is characterised by having one of the highest birth rates in the nation due to large population growth in the surrounding suburbs. Western Health has a commitment to the provision of excellence in undergraduate and postgraduate teaching and research.

The health service is one, which seeks to encourage innovation in patient care, staff professional development and research activities.

The purpose and core values of Western Health are critical factors needing to be incorporated into the new NP Drug and Alcohol Role.

Western Health’s Purpose

Western Health will work collaboratively to provide high quality health and well being services for the people of the West.

Western Health’s Values

Western Health aspires to be a values-driven organisation and all staff are required to behave in alignment with the following values:

- **COMPASSION**: Consistently acting with empathy and integrity
- **ACCOUNTABILITY**: Empowering our staff to serve our community
- **RESPECT**: For the rights, beliefs and choices of each individual
- **EXCELLENCE**: Inspiring and motivating, innovation and achievement
- **SAFETY**: Working in an open, honest and safe environment
Western Health’s Catchment Area and Population Profile:

Diagram 1: Western Health’s Catchment Area

Diagram 2: Western Health’s Catchment Profile- Non English Speaking Background (NESB)
Western Health Strategic Framework and the DASWest NP Drug and Alcohol:

Western Health has developed a Strategic Framework and priorities. The expectations of the role and function of the NP Drug and Alcohol must be aligned to the Western Health Strategic Framework. The Western Health Priorities, with key references to the DASWest NP Drug and Alcohol are:

**PRIORITY 1: Safe and Effective Patient Care**
- The NP D&A has a key role in ensuring optimum client/patient care is delivered within her/his scope of practice.
- Efficacy and effectiveness in care are critical success factors for the new role.

**PRIORITY 2: People and Culture**
- The NP D&A role has an opportunity to promote the key role of nursing across the service and into the community.
- The opportunity also exists to provide a mentoring role for DASWest nurses as part of a continuous improvement model.

**PRIORITY 3: Community and Partnerships**
- The NP D&A is ideally placed to provide an interface between DASWest and the key partner organisations who must be engaged if a comprehensive continuum of care is to be delivered to the community.

**PRIORITY 4: Research and Learning**
- Central to the span of responsibilities of the NP D&A will be a research function. A critical component of this role will be enhancing the capacity of DASWest staff to engage in research activities, which target programmatic improvements.

**PRIORITY 5: Self Sufficiency & Sustainability**
- The NP D&A will be able to contribute to determining the optimum range of services (and the delivery systems), which need to be provided if DASWest is to be in a position to provide the full continuum of care to the community it serves.

**Western Health - NP roles at Western Health**

Western Health has demonstrated its commitment with the development of NP roles in Victoria; as early as 1998. Western Health has implemented innovative NP roles, which include:

**ICU Liaison NP**

At Western Health, a Critical Care NP leads the Intensive Care Unit (ICU) Liaison Team. There are three main areas of clinical practice that includes assessment of patients in ICU, ongoing review of the ICU patient when discharged to the ward and referral of unstable patients in the ward who staff may be concerned about.

**Adult Emergency NP**

The Adult Emergency (ED) NP is a clinician who practices interdependently to manage simple, well-defined injuries that can be assessed and managed in collaboration with the emergency team.

**Paediatric Emergency NP**

The role of the Paediatric ED Nurse NP is similar to the Adult ED NP’s scope of practice but includes the treatment of children with minor injuries and illnesses.
About DASWest

DASWest provides a diverse range of services for individuals and their families affected by drug and alcohol related problems. DASWest offers innovative and client centred recovery programs that include early intervention and prevention, counselling and support. DASWest also offers specialist pharmacotherapy programs and home and residential withdrawal options.

DASWest's drug and alcohol programs encompass Adult Services, Women's and Children's Services, Youth and Family Services and Community Residential Withdrawal Services. These programs are noted in the DASWest Program and Organisation Chart, Appendix 1.

DASWest is a community-based program of Western Health. DASWest services are delivered from a number of sites in the Footscray area.

A typical DASWest client journey pathway model is included below:
About DASWest Programs

Addiction Medicine

DASWest’s Addiction Medicine Services offer specialist Consultant Physician expertise in relation to medical management of addiction issues. Addiction Medicine Physicians consult in a number of DASWest Outpatient clinics, in the Residential Withdrawal Unit, and in dedicated acute Addiction Medicine beds located at Western Health’s Footscray campus. Addiction Medicine Physicians provide clinical leadership, support and advice across all DASWest programs.

Assessment and Intake Team

The Assessments and Intake Team is the gateway to many DASWest clinical programs. This team conducts all Assessments for clients seeking admission to the Community Residential Withdrawal Unit (Adult). A brief telephone or face-to-face screening occurs prior to a comprehensive Assessment. A waitlist for admission is managed by the Assessments Team, and beds are prioritized according to clinical need and other factors such as work commitments / child care availability. Via an Intake function, the team provides a coordinating role for clients entering DASWest services, to ensure that support is available in a safe and continuous manner.

Community Residential Withdrawal Unit (Adult)

The DASWest Community Residential Withdrawal Unit (CRWU) provides a supportive and safe environment whilst people undergo substance withdrawal. The Community Residential Withdrawal Unit aims to provide:

- A safe, supportive non-discriminatory environment in which to withdraw from substance misuse; a therapeutic and educational program that promotes positive lifestyle choices; linkages to post withdrawal supports and other community based programs and organisations

Community Residential Withdrawal Unit (Youth)

DASWest Community Residential Withdrawal Unit (Youth) provides a supportive and safe environment whilst young people undergo substance withdrawal. The Community Residential Withdrawal Unit aims to provide:

- A safe, supportive non-discriminatory environment in which young people can withdraw from substance misuse; therapeutic and educational program that promotes positive lifestyle choices for young people; linkages to post withdrawal supports and other community based programs and organisations.

Home Based Withdrawal Program

DASWest’s Home Based Withdrawal program works with clients and their General Practitioners to assist clients to reduce or cease their drug and alcohol use in an outpatient environment (generally within their own home environments).

The model operates similarly to Hospital In The Home or RDNS and follows similar protocols in relation to safety in relation to home visits. The program has flexibility in that the clients can be seen anywhere, and outreach can occur to clients on the waiting list, in the hospital, general practices in the area, and other services in the area.

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Homeless Dual Diagnosis Program

DASWest’s Homeless Dual Diagnosis program works with clients who have concurrent mental health and substance misuse issues and who are simultaneously homeless. This involves developing treatment plans that take into account all these sometimes competing needs and ensuring a comprehensive and coordinated treatment episode for each client.

The Homeless Dual Diagnosis Worker works with client to reduce harms associated with drug use, address mental health issues, and link clients with a range of appropriate services.

Forensic Counselling Team

DASWest’s Forensic Counsellors provide counselling care for clients who have substance misuse problems and who also have outstanding legal issues. These clients are referred by the courts and ACSO COATS and therapy is provided on a fee for service basis. Currently staff provides forensic counselling for Adult clients (18 years and above) both at the DASWest Eleanor St site and at other key sites in the region.

Outreach Program

DASWest’s Outreach Program supports clients whilst they are preparing to enter treatment, or waiting to engage with other services. The Outreach Program aims to ensure that clients are linked with appropriate services and offers enhanced support for clients in order to facilitate their engagement with treatment services. Clients may be referred to the Outreach program via other DASWest’s programs or external referrals.

Post Withdrawal Linkages

The Post Withdrawal Linkages Worker ensures that clients maintain the gains they make whilst in the Community Resident Withdrawal Unit (CRWU). The Post Withdrawal Linkages Worker has a strong focus on ensuring that client’s treatment plans are followed post discharge, and that clients remain engaged in drug and general health treatment programs beyond their initial withdrawal from substances. The Post Withdrawal Linkages Worker assists clients to establish and consolidate broader relationships in the community, including recreational, educational, and spiritual and employment pursuits.

Specialist Pharmacotherapy Program (SPP)

DASWest’s Specialist Pharmacotherapy Service (SPP) manages clients on opioid substitution treatments. The majority of DASWest’s SPP clients also have complex medical, psycho-social, or drug interactions. Clients are referred to the SPP via General Practitioners, with a view to completion of an Individual Treatment Plan, and then discharge back to community providers. The role of DASWest’s Specialist Pharmacotherapy Program is to ensure that clients stabilise on their medications. In addition, SPP clinicians work with clients to ensure that psycho-social needs are addressed, so that each client is able to manage in the community.

Women’s and Children’s Service

DASWest's Women and Children’s Service aims to provide a safe and comfortable therapeutic environment to assist women to explore, understand and make changes to a lifestyle of problematic or harmful substance use. The Women’s and Children’s program is an intensive six week residential rehabilitation program with all clients having contact with staff over six days per week for therapy and life skills. The Women’s and Children’s Program recognises the strengths that women have already developed, and aims to provide them with an opportunity to learn new skills, so that they are less likely to require the use of a substances to cope.
Youth and Family Services and Program

DASWest’s Youth and Family Services Program offers a comprehensive range of options for young people with substance use issues. The Youth and Family Services Program currently provides assessment, alcohol and drug counselling and treatment, and secondary consultation services. The Program is the gateway for DASWest’s Community Residential Withdrawal Unit (Youth). The Youth and Family Services Program also conducts youth focused training in alcohol and other drugs for clinicians from other services. The Youth and Family Services Program has strong partnerships with other agencies, including mental health, welfare, juvenile justice, child protection and other youth, family and drug and alcohol agencies.

DASWest NP Drug and Alcohol - Relevant issues and service gaps

The Western Region of Melbourne has fewer General Practitioners per head of population than other metropolitan areas and this situation has deteriorated in recent years. The region represents some of the largest population growth corridors in Victoria, and the shortage of GPs will have a direct and sustained impact on health needs, as patients encounter increasing difficulties accessing timely GP consultations.

The impact of GP numbers is particularly important in relation to drug and alcohol matters, Demand for drug and alcohol pharmacotherapies is increasing whilst the capacity of the primary health care system to meet this demand is diminishing through natural attrition, retirement, an ageing General Practitioner workforce and workforce shortages.

Within the DASWest suite of services, Addiction Medicine physician time is very limited. The demands on DASWest Addiction Medicine physician time could be shared in some areas with NP(s) Drug and Alcohol, via the provision of a prescribing and referral service; promoting a seamless service experience for clients; and better coordination and linkages to General Practitioners and other providers in the community.

This would be especially relevant to two current DASWest service programs; Home Based Withdrawal and the Specialist Pharmacotherapy Program. Non-medical clinicians from both programs are currently challenged to gain adequate access to medical practitioners for expert drug and alcohol assessment, advice and treatment and prescribing purposes. A NP Drug and Alcohol would work seamlessly with current program staff to enhance client access and outcomes.

Employing a NP Drug and Alcohol within DASWest would have additional benefits for nurses; as it will create opportunities for nurse clinicians who wish to focus their career development with a clinical rather than administrative/management focus and would allow them to form a key part of a senior specialist nursing group within DASWest offering supervision and mentoring within the context of a teaching drug and alcohol nursing team. This would enhance the capacity to attract and retain quality clinical specialist nurses to DASWest and assist with the ongoing development of the nursing workforce.

Drug prevalence in Australia

The Australian Institute of Health and Welfare undertook a National Drug Strategy Household Survey in 2007. The detailed findings from the published report provide a mixed picture. Over the past decade alcohol use has remained stable in terms of overall consumption; however, there has been a

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noticeable increase in the use of so ‘alco-pops’ by young people. This is of particular relevance to the catchment area covered by DASWest, given the population growth.

Cannabis use fell dramatically in the period 1998-2007 (17.9% to 9.1%), however, the pattern of cannabis use among those who continue to use has not changed. Cannabis remains the preferred illicit drug of choice amongst young people. Heroin use remains low; however, there is a trend towards increasing use as availability from source countries increases. Ecstasy use across the population continues to rise with over 17% of 14-19 year olds using weekly or more often. The unsanctioned use of pharmaceutical opioids (such as morphine and oxycodone) is relatively low; however the numbers of people presenting for pain management is increasing rapidly and will continue to impose a significant pressure on service providers. The increase is clients accessing addiction recovery services for misuse of prescription pharmaceuticals is expected to grow significantly, in part associated with an ageing population demographic.

It is important that DASWest consider the implications associated with changes in drug use trends in the community, particularly as opportunities are found to extend the number of NPs working within the service. The issue of management of dependence related to pain management with opioids is one of particular concern, as is the increase in per capita consumption of alcohol, related to binge drinking amongst young people. Concerns in relation to alcohol abuse amongst older members of the community should also be monitored.

Gaps addressed by introducing a NP Drug and Alcohol at DASWest

In the 2009 application to the Department of Health for funding to develop the NP model DASWest made the following submission.

This drug and alcohol NP model is an exciting opportunity for DASWest as it can support the service gaps identified in ‘A New Blueprint for Alcohol and Other Drug Treatment Services 2009-2013’ and ‘Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019’ for clients accessing and transitioning between acute services, community drug and alcohol services and local community service providers.

The drug and alcohol NP will be an innovative role that will provide contemporary nursing to drug and alcohol patients by enhancing existing drug and alcohol medical teams, providing leadership to community drug and alcohol ward nurses as well as support allied health clinicians and local community health providers.

As the acute services and community alcohol and drug services are contained with Western health, the NP will be able to facilitate smooth transition for drug and alcohol clients from acute services to community drug and alcohol treatment services and then to community providers.

The Drug and alcohol NP will:

- enhance the existing consultation and liaison team
- develop and update current protocols, processes and treatment guidelines
- promote their role to be recognised as an expert nurse resource
- become an additional education resource to all clinical staff
- case manage an appropriate clinical load
- developing a nursing leadership role
- order medication, and appropriate diagnostic tests
- refer to subspecialty areas, and work within a multi-disciplinary team
DASWest NP Model Development

The DASWest NP Model Development Team comprised DASWest Medical Director, Operations Manager (Acting), Nurse Unit Manager Community Residential Withdrawal Unit, Adult Services Manager (Acting), and DASWest Registered Nurse, Home Based Withdrawal Program. The team discussed a broad range of potential roles for a NP Drug and Alcohol at DASWest. In scoping the model development, the following were considered:

- Acute Hospital step up and step down
- Acute Consultation and Liaison service
- Hepatitis C testing with an emphasis on post test counselling
- Bridging pharmacotherapy; for clients transitioning from an inpatient episode to the community
- Outpatient pharmacotherapy
- Home based withdrawal services; especially from opiates. There is a paucity of pharmacotherapy prescribers in Western Melbourne
- Inpatient / Community Residential Withdrawal detoxification management
- Outpatient detoxification management

The DASWest NP Model Development Team dispelled an initial perception that there were difficulties associated with access to timely medical advice in the Community Residential Withdrawal Unit (CRWU).

