Melbourne Health

Inflammatory Bowel Disease Nurse Practitioner Model 2013

Victorian Nurse Practitioner Project Phase 4 Round 4.10
# Inflammatory Bowel Disease Nurse Practitioner Model Endorsement

Endorsed by:

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**Acronyms**

**ANCP** Australian College of Nurse Practitioners  
**ANMC** Australian Nursing and Midwifery Council  
**AHPRA** Australian Health Practitioners Regulation Authority  
**CD** Crohn's Disease  
**CNC** Clinical Nurse Consultant  
**DH** Victorian Department of Health  
**ED** Emergency Department  
**GiT** Gastrointestinal Tract  
**IBD** Inflammatory Bowel Disease  
**IBD NP** Inflammatory Bowel Disease Nurse Practitioner  
**MH** Melbourne Health  
**NP** Nurse Practitioner  
**NPC** Nurse Practitioner Candidate  
**RCH** Royal Children's Hospital  
**RMH** Royal Melbourne Hospital  
**RN** Registered Nurse  
**TNF α antagonist** Tumour Necrosis Factor Alpha Antagonist  
**UC** Ulcerative Colitis  
**VIDS** Victorian Infectious Diseases Service  
**VNPP** Victorian Nurse Practitioner Project
Executive Summary

The Inflammatory Bowel Disease Nurse Practitioner (IBD NP) model has been developed to address identified gaps in the management of IBD patients and manage the increase in the number and complexity of IBD patients attending Melbourne Health (MH). The aim of the model is to build the capacity and capability of the Colorectal Medicine Team to improve IBD patient outcomes by prompt diagnosis; early detection of IBD related complications with timely and appropriate treatment and management of risk factors. The model is based on the principles of chronic disease management and delivery of comprehensive patient centred care. These strategies are aimed at improving the quality of life, preventing disease progression and complications and avoiding the need for hospitalisation.

Strategic Context

IBD encompasses two chronic, debilitating diseases, Crohn’s Disease (CD) and Ulcerative Colitis (UC). IBD is a lifelong disease with no cure. IBD can be primarily managed in the outpatient setting with effective clinical management. Due to the relapsing characteristic of IBD, exacerbation of the disease may require hospitalisation and sometimes, surgical intervention. IBD requires a multidisciplinary team approach with collaborative, integrated management plans for each individual IBD patient.

IBD is a disease that predominately manifests itself during the teenage and young adult years and if not well managed has a profound impact on the patient’s life, well being and ability to lead a productive life. The prevalence of IBD in Australia and indeed worldwide, creates a huge financial burden on the economy at the individual, local and global levels (Access Economics 2007).

Overview of IBD NP Model

Workforce

The IBD NP will be a member of the Colorectal Medicine Team and also work closely with the Gastroenterology Team. The implementation of the IBD NP role is expected to enhance collaboration between these teams as well as other disciplines involved in the management of IBD patients. This will be achieved by building new and enhancing existing relationships between teams. The role of the IBD NP is new to MH and therefore education and promotion of the functions of the IBD NP will facilitate clarity of the role and the development of relationships across the whole organisation.

Target Group

The IBD NP will be involved in the care of all patients with IBD within MH. The particular role for each individual is multifaceted and may vary depending on:

- whether the patient is an inpatient or is being managed in the outpatient setting;
- individual patient factors such as; disease stage and state, whether the patient has a diagnosis of IBD or is suspected of having IBD;
- whether the patient is normally managed in the private setting;
- whether the patient is under the clinical management of the Colorectal Medicine department or other departments.
IBD NP Role

The IBD NP role is an extension to the role of the IBD Clinical Nurse Consultant (CNC). The proposed IBD NP model is the foundation for the NP role based on the current identified gaps. The model is designed to be flexible so as to accommodate future identified gaps and increasing demand for the service.
1. Melbourne Health (MH)

MH is Victoria’s second largest public health service. It provides comprehensive acute, sub-acute, general, specialist medical and mental health services through both inpatient and community based facilities through the following services: The Royal Melbourne Hospital – City Campus, The Royal Melbourne Hospital – Royal Park Campus, North Western Mental Health, North West Dialysis Service and Victorian Infectious Diseases Reference Laboratory.

MH provides services to the culturally and linguistically diverse communities of northern and western metropolitan Melbourne, as well as providing general and specialist services to regional and rural Victorians as a tertiary referral service.

MH employs over 8,000 staff across its services and manages over 1,400 beds. It provides one of the two adult major trauma services to the state of Victoria.

In 2009 – 2010, MH provided 713,000 occasions of service (acute, mental health and aged), 53,912 Emergency presentations and 92,265 admitted patients (acute, mental health and aged).

Our Strategic Directions 2010 – 2015 is underpinned by the organisational values and behaviours ‘passion for caring – Achieving the Extraordinary’ and incorporates five key goals: Develop our Workforce, Improve the Quality & Safety of Services, Develop and encourage Strategic Relationships, Foster a Culture of Research and Innovation; and Build a Sustainable Organisation.

Melbourne Health’s Vision

*Passion for Caring – Achieving the Extraordinary*

Mission

MH’s mission is to provide world class healthcare for our community. It will embrace discovery & learning, build collaborative relationships and engage our patients in their care.

Goals

Supporting us to achieve, guiding our direction.

- Develop our workforce
- Improve quality and safety of our services
- Develop and encourage strategic relationships
- Foster a culture of research and innovation
- Build a sustainable organisation

The development of a model for the IBD NP aligns to all the MH Goals in particular -

Develop our workforce

Securing the health of our communities through research and innovation, to deliver effective services and educate future generations.

Values

- **Respect** for the dignity, beliefs, and abilities of every individual
- **Caring and Compassion**
- **Integrity** by being open, honest and fair
- **Unity** as a team and in embracing our communities
- **Discovery** through passion for innovation
2. Introduction

2.1 Project Background
In December 2012 MH was successful in receiving funding from the Victorian Department of Health (DH), Victorian Nurse Practitioner Project Funding Round 4.10 to employ a Project Coordinator to develop a model for the IBD NP.

A gap analysis of the management of IBD patients attending MH identified gaps in service delivery and quality. MH proposed to introduce a NP in this speciality to complement the existing service, build/extend service capacity and capability and address the identified gaps. This model is intended to establish an optimal model of management for IBD patients attending MH.

The IBD NP role is well placed to be the catalyst for integrated patient centred care within MH. The IBD NP will be employed on a full-time basis, will possess advanced clinical skills and knowledge, and will work within a framework that has been developed in consultation with all relevant stakeholder groups. This will ensure that both health professionals treating IBD patients and patients, whether they are inpatients or outpatients, have access to a health professional with expertise in the management of IBD on a sustainable and consistent basis.

2.2 The Nurse Practitioner Role
A NP is a Registered Nurse (RN) who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management using nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The 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 (Australian Nursing and Midwifery Council (ANMC), 2006).

The MH Executive Management Team is very supportive of the NP role and is currently identifying the potential of the NP role adding value to other MH services. Support for NPs and NPCs within MH is provided by: access to paid study leave, representation on the Nursing & Allied Health Credentialing & Extended Scope of Practice Committee, The Nurse Practitioner Strategic Framework 2009, clinical and professional mentoring and formal networking opportunities such as the Advanced Practice Nursing Forums.

2.3 Inflammatory Bowel Disease
IBD encompasses two chronic, debilitating, inflammatory diseases, CD and UC. CD and UC are characterised by symptoms of pain, diarrhoea, fatigue and fever. Some patients experience anaemia, weight loss, malnutrition, bone, eye, skin, joint, liver and/or renal problems. UC affects the mucosal lining of the large bowel (colon) and is associated with urgency and bloody diarrhoea. CD can occur anywhere throughout the GIT and can cause strictures (narrowing) of the bowel, fistulas (abnormal passages between loops of bowel, other organs or the skin), perforation, and abscesses as it affects all layers of the GIT.

