A Service Plan for implementation of the Nurse Practitioner Role in Bendigo Health and Bendigo Community Health Services Inc. 2006–2008.

“Preparing regional nurses for the future”

Project Report
Table of Contents

Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH</td>
<td>Bendigo Health</td>
</tr>
<tr>
<td>BCHS</td>
<td>Bendigo Community Health Services Inc.</td>
</tr>
<tr>
<td>CPG</td>
<td>Clinical Practice Guideline</td>
</tr>
<tr>
<td>CHERC</td>
<td>Collaborative Health Education and Research Centre</td>
</tr>
<tr>
<td>DHS</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>ENP</td>
<td>Emergency Nurse Practitioner</td>
</tr>
<tr>
<td>ENPC</td>
<td>Emergency Nurse Practitioner Candidate</td>
</tr>
<tr>
<td>LMR</td>
<td>Loddon Mallee Region</td>
</tr>
<tr>
<td>NP</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>NPC</td>
<td>Nurse Practitioner Candidate</td>
</tr>
</tbody>
</table>
1. Introduction
Careful planning prior to implementation of the nurse practitioner role is a critical step towards successful and seamless integration of this new role into existing health services. This project enabled Bendigo Health (BH) and Bendigo Community Health Services Inc. to develop a readily transferable plan to enable implementation of the nurse practitioner role within a large regional health service, smaller outreach services and in a community health setting. The implementation plan will be sustainable after completion of the project and will form the foundation for operationalising the nurse practitioner role within the two organisations and sustaining and extending nurse practitioner roles in BCHS. This report outlines the processes that were undertaken to inform the development of the Nurse Practitioner Service Plan. The Service Plan was designed to be readily transferable to other organisations in the rural and regional settings and forms Attachment 1 to this report.

2. Bendigo Health and Bendigo Community Health Service Inc.
BH and BCHS collaborated to develop a service plan that enables both organisations to implement and sustain the role of the nurse practitioner into existing health services. BH was the lead agency for this project and BH’s Collaborative Health Education and Research Centre (CHERC) managed the project. CHERC is a business unit of BH. Collaboration between these key health service providers in Bendigo was seen as critical to the development of a service plan that supports implementation of the nurse practitioner role. The development of a service plan that embraces both acute and community health providers will enhance provision of seamless care across the continuum.

BH is the largest health care provider in the Loddon Mallee Region; and is a multi campus, health care organisation consisting of acute care services, an accredited rehabilitation centre, residential care, psychiatric services, palliative and hospice care and a broad network of extended care and community support services. BH is the largest provider of rehabilitation, residential and community care in the Victorian Loddon Mallee region and is a dynamic and innovative agency which has received recognition for excellence in health care in many fields. BH maintains links with a wide range of health services and these links were important to the project.

BCHS works to strengthen the capacity of individuals and communities to maintain and improve their health and well-being. BCHS provides a broad range of services that include the provision of child and family services, counselling, youth services,
alcohol and drug treatment, health promotion, medical and allied health services. Since 2003 BCHS have been conducting a nurse practitioner demonstration project in the area of men’s health. The experiences of BCHS in implementing a nurse practitioner role was a valuable resource that informed the development the service plan so that it meets the needs of both acute and community health service providers.

Considering the importance and breadth of health services provided by BH and BCHS, successful implementation of the nurse practitioner role is crucial to the ongoing development of adequate and quality health service provision to the people of Bendigo and its surrounding areas.

2.1 The need
Recruitment and retention of nurses in rural and regional areas is widely recognised as an ongoing challenge and one that is compounded by rural issues such as geographic isolation. Similar challenges face recruitment and retention of rural general practitioners leading to limited access for to a broad range of health services. BHCG and BCHS support the idea that development and implementation of the nurse practitioner role is an innovative strategy that will provide an incentive for nurses to move to rural and regional locations for employment opportunities and remain there. This will assist in alleviating some of our workforce issues.