The DASWest NP Model Development Team also considered that a cautious approach should be taken to the issue of an Acute Consultation and Liaison role; given that the likely high demand this would place on a sole NP Drug and Alcohol from across Western Health, and the Western region. This role could be expanded in future however it was not considered feasible for a sole position. The DASWest team determined that the following issues would not fall within the scope of the initial DASWest NP Drug and Alcohol model development:

- Non Drug and Alcohol primary health care services
- Youth services

Three NP Drug and Alcohol Model of Care Options:

Three possible models were considered in scoping the DASWest NP Drug and Alcohol. To a differing extent each of these models allows for integration of the NP position into multidisciplinary teams currently in situ at DASWest, and capitalises on the NP’s ability to prescribe medications from an agreed formulary and to order investigative/diagnostic tests.

Whilst reflecting on the three options the following issues were considered during the NP D&A model development scoping phase:

- Work load manageability
- Practitioner satisfaction
- Potential achievements
- Location of the DASWest NP D&A position
- Integration of the DASWest NP D&A within the DASWest team
- Capacity to influence practice
- Support mechanisms for the DASWest NP D&A
- Appropriate supervisory structures for the DASWest NP D&A

Option 1: Pharmacotherapy Prescriber (Clinic Based) NP Drug and Alcohol

<table>
<thead>
<tr>
<th>Service location</th>
<th>Services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASWest Clinic</td>
<td>Alcohol pharmacotherapy</td>
</tr>
<tr>
<td>Or</td>
<td>Opioid substitution program</td>
</tr>
<tr>
<td>Community based clinic (e.g. GP Practice / Community Health Centre)</td>
<td>Co-morbidly management</td>
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<tr>
<td></td>
<td>Dual diagnosis</td>
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<tr>
<td></td>
<td>Stabilisation</td>
</tr>
<tr>
<td></td>
<td>Referral to appropriate ongoing care and/or GP management</td>
</tr>
<tr>
<td></td>
<td>Hep C testing</td>
</tr>
<tr>
<td></td>
<td>Consult &amp; liaison with GPs &amp; referral co-management of complex Pharmacotherapy clients</td>
</tr>
<tr>
<td></td>
<td>Transitional Pharmacotherapy / Bridging pharmacotherapy from acute to community / primary care sectors</td>
</tr>
</tbody>
</table>

Option 1 Discussion:

This model situates a DASWest NP D&A in a DASWest Outpatient Clinic setting, or in a GP Practice or Community Health Centre.

In this context, outpatients would be seen by appointment or possibly through the operation of "drop-in clinics".

In this model, clients of the Community Residential Withdrawal Unit could also potentially be consulted by the NP D&A. The NP in this setting will be close to peers and colleagues from the multidisciplinary team and will be ideally placed to assist managing client demand on existing services.

Opportunities exist for utilising the NP D&A in the operation of opioid treatment programs, ambulatory and inpatient withdrawal management and for providing holistic care inclusive of treatments for minor ailments.

There is also opportunity for the NP D&A in transitional pharmacotherapy prescribing; for patients leaving the acute sector; prior to commencement / continuation of pharmacotherapy treatment in the community.

Option 2: Withdrawal and Transitional Pharmacotherapy NP D&A

<table>
<thead>
<tr>
<th>Service location</th>
<th>Services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home based - detoxification</td>
<td>Advanced Assessment and Intake triage role</td>
</tr>
<tr>
<td>In-patient - detoxification</td>
<td>Withdrawal management (home-based / inpatient/outpatient)</td>
</tr>
<tr>
<td>Community Withdrawal – detoxification (Adult CRWU)</td>
<td>Therapeutic and educational programs</td>
</tr>
<tr>
<td>Outpatient clinic - Pharmacotherapies</td>
<td>Linkage to community based programs and support</td>
</tr>
<tr>
<td></td>
<td>Conduit to the GP community for D&amp;A clinical advice</td>
</tr>
<tr>
<td></td>
<td>Transitional Pharmacotherapy / Bridging pharmacotherapy from acute to community / primary care sectors</td>
</tr>
</tbody>
</table>
Option 2 Discussion:

Option 2 capitalises the NP D&A’s ability to conduct an advanced clinical assessment and intake triage role.

The NP D&A will prescribe pharmacotherapies and provide appropriate specialist clinical management of clients with withdrawal syndromes (including the prescription of sedation and medication for symptomatic relief of withdrawal).

Opportunities exist for utilising the NP D&A across DASWest as a key clinical resource in withdrawal management. The NP D&A role in withdrawal management could encompass home based clients, inpatient clients, CRWU clients, and outpatient clients.

The DASWest NP D&A will also provide therapeutic and educational programs for clients, including relapse prevention, and provide linkages to community based programs and support. The NP will be a conduit between DASWest and the GP community in regard to withdrawal management and drug and alcohol clinical matters.

In this model, the NP D&A will also be involved in transitional pharmacotherapy prescribing; for patients leaving the acute sector; prior to commencement / continuation of pharmacotherapy treatment in the community. This would be conducted on a ‘step down’ or Outpatient based model.

The NP D&A in these settings will be close to peers and colleagues from the multidisciplinary team and will be ideally placed to assist managing client demand on existing services.

Option 3: Western Region Area based NP Drug and Alcohol

<table>
<thead>
<tr>
<th>Service location</th>
<th>Services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>May operate from various locations, such as:</td>
<td>Assessment and Intake</td>
</tr>
<tr>
<td>Outpatient AOD Clinics</td>
<td>Specialist Pharmacotherapy</td>
</tr>
<tr>
<td>Community Health Centres</td>
<td>Home Based Withdrawal</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td></td>
</tr>
<tr>
<td>Home visiting</td>
<td></td>
</tr>
</tbody>
</table>

Option 3 Discussion:

This model has obvious applications for where a NP D&A might travel to operate clinics at various locations within a designated area, and / or attend to Consultation and Liaison tasks across health service campuses, or even in more than one hospital / acute health service within a designated region.

This model offers a broad scope of practice settings for the NP D&A and allows for the provision of clinical services such as assessment & referral, pharmacotherapy prescription and withdrawal management.

However, this model may be better suited to a team of NPs (rather than a solo practitioner role); in order to reduce isolation and manage workload.

Refining the NP Model of Care:

Key DASWest staff considered the three options, and other alternatives via facilitated sessions.

Following debate, it was agreed by key DASWest staff that the service model described in Option 2: Withdrawal and Transitional Pharmacotherapy focused NP D&A would meet the requirements of DASWest, and provide an appropriate span of work and professional reward for a NP Drug and Alcohol. The model is further described on the following pages.
DASWest Withdrawal and Transitional Pharmacotherapy NP Drug and Alcohol Model of Care

The scope of a specialist DASWest NP was discussed with senior staff and it was agreed that Option 2 would meet the needs of DASWest:

<table>
<thead>
<tr>
<th>Service location</th>
<th>Services provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home based - detoxification</td>
<td>• Advanced Assessment and Intake triage role</td>
</tr>
<tr>
<td>In-patient - detoxification</td>
<td>• Withdrawal management (home-based / inpatient/ outpatient)</td>
</tr>
<tr>
<td>Community Withdrawal – detoxification</td>
<td>• Therapeutic and educational programs</td>
</tr>
<tr>
<td>(Adult CRWU)</td>
<td>• Linkage to community based programs and support</td>
</tr>
<tr>
<td>Outpatient clinic - Pharmacotherapies</td>
<td>• Conduit to the GP community for D&amp;A clinical advice</td>
</tr>
<tr>
<td></td>
<td>• Bridging / Transitional Pharmacotherapy from acute to community / primary care sectors</td>
</tr>
</tbody>
</table>

The key features of the DASWest NP Drug and Alcohol role will be:

- To provide an advanced clinical assessment (including a comprehensive health and psychosocial assessment) and triage service for complex drug and alcohol clients, including those with mental health and substance use dual diagnoses
- To provide an expert clinical service to individuals who have been appropriately assessed for home based detoxification and/or clinic based outpatient detoxification and/or inpatient CRWU detoxification
- To provide a Bridging / Transitional Pharmacotherapy service for nominated pharmacotherapy patients leaving the acute sector. The DASWest NP D&A will act as a prescriber for an individual pharmacotherapy client only until such time as an appropriate community based prescriber can be identified and a client transfer effected. This will provide a seamless process for patients exiting after a period of in-patient care, and ensure appropriate community allocation.
- To undertake a comprehensive health and psychosocial assessment for each referred client
- To order and interpret relevant diagnostic tests (as approved by Western Health)
- To prescribe relevant medications for clients (as approved by Western Health)
- To provide referrals to specialists / allied health professional
- To liaise with Mental Health agencies and Mental Health clinicians, including psychiatrists in regard to clients with dual diagnoses
- To be a conduit to the GP community for advanced D&A clinical advice
- To be a conduit to the Western Health staff for advanced D&A clinical Consultation and Liaison advice
- To provide linkages to community based and support programs
- To discharge clients
• To maintain an appropriate clinical caseload, in conjunction with the DASWest Medical Director and DASWest Adult Services Manager

• To conduct expert clinical education programs

• To act as a positive clinical leader and role model for DASWest staff

• To practice within an evidence based clinical framework

• To develop a clinical portfolio including a credentialing Log, Clinical Performance Reviews and Case Histories

• To undertake Quality improvement activities, evaluation of interventions and research

In the area of Detoxification/Withdrawal and Bridging/Transitional Pharmacotherapy, the DASWest NP D&A would facilitate timely access to treatment, and prescriber services. Current levels of Addiction Medicine physician support are not adequate to meet service demands.

Indeed, it is important to not underestimate the advantages inherent in the NP Drug and Alcohol's ability to instigate pharmacotherapy and diagnostic investigations. In many D&A settings the NPs’ assessment of clients and commencement of treatment may be delivered in a timely manner (while clients are available, motivated, and contemplative of behaviour change) while medical review may only be available subsequently at a later stage.

Furthermore, there are many co-morbid conditions which can complicate the management of clients within the context of withdrawal and / or pharmacotherapy programs. The NP would also act as a primary/ secondary Consultation and Liaison NP Consultant to DASWest and other Western Health clinical staff to ensure optimal management of clients where other chronic or acute conditions impact on client’s substance addiction treatment.

As a clinical expert in drug and alcohol abuse, the DASWest Nurse Practitioner will be a role model and advocate for the speciality, and will advance the profile of DASWest throughout Western Health.
Program Enhancement

The following example client journey pathways illustrate where the DASWest NP Drug and Alcohol could enhance current programs.

i. Home Based Withdrawal Program:

ii. Community Residential Withdrawal Unit:

iii. Specialist Pharmacotherapy Program – Bridging / Transitional Pharmacotherapy:
DASWest Nurse Practitioner Drug and Alcohol – withdrawal and transitional pharmacotherapy model of care

**Intake and assessment**
- Referred (GP, Self, Other)
  - Intake Assessment Team
  - Assessments presented to Intake meeting
  - Home based withdrawal

**Prescribe and support**
- NP prescribe and support
  - Home visits
  - Outpatient clinic

**Discharge and referral**
- Discharge and Referral decisions

**Withdrawal Process**
- Acute hospital referral
  - 'Bridging' Pharmacotherapy

**Transitional pharmacotherapy**
- Clinical leadership
  - Complex triage decisions
  - Diagnostics
  - Complex assessments

- Clinical leadership
  - Clinical review and decision making
  - Assessment and diagnostics

- NP clinical decision
  - Safe
  - Suitable
  - Simple detox
  - Or maintenance pharmacotherapy

**Nurse practitioner activities**
- Caseload
  - Daily monitoring
  - Motivation and support
  - Education
  - Prescribing of medications
  - Monitoring of general health condition
  - Diagnostic tests
  - Carer support
  - GP liaison
  - Liaison and advocacy with other agencies
  - Engaging in follow-up treatment

**Discharge and referral decisions**
- Discharge and Referral decisions

**Home based detox criteria**
- Desire to withdraw
- And willingness to comply with treatment program
- 24 hour carer available
- House is drug free and no safety issues
- No concurrent physical and psychiatric disorder that may interfere with withdrawal
- Not pregnant
- Dependent and withdrawing from one drug only
- Person has access to telephone
- Not geographically isolated
- A mild to moderate withdrawal i expected

Clinical Leadership, Education, Quality and Research

24
Understanding the limits of this model NP A&D Scope of Practice

The DASWest NP’s Scope of Practice is bounded by the knowledge and skills of the NP D&A and the agreed Clinical Guidelines and Formulary that underpin this position.

In the context of this Scope of Practice the DASWest NP D&A will consult specialist clinicians including Addition Medicine physicians, other drug and alcohol clinical health care professionals, and specialty Medical Specialists, Registrars, General Practitioners, Nurses, Psychologists and other Allied Health Professionals.

The DASWest NP D&A is responsible and accountable for making professional judgements about when the patient’s condition is beyond their Scope of Practice and for initiating consultation with a medical officer or other member of the health care team.

The NP D&A will consult or make a referral to a medical officer or specialist medical officer in the following situations:

- Where signs or symptoms of withdrawal and/or intoxication persist beyond the expected time of their resolution despite treatment
- Where symptomatic or laboratory evidence exists of previously unidentified decreased or decreasing function of any vital organ or system
- Where a patient presents co morbidities falling outside the NP D&A expertise e.g. Infection, psychosis, affective disorder, pregnancy, asthma, diabetes.
- In the event of an atypical presentation of a common illness or an unusual response to treatment
- An unexpected deterioration in a patient’s chronic co-morbid condition
- When a patient requires admission or other-specialty review
- Any other conditions/clinical presentations that the NP D&A and the medical officers have agreed to
- Any other conditions that the NP D&A believes are outside the practitioners Scope of Practice

DASWest NP Drug and Alcohol Governance:

Professional Governance

Executive Director of Nursing
- Professional framework and foundation of NP

Department of Human Services
- Mandatory and specified criteria for endorsement as a NP

Nurses Board of Victoria
- Mandatory Prescribing Workshop
- Evidence for education and assessment tools
- Examination process for endorsement as a NP
Clinical Governance

DASWest Addiction Medicine Medical Director

- Clinical education and practice framework for NP
- Clinical supervision and performance appraisals
- Oversight of quality activities and research project

Director of Pharmacy

- Legislative requirements, prescribing restrictions and costs for drug formulary
- Record of NP signature

DASWest Operations Manager

- Oversight of clinical timeframes in relation to completion and submission of NP process
- Activity reports – outcome measures to evaluate patient outcomes and service delivery utilising clinical indicators and Key Performance Indicators (KPIs)

Quality Manager

- Identification, review, analyse quality issues, clinical incidents, mortality and sentinel events with recommendations of improvement to systems
- Minimum data set, clinical indicators and key performance indicators

Western Health Policy and Procedure Committee

- Clinical Practice Guidelines reviewed every 3 years
- Oversight of Policy and Procedures developed

Steering Committees

- The DASWest NP Steering Committee has already been established.
- The DASWest NP Steering Committee will report to the Western Health Nursing and Midwifery Scope of Practice Committee.
- Terms of Reference for both Committees are included in the Appendix 2 and 3.
Accountability:

The following diagram illustrates the reporting and accountability and structure for the DASWest NP Drug and Alcohol.