Onset of IBD usually occurs at a young age (average age 20) and has the potential to cause lifelong ill health and significant impacts on quality of life. In any year, IBD is more prevalent
than epilepsy, rheumatoid arthritis, multiple sclerosis, eczema or schizophrenia. Disability due to IBD is estimated to be more severe than Type 1 diabetes or epilepsy (Access Economics 2007).

Drug therapy is the mainstay IBD treatment with Amino- salicylic acid and Immunosuppressive agents the drugs of choice with corticosteroids used mainly in management of acute exacerbation. Anti TNF alpha antibodies are also used to induce and maintain remission in moderate to severe IBD.

Surgery may be required to treat complications of IBD and may involve removal of the diseased part of the bowel, or more extensive procedures such as protocolectomy (removal of the entire colon and rectum) with the formation of a stoma. Perianal CD (fistulising CD that involves the perianal region) can be particularly challenging to treat and often requires abscess drainage and long term antibiotic treatment.

UC and CD follow an unpredictable relapsing and remitting course with significant variation in the pattern and complexity of symptoms both between patients and the individual patient in different stages of the illness. Patients with IBD require regular review and individualised, long term management.

The aims of IBD management are to:

- obtain clinical remission and mucosal healing;
- to prevent or limit the development, progression and complications associated with the disease and disease treatment;
- avoid long term systemic corticosteroid therapy;
- maintain good health and nutrition and
- improve quality of life.

3. Context

3.1 Global Context

Literature reviews indicate that the incidence and prevalence of IBD are increasing with time and in different regions around the world, signifying its emergence as a global disease (Moldecky 2012).

3.2 Australian Context

A prospective population based IBD incidence study conducted in Geelong, Victoria between April 2007 and March 2008, concluded the incidence rate for Australia was 29.3 per 100,000 which is slightly higher than IBD incidence rates for Canada, New Zealand and Denmark (Wilson J et al. 2009).

Due to the nature of IBD, the earning capacity of some patients can be limited. This can impact on the overall Australian economy. The economic cost of IBD in Australia was estimated to be $AUD 2.7 billion in 2007 (Access Economics 2007).
3.3 Victorian Context
In Victoria, IBD patients are predominately managed by large tertiary hospitals Overall, the costs associated with inpatient care and pharmaceuticals cause a huge and unsustainable burden on the acute sector both economically and clinically (ibid).

There has been a shift from focusing on inpatient care to prompt detection and optimal outpatient care. However, this shift has not been adequately supported with appropriate outpatient resources.

Quality outpatient care supported by an expert specialist team, including a Nurse Practitioner employed on a full time basis would therefore, be the preferred model to improve the management of IBD patients.

3.4 MH Context
The majority of IBD patients attending MH are managed in the outpatient setting. The number of patients attending the RMH IBD Outpatients Clinic has steadily increased over the past few years with approximately 50 patients per week attending the clinic. The RMH IBD team receives approximately 5 new inpatient referrals per week.

The current RMH structure has a bilateral model where the Gastroenterology team is located within the Surgical Division and is responsible for the inpatient care of IBD patients and the Colorectal Medicine team which is located within the Cancer and Infectious Medicine Division is responsible for the outpatient care of the majority of IBD patients. This divisional structure however will change on 1 July 2013, when both divisions will be within the same division. The Colorectal Medicine team provide a consultancy advisory service for IBD management of patients who are admitted as inpatients to RMH.

3.4.1 Incidence of IBD at MH
The incidence of IBD is difficult to assess because patients may be admitted under another diagnosis before a diagnosis of IBD is confirmed. The tables below therefore have been developed from data received from the Reporting Information and Analysis Unit (RIAU), RMH and refer to the admissions and discharges within MH and the presentations at Outpatients Clinics for patients who have IBD related diagnoses.

IBD affects different parts of the digestive tract. CD can affect any part of the gastrointestinal tract whereas UC affects the mucosal lining of the large bowel, hence the various diagnosis codes in Table 1.
Table 1 Diagnosis Codes and Descriptions

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<th>Diagnosis Code</th>
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<td>K500</td>
<td>Crohn's Disease of small intestine</td>
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<td>K501</td>
<td>Crohn's Disease of large intestine</td>
</tr>
<tr>
<td>K508</td>
<td>Other Crohn's Disease</td>
</tr>
<tr>
<td>K509</td>
<td>Crohn's Disease, unspecified</td>
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<tr>
<td>K510</td>
<td>Ulcerative (chronic) Pancolitis</td>
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<tr>
<td>K512</td>
<td>Ulcerative (chronic) Proctitis</td>
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<td>Inflammatory Polyps</td>
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<td>K518</td>
<td>Other Ulcerative Colitis</td>
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<tr>
<td>K519</td>
<td>Ulcerative Colitis, unspecified</td>
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Based on the descriptions provided in Table 1, K500, K501, K508 and K509 are all variations of CD. Graph 1 therefore, indicates that CD accounts for the majority of diagnosis occurrences.

**Graph 1 Total Diagnosis Occurrences 2008-2012**

Graph 2 represents the number of patients reported as being discharged with a diagnosis of IBD. As indicated, there has been a marked increase in the number of reported discharge diagnoses of IBD.

**Graph 2 Total Discharges**
Graph 3 indicates that IBD Clinic appointments have increased markedly over the past four years.

Graph 3 RMH IBD Clinic Appointments

<table>
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<td>2009</td>
<td>438</td>
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<td>455</td>
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<td>2011</td>
<td>799</td>
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<td>2012</td>
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4. IBD Best Practice Model

4.1 Stages of IBD
Management of IBD involves long term collaboration between individuals, health care providers and organisations that provide ongoing care and support to the IBD patient. Many of the guidelines on chronic disease management focus on the importance of providing a range of care in the various stages of the disease (National Health Priority Action Council, 2005). Several critical intervention time points for IBD have been identified (Viney, 2012). They are as follows:

**Early diagnosis and early intervention**
Early and accurate diagnosis and implementation of effective therapies are essential to reduce disease progression and complications. Important components of this approach include acute and primary health care protocols for the identification of patients who may have IBD.

**The early stages of IBD**
The complications of IBD may well occur early in the course of the disease. Effective treatment has the potential to alter the disease course, reduce morbidity and mortality, and improve quality of life. Important components of early stage IBD management include effective use of medications, monitoring and managing side effects, patient education and access to appropriate ongoing review.
Acute episodes of IBD
Acute episodes of illness can occur unpredictably throughout any of the stages of IBD. Relapses require prompt, reliable access to expert care, streamlined admission to hospital as required, effective communication between the patient, carer/s, the medical, surgical and allied health care teams and optimal follow up care to prevent further avoidable acute episodes.

Long term management of IBD
Patient centred care is an important component of long term management of IBD as it enhances people's capacity to take responsibility for their own health and with the support of health care providers, make informed decisions and take actions that promote well being and quality of life.

The advanced stages of IBD
Patients in the advanced stages of chronic disease may have multiple co-morbidities. Effective management includes assessment of clinical interactions of co-morbidities and therapies to identify and reduce risk. During the advanced stages of IBD, patients and their carers require care and support services that are responsive to the changing needs and choices of individuals.