BH participated in the Department of Human Services (DHS) Patient Flow Collaborative and through this work identified key areas where the role of the nurse practitioner could augment existing services through improved access to health services and enhanced patient flow through the organisation. In addition to improving health services within the inpatient and rehabilitation settings it was anticipated that implementation of the nurse practitioner role could supplement rural outreach services provided by BH, for example psychiatric and palliative care services and improve patient flow in the outpatient setting. Statistics also show that in outpatient services over the last three years, despite efforts to reduce waiting lists there has been no long-term decrement in the number of patients waiting for treatment. Gains in the number of patients treated in one category eg orthopaedic are only able to occur at the expense of another category eg general surgery. The introduction of Nurse Practitioners could alleviate this problem markedly, with interventions such as triage of referrals, ordering of diagnostics liaison with General Practitioners and
reviewing of post-op sutures. Outcomes from operational diagnostic activities in the Patient Flow project will continue to inform the Nurse Practitioner Service Plan Project of areas where Nurse Practitioners could assist in alleviating bottlenecks in the system. Further, large numbers of patients present to BHCG’s Emergency Department for primary health care services, these patients are triaged according to the Australian Triage Scale as either 4 or 5 and, at times, endure waits of up to eight hours to see a doctor and eight percent (8%) of these patients leave the Emergency Department prior to seeing a doctor. A chronic shortage of General Practitioners in the Bendigo region and lack of bulk billing medical services compounds this situation. Implementation of the nurse practitioner could contribute to the services offered by the emergency department and facilitate patient flow. This type of nurse practitioner role could also be of value in the community health setting by providing additional resources to an already stretched primary care service.

3. Aim and objectives

3.1 Aim
The aim of this project was to develop a service plan to implement and sustain the nurse practitioner role within Bendigo Health Care Group and Bendigo Community Health Services that will assist in strengthening the capacity of the health system and be readily transferable to other health services.

3.2 Objectives
- To use action research methodology as the theoretical framework to develop the service plan;
- To consult with and engage key stakeholders in the development of the service plan;
- To form collaborative links with other DHS funded nurse practitioner projects;
- To utilise the learning’s from BCHS experience in developing a nurse practitioner role;
- To undertake a review of the literature regarding best practice models for the implementation of the nurse practitioner role in health services;
• To examine the current status within the health service and identify opportunities where implementation of the nurse practitioner role will enhance health service delivery;

• To examine the learning’s, outcomes and recommendations from the Victorian Nurse Practitioner demonstration projects and incorporate these into the development of the service plan;

• To develop a service plan that is sustainable and reflects the deliverables outlines in the project brief;

• To disseminate the outcomes and results of this project widely.

4. Methodology
Action research was used as the theoretical framework for this project. Action research was selected as it is designed specifically to bridge the gap between theory, research and practice and involves collaboration between researcher and practitioner in finding a solution to a practical problem. To compliment and assist in achieving optimal outcomes change management principles were adopted throughout this project.

4.1 Literature review
Current literature was reviewed in relation to nurse practitioners and health service planning to identify models of best practice in the development, sustainability and implementation of the nurse practitioner role in the acute and community health settings.

4.2 Governance Group
A Governance Group with representatives from key stakeholder groups was convened to provide project guidance and support. Ms Clare Turner (BH), and Ms Karen Riley (BCHS) acted as chief advisors to the project.

4.3 Working parties
Two working parties were convened during the project and each had specific portfolios related to the key outcomes for the service plan. The two working parties that were convened were the Peer Review and Clinical Practice Guideline Working Parties.
4.4 Learning Sessions
A series of three plan, do, study, act cycles were conducted throughout the project and each cycle was punctuated by a learning session. Learning sessions facilitated communication between key stakeholders and enabled the service plan to be developed, refined and finalised. Participants included members of the Reference Group, Working Parties, consumers, advance practice nurses, the nurse practitioner candidates from BHCS and BH and key clinicians who championed the concept.

4.5 Consultation with clinical units
Consultation with clinicians from all areas and disciplines in both BH and BCHS was ongoing throughout the project and enabled opportunities to comment on the development of the nurse practitioner service plan.

4.6 Consultation with consumers
Links were formed with consumer groups to enable provision of information in relation to Nurse Practitioner activities within the two organisations.

4.7 Liaison with other DHS Nurse Practitioner projects
Links were formed with other DHS nurse practitioner projects and learning was shared and findings disseminated between the groups. Close links were also maintained with DHS Nurse Policy Branch to enable project information to flow.