DASWest Nurse Practitioner
Accountability Structure

DASWest Medical Director
(Clinical Accountability)

Western Health Director of Nursing
(Professional Accountability)

DASWest Adult Services Manager
(Operational Accountability)
Accountability parameters for the DASWest NP Drug and Alcohol

- DASWest NP D& A is accountable for health outcomes
- DASWest NP D&A accepts responsibility for all aspects of clinical decision-making
- DASWest NP D&A will seek expert advice and make referrals where necessary
- DASWest NP D&A will participate in the continuing evaluation of the service in some of the following quality parameters: safety, patient/clinician access, and efficacy
- DASWest NP D&A will ensure that there is evidence of continuing professional development and maintenance of clinical skills
- DASWest NP D&A will work to advance the understanding and integration of NP roles across the specialties
- DASWest NP D&A will ensure that the standards of the nursing profession are maintained and will be available to provide advice and guidance for nurses on matters of clinical practice and professional development and may play a supportive role in the development of the D&A Services’ nursing workforce
- DASWest NP D&A is an autonomous and accountable practitioner, who will demonstrate clinical leadership and is seen as an exemplar of advanced level nursing practice
- DASWest NP D&A is empowered to intervene clinically in patient care situations to ensure optimal outcomes for the patient
- DASWest NP D&A will be able to facilitate smooth transition for drug and alcohol clients from acute services to community drug and alcohol treatment services and then to community service providers

See NP Drug and Alcohol and NP Candidate Drug and Alcohol Position Descriptions (Appendix 5 and 6)
Diagnostics

The DASWest NP D&A Scope of Practice will include ordering of relevant diagnostic tests. Western Health’s Chief Executive Officer will approve the range of tests included within the Scope of Practice, on recommendation of the Western Health Nursing and Midwifery Scope of Practice Committee.

<table>
<thead>
<tr>
<th>Radiology</th>
<th>Pathology</th>
<th>Assessment</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request:</td>
<td>Request:</td>
<td>Advanced assessment:</td>
<td>To:</td>
</tr>
<tr>
<td>• ECG</td>
<td>• Pregnancy</td>
<td>• Dependence: assessment of severity</td>
<td>• Psychology</td>
</tr>
<tr>
<td>• Chest X-Ray</td>
<td>• Swabs</td>
<td>• Mental Health status</td>
<td>• Mental Health services</td>
</tr>
<tr>
<td></td>
<td>• Urine drug screens</td>
<td>• Blood borne virus STIs</td>
<td>• Psychiatric services</td>
</tr>
<tr>
<td></td>
<td>• Serum iron</td>
<td>• Hepatitis and HIV status</td>
<td>• Specialist Physicians</td>
</tr>
<tr>
<td></td>
<td>• B12 and folate</td>
<td>• Psychosocial</td>
<td>• Dietetics</td>
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<tr>
<td></td>
<td>• Lipids screen</td>
<td>• Child and dependents risk</td>
<td>• Social Work</td>
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<td></td>
<td>• Lipid profile</td>
<td>• Driving</td>
<td>• Occupational Therapy</td>
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<tr>
<td></td>
<td>• Hepatitis serology</td>
<td>• Occupational risk</td>
<td>• Specialist nursing services</td>
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<td>• MSU</td>
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<td>• Neuropsychiatry</td>
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<td>• U&amp;E</td>
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<td>• Ca PO4</td>
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<td></td>
<td>• HbA1c</td>
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<td></td>
<td>• Lipids HDL LDL</td>
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<td>• URR</td>
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<td>• KT/V</td>
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<td>• Fe studies</td>
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<td>• RCF</td>
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<td>• TIBC</td>
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<td>• B12</td>
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<td>• Serology</td>
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<td>• AB levels</td>
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<td></td>
<td>• CRP</td>
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<tr>
<td></td>
<td>• Urinary protein</td>
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<td></td>
<td>• PD MC&amp;S</td>
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<tr>
<td></td>
<td>• Blood Cultures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Routine Surveillance</td>
<td></td>
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</tbody>
</table>
Formulary

DASWest requires the NP D&A to act as a prescriber of opioid pharmacotherapies. This prescribing activity is seen as an important element within the DASWest NP’s Scope of Practice. Medical clinical consultation and opinion will be available to support the NP in this aspect of the role. Appropriate and approved clinical guidelines will underpin prescribing protocols.

The Formulary documented on the following pages has been approved within the context of the Victorian Drugs, Poisons and Controlled Substances Act 1981.

Limitations to the NP Prescribing Role

Although NPs have authority under state legislation to prescribe medications and order diagnostic tests appropriate to their Scope of Practice, they cannot under current Australian legislation benefit from either the pharmaceutical or the medical benefits schemes.

This issue requires careful consideration when considering the prescribing Scope of Practice of the DASWest NP.

DoH processes to establish access to PBS for NPs

NPs in Victoria are authorised to prescribe medications from within their designated category drugs and medicines list and the scope of the individual NPs prescribing practice is supported by an established clinical governance framework.

Commonwealth legislation has now been passed which will allow some NPs to access the PBS from November 2010. This PBS access is distinct from the state based authority to prescribe and will only apply to some NPs and some drugs that those NP will prescribe.

DoHA is currently consulting on the process and extent of the PBS access and as details become available they will be posted on this page. In the meantime, members of the Australian College of NPs may wish to make further enquiries from the college about the process of consultation. To contact the State Branch of the ACNP6.

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6 www.acnp.org.au/
Drugs, Poisons and Controlled Substances Act 1981

APPROVAL UNDER SECTION 14A(1)

Pursuant to section 14A(1) of the Drugs, Poisons and Controlled Substances Act 1981 (‘the Act’), I, Daniel Andrews, Minister for Health, hereby approve for the purposes of authorisation under section 13(1)(ba) of the Act the Schedule 2, 3, 4 and 8 poisons or classes of Schedule 2, 3, 4 and 8 poisons listed in the tables below, with illustrative examples from each class, in relation to the category of NP – Drug and Alcohol.

This approval takes effect from the date of publication in the Victoria Government Gazette.

NP – DRUG AND ALCOHOL*

SCHEDULE 2 POISONS BY CLASS

<table>
<thead>
<tr>
<th>Class of poison</th>
<th>Example of poison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salicylate analgesics</td>
<td>Aspirin</td>
</tr>
<tr>
<td>Narcotic analgesics</td>
<td>codeine</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory agents</td>
<td>ibuprofen, naproxen</td>
</tr>
<tr>
<td>Antispasmodic agents</td>
<td>hyoscine</td>
</tr>
<tr>
<td>Antidiarrhoeal agents</td>
<td>Loperamide</td>
</tr>
<tr>
<td>Local anaesthetic agents</td>
<td>lignocaine, prilocaine</td>
</tr>
<tr>
<td>H2-receptor antagonists</td>
<td>Ranitidine</td>
</tr>
<tr>
<td>Agents used to assist in smoking cessation</td>
<td>Nicotine</td>
</tr>
</tbody>
</table>

OTHER SCHEDULE 2 POISONS

<table>
<thead>
<tr>
<th>Poison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paracetamol</td>
</tr>
</tbody>
</table>

SCHEDULE 3 POISONS BY CLASS

<table>
<thead>
<tr>
<th>Class of poison</th>
<th>Example of poison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic analgesics</td>
<td>Codeine</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory agents</td>
<td>Ibuprofen</td>
</tr>
<tr>
<td>Antidiarrhoeal agents</td>
<td>Diphenoxylate</td>
</tr>
<tr>
<td>Antiemetic agents</td>
<td>prochlorperazine</td>
</tr>
<tr>
<td>Sympathomimetics</td>
<td>adrenaline</td>
</tr>
</tbody>
</table>

*Please note that an updated NP A&D Formulary is currently under development.

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### SCHEDULE 4 POISONS BY CLASS

<table>
<thead>
<tr>
<th>Class of poison</th>
<th>Example of poison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic analgesics</td>
<td>codeine</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory agents</td>
<td>ibuprofen</td>
</tr>
<tr>
<td>Narcotic analgesic agents</td>
<td>tramadol</td>
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<tr>
<td>Narcotic antagonist agents</td>
<td>naloxone</td>
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<tr>
<td>Local anaesthetic agents</td>
<td>lignocaine</td>
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<td>Antiemetic agents</td>
<td>metoclopramide, prochlorperazine, domperidone, dolasetron</td>
</tr>
<tr>
<td>Antiemetic agents</td>
<td>metoclopramide, prochlorperazine, domperidone, dolasetron</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>pheniramine, promethazine, trimeprazine</td>
</tr>
<tr>
<td>Anticholinergic agents</td>
<td>Benztropine</td>
</tr>
<tr>
<td>Antispasmodic agents</td>
<td>hyoscine butylbromide</td>
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<td>Antidiarrhoeal agents</td>
<td>Diphenoxylate</td>
</tr>
<tr>
<td>Sympathomimetics</td>
<td>Adrenaline</td>
</tr>
<tr>
<td>Anaesthetic agents</td>
<td>Clonidine</td>
</tr>
<tr>
<td>Anxiolytic agents</td>
<td>diazepam, midazolam</td>
</tr>
<tr>
<td>Class of poison</td>
<td>Example of poison</td>
</tr>
<tr>
<td>Antipsychotic agents</td>
<td>Haloperidol</td>
</tr>
<tr>
<td>Hypnotics and sedatives</td>
<td>Temazepam</td>
</tr>
<tr>
<td>Antiepileptic agents</td>
<td>Clonazepam</td>
</tr>
<tr>
<td>Agents used in the treatment of drug dependence</td>
<td>naltrexone, acamprosate, bupropion</td>
</tr>
<tr>
<td>Agents used to assist in smoking cessation</td>
<td>Varenicline</td>
</tr>
<tr>
<td>Vaccines</td>
<td>hepatitis B vaccine</td>
</tr>
</tbody>
</table>

### OTHER SCHEDULE 4 POISONS

- Poison
  - Atropine
  - Paracetamol

### SCHEDULE 8 POISONS BY CLASS

<table>
<thead>
<tr>
<th>Class of poison</th>
<th>Example of poison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narcotic analgesic agents</td>
<td>Methadone, Buprenorphine</td>
</tr>
</tbody>
</table>

*Please note that an updated NP A&D Formulary is currently under development.*
Sustainability of the NP model

It is critical that the implementation of the NP Drug and Alcohol role at DASWest is a success, and that the concept of NPs as a professional complement to existing clinicians is supported, endorsed and where appropriate increased over time.

Organisational barriers likely to impact on the role of the NP have been extensively canvassed within Western Health during the implementation of the first NP appointment in 1998. Effective communication across the organization has been identified as an essential factor to be addressed as part of the sustainability process. The support of internal and external stakeholders is important for the sustainability of the DASWest NP D&A model.

It is clear that there is high-level support within the DASWest management and clinical leadership team for the implementation of a DASWest NP D&A position.

In the application for funding DASWest outlined the commitment from key Executives across Western Health:

‘The proposed drug and alcohol NP model identifies the requirement of a NP within drug and alcohol services, which is supported by Western Health Executives. The Executive Director for Community Integration and Allied Health Services, the Executive Director of Nursing and the Executive Director of Drug and Alcohol Services support the proposal and are committed to supporting, mentoring and developing the Drug and Alcohol NP role. Within DASWest, the Clinical Director and another drug and alcohol Physician support the implementation of the NP role and have offered to supervise and mentor the successful candidate. The Clinical Director was clinical supervisor to the only other Alcohol and Drug NP in Victoria. DASWest Operations Manager and the area managers have developed and support the NP proposal’

Appointment of the DASWest NP Candidate

The process of selecting a candidate and the pathway of how to become a NP at Western Health is outlined in Appendix 4: NP Candidate Pathway.

Where there is a suitable Alcohol and Drug Nurse Consultant currently working at Western Health, the NPC position would be advertised internally via the Western Health intranet site providing a copy of the proposed NPC Position Description as per Appendix 5 and 6: Position Descriptions: NP Drug and Alcohol and NP Candidate Drug and Alcohol.

Where it has been identified that there are no suitable nurses working in the area, the position will be advertised externally.

It is anticipated that the DASWest NPC D&A position will be of two years duration (FTE), which will incorporate preparation academically and clinically for endorsement.

Department of Health funding, in the form of NP Candidate Support Packages, are currently available for organisations to apply to contribute towards the costs of clinical supervision, specific skills acquisition and professional supervision and mentoring to prepare the NPC for endorsement.

As already noted, the implementation of a DASWest NPC D&A would be overseen by the Nursing and Midwifery Scope of Practice Committee at Western Health, and the DASWest NP Steering Committee.
Support, supervision and mentoring for the NP Candidate

Two Addiction Medicine Consultant Physicians at DASWest have agreed to undertake supervision and support of the DASWest NP Candidate (NPC) D&A. One of the Addiction Medicine Physicians at DASWest was a supervisor to the only Drug and Alcohol NP currently endorsed by the Nurses Board of Victoria. In addition, a senior psychologist and a senior Addiction Medicine Registrar will be available for appropriate support and expert D&A advice.

Academic and Clinical Preparation

The following description is of the Western Health standard approach, which is applied to all NPs. Amendments have been made to take account of the DASWest Drug and Alcohol specialty.

The Nurses Board of Victoria has responsibility under Section 135 of the Health Professions Registration Act 2005 to approve courses which provide qualifications that lead to endorsement in the protected title of NP. The NBV is responsible for accrediting NP courses which lead to endorsement. There are three pathways that may lead to endorsement by the NBV outlined in Appendix 7: Pathways for Endorsement. For a candidate to become endorsed as a DASWest NP, successful completion of an approved Master of Nursing Program is required (NBV, 2009) (http://www.nbv.org.au/web/guest/courses-nurse-practitioner).

Table 9: Approved Victorian Education Providers for Master of Nursing Practice

<table>
<thead>
<tr>
<th>Education Provider</th>
<th>Campus</th>
<th>Course Name</th>
<th>Accreditation Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deakin University</td>
<td>Burwood &amp; Geelong</td>
<td>Master Nursing Practice</td>
<td>January 2011</td>
</tr>
<tr>
<td>Flinders University</td>
<td>Adelaide</td>
<td>Master of Nursing (NP)</td>
<td>October 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacology for Advanced Professional Practice</td>
<td>October 2011</td>
</tr>
<tr>
<td>La Trobe University</td>
<td>Bundoora &amp; Bendigo</td>
<td>Master of Nursing (NP)</td>
<td>July 2009</td>
</tr>
<tr>
<td>Monash University</td>
<td>Peninsula campus</td>
<td>Therapeutic Medication Management Unit</td>
<td>June 2010</td>
</tr>
<tr>
<td>University of Melbourne</td>
<td>Parkville</td>
<td>Therapeutic Medication Management Education Program</td>
<td>October 2011</td>
</tr>
</tbody>
</table>

The DASWest NPC D&A will require formal advanced nursing educational preparation at the Masters level with relevant clinical experience, supervision and mentoring to ensure that the candidate is academically and clinically prepared to practice in an extended DASWest clinical role.
Mentorship

The endorsement process to become a NP mandates that a NPC have a clinical mentor to assist in the transition from candidate to endorsed NP. Determination of the training and mentoring requirements of the DASWest NPC will be based upon the individual’s prior experience and skill set in relation to the DASWest NP scope of practice.