4.2 Management strategies common to all of the stages of IBD
Management strategies that are common to all stages of IBD include:

- Clearly defined referral pathways;
- Prompt access to high quality care (which is underpinned by evidence based guidelines and pathways) and radiology and other diagnostic and management services;
- Written, individualised management plans that:
  - enable patients to recognise and self manage a decline in their health;
  - outline agreed interventions, self management strategies and actions to take in the event of change in health status;
  - clearly inform patients how to promptly access the advice of an expert health professional;
- Appropriate referral to specialists to manage extra-colonic manifestations of IBD;
- Access to appropriate support and services, to help patients and their carer/s manage the impact of their condition;
- Coordinated and collaborative multidisciplinary management;
- Individualised assessment of risk and the development of strategies to address these risks, such as nutritional and bone health status, infection and cancer risks;
- Privacy protected sharing and communication of accumulated patient information between health care professionals and across health care sectors;
- Collation of information to refine and optimise quality of care and provide long term population level data.
5. Gap Analysis

To identify the need for an IBD NP, the current management of IBD patients was explored to determine whether and to what extent, it meets the published standards and guidelines on the management of chronic diseases and in particular, IBD (Viney 2012). The following gaps were identified:

- a limited focus on chronic disease management;
- a lack of coordination of multidisciplinary care within the acute setting;
- junior level medical staff who have limited advanced clinical expertise in managing patients with IBD;
- a lack of a streamlined referral process to ensure prompt access to appropriate assessment, given that the IBD service acts in a consultative, rather than, primary care model;
- a lack of established partnerships between RMH and IBD related community based multi disciplinary teams;
- an increasing demand for services that exceeds both financial and human resources;
- a lack of ‘continuity of care’;
- an inefficient referral and follow up service for IBD patients presenting to the RMH ED.

6. IBD NP Model of Care

6.1 Aim of the IBD NP

The aim of the IBD NP is to work autonomously and collaboratively as part of a multidisciplinary health care team to provide comprehensive, appropriate and timely care to patients with IBD presenting to RMH.

The provision of comprehensive, chronic disease management poses challenges for the acute sector (The UK IBD Standards Group 2009). The IBD NP role will not only contribute to and strengthen acute care management; it will significantly improve the understanding of the staff of chronic disease management. This will lead to comprehensive care for IBD patients and ultimately improve patient outcomes.

6.2 Target population:

The IBD NP will be involved in the care of all patients with IBD within MH and those patients with IBD in transition from other health care facilities to care within MH. The role of the IBD NP may vary depending on:

- whether the patient is an inpatient or is being managed in the emergency or outpatient setting;
- individual patient factors such as; disease stage and state, whether the patient has a diagnosis of IBD or is suspected of having IBD;
• whether the patient is normally managed in the private health care setting;
• whether the patient is under the clinical management of the Colorectal Medicine Division or other Division.

6.3 Practice Environment
The IBD NP will be uniquely and ideally situated to provide and coordinate acute and chronic health care management, thereby ensuring effective care across the continuum. The IBD NP will be based in the Department of Colorectal Medicine & Genetics and have involvement with the care of IBD patients in the following settings:
• Inpatient wards
• ED- A collaborative arrangement with the Emergency Registrars and Gastroenterology Registrars will be established so that the IBDNP is involved in assessment of the patient and clinical management decisions. Earlier identification of diagnosis and commencement of treatment can facilitate a streamlined hospital admission or discharge with appropriate follow up management plan.
• Ambulatory care departments-
  o Day medical
  o Endoscopy
  o Specialist Outpatient clinics
    - Inflammatory Bowel Disease clinic
    - Gastro B clinic
    - Gastro A clinic
    - Colorectal surgery clinic

6.4 Workforce
The IBD NP will work collaboratively with:
• Colorectal Medicine and Genetics Division staff
• Gastroenterologists
• Colorectal Surgeons
• Other specialties, such as Dermatology, Rheumatology, VIDs etc.
• Nurses
• Endoscopy booking service
• Pathology
• Radiology
• Pharmacy
• Allied Health Professionals including Dieticians, Social Workers and Clinical Psychologists
• General Practitioners and primary health care providers
• Gastroenterologists, Transition Specialists and Nurses from the RCH
• IBD Clinical Research Team
• IBD Patient Support Group
Medicare Specialised Drug Program personnel

6.5 IBD NP Scope of Practice

The IBD NP model will complement the role of the IBD and Gastroenterology Specialists and Registrars and is dependent on collaborative working relationships of all members of the multidisciplinary team. Management of IBD at MH follows evidence based clinical practice guidelines supporting the Colorectal Medicine and Gastroenterology departments. The IBD NP will provide care based on these guidelines which will continue to be developed and reviewed in collaboration with clinical experts in IBD. Activities performed by the IBD NP within this model are divided into three groups. Appendix 1 will illustrate the IBD NP role in the context of the practice settings within MH.

Group 1. Direct care activities: All activities performed in the presence of the patient/family/caregiver (including over the phone, email and Telehealth):

- Physical assessment;
- Comprehensive history taking;
- Requesting timely diagnostic investigations/procedures;
- Analysis/interpretation of diagnostic results;
- Identification of clinical management and treatment options and development of a management plan in collaboration with patient/ carer and IBD team as appropriate;
- Prescribing (and as appropriate, administering) as per drug formulary practice and (see Appendix 6);
- Communication of diagnosis and treatment options to the patient/family/caregiver, health professionals and to other persons involved in the patient's referral and ongoing care;
- Monitoring outcomes and response to treatment and manage adverse effects of therapy;
- Monitoring patient and carer coping and emotional wellbeing and provide appropriate referral;
- Development of a discharge plan for inpatients;
- Coordinating and conducting Telehealth consultations;
- Providing a point of care for the faecal calprotectin testing service (A test to assess the presence of inflammation in the GIT);
- Providing a first line contact, support and helpline to patients in the various stages of IBD;
- Providing 1:1 and group education and support programs to patients and carers;
- Managing the transition of patients from paediatric care to adult care to facilitate a smooth and effective transition;

- Initiating and/or facilitating referrals to other specialties;

- In collaboration with the IBD Clinical Research Team, identification and integration of management of suitable patients to be involved in clinical trials.

**Group 2. Non Direct Care Activities:** All activities performed away from the patient but on the patient’s behalf, including communicating with other providers, coordination of care, collaboration with other health professionals, documentation and initiating or receiving referrals.

- Participation in IBD/Gastroenterology Team, Radiological, Pathology and Allied Health Team meetings and multidisciplinary patient management planning meetings;

- Facilitate the coordination of multidisciplinary care;

- Completion of forms such as medical certificates;

- Maintenance of databases including IBD database, surveillance schedules and TMPT database of genotypes and phenotypes;

- Coordination of the highly specialised drug programs and special access applications, medication shipment, storage and usage;

- Development, establishment and review of hospital guidelines for the prompt diagnosis, management, follow up and monitoring of IBD;

- Development, delivery and evaluation of education sessions for internal and external stakeholders;

- Advocating on behalf of IBD patients;

- Engagement with GPs and community services to facilitate integrated patient centred care across the care continuum.

**Group 3. Service related activities:** Those activities that are not patient specific and includes attending meetings, conducting teaching or in-service, collecting, analysing data, program or service development or evaluation and administration.

- Participation and publishing of research relevant to IBD;

- Auditing and reporting;

- Mentorship of NPCs and junior medical staff;

- Professional development;

- Actively participate in workplace and professional organisations such as Crohn’s and Colitis Australia to influence local, State and Federal government policies in relation to the NP role and IBD management;
7. Clinical Governance

The IBD NP will work within the MH Clinical Governance Strategic Plan and Framework so share the responsibility and accountability for the quality and safety of care for all patients, clients and residents (MH 2012). The IBD NP therefore, will be expected to comply with policies, procedures, guidelines and standards that apply to the area of practice or work.

The following systems are in place to ensure the IBD NP complies with the four domains of Clinical Governance:

1. **Consumer Participation**
   - Patient centred care;
   - Patient input into model development and evaluation process;
   - RMH IBD NP respects patients’ cultural requirements.