5. Results

5.1 Literature review
There is an abundance of literature exploring the Nurse Practitioner role. A number of significant trends have emerged that have seen the development of new roles like the Nurse Practitioner role and this is particularly apparent in rural and regional settings. The major issues that are driving the redesign of nursing roles include under utilisation of nurses advanced skills and knowledge, improving efficiencies of health resources and improving access to health services. Several contemporary literature reviews that focused on the nurse practitioner were examined including those prepared by the Victorian Department of Human Services (2000), The Queensland Health Nurse Practitioner Project (2004), The National Nursing and Nursing Education Taskforce (2005). Common themes emerged form the reviews including evidence to support advance practice roles in nursing, clinical effectiveness of nurse
practitioners in relation to assessment, treatment, improved patient care and health outcomes, and patient satisfaction and acceptance of the emerging role. In addition reviews included the nurse practitioner role in relation to cost to the health service, legislative and regulatory issues and education of nurse practitioners.

5.2 Governance Group
The Governance Group met monthly throughout the project and were responsible for providing support and direction to the project. The Governance Group was also responsible for directing the Emergency Nurse Practitioner and Emergency Clinical Nurse Consultant Projects. Membership was consisted of the following representatives:

- Chair BH Executive Director of Nursing / Surgical Services (Glenis Beaumont)
- BH Notetaker (Sandra Woolley)
- La Trobe University–Head of School, Nursing (A/Professor Mandy Kenny )
- BH Nursing Director Surgical Services (Clare Turner)
- BH Nursing Director Medical Services (June Dyson)
- BH Nursing Director Aged Care and Residential Services (Marlene Connaughton)
- Bendigo Community Health Service (Karen Riley)
- Australian Nurses Federation Representative (Loretta Marchesi)
- Operations Manager CHERC (Jenni Ham)
- Project Manager (Kate Hyett)
- Associate Member, Project Officer (Alex Crawford)

5.2.1 Communication strategy
A communication strategy was developed by the project team and aimed to engage and inform key stakeholders and enable successful and implementation and sustainable outcomes. The communication strategy was authorised by the project Governance Group and was implemented by members of the Governance Group and project team to assist in dissemination of project information during the Scoping
A number of principles underpinned the communication strategy and included:

- Identifying and engaging stakeholders
- Preparing appropriate type, depth, and quantity of information to provide to stakeholders
- Reporting on project progress and outcomes
- Valuing different opinions and perspectives
- Establishing key messages that are consistent
- Flexible processes that can accommodate change
- Understanding and use of a common language
- Transparency in communication and consultation
- Active listening

5.3 Working parties
Two working parties were convened to assist in development of the service plan in relation to objectives outlined in the project submission. Membership was drawn from key areas across acute and community health services and the working parties were informed by the Governance Group, data collected by the project team and current nurse practitioner models identified in the literature. The Working Parties were chaired by relevant members of the Governance Group, for example, The Clinical Practice Guideline Working Party was chaired by the Director Nursing Medical Services. The Project Manager participated in each of the Working Parties. The Working Parties were designed to continue after development of the Service Plan to support and sustain further development of the nurse practitioner role and assist in sustaining the existing Nurse Practitioner roles in BH and BCHS.

5.3.1 Clinical Practice Guideline Working Party
The purpose of the Clinical Practice Guideline Working Party was to facilitate the development of clinical practice guidelines for Nurse Practitioners. The working party comprised of a multidisciplinary team of clinical experts, department heads and
members of the project team. Meetings were conducted on a monthly basis and Working party members were briefed on project progress by the project team. The meetings enabled members to have input into the project and examine and suggest CPG’s that are required to support the Nurse Practitioner role. Clinical Practice Guidelines that were developed by the Emergency Nurse Practitioner Candidates and Project Officer were presented to the working party for comment and expert opinion. The CPG’s were modified in response to Working Party comment and then represented to the group. Following approval at the Working Party level the CPG’s entered the CPG Authorisation Tree to commence the process for organisation wide endorsement (See Section 4.3.2.1 Clinical Practice Guideline Authorisation Tree). It is anticipated that this working party will continue beyond the life of the Service Plan project and act as a sustainable method of developing, authorising and reviewing CPG’s for the Nurse Practitioner roles as they emerge across the organisation. A total of eleven CPG’s for Nurse Practitioner candidates have been developed to date. The CPG’s that have been developed are specifically designed for Emergency Department Nurse Practitioner Candidates as Bendigo Health is currently managing a DHS funded project implementing Regional Emergency Nurse Practitioner role.