A clinical mentor will be allocated to work with the candidate to optimise the clinical skills of the DASWest NPC D&A. It will be the responsibility of the candidate and their clinical mentor to formulate a learning plan outlining what will be learnt and when it would take place. The mentor will monitor the candidate’s progress, supervise and deliver theoretical and practical requirements and assess the candidate’s progress and competence. The mentor and candidate will meet regularly to review the candidate’s skill development and work together to complete the learning plan.

Professional mentorship will comprise the Executive Director of Nursing, existing Western Health NPs and senior nursing management from within the organisation to provide the DASWest NPC guidance in advanced clinical leadership, strong communication skills, dealing with organisational dynamics, managing change and developing the professional skills required to support successful endorsement as a DASWest NP.

Mentoring requires both mentor and mentee to develop a relationship with the intention of the mentee developing skills under the guidance of the mentor. Qualities of the mentor that assist with this relationship and mentee outcomes include:

- A willing commitment to invest time and resources into the relationship
- Willingness to share knowledge, interests, values, and beliefs
- Openness to communication and friendship
- Approachability
- Offering feedback in a positive way and celebrating success
- Providing an environment that encourages growth from mistakes
- Being a competent, confident role model
- Standing by the mentee in critical situations
- Ability to listen

Learning Plan

In collaboration with their mentor, the DASWest NPC D&A will identify learning requirements and formulate a customised learning plan. Currently at Western Health, competency packages are being formulated relating directly and indirectly to DASWest that the DASWest NPC will be encouraged to complete. The learning plan content will cover pharmacology, pathology, radiology, advanced patient assessment, management planning and secondary prevention. The content will be delivered by medical staff, allied health (Clinical Psychology, Dietetics, Speech Therapy, OT, Physiotherapy) and relevant others.

The clinical mentor will supervise the DASWest NPC’s skill development in DASWest clinical management, patient care facilitation and drug and alcohol prevention strategies, with the candidate moving towards demonstrating independence in the areas outlined in the scope of practice.
Learning Contract

The DASWest NPC D&A will develop a learning contract at the commencement of the role that will include the following elements:

- Identification of learning goals that support the DASWest NPC’s development towards becoming a NP
- Identification of key action points to assist the DASWest NPC in achieving the identified goals
- Setting boundaries around the timeframes that the goals will be met

A tracking record will be utilised to assist the organisation with ensuring key timeframes are being met by the DASWest NPC D&A – Appendix 11: NP Candidate Tracking Record. The DASWest NPC D&A will meet regularly with the DASWest Operations Manager, DASWest Adult Services Manager and DASWest medical Director to ensure key milestones have been achieved.

Clinical preparation:

Clinical preparation for the DASWest NPC will consist of:

- Participating in ward rounds
- Attendance at DASWest Adult Services Clinical meetings
- Minimum of 4 case presentations (2 written and 2 oral) annually. Case studies will include patient assessment, provisional diagnosis, development of management plan and expected outcomes.
- Annual presentations at Grand Rounds
- Quality Audits of patient histories of each presentation seen by the DASWest NPC to examine clinical notes, assessment, management and patient outcomes with mentor

The DASWest Drug and Alcohol NPC will keep a clinical log and record all patients that they assess including presentation details, assessment findings, investigation and tests ordered, diagnosis, management plan and discharge plan. This will provide the candidate an opportunity to reflect on practice and critically analyse their decisions made for the patients and where improvements can be made.

The DASWest NPC is required to maintain evidence of education sessions attended, including presenter, topic, date, length of time and the venue. In addition, a progressive log will be recorded relating to presentations to staff, case presentations and non-clinical activities.

The development program set out for the DASWest NPC will assist in the preparation towards their Professional Portfolio required for their assessment and endorsement submission to the Australian Nursing and Midwifery Board.

Clinical Practice Guidelines

The Nurses Board of Victoria (NBV) no longer requires a NP Candidate to develop and present Clinical Practice Guidelines (CPG) to define their practice.
However, this will be a key part of the DASWest D&A NP and NPC role, under guidance of the DASWest Medical Director and the DASWest Operations Manager. The development of CPGs will also reference multidisciplinary input from Western Health staff, utilising the existing Policy and Procedure Framework.

The Western Health Policy and Procedure Framework assists the organisation to establish leadership, responsibility and accountability through clearly articulated and accessible policies and procedures. These policies and procedures provide the foundation for effective corporate and clinical governance. The CPGs developed will clearly define the extensions to the DASWest NP’s scope of practice and will include target population, medications prescribed, radiological and pathology investigations ordered and decision making.

The process for CPG Development is outlined in Appendix 8: Procedure Development.

**Clinical and non-clinical time**

It is recognised that both clinical and non-clinical time for the DASWest NPC D&A is required to support their education and development.

The DASWest NP Drug and Alcohol will maintain an appropriate clinical caseload, in consultation with the Addiction Medicine Medical Director and the Adult Services Manager. Client Case mix / complexity will be considered as appropriate.

It is agreed that non-clinical time will be allocated to assist the DASWest NPC to take part in auditing, research, policy and procedure development, education preparation, leadership and professional skill development.

It is estimated that in order to participate in these activities, the DASWest NPC would require 7.5 hours per week allocated to non-clinical time, to continue post endorsement.

**NP Assessment and Endorsement**

The DASWest Medical Director (as NPC clinical mentor) will assess the candidate in relation to working within the candidate’s drug and alcohol nursing scope of practice.

A relevant clinical assessment tool can be utilised as evidence in demonstrating the comprehensive clinical training and examination that the DASWest NPC has undertaken in their specialty field of practice for the endorsement criteria required by the Australian Nursing and Midwifery Council as well as being confident and competent to practice according to the ANMC Competency standards (2006). Appendix 9 National Competency Standards for the NP.

Application for endorsement as a NP will include:

- Evidence of organisational support for the role
- A summary of the model of practice
- The formulary that reflects the nurse’s scope of practice
- Case studies that reflect practice at the NP level
- An account of the nurse’s clinical and professional leadership activities

The timelines to attain NP endorsement will vary between candidates dependent upon prior learning and skill set. It is envisaged the process for the DASWest NPC will take between 1-2 years with breakdown and sequencing as described below.
### NP Preparation Timelines

<table>
<thead>
<tr>
<th>Commence and complete theoretical and practical requirements to meet ANMC NP competency standards (NP Candidate)</th>
<th>Commence NP endorsement process</th>
<th>Notification of outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-24 months</td>
<td>0-6 months</td>
<td>28 days</td>
</tr>
</tbody>
</table>

The endorsed DASWest NP is legally liable for the diagnosis and prescription of medications on the approved list for their category of endorsement and according to their scope of practice. In order to prescribe safely, the DASWest NP D&A will operate under the:

- Health Professional Registration Act
- Drug, Poisons and Controlled Substances Act.

Endorsement as a NP is ongoing and renewed each year with an annual registration.

The DASWest NP A&D will be accountable for maintaining competency, ongoing professional development and working within their scope of practice as outlined in Appendix 6: Position Description – DASWest NP Drug and Alcohol.

### Australian Health Practitioner Regulation Agency (AHPRA)

At the time of writing this report, registration of nurses and other health professionals is transitioning from state bodies to AHPRA. As of July 1 2010 the Nursing and Midwifery Board has assumed responsibility for the registration of Nurses and NP. AHPRA and the Nursing and Midwifery Board have not published materials related to NPs.

It is not anticipated that current arrangements as established by the Nurse Board of Victoria (NBV) in relation to NP Candidature, Endorsement and Registration will vary significantly under AHPRA.

Under AHPRA, the Australian Nursing and Midwifery Council’s (ANMC) National Competency Standards for the NP will remain a relevant framework (See Appendix 9).

DASWest management will monitor the relevant websites periodically for relevant information regarding AHPRA NP Registration.
DASWest NP Drug and Alcohol Implementation Milestones 2010 -2011

Anticipated outcomes for the next 12 months for the NP Drug and Alcohol Model are:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Anticipated Outcome</th>
</tr>
</thead>
</table>
| June 2010       | - Draft version of DASWest NP D&A Model Development document developed, and circulated amongst key DASWest staff  
                  - DASWest NP D&A Steering Committee inaugural meeting                                                                                                      |
| August 2010     | - DASWest NP D&A Model Development finalised                                                                                                                                  |
| September 2010  | - DASWest NP D&A Model Development endorsed by Western Health Nursing and Midwifery Scope of Practice Committee  
                  - DASWest NP D&A Model presented to Mental Health and Alcohol and Drugs NP Collaborative Meeting  
                  - DASWest NP D&A submitted to Department of Health                                                                                                 |
| October 2010    | - DASWest NP Candidate D&A position advertised internally at Western Health                                                                                           |
| November 2010   | - DASWest NP Candidate D&A appointed  
                  - NPC enrolled in Masters degree  
                  - Clinical and Professional Mentor appointed  
                  - Learning plan developed                                                                                                                                       |
| December 2010   | - Academic and clinical preparation under way  
                  - Initial focus on advanced NPC developing and applying advanced nursing role with withdrawal / detoxification clients (Home Based Withdrawal / In /Outpatients . CRWU clients |
| February 2011   | - NPC developing quantitative and qualitative research activities                                                                                                       |
| April 2011      | - Focus broadens to include NPC developing and applying advanced nursing role with Bridging / Transitional Pharmacotherapy clients                                                                                   |
| June 2011       | - NPC Learning Plan reviewed and renewed as per needs of NPC                                                                                                           |
Quality Outcomes

NPs work according to a professional conduct, a defined scope of practice and a statutory framework that enables them to deliver a service that is safe and evidence based. Practice carried out by NPs is supported by collaboratively agreed guidelines that are in line with best practice according to the criteria laid down by the Australian Nursing and Midwifery Council. Continual auditing of their services ensures that practice is reviewed regularly and has a scientific basis.

The DASWest NPC A&D will be expected to evaluate their role through Key Performance Indicators (KPIs) and collect data that indicates efficacy of the role on service provision.

The DASWest NPC A&D will develop a database of ongoing outcome measures that can be compared once endorsed to demonstrate efficacy.

*Table 10: Outcome Measures*

<table>
<thead>
<tr>
<th>Quality Outcomes</th>
<th>Quality Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness of treatment</td>
<td>Improved access to treatment</td>
</tr>
<tr>
<td></td>
<td>Time to treatment reduced</td>
</tr>
<tr>
<td></td>
<td>Increased access to support</td>
</tr>
<tr>
<td>Quantity of treatment</td>
<td>Number of patients seen</td>
</tr>
<tr>
<td></td>
<td>Number of referrals received</td>
</tr>
<tr>
<td></td>
<td>Number of diagnostics ordered</td>
</tr>
<tr>
<td></td>
<td>Number of medications prescribed</td>
</tr>
<tr>
<td></td>
<td>Numbers of indigenous and CALD</td>
</tr>
<tr>
<td>Quality of treatment</td>
<td>Patient satisfaction</td>
</tr>
<tr>
<td></td>
<td>Reduced adverse events</td>
</tr>
<tr>
<td></td>
<td>Improved patient outcomes</td>
</tr>
<tr>
<td></td>
<td>Staff satisfaction</td>
</tr>
<tr>
<td></td>
<td>Retention in treatment</td>
</tr>
<tr>
<td>Cost of treatment</td>
<td>Cost per patient treated</td>
</tr>
<tr>
<td></td>
<td>Prevention of hospital admissions</td>
</tr>
<tr>
<td></td>
<td>Reduced presentations to the emergency department</td>
</tr>
</tbody>
</table>
Research Portfolio

It is proposed that the successful DASWest NPC A&D will establish a collaborative research program to identify the impacts of the NP role within the DASWest program.

Scope exists for both qualitative and quantitative research within the drug and alcohol sector.

The expanded roles undertaken by a NP should provide opportunities for research which will have national relevance given the paucity of NPs specialising in the alcohol and other drug sector.

This opportunity is afforded enhanced currency with the scheduled opening of the Western Health Teaching, Training and Research Centre in late 2010.
NP History and Policy developments

Academic Literature Overview:

International and Australian research overwhelmingly shows that NPs improve access, result in earlier presentations, reduce hospital admissions and have high satisfaction levels. Historically, the NP role has emerged internationally and locally in Australia in response to:

- Lack of qualified medical staff to meet increasing health care access demands
- A need to provide access to quality cost-effective health services
- A need to service disadvantaged or remote populations
- Changes in the delivery and operation of health services which resulted in the redesign of job roles.

The academic literature regarding NPs frequently refers to concerns and issues raised by medical practitioners and their associations that the development and expansion of NP roles are an attempt to substitute nurses for medical officers. However, the intention that can be garnered from the literature would suggest that in fact the development of the role is intended to act as a complement to specialised medical roles.

Internationally, NP led clinics across a number of specialty services are expanding. This presents an avenue for the expansion of the role but it also is receiving some criticism in relation to extending into the area of traditional medical service. A more robust evidence-base will be required to support this expansion. Hatchett argues it is critical that nurse-led services are perceived as a specialised, albeit cost-effective healthcare alternative and not a second-rate service that emerges as a consequence of overworked medical colleagues.

From the literature it can be seen that there is a growing confidence that NP roles have an important contribution to make to the provision of health care.

International NP Developments:

The International Council of Nurses (ICN), is a federation of more than 130 national nurses associations, representing the more than 13 million nurses worldwide. The ICN identify the following characteristics of a NP:

Educational Preparation

- Educational preparation at an advanced level
- Formal recognition of educational programs preparing NPs/advanced practice nurses roles that are accredited or approved
- Formal system of licensure, registration, certification and credentialing.

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8 A script for change: will NPs be allowed to fly., Australian Nursing Journal November 09 Volume 17


10 NP/Advanced Practice Nurse; Definition and characteristics 2009 International Council of Nurses www.icn.ch
Nature of Practice

- Integrates research, education, practice and management
- High degree of NP professional autonomy and independent practice
- Case Management/own case load
- Advanced health assessment skills, decision-making skills and diagnostic reasoning skills
- Recognized advanced clinical competencies
- Provision of consultant services to other health providers
- Plans, implements and evaluates programs
- Recognized first point of contact for clients

Regulatory mechanisms – Country specific regulations underpin NP/APN practice

- Right to diagnose
- Authority to prescribe medication
- Authority to prescribe treatment
- Authority to refer clients to other professionals
- Authority to admit patients to hospital
- Legislation to confer and protect the title “NP/Advanced Practice Nurse” Officially recognized titles for nurses working in advanced practice roles.