2. **Clinical Effectiveness**
   The IBD NP maintains clinical effectiveness by:
   - working according to a position description and works within the model of care and scope of practice that they are endorsed;
   - receiving clinical supervision and support from the Head of Colorectal Medicine and/or gastroenterologists;
   - attending all IBD patient related meetings;
   - having an annual appraisal;
   - meeting AHPRA registration requirements.

3. **Effective Workforce**
   - The IBD NP will provide the Melbourne Health Executive with evidence of endorsement as a Nurse Practitioner;
   - The IBD NP will be an invited member of the MH Nursing & Allied Health Credentialing & Extended Scope of Practice Committee;
   - The IBD NP will attend 30 hours of professional development each year;
   - The IBD NP will be involved in clinical research projects;
   - The IBD NP will be a member of professional bodies relevant to the role.

4. **Clinical Risk Management**
   The following controls are in place to manage clinical risks identified in this role:
   - Working in collaboration with the Colorectal Medicine and Gastroenterology teams, the IBD NP;
   - Access to Colorectal Medicine Consultants for referring patients with complicated disease or those outside the IBD NP’s scope of practice;
   - The IBD NP will report directly to the Head of Colorectal Medicine Department who is responsible for ensuring the IBD NP’s accountability for clinical competency. The
Director of Nursing and Operations is responsible for ensuring the NP is accountable for professional conduct;

- Drugs are listed on the agreed RMH drug formulary for the IBD NP (Appendix 2);
- Pathology and diagnostic imaging as per agreed Colorectal Medicine Clinical guidelines.

8. Sustainability of the IBD Nurse Practitioner Role

It is acknowledged that the role will evolve over time and its success and sustainability will be depend, in part, on the quality of the relationships established with the various stakeholders across MH. The IBD NP will work very closely with medical, nursing and allied health staff so it is very important that the role of the IBD NP is clearly articulated and all key stakeholders understand how the role will complement their roles to improve patient outcomes. The following strategies are intended to facilitate the sustainability of the IBD NP role.

8.1 Organisational support for NP role

MH has a reputation for fostering quality improvement and innovation and as such embraces concepts that have the ability to improve patient care and efficiencies. The introduction of the NP role into the MH health workforce skill mix is one such improvement.

Support from the Executive for the role is evidenced by written endorsement of the IBD NP role by the Executive Director Royal Melbourne Hospital and the implementation of systems to ensure professional support for NPs which include:

- The Framework for Credentialing and Extended Scope of Practice for Nursing and Allied Health which is implemented and monitored by the Nursing and Allied Health Credentialing and Scope of Practice Committee (NAHCSOPC);
- Advanced Practice Nurse Forums which enable networking and professional development opportunities for NPs, NPCs and all Advanced Practice Nurses;
- Access to clinical supervision with a Colorectal Consultant;
- One on one professional support with the Divisional Director of Nursing
- The IBD NPC is currently employed as an IBD Clinical Nurse Consultant (CNC) at RMH. When endorsed there will be an increase in salary which will be covered within the existing budget.

8.2 Collaboration

The IBD NP will provide a consistent conduit between the Colorectal Medicine and Gastroenterology departments, other relevant health professionals and the IBD patient. This arrangement will provide continuity of care for the patient and contribute to the establishment of linkages and referral pathways across MH and with community based services.

A briefing and orientation session will be conducted by the Colorectal medical staff for all new junior medical and ED staff to inform them of the role of the IBD NP. This will include details on how the NP will integrate with other members of the team managing IBD patients, IBD NP contact details and what support the IBD NP can offer to the management of IBD patients.
8.3 Patient satisfaction The NP role is based on Nursing philosophy and principles. Therefore the IBD NP will use advanced nursing skills and knowledge to develop management plans in conjunction with the patient (and carer if appropriate) and explain the disease and quality of life issues, procedures and treatments. It is anticipated that this will facilitate the development of a positive, trusting relationship between the IBD NP and the patient.

8.4 Continuous improvement strategies The implementation of the IBD NP role into the Colorectal Medicine Team is an innovative strategy to improve the quality of patient care by providing an expert IBD resource on a regular basis. The effectiveness of the role will be evaluated annually, including a patient satisfaction survey and recommendations for further improvements will be considered and implemented where appropriate.

8.5 Succession planning A requirement for endorsement as a NP is to use the knowledge and advanced clinical skills to teach, train and mentor other nurses and junior medical staff (ANMC 2006). It is anticipated that IBD NP will facilitate nurses working in Gastroenterology wards to improve their knowledge and clinical competence in the management of IBD patients.

8.6 Development of a 5 year strategic plan A strategic plan will be developed to ensure the model is evaluated to ensure sustainability for the role. A flow chart indicating the activities that will take place over the next five years is attached. Activities have been divided into those that will occur in 0-1 year, 1-3 years, and 3-5 years (See Appendix 5).

9. Possible Barriers to the effectiveness of the model

The project has identified challenges for all NPs working in public hospitals in terms of Commonwealth legislative restrictions on the role of the NP. Access to Nurse Practitioner item numbers, and therefore a Provider Number, under the Medicare Benefits Schedule is restricted to private practitioners. NPs working in a public hospital are not considered private practitioners. This therefore limits the ability of the IBD NP to work autonomously.

The IBD NPC is a member of professional organisations such as the Australian College of Nurse Practitioners which continues to lobby the Commonwealth Government for changes to the legislation. As part of the proposed MH IBD NP five year strategic plan, a planned activity is to explore the option of a Public-Private mix within the outpatient setting where the NP would assign their revenue to the organisation as has been explored in Western Australia (Western Australian Government 2010).

NPs are unable to order certain radiology items such as a plain abdominal X-Ray which is a first line test to investigate the causes of abdominal pain particularly in IBD. NPs are also limited in providing some pathology tests and prescribing drugs that are used for the treatment of IBD.
10. References


Melbourne Health (2011) Advancing Care and Practice, Nursing and Allied Health Credentialing and Scope of Practice Framework, Melbourne Health, Melbourne


Peter MacCallum Cancer Centre (2010) *Advancing Nursing Practice*, Peter MacCallum Cancer Centre, Melbourne


Queensland Health Sunshine coast- Wide Bay Health Service District (2010) *Gastroenterology Nurse Practitioner Health Management Protocol for the Management of Inflammatory Bowel Disease in Adults > 14 years of age*: Queensland Government


Royal College of Nursing (2012) *Inflammatory Bowel Disease Nursing-Results of an audit exploring the roles, responsibilities and activity of nurses with specialist/ advanced roles*, Royal College of Nursing, London

The IBD Standards Group (2009) *Quality Care Service Standards for the healthcare of people who have inflammatory Bowel Disease (IBD)*, Oyster Healthcare Communications Ltd, Hertfordshire, UK retrieved from www.ibdstandards.org.uk on 8 January 2013


Viney, M. B (2012) Inflammatory bowel disease (IBD): *To what extent is this condition managed according to the published standards, guidelines and recommendations for chronic disease management, and how can chronic disease management of IBD be improved by the implementation of an IBD Nurse Practitioner?* An internal report. Melbourne, Australia. (unpublished).