Clinical Practice Guideline Working Party representatives included:

- Nursing Director Medical Services (June Dyson)
- Acting Manager Medical Services (David Rosaia)
- Nurse Practitioner Candidate (Jen Oxley)
- Nurse Practitioner Candidate (Kathy Tori)
- Emergency Department Nurse Unit Manager (Margot Scholes)
- ED Medical Director (Mike Taylor)
- Manager Radiology Department (Luke Adorni)
- Director Pharmacy Department (Kent MacMillian)
- Manager Pathology Department (Glenda Shrimpton)
- Project Officer (Alex Crawford)
- CHERC Project Manager (Kate Hyett)
5.3.2.1 Clinical Practice Guideline Authorisation Tree
A Clinical Practice Guideline Authorisation Tree was developed to ensure each CPG was authorised by appropriate personnel and organisational committees. The Authorisation Tree was designed to enable all key stakeholders to review the Clinical Practice Guideline’s prior to them being trialled and adopted as working documents. See Appendix X.

5.3.2 Education and Peer review working party
The Nurse Practitioner Education and Peer Review Working Party was developed to support Nurse Practitioner Candidates working towards endorsement from the Nurses Board of Victoria. Peer review is a process of professional reflection where a Nurse Practitioner Candidate presents a patient care ‘case.’ The case may be current or retrospective, challenging or interesting, or one that did not progress according to plan and where other professional advice might be useful. A case review template was designed to direct the Nurse Practitioner Candidates in their peer review sessions (See Appendix X).

The Education and Peer Review Working Party was also designed to allow the Nurse Practitioner Candidate an opportunity to discuss any issues or ideas about the Nurse Practitioner role in a small forum. The forum also enables the candidates to develop learning contracts.

The Peer Review Working Party introduced an ‘e-mail forum’ which included all members of the group and two Nurse Practitioner experts from external agencies. The e-mail forum includes Nurse Practitioner mentors, Wendy Swann who is a Nurse Practitioner in rural and remote NSW, and Dirk Keyzer who is a retired Professor of Rural and Remote Nursing and Nurse Practitioner Development from the United Kingdom. The aim of the e-mail forum is to enable the Nurse Practitioner candidates to express ideas about their role via e-mail and for members of the group to provide advice and support for the Nurse Practitioner Candidate’s. Members of the Peer Review Working Party include:

- Nursing Director Surgical Services (Clare Turner)
- Nursing Director Medical Services (June Dyson)
- Professor of Nursing UK (Dirk Dirk Keyzer)
• Nurse Practitioner Royal Flying Doctor Service (Wendy Swann)
• Senior Nurse Educator (Shaun Bowden)
• Acting Manager Medical Services (David Rosaia)
• Nurse Practitioner Candidates (Jen Oxley and Kathy Tori)
• Emergency Department Nurse Unit Manager (Margot Scholes)
• Project Officer (Alex Crawford)
• CHERC Project Manager (Kate Hyett)

5.3.3 Working party portfolios
Several areas were identified in the project submission as being critical for the development of the Service Plan to implement the Nurse Practitioner role including:

• Priority areas for implementing the Nurse Practitioner role
• Policy review and policy framework development
• Communication and marketing
• Role and scope of practice for nurse practitioners
• Clinical practice guidelines and education (review and case presentation)

The Peer Review Working Party was responsible for:
• Role and scope of practice for nurse practitioners
• Clinical practice guidelines and education

Clinical Practice Guideline Working Party was responsible for:
• Policy review and policy framework development
• Clinical practice guidelines and education (development of CPG’s and clinical education processes)
The two remaining portfolios, communications and identification of priority areas for implementation were managed by the Nurse Practitioner Governance Group and project team.

5.4 Learning sessions
A total of eighty key stakeholders participated in the three workshops and included representatives from across BH and BCHS. Senior managers from surgical and medical services, clinicians and allied health services were represented at the workshop. See Appendix 1 for a full report of Learning Session 1.