United States of America NP Developments:

- The American Academy of NPs (AANP) in was formed in 1985. It is the largest professional membership organisation for NPs of all specialties representing more than 135,000 NPs practicing in the U. S. The AANP provide the following data on US NPs:
  - 88% have graduate degrees
  - 92% maintain national certification
  - 96.5% prescribe medications and write average of 19 prescriptions/day and approximately 556 million prescriptions annually
  - 62% see three to four patients per hour; 12% see over five patients per hour
  - 66% practice in at least one primary care site; 31% practice in at least one non primary care site (such as inpatient, emergency, surgical, or specialty practice)
  - Malpractice rates remain low; only 1.4% have been named as a primary defendant in a malpractice case
  - The average US NP is female (94.6%) and 48 years old; she has been in practice for 10.5
United Kingdom NP Developments:

In 2008, the UK Royal College of Nursing (RCN) in 2008 defined in some detail the competencies required for an Advanced NP. These competencies were revised and published by the RCN in 2010.

The RCN states that an Advanced NP as a nurse who has undertaken a specific course of study of at least first degree (honours) level and who:

- makes professionally autonomous decisions, for which he or she is accountable
- receives patients with undifferentiated and undiagnosed problems and makes an assessment of their health care
- needs, based on highly developed nursing knowledge and skills, including skills not usually exercised by nurses, such as physical examination
- screens patients for disease risk factors and early signs of illness
- makes differential diagnosis using decision-making and problem-solving skills
- develops with the patient an ongoing nursing care plan for health, with an emphasis on preventative measures
- orders necessary investigations, and provides treatment and care both individually, as part of a team, and through referral to other agencies
- has a supportive role in helping people to manage and live with illness
- provides counselling and health education
- has the authority to admit or discharge patients from their caseload, and refer patients to other health care providers as appropriate
- works collaboratively with other healthcare professionals.
- provides leadership and consultancy services as required\(^{11}\)

Australian NP Developments:

The Australian College of NPs (ACNP) is the national peak organisation for NPs in this country, and describes the history of the development of the NP role in Australia:

- October 1990 first national nurse prescriber committee established in NSW
- 1996, first NP project in South Australia
- 1999, first demonstration project commences in Victoria, and trials in ACT
- December 2000, first NP authorised

\(^{11}\) Royal College of Nursing: Advanced NP – an RCN guide to the advanced NP role, competencies and programme accreditation (Feb 2008, revised May 2010) www.rcn.org.uk
• 2002, first NP authorized in SA
• 2004, first NP registered in ACT
• 2004 four NP’s authorized in Victoria 2006, Nurses and Midwives Council endorses NP definitions and competency standards.

In Australia, the title ‘NP’ is protected by legislation in state jurisdictions with different procedures for authorisation in each state. Only Registered nurses who have obtained specific authority to practice as a NP are permitted to use the title.

The establishment of the Australian Health Practitioner Regulation Authority (AHPRA) from 1 July 2010 will commence the process of bringing uniformity and standardisation to nursing registration as well as advanced practice authorisations. Nursing registration will become regulated nationally.

The Australian Nursing and Midwifery Council will remain as a peak body to produce national standards which form an integral component of the nursing regulatory framework.

In the Australian context, NPs are not independent practitioners, but rather nurses who have the ability and skills to operate autonomously, or work at an expert level within a multidisciplinary team. It has been identified that where the role requires it, a capacity to provide Consultation and Liaison between services or other health practitioners, and roles such as prescribing, ordering and interpreting tests, referral to other health professionals, and admitting privileges, or other activities may be included in the scope of practice.

The Australian Nursing & Midwifery Council provides the following definition of a NP:

A NP is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The NP role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The NP role is grounded in nursing profession’s values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practice.

New South Wales NP Developments:

Presently, in New South Wales, after initial authorization, individual NPs are required to seek re-authorization with the New South Wales Nurses and Midwives Board every 5 years to demonstrate their continued competency to practise and a commitment to ongoing professional development. The

13 Australian Nursing and Midwifery Council National www.anmc.org.au
16 Gardner, Gardner, & Procter, 2004; ICN, 2003
17 Australian Nursing and Midwifery Council National Competency Standards for the NP First Edition 2006 www.anmc.org.au
NSW Department of Health also closely monitors the establishment of NP positions according to identified need.

New South Wales has a strong pedigree of NP model development and support. A 1998 evaluation of NSW Health trials of 10 NP models found that the NP’s involved:

- were feasible, safe and effective in their role
- added value to existing health services, provided an additional service, or provided the only service available
- provided quality health services in the range of settings researched (included rural and remote services)
- satisfied patient expectations
- operated with a high standard of professional behaviour
- demonstrated effective management capability
- had no desire to operate independently from the medical profession, but rather preferred the recognition and accountability associated with their extended practice role

**Victorian NP Developments:**

The Victorian NP literature mentions obstacles to the implementation NP positions. Many of these are being addressed in the Victorian context through ensuring appropriate support including financial, mentoring, access to training as well as ensuring that the roles are developed only where there is strong organisational commitment and clinical oversight.

The Victorian Department of Health’s view is:

’Sustained positions demonstrate commitment to the NP position and acknowledge the considerable investment of time and effort individual nurses may have expended to attain NP authorisation. Time-limited “pilot” positions are unnecessary as the merits of NP positions have been clearly demonstrated in NSW and documented in the literature. The NP debate has moved well beyond the pilot stage’.

The emphasis on the development of the Nurse Practitioner is described by the Victorian Department of Health as:

‘the development of effective contemporary and innovative models of nursing care are identified and supported within the context of recovery’

There are currently 50 NPs in Victoria.

NP positions are being developed across Victoria via a series of funding rounds by the Department. Phase 4 Round 4.6 is supporting the development of Alcohol and Drug NPs.

A summary of the Department of Health's Victorian NP Project (VNPP) is included on the following page.

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Victorian Nurse Practitioner Project
Round 4.6– NP in Mental health & Alcohol & drug services

About the Victorian Nurse Practitioner Project
The Department of Health (DH) supports the implementation of the Nurse Practitioner (NP) in Victoria through the Victorian Nurse Practitioner Project (VNPP). The VNPP is currently in Phase 4 – Integration and Sustainability. In this phase the focus is on enhancing the delivery of health care in the Victorian public health system through the effective and strategic integration of sustainable models of NP practice.

About Round 4.6 NPs in Mental health & Alcohol & drug services

Following the direction established by this report, ten health services were successful in receiving off seed funding to develop NP models in their Mental Health and/or Alcohol and drug services and to support the appointment of (at least) one NP candidate in those areas.

Participating Sites
The health services participating in this round are:

<table>
<thead>
<tr>
<th>Austin Health</th>
<th>Forensicare</th>
<th>Mercy Health</th>
<th>Western Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Health</td>
<td>Latrobe Regional Health Service</td>
<td>Northeast Health</td>
<td></td>
</tr>
<tr>
<td>Eastern Health</td>
<td>Melbourne Health</td>
<td>Southern Health</td>
<td></td>
</tr>
</tbody>
</table>

Deliverables
A requirement of this funding is that health services provide a brief description of their proposed NP service model based on their analysis of the service opportunities/gaps and local consultation (Deliverable 1) and a high level summary of the implementation plan (five year horizon) that shows the key milestones (Deliverable 2). As the round 4.5 NP Models and plans are completed they are made available to other health services via the Department of Health’s Nursing in Victoria website. The models will form a body of knowledge implementing NP role in Victoria at both a health service provider level and system wide.

Note: These NP models reflect the position of the individual health services and are not necessarily the view of the Department of Health.

MHAD NP Collaborative
Nurse Policy is supporting the Round 4.5 activities by funding a MHAD NP Collaborative conducted mainly through electronic and telecommunications (email, teleconferencing) modes. Based on previous rounds it was found that a collaborative approach to NP development and implementation can assist individual sites and contribute to the success of projects.

Drug and Alcohol NP Developments:

The scope of practice for Alcohol and Drug NPs in Australia is still requires substantial development.

Cost-benefit studies into NP roles from the United Kingdom and America do not specifically focus on the Drug & Alcohol field, rather, they tend to explore comparisons between NP and physician practices. Savings in time (reduced waiting lists) and increased access to treatment are repeatedly reported in the research into NP practices.

Shoobridge’s 2005 analysis, based on a national survey suggests that key capabilities or areas of practice important for the Alcohol and Other Drug NP to have expertise in include:

- Management and Leadership, Communication and Teamwork;
- Research and practice development;
- Administration and technical expertise (including Drug and Alcohol specific knowledge).
- Interventions that can be applied by the NP, such as supportive and holistic nursing care combined with expert behavioural therapies; counselling;
- Provision and monitoring of pharmacotherapies
- Provision of expert consultation and advice
- Leadership through research and clinical supervision 20

The Victorian Alcohol and Drug Association’s (VAADA) consultation into NP models (2005) reported that:

NPs could potentially generate cost savings by providing timely on-site care, thereby reducing costs associated with referral, medical treatment for health issues that could be dealt with less expensively if recognised earlier, and hospital admissions that may occur with some clients if left without treatment”.21

The following Victorian Health Services have developed NP Drug and Alcohol Models22:

- Melbourne Health
- Moreland Health
- Southern Health

The Department of Health has sponsored the formation of a Mental Health Drug and Alcohol NP Collaborative, to promote a collaborative approach to NP Mental Health Drug and Alcohol development and implementation. DASWest is involved in this Collaborative.

21 NSW Issues and Strategic Directions for the NP role in the delivery of Drug and Alcohol Services Cct 2005 Discussion paper Victorian Alcohol and Drug Association www.vaada.org.au
Appendix 1: DASWest Organisational Chart
## Appendix 2: DASWest NP Drug and Alcohol Steering Committee Terms of Reference

### AOD Nurse Practitioner Steering Committee

**TERMS OF REFERENCE 2010 – DRAFT COPY**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Monthly</td>
</tr>
<tr>
<td>Date &amp; Time</td>
<td>3rd Monday of the Month @ 2.30 pm to 3.30 pm</td>
</tr>
<tr>
<td>Venue</td>
<td>DASWest Training Room, Eleanor Street, Footscray</td>
</tr>
<tr>
<td>Chair</td>
<td>Program Manager Adult Services</td>
</tr>
<tr>
<td>Membership</td>
<td>- Operations Manager&lt;br&gt;- DASWest Medical Director (or Addiction Medicine Specialist delegate)&lt;br&gt;- Program Manager Adult Services (or delegate)&lt;br&gt;- Nurse Unit Manager Community Residential Withdrawal Unit [CRWU] (or delegate)&lt;br&gt;- (Potential) Nurse Practitioner Candidate&lt;br&gt;- Western Health Director of Nursing&lt;br&gt;- Pharmacy Representative (on occasion)</td>
</tr>
<tr>
<td>Quorum</td>
<td>4 members</td>
</tr>
<tr>
<td>Aims</td>
<td>1. To provide a monthly forum to guide the development of the Alcohol &amp; Other Drugs (AOD) Nurse Practitioner (NP) Model at Western Health / DASWest&lt;br&gt;2. To guide the development a robust AOD NP Model Western Health / DASWest&lt;br&gt;3. To ensure Steering Committee members are up to date with AOD NP items of interest:&lt;br&gt;  - Internal (via Western Health / DASWest )&lt;br&gt;  - External (via Department of Health, Victorian Nurses Board, AOD NP Collaborative, etc)&lt;br&gt;4. To ensure Steering Committee members have an opportunity to provide in put and critical thinking to proposals advocated&lt;br&gt;5. To ensure the Nurse Practitioner Candidate (NPC) is supported at DASWest, including educational opportunities, clinical supervision, research, etc&lt;br&gt;6. To provide a forum for work-shopping of relevant AOD NP items&lt;br&gt;7. To provide a forum for exploration of opportunities re AOD NP roles&lt;br&gt;8. To provide an opportunity for the AOD NP Steering committee to invite other key stakeholders to provide input / feedback as required</td>
</tr>
<tr>
<td>Minutes</td>
<td>Rotating minute taker. For distribution within working 5 days</td>
</tr>
<tr>
<td>Review TOR</td>
<td>Three months, post Model Development Project Conclusion, and then annually</td>
</tr>
</tbody>
</table>
Appendix 3: Western Health Nursing and Midwifery Scope of Practice Committee Terms of Reference

NURSING / MIDWIFERY SCOPE OF PRACTICE STEERING COMMITTEE
TERMS OF REFERENCE

ROLE:
To review and endorse proposed extensions to Registered Nurse Scope of Practice for both Division 1 and 2 nurses and midwives at Western Health, and ensure that legislative and regulatory requirements are fulfilled, in addition to other requirements necessary for the implementation of extended scope of practice.

- Develop a framework for identifying and progressing Nurse Practitioner roles within Western Health.
- Assist applicants in the preparation and lodgement of submissions for the establishment of nurse practitioner roles and extended scope of practice initiatives within Western Health.
- Evaluate and monitor outcomes.

OBJECTIVES:
The objectives of the Western Health Scope of Practice Steering Committee will be to:

- Consider and develop the strategic direction and prioritise potential areas for establishing extended scope of practice roles for nurses and midwives.
- Develop and implement a rigorous process for reviewing applications to extend scope of practice which meets legislative and regulatory requirements, competency evidence and key measures of monitoring and evaluation.
- Review and endorse the role and scope of practice for new roles.
- Evaluate and feedback on submissions.
- Monitor and review key performance indicators and qualitative measures related to nurse practitioner roles and extended scope of practice.
- Acute and make recommendations to the Western Health Clinical Governance Committee for suitable submissions.
- Evaluate ongoing performance of changes in scope of practice.
- Provide recruitment panel expertise.

MEMBERSHIP:
Executive Director of Nursing (Chair),
Director of Nursing (one specified representative from each site),
Manager Centre for Education,
Medical Representative (1), invited as per service relevance,
Divisional Directors (representatives, 2),
Pharmacy Representative (1),
Nurse Unit Manager (1),
Nurse Practitioner/Clinical Consultant (1),
RN Division 1 (2),
Allied Health Representative (1), invited as per service relevance,
Director of Nursing at Reg Geary and Hazeldean will receive minutes only (also invited as per role relevance for Residential Aged Care roles).

REPORTING LINE:
The committee requires submissions from applicants and recommendations from Divisions.
The committee reports to Clinical Governance.

FREQUENCY OF MEETINGS:
Monthly.

QUORUM:
50% of the membership plus Chair (or delegate) (10).

TERMS OF APPOINTMENT:
Representatives of the steering committee will be appointed for a period of 24 months. Expression of interest will be sought two (2) months prior to the cessation of the current member’s term with members being selected by a panel representing the core members of the Committee.