Appendix 1  IBD NP Role

- Research & Database
- Collaboration with other health care providers
- IBD OP referrals
- Infusion & Endoscopy
- Patients in transition to adult care
- Phone helpline
- Patient assessment
- Diagnostics
- Analysis interpretation of diagnostics & Differential diagnosis
- Prescription as per drug formulary
- Management plan & documentation
- Specialists Referrals
- Education/ Mentor
- IBD NP

- IBD NP specialists referrals
- IBD NP patient assessment
- IBD NP management plan & documentation
- IBD NP research & database
- IBD NP collaboration with other health care providers
- IBD NP infusion & endoscopy
- IBD NP prescription as per drug formulary
- IBD NP phone helpline
<table>
<thead>
<tr>
<th>NP Role</th>
<th>Emergency Department</th>
<th>Inpatient Setting</th>
<th>Outpatient Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage Referrals</td>
<td>N/A</td>
<td>N/A</td>
<td>• Triages of all IBD related referrals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Triages urgency of phone assessed patients to present to ED or Colorectal Department for face to face assessment</td>
</tr>
<tr>
<td>Patients in transition to adult care</td>
<td>N/A</td>
<td>N/A</td>
<td>Coordinates the transition process for patients in transition to adult care:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Triages all referrals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Manages and coordinates the MH process of transition</td>
</tr>
<tr>
<td>Phone helpline</td>
<td></td>
<td></td>
<td>• First line contact</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Phone assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Triage need for face to face assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provides advice/information/reassurance/education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Manages patient issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- diagnostics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- follow up</td>
</tr>
<tr>
<td>Patient assessment</td>
<td></td>
<td></td>
<td>All patients – Comprehensive patient assessment of chronic disease related factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Development of management plan including appropriate follow up arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Patients in long standing remission: (independent management)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- routine assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- routine diagnostics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- referral to specialists</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- prescription</td>
</tr>
</tbody>
</table>

- IBD: Inflammatory Bowel Disease
- NP: Nurse Practitioner
- ED: Emergency Department
- MH: Mental Health
- IBD NP: Inflammatory Bowel Disease Nurse Practitioner
<table>
<thead>
<tr>
<th>NP Role</th>
<th>Emergency Department</th>
<th>Inpatient Setting</th>
<th>Outpatient Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order/perform diagnostics</td>
<td>- Provides advice on diagnostics based on established guidelines</td>
<td>- Orders: AXR, CXR, ultrasound, endoscopy in collaboration with medical staff</td>
<td>- Performs faecal calprotectin</td>
</tr>
<tr>
<td></td>
<td>- Provides information on patient radiation exposure history</td>
<td>- Provides information on patient radiation exposure history</td>
<td>- Orders: Routine blood tests, stool tests, Ultrasound &amp; other tests in consultation with physician</td>
</tr>
<tr>
<td></td>
<td>- Consults with ED staff providing expert IBD advice and information</td>
<td>- Contextualises diagnostic findings to individual patient’s condition and disease history</td>
<td>- Update record of radiation exposure</td>
</tr>
<tr>
<td>Analysis/Interpretation of diagnostics/Differential diagnosis</td>
<td>- Contextualises diagnostic findings to individual patient’s condition and disease history</td>
<td>- Consults with ward staff providing expert IBD advice and information</td>
<td>- Makes informed and autonomous decisions on diagnostic, therapeutic responses and interventions based on clinical judgement, evidence based practice and individual patient factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Consulti with ward staff providing expert IBD advice and information</td>
<td>- Uses critical judgement to decide when to seek advice from the multidisciplinary team according to the context of individual patient factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP Role</td>
<td>Emergency Department</td>
<td>Inpatient Setting</td>
<td>Outpatient Setting</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| Infusion & endoscopy | • Provides advice to ED staff on indications/contra indications for endoscopy based on clinical practice guidelines and individual patient factors  
• Assists with the coordination of emergency endoscopy requirements | • Provides advice to ward and medical staff on indications/contra indications for endoscopy based on clinical practice guidelines and individual patient factors  
• Assists with inpatient and future outpatient endoscopy scheduling  
• Provides advice on specialised IBD related infusions for inpatients eg infliximab and cyclosporine  
• Observe endoscopy examination and provides clinically relevant patient information to endoscopist | • Coordinates all infliximab infusion scheduling for IBD patients  
• Provides clinical supportive role for infusion room staff and MET team in the event of an adverse reaction to the infusion  
• Consults with the Gastroenterology Liaison Nurse re appropriateness of endoscopy scheduling based on clinical need  
• Observe endoscopy examination and provides clinically relevant patient information to endoscopist |
<p>| Collaboration with healthcare professionals | • Works in partnership with ED staff to optimise outcomes for IBD patients | • Works in partnership with Ward staff to optimise outcomes for IBD patients | • Works within a multidisciplinary team to optimise outcomes for IBD patients |</p>
<table>
<thead>
<tr>
<th>NP Role</th>
<th>Emergency Department</th>
<th>Inpatient Setting</th>
<th>Outpatient Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription &amp; medication</td>
<td>• Advises on medication management as per clinical practice guidelines</td>
<td>• Advises on medication management as per clinical practice guidelines</td>
<td>• Prescribes as per acute and supportive care drug formulary:</td>
</tr>
<tr>
<td></td>
<td>• Provides patient with written information about medication</td>
<td>• Prescribes drugs and medications as per acute and supportive care drug formulary</td>
<td>• Nicotine Replacement Therapy</td>
</tr>
<tr>
<td></td>
<td>• Ensures mechanisms are in place for appropriate patient follow up and monitoring of effects of medication</td>
<td>• Ensures discharge prescriptions are appropriate/adequate</td>
<td>• Maintenance medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Coordinates DTC approved medications</td>
<td>• Provides patient information and monitoring:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provides patient written information re meds</td>
<td>• Written information about medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ensures mechanisms are in place for appropriate patient follow up and monitoring of effects of medication</td>
<td>• Ensures follow up of patient for monitoring of effects of medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Completes prescription paperwork</td>
<td>• Documents and reports adverse drug reactions to appropriate committees and authorities</td>
</tr>
</tbody>
</table>

NB: Initiation of new (first time dosing) medications will only be done in consultation and with approval of collaborating physicians.
<table>
<thead>
<tr>
<th>NP Role</th>
<th>Emergency Department</th>
<th>Inpatient Setting</th>
<th>Outpatient Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists Referrals</td>
<td>- Makes recommendations for referral to specialist services</td>
<td>- Makes recommendations for referral to specialist services</td>
<td>- Refers patients to specialist services</td>
</tr>
<tr>
<td>Management plans</td>
<td>- Patients who do not require admission:</td>
<td>- Provides advice on management plans based on clinical practice guidelines</td>
<td>- Develops and regularly reviews individualised patient centred management plans</td>
</tr>
<tr>
<td></td>
<td>- Develops discharge/management plan, including appropriate follow up arrangements</td>
<td>- Develops discharge plan and updates management plan to address period between</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Patients requiring admission:</td>
<td>discharge and follow up appointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Provides advice on management plans based on clinical practice guidelines for</td>
<td>- Ensures patients who are managed privately have an appropriate follow up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>patients who will be admitted</td>
<td>appointment, adequate discharge medication and access to a reliable professional</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>contact in case they need further assistance</td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>- Establishes effective communication strategies to promote the inclusion of the IBD</td>
<td>- Establishes effective communication strategies to promote the inclusion of the</td>
<td>- Actively participates as a senior member of a multidisciplinary team</td>
</tr>
<tr>
<td></td>
<td>NP as a senior member of the healthcare team and expert clinical resource for IBD</td>
<td>IBD NP as a senior member of the IBD team and expert clinical resource for IBD</td>
<td>- Actively participates in workplace and professional organisations at state and</td>
</tr>
<tr>
<td></td>
<td>patients presenting to ED</td>
<td>inpatients</td>
<td>national government levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Mentors ward staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Works collaboratively with medical and ward staff</td>
<td></td>
</tr>
<tr>
<td>NP Role</td>
<td>Emergency Department</td>
<td>Inpatient Setting</td>
<td>Outpatient Setting</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</table>
| Education | • Develops patient centred education programs and materials for patients in ED  
  • Provides individualised education to patient and carer/s  
  • Develops education programs and materials for ED staff | • Develops patient centred education programs and materials for inpatients  
  • Provides individualised education to patient and carer/s  
  • Develops education programs and materials for ward and medical staff | • Develops patient centred education programs and materials for patients  
  • Provides ongoing individualised education to patient and carer/s  
  • Develops education programs and materials for outpatient and medical staff |
| Research | • Participates in collaborative research to improve outcomes for IBD patients  
  New patients:  
  • Inputs patient information into IBD patient database  
  Existing patients  
  • Updates IBD database | • Participates in collaborative research to improve outcomes for IBD patients  
  New patients:  
  • Inputs patient information into IBD patient database  
  Existing patients  
  • Updates IBD database | • Conducts, participates in and publishes research  
  • Regularly maintains and updates database |
Appendix 2 Drug Formulary

Under the DRUGS, POISONS AND CONTROLLED SUBSTANCES ACT 1981, NPs working in the Acute and Supportive Care sector are authorised to prescribe drugs as per the approved drugs and medicine lists published in the Government Gazette and are available at: [http://www.health.vic.gov.au/dpu/prescriber/nurse.htm](http://www.health.vic.gov.au/dpu/prescriber/nurse.htm)

The following list comprises a sample of the drugs and medicines that the IBD NP will prescribe.

<table>
<thead>
<tr>
<th>Class of drug or individual</th>
<th>Example of drugs</th>
<th>Schedule</th>
<th>Reason required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agents used in gout &amp; hyperuricaemia</td>
<td>Allopurinol</td>
<td>S4</td>
<td>Allopurinol is used in combination with azathioprine or mercaptopurine in patients who preferentially metabolise thiopurines toward the inefficacious and potentially hepatotoxic metabolite 6-MMP. Careful monitoring is required.</td>
</tr>
<tr>
<td>Aminosalicylates oral</td>
<td>Sulphasalazine</td>
<td>S4</td>
<td>First line treatment of mild to moderate UC and an adjunctive treatment for colonic CD.</td>
</tr>
<tr>
<td>Aminosalicylates rectal</td>
<td></td>
<td>S4</td>
<td>First line treatment of left sided UC</td>
</tr>
<tr>
<td>Analgesics-simple- combination</td>
<td>Paracetamol Panadeine Panadeine forte NSAIDS COX-2 inhibitors</td>
<td>S3 S4</td>
<td>Pain is a common complaint in inflammatory bowel disease, and it has significant consequences for patients’ quality of life. Arthritis and arthropathies, such as sacroiliitis and ankylosing spondylitis are extracolonic manifestations of IBD, and occur in a significant portion of patients.</td>
</tr>
<tr>
<td>Analgesics-narcotic</td>
<td>Tramadol Codeine phosphate Pethidine Morphine</td>
<td>S4 S8</td>
<td></td>
</tr>
</tbody>
</table>
| Antibiotics | Ciprofloxacin Metronidazole Other antibiotics | S4 | • Treatment of septic complications of IBD, e.g. perianal abscess  
• Prophylactic metronidazole administered for 3 months post ileal resection has been shown to reduce the time to recurrence of Crohn’s disease  
• Treatment of intestinal infections (common in IBD and associated with immunosupression)  
• Prophylaxis in the setting of immunosupression, e.g. sulfamethoxazole trimethoprim, used in combination with cyclosporine |
<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Medication</th>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticoagulants</td>
<td>Clexane</td>
<td>S4</td>
<td>The risk of venous thromboembolism among IBD patients is 2-4 fold increased compared to the general population. Antithrombotic therapy is standard of care for inpatients with IBD.</td>
</tr>
<tr>
<td>Antidiarrhoeals</td>
<td>Loperamide</td>
<td>S2</td>
<td>For the management of longstanding diarrhoea in patients with inactive disease,</td>
</tr>
<tr>
<td>Codeine Phosphate</td>
<td>S4</td>
<td>Bile acid malabsorption can be troublesome in IBD, especially post small ileal resection.</td>
<td></td>
</tr>
<tr>
<td>Cholestyramine</td>
<td>S4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Amitriptyline</td>
<td>S4</td>
<td>Antidepressants can be used as adjunctive analgesics to reduce the need for opioid therapy in chronic pain associated with CD and IBS. IBS may present in a significant population of IBD sufferers.</td>
</tr>
<tr>
<td>Anti epileptics</td>
<td>Gabapentin</td>
<td>S4</td>
<td>Occult inflammation in IBD patients who are in remission has been associated with IBS like symptoms. These medications have been shown beneficial effects on visceral hypersensitivity in patients with IBS.</td>
</tr>
<tr>
<td>Pegabilin</td>
<td>S4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antihistamines</td>
<td>Cetirizine</td>
<td>S2</td>
<td>Premedication for infliximab and iron infusion.</td>
</tr>
<tr>
<td>Phenergan</td>
<td>S4</td>
<td>Adjunctive management of histamine mediated reactions</td>
<td></td>
</tr>
<tr>
<td>Antimetabolites</td>
<td>Methotrexate</td>
<td>S4</td>
<td>Methotrexate is used in the treatment of patients with IBD disease who are intolerant or unresponsive to azathioprine and/or mercaptopurine</td>
</tr>
<tr>
<td>Antispasmodics &amp; motility agents</td>
<td>hyoscine</td>
<td>S4</td>
<td>Occult inflammation in IBD patients who are in remission has been associated with IBS like symptoms. These medications have been shown to modulate the symptoms of IBS.</td>
</tr>
<tr>
<td>Mebeverine</td>
<td>S4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisphosphonates</td>
<td>Alendronate</td>
<td>S4</td>
<td>To reduce the risk of hip and vertebral fracture in a subgroup of IBD patients who have oesteoporosis</td>
</tr>
<tr>
<td>Calcineurin inhibitors</td>
<td>Cyclosporine</td>
<td>S4</td>
<td>(Oral cyclosporine only) maintenance of remission in patients who have received IV cyclosporine for severe refractory UC.</td>
</tr>
<tr>
<td>Corticosteroids</td>
<td>Prednisolone</td>
<td>S4</td>
<td>To achieve remission in IBD and as a bridge to maintenance therapy.</td>
</tr>
<tr>
<td>budesonide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs for anaemias</td>
<td>Iron polymaltose</td>
<td>S4</td>
<td>For the treatment of iron deficiency anaemia, one of the most common symptomatic complications of IBD. Intravenous iron is more effective and better tolerated in IBD than oral iron.</td>
</tr>
<tr>
<td>Iron sucrose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Drugs for nicotine dependence | Nicotine patch  
Bupropion  
Varenicline tartrate | S2  
S4 | Smoking cessation is an important component of CD treatment. |
|---|---|---|---|
| Immunosuppressants | Azathioprine  
Mercaptopurine | S4 | First line immunosuppressant for the treatment of moderate to severe IBD |
| Proton pump inhibitors (PPI) | esomeprazole  
omeprazole | S2 | Patients with IBD often experience Gastro-oesophageal conditions which may respond to PPIs |
| Tumour necrosis factor inhibitors | Infliximab  
Azathioprine | S4 | Treatment for moderate to severe Crohn’s disease. |
| Vaccines | Boostrix  
Fluvax  
Gardasil  
Twinrix | S4 | Many common vaccines, are recommended for patients with IBD on, or being considered for immunosuppressive regimens |
Appendix 3  Pathology & Diagnostic Imaging Services

Pathology Services
An eligible nurse practitioner working within their scope of practice is eligible to request the following pathology services: **Items 65060 to 73529** (inclusive). A comprehensive list of these services is available from: The Australian Government, Department of Health and Ageing, Medicare Benefits Schedule Book Category 6; Operating from 01 May 2012 at [www.health.gov.au/internet/mbsonline/publishing.nsf/Content/mbs6201205-Cat%206.pdf](http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/mbs6201205-Cat%206.pdf)

An eligible nurse practitioner working within their scope of practice can provide the following pathology services, using an approved facility: **Items 73828 to 73837** (inclusive)

No other pathology items may be claimed by an eligible nurse practitioner.