REVIEW:
A review of the committee will be conducted annually.
Appendix 4: NP Candidate pathway
Appendix 5 NP Candidate Position Description

NP CANDIDATE POSITION DESCRIPTION

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<td>Accountable and Responsible to:</td>
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</tr>
<tr>
<td></td>
<td>Director of Nursing (Professional Accountability)</td>
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<td></td>
<td>DASWest Adult Services Manager (Operational Accountability)</td>
</tr>
<tr>
<td>Direct Reports:</td>
<td>None</td>
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<td>Date of Preparation:</td>
<td>June 2010</td>
</tr>
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To make sure we stay focused, and to help us manage our resources and services appropriately, we have identified five key priorities:

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- Western Health will deliver services in accordance with its model of care
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- Integrate service provision, clinical governance and risk management in a Western Health governance model to ensure safe and effective patient care
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- Deliver an information systems strategic plan that ensures the investment strategy optimises opportunity for technology to support safe and effective patient care and efficient organisational performance

2. People and Culture

- Ensure we are driven by our values
- Provide leadership that inspires and enables delivery of strategic objectives
- Focus on achieving performance excellence
- Ensure our workforce has the capability and capacity to deliver strategic objectives
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- We also recognise the need to integrate the implementation of People and Culture strategy with aspects of the other strategic themes, recognising that ultimately, a sustainable workforce delivers a sustainable service
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- Planned and comprehensive collaboration with community and partner organisations to understand our community
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- Consult local communities that may be under-represented in the mainstream, to inform and identify issues surrounding access, outcomes, and priorities as defined by those communities
- Promote consumer engagement and participation across our business

4. Research and Learning

- Encourage, promote and support research
- Clinical practice informs and reflects evidence-based research.
- Position Western Health as an academic leader in teaching and research
- Become an organisation that actively learns in order to improve the service
- Provide learning, training and development opportunities for current and future staff to enable excellence in service delivery

5. Self-sufficiency and Sustainability

- Ensure financial viability through prudent resource management
- Develop and optimise income streams
- Manage and improve assets and infrastructure within available funding
- Ensure ongoing service planning informs both current and future needs

SITE SPECIFIC INFORMATION:

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Sunshine Hospital is a major general hospital in Melbourne’s outer west with approximately 300 beds. Already renowned for its comprehensive range of services including women’s and children’s services, aged care and rehabilitation services, the hospital underwent a major redevelopment in mid 2001 to establish adult acute services. This project included the addition of a general emergency department, a general medical unit and palliative care facility, as well as the expansion of aged care and rehabilitation services. Sunshine Hospital’s emergency department, incorporating a paediatric service, is one of the busiest general emergency departments in the state. Sunshine Hospital is located only 20 minutes from the CBD, just off the Western Ring Road.

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Hazeldean Nursing Home

Hazeldean Nursing Home, located in Williamstown, is an accredited high-level aged care facility with capacity for 39 permanent residents and one respite resident. The facility offers a secure, home-like environment for its community of local residents. Hazeldean has provided residential care for the aged and for individuals of younger age groups requiring 24-hour skilled nursing services since 1976.

Reg Geary House

Reg Geary House is an accredited high-level residential aged care facility auspiced by Western Health. The Melton-based facility opened in October 1993 and provides a secure home-like environment for 30 long-term residents.

Business Unit Statement:

The Directorate of Community Integration and Allied Health is comprised of a range of services and programs that assist Western Health to deliver care across the continuum. Services are delivered both within-hospital and in community-based locations, and include Allied Health services, Sub-acute Ambulatory Care Services (SACS), Hospital Admission Risk Program (HARP) Projects, Residential Aged Care, Aged Care Assessment Service (ACAS) and the regional drug and alcohol service, DASWEST.

The overall aim of the Directorate of Community Integration and Allied Health is to provide patient-centred, sustainable services that assists Western Health to deliver effective health outcomes to patients; meet service demands in partnership with internal and community partners; enhance the integration and responsiveness of services in order to better meet patient and organisational need; and strengthen community partnerships, and assist with integration across the community-hospital interface.

ROLE STATEMENT:

The NP Candidate is a Registered Nurse Division 1 who is working towards acquiring the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice as a NP. The NP is a Registered Nurse Division 1 who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.23

The NP role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The NP role is grounded in the nursing profession’s values, knowledge, theories and practice and provides innovative and flexible

health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practice.  

The NP Candidate is undertaking the activities of a NP in training (candidate) while progressing towards the NP role. It is expected that as the candidate develops knowledge and skill they will engage increasingly in the activities of the NP role (acknowledging the limitations of their registration as a Registered Nurse not as an endorsed NP).

**Key Working Relationships:**

**Internal**
- Executive Director of Nursing
- Executive Director Community Integration and Allied Health
- DASWest Addiction Medicine Medical Director
- DASWest Operations Manager
- DASWest Adult Services Manager
- Community Residential Withdrawal Unit Nurse Unit Manager
- DASWest and Western Health Nursing staff
- DASWest and Western Health Medical staff
- DASWest and Western Health Allied health staff
- Quality Manager Community Integration and Allied Health
- Western Health Pharmacy

**External**
- Patients / clients
- Families
- Carers
- Other Alcohol and Drug Service Providers
- Mental Health Service Providers
- Psychiatrists
- GPs
- Pharmacists
- Department of Health (DoH)
- DoH Mental Health Drug and Alcohol NP Collaborative
- Department of Human Services

**Key Accountabilities:**

*Practice at an advanced level within the specified scope of practice in the provision of high quality, culturally sensitive patient care in partnership with patients, significant others and other members of the multidisciplinary team:*

- Undertake and complete a period of clinical candidature during which the candidate will develop the required knowledge and skills of a NP (NP) in Drug and Alcohol, through education activities, mentored clinical practice, supervision, assessment and feedback.
- Develop a clinical portfolio that demonstrates safety, efficiency and effectiveness in practice; including a Credentialing Log, Clinical Performance Reviews and Case Histories.
- Progressively undertake the activities of the NP role. These include:

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24 Australian Nursing and Midwifery Council (2003). *Report to Australian Nursing and Midwifery Council, NP Standards Project*, Queensland University of Technology
• Perform comprehensive patient assessments and demonstrate skill in the diagnosis and treatment of acute and chronic illness within the specified scope of practice in collaboration with other members of the multidisciplinary team
• Demonstrate comprehensive understanding of specific pharmaceuticals and diagnostic tests related to Drug and Alcohol
• Prescribe medications and other treatments within the specified scope of practice.
• Initiate and interpret diagnostic and radiological tests specific to the scope of practice
• Refer Drug and Alcohol patients to other health professionals as necessary, including to Mental Health clinicians.
• Evaluate the effectiveness of the client's response to the clinical case management and take appropriate action
• Document clinical case management.

Foster a high standard of service provision by demonstrating clinical leadership and maintaining collaborative relationships with all disciplines:

• Establish effective, collaborative and professional relationships with patients, members of the multidisciplinary team and other stakeholders to ensure an integrated approach to patient care across the continuum of care.
• Assume a clinical team leadership role
• Apply conflict resolution skills when dealing with problems involving all levels of staff, patients and their significant others and the public.
• Build partnerships with other health services developing similar roles.

Undertake research and development and continuous improvement activities to meet specified clinical nursing needs:

• Contribute to the development of professional practice, including participation in and promotion of evidence based practice and research.
• Initiate, develop and maintain clinical practice guidelines which are evidence based and ensure a high standard of care for patients.
• Actively participate in quality improvement processes through the initiation, planning, implementation and evaluation of programs.
• Evaluate current research and coordinate the liaison with key stakeholders to implement change processes to reflect research findings.
• Coordinate policy and procedure development and review in consultation with key stakeholders.
• Participate in organisational committees/working groups as required.

Ensure ongoing effective clinical service provision in the specified clinical discipline:

• Review current service and liaise with key stakeholders to develop a model of service for future service needs.
• Be open to innovative and flexible clinical practice models, both community and hospital based as appropriate, with the primary focus being the patient and the continuity of their care.
• Build mutually beneficial relationships with community groups and organisations.
• Be familiar with legislation relevant to the service (eg, Alcohol and Drug Dependent Persons Act; Mental Health Act; Health Information Act; Health Records Act).

**Provide education services in the specified clinical discipline:**

• Identify, design and provide education programs as required specific to the individual learning needs of patients, their significant others, nursing, and allied health staff and students, community organisations and the wider public.
• Coordinate, develop and maintain appropriate learning tools to facilitate learning.
• Provide equipment in-services in consultation with product representatives, DASWest managers, and the Western Health Centre for Education, as appropriate.
• Provide in-service education sessions as appropriate and requested.
• Coordinate and participate in learning opportunities, formal and informal, in conjunction with the Centre for Education.
• Assist staff in the implementation of patient education at DASWest Departmental level, or ward level as appropriate.
• Promote an atmosphere conducive to learning.

**Commit to ongoing professional development of self and learning:**

• Actively participate in professional development and continuing education, conferences, seminars, committees, working parties and professional groups.
• Present and publish in appropriate professional conferences and journals.
• Remain informed of the current literature.
• Develop strong collegial links and partnerships with other NPs.
• Seek feedback from key stakeholders on your own performance.
• Participate in annual performance appraisal and identify learning needs.

**Support the professional development and learning of other staff:**

• Provide clinical leadership in the area of Drugs and Alcohol.
• Act as an advocate, mentor, clinical teacher, resource/support person.
• Share knowledge of research, education and clinical practice issues and knowledge gained from participation in seminars and conferences.
• Assist nursing colleagues in research efforts.
• Encourage other staff to present and publish in appropriate professional conferences and journals.
• Facilitate special interest forums for other staff in Drugs and Alcohol.
• Articulate the practices of the DASWest Drugs and Alcohol NP such that the role is known and understood by the community within which the NP practices and the wider community group.

**Contribute to a safe work environment for all staff (mandatory):**

• Conduct yourself in a manner that will not endanger yourself or others.
• Follow Western Health's Occupational Health and Safety policies and procedures.
• Report any unsafe work practices, hazards, near miss incidents and accidents.
• Contribute to safety awareness and promotion by contributing ideas and suggestions.
• Maintain knowledge and practice of infection control / hygiene precautions and Western Health infection control policies and procedures.

**KPIs**
• Hold or be working towards Master of nursing relevant to the Drug and Alcohol clinical specialist area.
• Show evidence of enrolment to a Masters course as part of the endorsement application to NBV.
• Satisfactory completion of a Therapeutic Medication Module approved by the NBV within 24 months of commencement of candidature.
• Submission of endorsement application to the NBV within a reasonable time: a minimum of 12 months and a maximum of 24 months between commencement of candidature and application for endorsement should normally be considered a ‘reasonable time’.

**Selection Criteria (Qualifications / Experience / Skills):**

**Essential**

• Eligible for registration as a Registered Nurse Division 1 in Victoria and hold a current practicing certificate
• At least 5 years demonstrated experience at an advanced level of clinical nursing practice in Drug and Alcohol deemed relevant to the NP category for which endorsement will be sought.
• Post Graduate Certificate or Diploma relevant to the area of Drug and Alcohol
• Demonstrated advanced clinical knowledge
• Demonstrated commitment to providing high quality care and ensuring patient safety
• Demonstrated high-level communication, liaison, interpersonal and negotiation skills
• Demonstrated commitment to continuing professional development
• Demonstrated professional and clinical leadership, supervision, team contribution, mentoring, coaching and problem solving skills
• Demonstrated competence in exercising levels of judgement, discretion and decision making in the clinical area above that expected of the nurse specialist or clinical nurse consultant
• Dual Diagnosis Capable
• Proven commitment to the development of learning, teaching and research oriented work environment within a collaborative, multidisciplinary environment
• Evidence of commitment to quality improvement
• Evidence of participation in the collection of data and report writing
• Demonstrated ability in the operation of various computer software packages and a willingness to learn the databases that are an integral part of patient management and the project
• Demonstrated commitment to providing high quality care and ensuring patient safety
• An up to date knowledge of issues, trends and government policies in the delivery of Drug and Alcohol Services and in Health and Community Services generally.

Note that appointment is subject to a satisfactory police records check prior to commencing unless the applicant is already a staff member who is currently employed in a direct care job with Western Health.

**Authorisation required for all position descriptions:**

<table>
<thead>
<tr>
<th>Authorising Manager’s Name:</th>
<th>Authorising Manager’s Title:</th>
</tr>
</thead>
</table>

**Authorising Manager’s Signature:**

Date:

(this Position Description accurately describes the essential functions assigned to this position)
Employee’s Name:

Employee’s Signature:  Date:
(I have read this Position Description and I understand its contents)

Authorisation by Executive / Divisional Director for new or generic position descriptions:

Executive / Divisional Director’s Name:

Executive / Divisional Director’s Title:

Executive / Divisional Director’s Signature:  Date:
Appendix 6 NP Position Description

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<tr>
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Director of Nursing (Professional Accountability)  
DASWest Adult Services Manager (Operational Accountability) |
| Direct Reports: | None |
| Date of Preparation: | June 2010 |

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DASWest

DASWest, located near Western Hospital, is a community program of Western Health offering flexible and practical support and treatment for individuals and their families affected by substance use. Our services cover all of the western suburbs of Melbourne and extend to also cover the Barwon and Grampian regions of rural Victoria. These services are aimed at four broad groups: adults, young people, women and children and persons with a diagnosed mental illness who also misuse substances.

Hazeldean Nursing Home

Hazeldean Nursing Home, located in Williamstown, is an accredited high-level aged care facility with capacity for 39 permanent residents and one respite resident. The facility offers a secure, home-like environment for its community of local residents. Hazeldean has provided residential care for the aged and for individuals of younger age groups requiring 24-hour skilled nursing services since 1976.

Reg Geary House

Reg Geary House is an accredited high-level residential aged care facility auspiced by Western Health. The Melton-based facility opened in October 1993 and provides a secure home-like environment for 30 long-term residents.

**Business Unit Statement:**

The Directorate of Community Integration and Allied Health is comprised of a range of services and programs that assist Western Health to deliver care across the continuum. Services are delivered both within-hospital and in community-based locations, and include Allied Health services, Sub-acute Ambulatory Care Services (SACS), Hospital Admission Risk Program (HARP) Projects, Residential Aged Care, Aged Care Assessment Service (ACAS) and the regional drug and alcohol service, DASWEST.

The overall aim of the Directorate of Community Integration and Allied Health is to provide patient-centred, sustainable services that assists Western Health to deliver effective health outcomes to patients; meet service demands in partnership with internal and community partners; enhance the integration and responsiveness of services in order to better meet patient and organisational need; and strengthen community partnerships, and assist with integration across the community-hospital interface.