Items **73802, 73803, 73804, 73805 and 73809** cannot be provided by NPs which will restrict the functions of the IBD NP

- **73802** Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count - 1 test
- **73803** 2 tests described in item 73802
- **73804** 3 or more tests described in item 73802
- **73805** Microscopy of urine, whether stained or not, or catalase test
- **73809** Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method

NB. The MH Pathology Department will require the IBD NP to send details of endorsement as a Nurse Practitioner and Provider number. All Pathology requests must be submitted on pathology request forms and all required information stated on form.

Diagnostic Imaging Services

NB. A Nurse Practitioner is not eligible to order a plain abdominal X-Ray which is a first line test to determine the causes of abdominal pain.
position description

position title: Nurse Practitioner
service: 
location: Melbourne Health – City Campus
reports to: Divisional Director of Nursing
award: 22
classification: RN Grade 6 NP Year 1 (N01)
            RN Grade 6 NP Year 2 (N02)
date: [Month] [Year]

Melbourne Health is Victoria’s second largest public health service. We provide comprehensive acute, sub-acute, general, specialist medical and mental health services through both inpatient and community based facilities through the following services: The Royal Melbourne Hospital – City Campus, The Royal Melbourne Hospital – Royal Park Campus, North Western Mental Health, North West Dialysis Service and Victorian Infectious Diseases Reference Laboratory.

Melbourne Health provides services to the culturally and linguistically diverse communities of northern and western metropolitan Melbourne, as well as providing general and specialist services to regional and rural Victorians as a tertiary referral service.

Melbourne Health employs over 8,900 staff across our services and manages over 1,400 beds. Melbourne Health provides one of the two adult major trauma services to the state of Victoria. In 2011-2012, Melbourne Health provided 100,998 episodes of care to patients. There were 71,075 emergency presentations, 32,266 elective patients admitted and 456,456 outpatient appointments made.

Melbourne Health has a key role in research and education to ensure that world-class health care can continue to be delivered into the future. As a proud member of Melbourne’s world leading Parkville Precinct, Melbourne Health plays a crucial role in achieving a precinct of international distinction in patient care, research and education. This collaboration will be further enhanced with the development of a Comprehensive Cancer Centre in the Parkville Precinct.
Our Strategic Directions 2010-2015 is underpinned by our Organisational Values and Behaviours 'Passion for Caring - Achieving the Extraordinary' and incorporates five key goals: Development of our Workforce, Quality & Safety of Services, Strategic Relationship Development, Research and Innovation and Organisational Sustainability.

Further information on Melbourne Health is available at www.mh.org.au.

**Melbourne Health’s Vision**  
*Passion for Caring – Achieving the Extraordinary*

**Our Mission**  
Melbourne Health’s mission is to provide World class healthcare for our community. We will embrace discovery and learning, build collaborative relationships and engage our patients in their care.

**Our Goals**  
Supporting us to achieve, guiding our direction.

- Develop our workforce
- Improve quality and safety of our services
- Develop and encourage strategic relationships
- Foster a culture of research and innovation
- Build a sustainable organisation

Securing the health of our communities through research and innovation, to deliver effective services and educate future generations.

**Melbourne Health’s Values**
- **Respect** for the dignity, beliefs and abilities of every individual
- **Caring** and Compassion
- **Integrity** by being open honest and fair
- **Unity** as a team and in embracing our communities
- **Discovery** through passion for innovation

Melbourne Health’s behaviours can be viewed on our website.

**At Melbourne Health our employees provide person-centred care which ensures:**
- Patients and family/carers are treated with respect
- Effective communication occurs with patients and family/carers about all aspects of their care
- Patients receive timely care

Melbourne Health is an equal opportunity employer and is committed to providing for its employees a work environment which is free of harassment or discrimination.

MH promotes cultural diversity and awareness in the workplace

Melbourne Health reserves the right to modify position descriptions as required. Staff will be consulted when this occurs.
Melbourne Health is a smoke free environment.

Summary
The Australian nursing and Midwifery Council define a nurse practitioner as a registered nurse who is 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’s values, knowledge, theories and practise 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.**

**Strategic Goals influencing key result areas**

- **Develop our Workforce**
  Melbourne Health acknowledges that it is our people who make us a truly great organisation and that strong and effective leadership engages, unites and motivates staff. Investing in our workforce and providing them with a supportive environment, the necessary skills for them to confidently do their job and a culture where they can excel and feel valued creates a workplace of choice. It also enables us to attract and retain the most talented and brightest people.

  Major Accountabilities for this position that relate to the above strategic goal are:
  - Provide high quality standards of patient care. This includes the assessment, planning, implementation and evaluation for care in collaboration with multidisciplinary team
  - Contribute to the development of all staff including new and casual staff to the area
  - Accept accountability for own actions and seek guidance if situations exceed the defined scope of practice of the NP
  - Perform nursing interventions and procedures in accordance with Melbourne Health policy and procedures
  - Deliver advanced evidence based care with defined extensions to practice
  - Demonstrate autonomous advanced and extended nursing practice within a defined model of care
  - Effective leadership skills supporting innovation and advanced nursing practice

- **Improve the quality and safety of our services**
  Melbourne health strives to continuously improve the quality and safety of our services and actively involve and inform patients and their carers in the healthcare they receive. This allows us to deliver the best care for our community.

  Major Accountabilities for this position that relate to the above strategic goal are:
  - Manage risk and actively work towards implementing risk reduction strategies
  - Demonstrate expert practice and leadership through liaison, communication and education of specialist services, community services and patient and carers
  - Provide advanced and extended nursing practice that demonstrates a high level of ability in complex care situations
  - Acknowledge responsibility and accountability for own actions and seek assistance when necessary

- **Develop and Encourage strategic relationships**
Our relationships with our key partners in health, research, education and foremost with our community are crucial to achieving our mission to deliver world class care. Continuing to develop and encourage these strategic relationships is a key priority for Melbourne Health.

Major Accountabilities for this position that relate to the above strategic goal are:

- Liaise with the multi-disciplinary health care team to achieve the desired patient outcomes
- Support integration of undergraduate, graduate and postgraduate nurses including enrolled nurses within the unit
- Development and implementation of policies and procedures in collaboration with key stakeholders applicable to the strategic direction of MH

○ **Foster a culture of research and innovation**

Melbourne Health’s strong commitment to research and innovation is underpinned by our value of ‘discovery’ and a legacy of experience, determination and challenging the expected. Fostering a culture that strives for continuous improvement underpins our mission to deliver world class care for our community. At any one time there are at least 600 active research projects underway at Melbourne Health, across all disciplines with multi-disciplinary collaboration fostered and encouraged.

Major Accountabilities for this position that relate to the above strategic goal are:

- Initiate, participate in and/or facilitate nursing research
- Deliver evidence based nursing care
- Demonstrate a commitment to ongoing professional development and achievement of the unit and organisational performance indicators
- Participate and/or facilitate continuing education sessions, committees, special projects and relevant professional groups
- Promote patient advocacy, health promotion and teaching
- Educates the health care team regarding the concept and role of the NP
- Accept responsibility for Continuing Professional Development (CPD) of self and actively keep a CPD portfolio as required by the Nursing & Midwifery Board of Australia

○ **Build a sustainable organisation**

Building a sustainable organisation provides the foundation for Melbourne Health’s continued ability to deliver on our vision and mission and encourages us to look to the future in our day to day business.

Major Accountabilities for this position that relate to the above strategic goal are:

- Promote a friendly, respectful and supportive environment within the department and organisation
- Participate in staff meetings and forums
- Ensure the vision, purpose and values of the organisation is understood and integrated into daily practice
- Is aware of the financial requirements of the department & demonstrates an awareness of cost effective nursing practice
- Actively participate in annual performance review
- Demonstrate commitment to organisational change

**Knowledge & Experience required to fulfil this position**
o Essential:
  ▪ Registration as a Nurse Practitioner with the Nursing and Midwifery Board of Australia
  ▪ Experience in the management of patients presenting with inflammatory Bowel Disease
  ▪ Demonstrated ability to practice collaboratively as part of the multidisciplinary health care team
  ▪ Demonstrated provision of high quality patient care
  ▪ Developed assessment, clinical reasoning, problem solving and prioritisation skills
  ▪ High level of motivation, reliability and professional conduct
  ▪ Advanced communication, leadership and interpersonal skills
  ▪ Ability to work autonomously within a defined scope of practice
  ▪ Innovative, resourceful and adaptive to change

Occupational Health & Safety
Melbourne Health endeavours to provide a working environment for its employees that is safe and without risk to health. Employees are required to:
o Take reasonable care for their own safety and that of anyone else who could be affected by their actions;
o Responsible for ensuring the implementation of health and safety policies and procedures; and
o Fully co-operate with MH in any action it considers necessary to maintain a working environment which is safe and without risk to health.

I acknowledge and accept that this position description represents the duties, responsibilities and accountabilities that are expected of me in my employment in the position.

Employee Name (please print)
(Nurse Practitioner PD revised April 2013).
Appendix 5 Model development methodology

The Department of Health, Victorian Nurse Practitioner Project VNPP, Phase 4 – Nurse Practitioner Model Development – Key Activities (Katy Fielding, Manager, Nurse Workforce Policy and Programs, Nurse Policy Branch, Department of Human Services) was used to guide the project plan for the development of the IBD NP model. The four groups of activities are:

1. Understanding local demand and opportunities
2. Shaping the service model for NPs
3. Priming the organisation for NPs, and
4. Preparing the nursing workforce

The project plan was developed with input from Head of Colorectal Medicine, Head of Gastroenterology, IBD NPC and the Manager, Nursing Workforce. The Project Plan included:

Scope of the project:
The development of a model that:
- is consistent with the ANMC (2006) National Competency Standards for the Nurse Practitioner;
- is consistent with the Vision and Values of MH
- is formally accepted by MH Executive, Cancer and Infectious Diseases Division and representatives of each stakeholder group;
- is developed in collaboration with all major stakeholders;
- will improve patient satisfaction with the RMH IBD service;
- clarifies the role of the NP and in particular, the IBD NP;
- is responsive to the identified service gaps;
- identifies a clinical governance structure for the IBD NP;
- is well promoted throughout the organisation.

Objectives:
- To identify the demand and opportunities for IBD NPs within RMH;
- To identify the current model of care which includes an IBD Nurse Practitioner and how the IBD NP role will complement the existing service;
- To identify and involve all relevant stakeholders in the development of the IBD NP model;
- To develop a strategic plan for 0-1 year, 1-3 years and 3-5 years;
- To develop an evaluation process.

Methodology:
- Literature review including a review of current organisational strategic documents;
- Conduct a gap analysis;
- Consultation with identified stakeholders (Consultation Plan attached);
- Observational study.

Key Tasks:
- Literature review of Global, National and local publications on the role of NPs and management of IBD patients;
- Promote the role of the IBD NP by developing a discussion paper and PowerPoint presentation;
- Stakeholder analysis;
• Shadowing the IBD NPC to understand current role and verify gaps;
• Site visits - Sunshine Coast-Wide Bay Health Service District, Queensland and the IBD Clinic, Adelaide, South Australia.

**Consultation**

A consultation plan was developed and stakeholders chosen based on their clinical, administrative and professional involvement with IBD patients and/or the IBD NP. Methods of consultation were decided on at the time of arranging appointments based on the preferences of the individual or group and included:

- Face to Face interview/discussion with individuals
- Written Patient Survey
- Attendance at team meetings
- Via contact representatives eg GP Liaison Officer
- Site visits eg Queensland Health, Sunshine Coast-Wide Bay Health Service District and Adelaide.

The purpose of the consultations was to:

- provide further detail on the project
- seek expert opinion of key stakeholders on the draft clinical model;
- discuss how collaborative care arrangements between the IBD NP and stakeholder could improve efficiencies, quality of care and provide continuity of care for patients.

Face to face interviews were conducted with the following stakeholders:

- IBD patients
- Professor Finlay McRae- Head of Colorectal Medicine
- Associate Professor Denise Heinjus-Executive Director of Nursing & Allied Health
- Diane Gill- Executive Director RMH
- Sue Rice- Director of Nursing and Operations, Cancer & Infection Medicine Services
- Joy Turner-Manager, Nursing Workforce
- Associate Professor Marie Gerdtz-ED Advancing Nursing Practice Project Coordinator
- Tom Razga- Emergency Physician- ED
- Geoff Hebbard - Gastroenterologist
- Dr Sue Hooke- GP Liaison
- Dr Scott Jansson & Heather Cole- Pathology
- James Dwyer & Sarah Fotheringham-Pharmacy
- James Gerrish & Stuart Baum-Radiology
- Uyen Phan -Musculoskeletal Physiotherapy Team Leader

**Consultation themes and results**

Among the stakeholders there was a broad understanding about the NP role in general. Clarification of the role of the IBD NP and enabling input from the stakeholders on how the IBD NP could work collaboratively with them to complement their work as well as improve patient care, culminated in support from all stakeholders consulted.

The discussions with the Pharmacy, Radiology and Pathology groups proved beneficial for all parties and identified the impact of legislative limitations to the role of the IBD NP which have been discussed previously in the report.
Appendix 6 IBD NP Strategic Plan

**RMH Inflammatory Bowel Disease Nurse Practitioner 5 Year Strategic Plan**

### 0-1 year

- *Endorsement of IBD NPC*
- *Build collaborative partnerships with internal stakeholders*
- *Promote the role of the IBD NP to patients and health professionals within Melbourne Health*
- *Implement MH IBD NP model*
- *Develop an electronic IBD patient database*
- *Engage in professional development opportunities*
- *Assist in development of clinical guidelines and patient management plans*
- *Continue affiliations with professional bodies*
- *Identify and secure ongoing funding source*

#### 1 EFT IBD NP

### 1-3 years

- *Enhance existing and build new collaborative partnerships with internal stakeholders*
- *Develop collaborative partnerships between internal and external health professionals and other relevant stakeholders to facilitate patient centred care and continuity of care*
- *Mentor nursing staff*
- *Annual evaluation and review of the MH IBD NP model*
- *Initiate research projects*
- *Contribute to ACNP endeavours to lobby for NPs working in public hospitals to access Provider Numbers*

#### 1 EFT IBD NP

### 3-5 years

- *Enhance existing and establish new collaborative partnership arrangements between internal and external stakeholders*
- *Use E-Referral to facilitate sharing of confidential patient health information between appropriate stakeholders*
- *Refine electronic IBD patients Database*
- *Implement Telehealth to consult with IBD patients outside the metropolitan area*
- *Review model based on outcome of evaluation and implement appropriate recommendations*
- *Publish a research paper*
- *explore public/private mix in outpatient setting*

#### 1 EFT IBD NP + 1 EFT IBD CNC