**ROLE STATEMENT:**

The NP is a Registered Nurse Division 1 who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.\(^{25}\)

The NP role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The NP role is grounded in the nursing profession’s values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practice.\(^{26}\)

**Key Working Relationships:**

Internal


\(^{26}\) Australian Nursing and Midwifery Council (2003), *Report to Australian Nursing and Midwifery Council, NP Standards Project*, Queensland University of Technology
Executive Director of Nursing
Executive Director Community Integration and Allied Health
DASWest Addiction Medicine Medical Director
DASWest Operations Manager
DASWest Adult Services Manager
Community Residential Withdrawal Unit Nurse Unit Manager
DASWest and Western Health Nursing staff
DASWest and Western Health Medical staff
DASWest and Western Health Allied health staff
Quality Manager Community Integration and Allied Health
Western Health Pharmacy

External
Patients / clients
Families
Carers
Other Alcohol and Drug Service Providers
Mental Health Service Providers
Psychiatrists
GPs
Pharmacists
Department of Health (DoH)
DoH Mental Health Drug and Alcohol NP Collaborative
Department of Human Services

Key Accountabilities:

Practice at an advanced level within the specified scope of practice in the provision of high quality, culturally sensitive patient care in partnership with patients, significant others and other members of the multidisciplinary team:

- Undertake the activities of the NP role. These include:
  - Perform comprehensive patient assessments and demonstrate skill in the diagnosis and treatment of acute and chronic illness within the specified scope of practice in collaboration with other members of the multidisciplinary team
  - Demonstrate comprehensive understanding of specific pharmaceuticals and diagnostic tests related to Drug and Alcohol
  - Prescribe medications and other treatments within the specified scope of practice.
  - Initiate and interpret diagnostic and radiological tests specific to the scope of practice
  - Refer Drug and Alcohol patients to other health professionals as necessary, including Mental HealthClinicians
  - Evaluate the effectiveness of the client’s response to the clinical case management and take appropriate action
  - Document clinical case management.

- Practice within a clinical framework that is evidence based, relevant and current, and is in accordance with the standards prescribed by the Australian Health Practitioner’s Regulation Authority, Australian Nursing and Midwifery Council, Nurses Board of Victoria Guidelines, Western Health Clinical policies and procedures, and departmental policies and procedures.
- Act as a positive role model and expert clinical resource person in Drug and Alcohol for clinicians, patients, significant others and the wider community as appropriate.
- Recognise limits to own practice and consult appropriately, facilitating the patient’s access to appropriate interventions or therapies.
- Adhere to all aspects of confidentiality in regard to patients, carers and staff.
Foster a high standard of service provision by demonstrating clinical leadership and maintaining collaborative relationships with all disciplines:

- Establish effective, collaborative and professional relationships with patients, members of the multidisciplinary team and other stakeholders to ensure an integrated approach to patient care across the continuum of care.
- Assume a clinical team leadership role
- Apply conflict resolution skills when dealing with problems involving all levels of staff, patients and their significant others and the public.
- Build partnerships with other health services developing similar roles.

Undertake research and development and continuous improvement activities to meet specified clinical nursing needs:

- Contribute to the development of professional practice, including participation in and promotion of evidence based practice and research.
- Initiate, develop and maintain clinical practice guidelines which are evidence based and ensure a high standard of care for patients.
- Actively participate in quality improvement processes through the initiation, planning, implementation and evaluation of programs.
- Evaluate current research and coordinate the liaison with key stakeholders to implement change processes to reflect research findings.
- Coordinate policy and procedure development and review in consultation with key stakeholders.
- Participate in organisational committees/working groups as required.

Ensure ongoing effective clinical service provision in the specified clinical discipline:

- Review current service and liaise with key stakeholders to develop a model of service for future service needs.
- Be open to innovative and flexible clinical practice models, both community and hospital based as appropriate, with the primary focus being the patient and the continuity of their care.
- Build mutually beneficial relationships with community groups and organisations.
- Be familiar with legislation relevant to the service (e.g., Alcohol and Drug Dependent Persons Act; Mental Health Act; Health Information Act; Health Records Act).

Provide education services in the specified clinical discipline:

- Identify, design and provide education programs as required specific to the individual learning needs of patients, their significant others, nursing, and allied health staff and students, community organisations and the wider public.
- Coordinate, develop and maintain appropriate learning tools to facilitate learning.
- Provide equipment in-services in consultation with product representatives, DASWest managers, and the Western Health Centre for Education, as appropriate.
- Provide in-service education sessions as appropriate and requested.
- Coordinate and participate in learning opportunities, formal and informal, in conjunction with the Centre for Education.
- Assist staff in the implementation of patient education at DASWest Departmental level, or ward level as appropriate.
- Promote an atmosphere conducive to learning.

Commit to ongoing professional development of self and learning:

- Actively participate in professional development and continuing education, conferences, seminars, committees, working parties and professional groups.
- Present and publish in appropriate professional conferences and journals.
• Remain informed of the current literature.
• Develop strong collegial links and partnerships with other NPs.
• Seek feedback from key stakeholders on your own performance.
• Participate in annual performance appraisal and identify learning needs.

**Support the professional development and learning of other staff:**

• Provide clinical leadership in the area of Drugs and Alcohol.
• Act as an advocate, mentor, clinical teacher, resource/support person.
• Share knowledge of research, education and clinical practice issues and knowledge gained from participation in seminars and conferences.
• Assist nursing colleagues in research efforts.
• Encourage other staff to present and publish in appropriate professional conferences and journals.
• Facilitate special interest forums for other staff in Drugs and Alcohol.
• Articulate the practices of the DASWest Drugs and Alcohol NP such that the role is known and understood by the community within which the NP practices and the wider community group.

**Contribute to a safe work environment for all staff (mandatory):**

• Conduct yourself in a manner that will not endanger yourself or others.
• Follow Western Health's Occupational Health and Safety policies and procedures.
• Report any unsafe work practices, hazards, near miss incidents and accidents.
• Contribute to safety awareness and promotion by contributing ideas and suggestions.
• Maintain knowledge and practice of infection control / hygiene precautions and Western Health infection control policies and procedures.

**KPIs**

• Hold or be working towards Master of nursing relevant to the Drug and Alcohol clinical specialist area.
• Show evidence of enrolment to a Masters course as part of the endorsement application to NBV.
• Satisfactory completion of a Therapeutic Medication Module approved by the NBV within 24 months of commencement of candidature.
• Submission of endorsement application to the NBV within a reasonable time: a minimum of 12 months and a maximum of 24 months between commencement of candidature and application for endorsement should normally be considered a ‘reasonable time’.

**Selection Criteria (Qualifications / Experience / Skills):**

**Essential**

• Eligible for registration as a Registered Nurse Division 1 in Victoria and hold a current practicing certificate
• At least 5 years demonstrated experience at an advanced level of clinical nursing practice in Drug and Alcohol deemed relevant to the NP category for which endorsement will be sought.
• Post Graduate Certificate or Diploma relevant to the area of Drug and Alcohol
• Demonstrated advanced clinical knowledge
• Demonstrated commitment to providing high quality care and ensuring patient safety
• Demonstrated high-level communication, liaison, interpersonal and negotiation skills
• Demonstrated commitment to continuing professional development
• Demonstrated professional and clinical leadership, supervision, team contribution, mentoring, coaching and problem solving skills
• Demonstrated competence in exercising levels of judgement, discretion and decision making in the clinical area above that expected of the nurse specialist or clinical nurse consultant
• Dual Diagnosis Capable
• Proven commitment to the development of learning, teaching and research oriented work environment within a collaborative, multidisciplinary environment
• Evidence of commitment to quality improvement
• Evidence of participation in the collection of data and report writing
• Demonstrated ability in the operation of various computer software packages and a willingness to learn the databases that are an integral part of patient management and the project
• Demonstrated commitment to providing high quality care and ensuring patient safety
• An up to date knowledge of issues, trends and government policies in the delivery of Drug and Alcohol Services and in Health and Community Services generally.

Note that appointment is subject to a satisfactory police records check prior to commencing unless the applicant is already a staff member who is currently employed in a direct care job with Western Health.

**Authorisation required for all position descriptions:**

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<th>Authorising Manager’s Name:</th>
<th>Authorising Manager’s Title:</th>
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<td>(I have read this Position Description and I understand its contents)</td>
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**Authorisation by Executive / Divisional Director for new or generic position descriptions:**

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Appendix 7: NP Pathways to Endorsement

For more information on the pathways to endorsement see the Nurses Board of Victoria’s website [http://www.nbv.org.au/web/guest/endorsements-nurse-practitioner](http://www.nbv.org.au/web/guest/endorsements-nurse-practitioner)
Appendix 8: Western Health Procedure Development

WESTERN HEALTH POLICY AND PROCEDURE/GUIDELINE DEVELOPMENT AND REVIEW

Initiator identifies need for unscheduled review/new policy/procedure guideline

First section of Submission Form completed and forwarded to Policy & Procedure (P&P) Officer

P&P Officer completes background check (existing/related documents) and forwards submission form to relevant review c’ttee.

Committee reviews and approves (as indicated) submission (confirms need for development/review; suitable stakeholders, author, sponsor to check developed content; identifies aligned authorisation body)

Submission returned to P&P Officer.

Initiator, Author and Sponsor advised of approval

Policy/procedure developed or reviewed (with consultation from stakeholders and content review from nominated sponsor)

Finalised draft and completed Submission Form submitted to P&P Officer who forwards to designated authorisation body

WH Policy

Strategic Executive C’tee

Authorised

Submission signed by CEO

Yes

Corporate Secretary co-ordinates Board endorsement

No

To P&P Officer for publication on Intranet and e-mail to all staff

Implementation and education as appropriate

WH Procedure

Clinical – Clinical Gov. C’tee

Authorised

Submission signed by CGC Chair

Yes

Divisional Proc.

Divisional Meeting (M’ment/Quality)

Authorised

Submission signed by Director / Equivalent

No

Non-Clinical = Relevant Director

Submission signed by Exec Director

Yes

Practice is multi-disciplinary and takes place in multiple divisions/departments.

Practice takes place within or involves a single division/department or profession.
Title of Procedure

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<th>Effective Date:</th>
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<tr>
<td>Last Review Date:</td>
<td>Next Review Date:</td>
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<tr>
<td>Policy:</td>
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1. Overview
Briefly describe the overall objectives, functions, or tasks that the procedure is designed to accomplish and the circumstances under which the procedure should be used.

2. Applicability
Who should know this procedure?
Who does the procedure relate to in the organisation?
To what part of the organisation does this procedure apply?
Are there any exclusions?

Example
This procedure relates to all clinical staff that has direct contact with patients throughout all Western Health facilities, with no exclusions.

3. Responsibility
Who has the responsibility to ensure the relevant staff knows about this procedure?
Who has the responsibility to coordinate the implementation of this procedure (including responsibility for any electronic or hardcopy forms)?
Who is responsible for ensuring compliance with the procedure?
Are there any exclusions?

Example
The Divisional Director of Clinical Practice has the initial responsibility for introducing and Implementing this procedure into the relevant clinician’s practice and to ensure the associated medical record and forms are finalised and circulated.

The Executive Director of Nursing and Medicine will each receive ongoing quarterly reports on the compliance rate for this procedure. Any discrepancies in practice will be included in the biannual report to the Safe Clinical Practices Committee and all serious breaches will be documented in the Western Health Risk Management database.

There are no exclusions to the responsibilities of the procedure that are outlined above.

4. Authority
Who has the authority to approve exceptions to the procedure?

Example
Exceptions to the clinical practices described in this procedure can only be authorised by an Executive, Divisional or Clinical Services Director.

5. Associated Documentation
In support of this procedure, the following Manuals, Policies, Instructions, Guidelines, and/or Forms apply:

Code  Name

6. Credentialing Requirements
Delete this section if not required.
State the full credentialing requirements necessary for the clinical practices included in this procedure.

Example
The Clinical Educator, Nurse Unit Manager and Consultant of each relevant unit will ensure that appropriate staff has the credentialing requirements to perform the clinical practices outlined in this procedure. The credentialing requirements are delivered from an online tutorial that is accessed via the Training and Education Unit.

Name of Credential:
Level of credential/education:
Recredentialing/credentialing requirements:

7. Definitions and Abbreviations
Include here all definitions of terms or abbreviations used in the procedure. It is preferable that pre-existing definitions are used.
For purposes of this procedure, unless otherwise stated, the following definitions shall apply:

[Term]: [term definition, including reference if there is a separate authoritative source of the definition]

8. Procedure Detail
Formatting
Please use the following styles to ensure consistent formatting. You can use the 'format painter' in Microsoft Word to easily copy the styles below to your text.

1st Heading
8.1 Text
8.2 Text

2nd Heading
8.1.1 Text
8.1.2 Text

3rd Heading
Paragraph text
Paragraph text

Normal text

Bullet list:
- Text
- Text

Text

Using an approach which is customised to the subject:
List steps to follow in order to complete the task in compliance with procedure
Divide into sections marked by indented headings
Use an introductory section for complex procedures or those with options
Clearly identify options
Clearly identify cautions or warnings

If procedure relates to drug administration include all relevant information under the headings specified below:
- Clinical condition and circumstances for use

Code and title of procedure

Page 3 of 3
9. Document History

Number of revisions:

Issue dates: (state month and year)

Documents superseded:

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Documents combined:

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10. References

State any references that are relevant to this procedure.

11. Sponsor

State the individuals or committees title

12. Authorisation Authority

State the individuals or committees title
Appendix 9: National Competency Standards for the NP

National Competency Standards for the Nurse Practitioner

Introduction

The Australian Nursing and Midwifery Council Incorporated (ANMC) is a peak national nursing and midwifery organisation established in 1882 with the purpose of developing a national approach to nursing and midwifery regulation. The ANMC works in conjunction with the state and territory nursing and midwifery regulatory authorities (NMRAs) to produce national standards which are an integral component of the regulatory framework to assist nurses and midwives to deliver safe and competent care.

The standards include the national competency standards for the registered nurse, which were first adopted by the ANMC in the early 1980s, and have been reviewed and revised regularly since then. Other standards developed by the ANMC for implementation by NMRAs include competency standards for enrolled nurses and midwives, codes of professional conduct and ethics, and a range of position statements and guidelines. The full list of standards, position papers and guidelines produced by the ANMC can be viewed on the website.

In 2004 the ANMC, with contributions from the Nursing Council of New Zealand, commissioned a project to investigate the scope and role of nurse practitioners and develop national standards for practice. The resulting standards are reproduced in this booklet together with the supporting performance indicators.

What are the standards used for?

The national competency standards for the nurse practitioner build on the core competency standards for registered nurses and midwives, and the advanced nursing practice competency standards. The competency standards, which have been endorsed by all NMRAs are those by which your performance is assessed to obtain and retain your license to practice as a nurse practitioner in Australia.

As a nurse practitioner, these competency standards provide you with the framework for assessing your competence, and are used by your state/territory NMRAs to assess competence as part of the annual renewal of license process and to assess nurses practitioners educated overseas seeking to work in Australia. They are also used to assess nurse practitioners involved in professional conduct matters. The NMRAs may also apply the competency standards in order to communicate to consumers the standards that they can expect from nurse practitioners.

Universities also use the standards when developing nursing curricula, and to assess student performance.

These are YOUR standards — developed using the best possible evidence, and using information and feedback provided by nurse practitioners in a variety of settings. Included also are the principles of assessment which will assist you in understanding how these standards may be used to assess performance. We believe you will find them easy to understand, and user friendly.

ANMC would like to thank nurse practitioners around Australia and New Zealand for their willing input to the development of these standards.

Definition of the Nurse Practitioner

A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practice.
Nurse Practitioner Competency Standards

Three generic standards that define the parameters of nurse practitioner practice have been identified. These standards are defined by nine competencies each with specific performance indicators.

The three standards are:

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

Dynamic practice has several core components, at the core of which are highly developed clinical practice skills focused on a particular population group or area of specialty practice. Key elements of dynamic practice are comprehensive assessment ability including advanced physical assessment and an analysis of the person context. This is based on advanced knowledge of pathophysiology and the range of human sciences integral to nursing. Dynamic practice incorporates the ability to prescribe and to order investigative procedures according to health assessment information in addressing need. Finally, dynamic practice includes the need to address currency of practice as a continuous process.

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

Professional efficacy describes the level of knowledge and skill, and the approach to using that knowledge. It captures the sense of professional identity and authority which supports delivering extended skills based in patient/client need and delivering them from a sound base of nursing. The nurse practitioner identifies as first and foremost a nurse and this identity determines the nature of practice. The nurse practitioner applies critical reasoning to negotiate evidence and adapt care to the lived realities of clients in vastly different contexts and achieves this by establishing a climate of mutual trust and partnership with patients and clients, and whole communities where relevant. The critical component of professional efficacy is the ability to respect the right of people to determine their own journey through a health/illness episode while ensuring that people have accurate and appropriately interpreted information on which to base their decisions.

Professional efficacy also means that the nurse practitioner participates as a senior member of any multidisciplinary team, recognising nursing autonomy and giving and accepting referrals as appropriate. To do this they implicitly understand their own accountability but also work collaboratively with other clinicians to secure the best care of each patient or client.

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

The nurse practitioner is a leader in all dimensions of nursing practice. This is not only the most senior clinical role, but a nurse practitioner also provides health service leadership from the perspective of a senior clinician. Key elements of clinical leadership are the need to guide and influence care delivery systems through engagement in policy development either directly at local organisation and local government level or through active engagement in the policy work of their professional organisation. The nurse practitioner leads through any of a number of roles including researcher, clinical teacher, case co-ordinator, and spokesperson, and in this capacity may take responsibility for advising the public, policy makers and other health care professionals to understand the nurse practitioner role. In so doing they draw from the relevant evidence base to influence the quality and nature of services provided.

ASSUMPTIONS

The following assumptions underpin use of the competency framework:

1. The nurse practitioner is a registered nurse whose practice must first meet the following regulatory and professional requirements for Australia and New Zealand and then demonstrate the additional requirements of the nurse practitioner:
   - National Competency Standards for the Registered Nurse
   - Code of Ethics for Nurses
   - Code of Professional Conduct for Nurses

These assumed requirements serve as the foundation for the nurse practitioner competency framework and are not repeated in the nurse practitioner framework.

2. The nurse practitioner standards builds upon the existing Advanced Nursing Practice Competency Standards used respectively in New Zealand and Australia. These standards are not repeated in the nurse practitioner framework.

3. The nurse practitioner standards are based on the findings from the Nurse Practitioner Standards Research Project. They are developed to ensure safe nurse practitioner practice that relate to a specific field of health care.

4. The nurse practitioner standards are core standards that are common to all models of nurse practitioner practice. They can accommodate specialty competencies that are designed to meet the unique health care needs of specific client/patient populations.

5. The nurse practitioner standards will be used by nurse practitioner education providers to develop the content and process requirements for a nurse practitioner education program.
8. The nurse practitioner standards will be used by regulatory authorities to determine the eligibility of nurse practitioners seeking authorisation as nurse practitioner in Australia and New Zealand.

Nurse Practitioner Competency Framework

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

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

Performance indicators
- Demonstrates advanced knowledge of human sciences and extended skills in diagnostic reasoning
- Differentiates between normal, variation of normal and abnormal findings in clinical assessment
- Rapidly assesses a patient’s unstable and complex health care problem through synthesis and prioritisation of historical and available data
- Makes decisions about use of investigative options that are judicious, patient-focused and informed by clinical findings
- Demonstrates confidence in own ability to synthesise and interpret assessment information including client/patient history, physical findings and diagnostic data to identify normal and abnormal states of health and differential diagnoses
- Makes informed and autonomous decisions about preventive, diagnostic and therapeutic responses and interventions that are based on clinical judgment, scientific evidence, and patient determined outcomes

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

Performance indicators
- Consistently demonstrates a thoughtful and innovative approach to effective clinical management planning in collaboration with the patient/client
- Exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to a specific field of clinical practice
- Selects/prescribes appropriate medication, including dosage, routes and frequency pattern, based upon accurate knowledge of patient characteristics and concurrent therapies

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

Performance indicators
- Actively engages community/public health assessment information in formulating interventions, referrals and coordination of care
- Demonstrates confidence and self-efficacy in accommodating uncertainty and managing risk in complex patient care situations
- Demonstrates professional integrity, probity and ethical conduct in responses to industry marketing strategies when prescribing drugs and other products
- Uses critical judgment to vary practice according to contextual and cultural influences
- Confidently integrates scientific knowledge and expert judgment to assess and intervene to assist the person in complex and unpredictable situations

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

Performance indicators
- Critically appraises and integrates relevant research findings in decision making about health care management and patient interventions
- Demonstrates the capacity to conduct research/quality audits as deemed necessary in the practice environment
- Demonstrates an open-minded and analytical approach to acquiring new knowledge
- Demonstrates the skills and values of lifelong learning and relates this to the demands of extended clinical practice
Glossary of Terms

Advanced Practice: Advanced practice nursing defines a level of nursing practice that utilizes extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practicing at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision making.

Advanced practice nursing forms the basis for the role of nurse practitioner. The nurse practitioner role is an expanded form of advanced practice nursing which is specifically regulated by legislation and by professional regulation. Legislation may allow prescribing and referral, in addition to admitting privileges to health care facilities. (RONA Position Statement 2000. Under review).

Authorisation: The process through which the NMRA sanctions the practice of nurse practitioners within their jurisdiction. The authorisation process invests legal authority and responsibilities on the person so authorised. Once an applicant is authorised, he or she will be registered, that is, have his or her details entered on a written record, and the NMRA will endorse, that is, openly approve, of his or her practice as a nurse practitioner.

Autonomy: Having a sense of one’s own identity and an ability to act independently and to exert control over one’s environment, including a sense of task mastery, internal locus of control, and self-efficacy.

Client: A person or persons who engage(s) or is/are served by the professional advice or services of another. May refer to an individual, family or community. Use acknowledges that a significant part of nursing’s services are delivered to people who are well and proactively engaging in health care, however in this study, ‘client’ and ‘patient’ are used synonymously to acknowledge that the same services may be used for both clients and patients.

Extended Practice: Defines the level of nursing that draws upon advanced nursing practice knowledge and skill in conjunction with legislative provisions that enable the nurse to deliver a health service that encompasses a complete episode of care to clients/patients. This nursing care is autonomous and collaborative and determined by the health-service needs of clients in specific populations.

Jurisdiction: The limits within which a power or control can be exercised.

NP: Nurse practitioner

Nursing and midwifery regulatory authority (NMRA): The legally constituted body in each jurisdiction charged with the regulation of nursing and midwifery professional practice. The primary role of the NMRA is to protect the public through ensuring nurses and midwives demonstrate an acceptable standard of practice.

Patient: See ‘client’. Use acknowledges that nursing provides some of its services to people who are sick and, in the true Latin meaning, are ‘suffering’. ‘Patient’ and ‘client’ are used synonymously to acknowledge that the same services may, at times, be delivered for both clients and patients.

Program: A collection of courses/papers/units of study that lead to an academic qualification.
Standard 1: Dynamic practice that incorporates application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations

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

- Demonstrates advanced knowledge of human sciences and extended skills in diagnostic reasoning
- Differentiates between normal, variation of normal and abnormal findings in clinical assessment
- Rapidly assesses a patient’s unstable and complex health care problem through synthesis and prioritisation of historical and available data
- Makes decisions about use of investigative options that are judicious, patient focused and informed by clinical findings
- Demonstrates confidence in own ability to synthesise and interpret assessment information including client/patient history, physical findings and diagnostic data to identify normal and abnormal states of health and differential diagnoses
- Makes informed and autonomous decisions about preventive, diagnostic and therapeutic responses and interventions that are based on clinical judgment, scientific evidence, and patient determined outcomes

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

- Consistently demonstrates a thoughtful and innovative approach to effective clinical management planning in collaboration with the patient/client
- Exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to a specific field of clinical practice
- Selects/prescribes appropriate medication, including dosage, routes and frequency pattern, based upon correct knowledge of patient characteristics and concurrent therapies

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

- Actively engages community/public health assessment information to inform interventions, referrals and coordination of care
- Demonstrates confidence and self-efficacy in accommodating uncertainty and managing risk in complex patient care situations
- Demonstrates professional integrity, probity and ethical conduct in response to industry marketing strategies when prescribing drugs and other product
- Uses critical judgment to vary practice according to contextual and cultural influences
- Confidently integrates scientific knowledge and expert judgment to assess and intervene to assist the person in complex and unpredictable situations.

Competency 1.4: Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others.
Performance indicators:
• Critically appraises and integrates relevant research findings in decision making about health care management and patient interventions
• Demonstrates the capacity to conduct research/quality audits as deemed necessary in the practice environment
• Demonstrates an open-minded and analytical approach to acquiring new knowledge
• Demonstrates the skills and values of lifelong learning and relates this to the demands of extended clinical practice

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

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

Performance indicators:

• Readily identifies the values intrinsic to nursing that inform NP practice and an holistic approach to patient/client/community care
• Communicates a calm, confident and knowing approach to patient care that brings comfort and emotional support to the client and their family
• Demonstrates the ability and confidence to apply extended practice competencies within a scope of practice that is autonomous and collaborative
• Creates a climate that supports mutual engagement and establishes partnerships with patients/carer/family
• Readily articulates a coherent and clearly defined NP scope of practice that is characterised by extensions and parameters

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

Performance indicators:

• Demonstrates respect for the rights of people to determine their own journey through a health/illness episode while ensuring access to accurate and appropriately interpreted information on which to base decisions
• Demonstrates cultural competence by incorporating cultural beliefs and practices into all interactions and plans for direct and referred care
• Demonstrates respect for differences in cultural and social responses to health and illness and incorporates health beliefs of the individual/community into treatment and management modalities

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

Performance indicators:

• Establishes effective, collegial relationships with other health professionals that reflect confidence in the contribution that nursing makes to client outcomes
• Readily uses creative solutions and processes to meet patient/client/community defined health care outcomes within a frame of autonomous practice
• Demonstrates accountability in considering access, clinical efficacy and quality when making patient-care decisions
• Incorporates the impact of the NP service within local and national jurisdictions into the scope of practice
• Advocates for expansion to the NP model of service that will improve access to quality, cost-effective health care for specific populations
Standard 3: Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service.

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

Performance indicators

- Actively participates as a senior member and/or leader of relevant multidisciplinary teams
- Establishes effective communication strategies that promote positive multidisciplinary clinical care
- Articulates and promotes the NP role in clinical, political and professional contexts
- Monitors their own practice as well as participating in intra and inter-disciplinary peer supervision and review

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

Performance indicators:

- Critiques the implication of emerging health policy on the NP role and the client population
- Evaluates the impact of social factors (such as literacy, poverty, domestic violence and racial attitudes) on the health of individuals and communities and acts to moderate the influence of these factors on the specific population/individual
- Maintains current knowledge of financing of the health care system as it affects delivery of care
- Influences health care policy and practice through leadership and active participation in workplace and professional organizations and at state and national government levels
- Actively contributes to and advocates for the development of specialist, local and national, health service policy that enhances NP practice and the health of the community
**Appendix 10: Assessment Form – NP Candidate**

**NP Candidate Name** ...........................................  **Presentation date:** ................................................

**Reviewer Name**  **Qualification** .................................. **Qualification:** ..........................................................

**Presenting problem:**

**Score:** 1 (not applicable): 2 (dependent): 3 (assisted/supervise): 4 (guided): 5 (independent)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Criteria</th>
<th>Comments</th>
<th>Score</th>
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</thead>
</table>
| Assessment | **Analyses the patient situation** | Past history  
Current history  
Review diagnostic tests  
Examination  
Documentation | | |
| Diagnosis  | **Use of interpretive skills to make decisions** | Identified injury/disease process  
Diagnosis  
Differential Diagnosis  
Consultation with staff  
Patient informed | | |
| Treatment  | **Develops an individualised therapeutic plan** | Discuss management plan  
Implements therapy  
Patient informed  
Patient education | | |
| Medications and diagnostics | **Makes complex decisions** | Appropriate  
*Diagnostics  
*Medication  
*Pt education | | |
| Consultation & referral | **Engages in collaborative practice** | Appropriate  
*consultation  
*referral | | |
| Patient / staff education | | Health teaching  
Follow up  
Patient comprehension | | |
<table>
<thead>
<tr>
<th>Grade</th>
<th>Performance Criteria</th>
<th>Quality of Performance</th>
<th>Assistance Required</th>
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</table>
| Independent (I) | Level of clinical practice is of a high and safe standard | Sound level of theoretical knowledge applied effectively in clinical practice  
Coordinated and adaptable when performing skills  
Achieves intended purpose  
Proficient and performs within expected time frame  
Initiates actions independently and / in cooperation with others to ensure safe delivery of patient care. | Without supporting cues                                                                                                                                    |
| Supervised (S) | Level of clinical practice is of a safe standard but with some areas of improvement required | Correlates theoretical knowledge to clinical practice most of the time  
Coordinated and adaptable when performing skills  
Achieves intended purpose  
Performs within a reasonable time frame  
Initiates actions independently most of the time and / in cooperation with others to ensure safe delivery of patient care. | Requires occasional supportive cues                                                                                                                          |
| Assisted (A) | Level of clinical practice is of a safe standard but with many areas of improvement required | Demonstrates limited correlation of theoretical knowledge to clinical practice  
At times lacks coordination when performing skills  
Achieves intended purpose most times  
Performs within a delayed time period  
Lacks initiative and foresight | Requires frequent supportive cues and direction                                                                                                                  |
| Dependent (D) | Level of clinical practice is unsafe if left unsupervised | Unable to correlate theoretical knowledge to clinical practice  
Lacks coordination when performing skills  
Unable to achieve intended purpose  
Unable to perform within a delayed time period  
No initiative or foresight | Requires continuous supervision and direction                                                                                                                 |
### Appendix 11 NP Tracking Record

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<th>Month</th>
<th>DoH Grant received</th>
<th>Masters Degree</th>
<th>Pharmacology Module</th>
<th>Clinical Practice Guidelines</th>
<th>NBV Application</th>
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