Learning Session 1 was a two hour workshop conducted on Friday 4th November which commenced the development of the Bendigo Health (BH) and Bendigo Community Health Service Inc. (BCHS) Nurse Practitioner Service Plan, through consultation with key stakeholders from the two organisations participating in this project.

The workshop agenda forms part of Appendix 1. The project briefing focused on increasing participants understanding of the emerging Nurse Practitioner role in BH’s emergency Department and BCHS’s experience in establishing the Men's Health Nurse Practitioner role. Participants were invited to contribute to an analysis of the strengths weakness opportunities and threats (SWOT) associated with the implementation of the Nurse Practitioner role.

Participants identified key areas that may benefit from the implementation of the role and commenced discussions on the issues that may be barriers to implementing this role, for example clearly identifying the scope of practice for the Nurse Practitioner.

Of the thirty participants who attended the 1st Learning Session 15 completed the evaluation form. A copy of the evaluation form and results form part of Appendix 1.

The plans for learning sessions 2 and 3 were designed in response to the needs of the project and its participants.

Learning Session 2 was conducted on March 15th 2006 was an opportunity for the group to review the results of the scoping process and comment.

Learning Session 3 was conducted on June 12th 2006 where the final draft of the service plan was made available for review and comment.
5.5 Consultation with clinical units
A number of small work groups were assembled from the areas identified during Learning Session 1 for implementation of the Nurse Practitioner role. These sessions were facilitated by the Project Manager and were conducted over an hour. The groups, comprising of key stakeholders, meet to discuss how the Nurse Practitioner role could be implemented, including organisational requirements for the introduction of the role for example:
SWOT analysis of the specific clinical unit
role clarification
clinical practice guidelines that may be required
policy changes to support the introduction of the role
training and education needs for the specific specialty area
clinical governance to support the role

The consultation process assisted the change process by maintaining open communication. The method also heightened awareness of the nurse practitioner role amongst clinicians and encouraged potential candidates to commence planning to undertake the necessary processes to become a nurse practitioner.
A number of distinct areas were identified during Learning Session 1 as having potential to develop into a Nurse Practitioner role these included:

- Anaesthetics/Pain
- Orthopaedics
- Patient services
- Aged care-rehabilitation
- Aged care-residential care
- Neuro/stroke
- Dementia
- Diabetes
- Sexual health
- Youth health
- Drug and alcohol
- Psychiatry
- Regional Psychiatry
- Urology
• Wound
• Oncology
• Palliative care
• Chronic disease including respiratory, chronic heart disease, cardiac rehabilitation and renal)

Data collected during the consultation process was analysed and presented at Learning Sessions 2 and 3, the Governance Group and Working Party meetings. This data informed the development of the Service Plan. Table 1 provides detail of the site visits across BH and BCHS.
## Table 1: Clinical unit site visits

<table>
<thead>
<tr>
<th>Unit</th>
<th>Date</th>
<th>Nurse/Manager</th>
<th>Doctor</th>
<th>Allied Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaesthetics</td>
<td>5/12/05</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Inpatient rehabilitation</td>
<td>7/12/05</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Oncology</td>
<td>9/12/05</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>HART</td>
<td>12/12/05</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Aged Care</td>
<td>15/12/05</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Continence</td>
<td>15/12/05</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wound management</td>
<td>19/12/05</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>20/12/05</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Critical Care Unit</td>
<td>22/12/05</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>11/12/05</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>16/12/05</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HARP</td>
<td>8/2/06</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Patient Services</td>
<td>21/12/06</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Services</td>
<td>21/2/06</td>
<td>13</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Diabetes Service</td>
<td>18/4/06</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community health scoping meetings</td>
<td>23/2/06 &amp; 7/3/06</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cardiac Rehabilitation / HARP</td>
<td>5/3/06</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Division of General Practice</td>
<td>4/4/06</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaesthetics (NP)</td>
<td>25/5/06</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
6 Clinical unit consultation results
At clinical unit group meetings potential strengths, weaknesses opportunities and threats in relation to implementation of the nurse practitioner role were identified and discussed. Potential funding models were also explored.

6.1 Strengths
Strengths that were identified were counted and themed into main groups. Strengths identified during the group meetings are outlined in Table 2

Table 2: Strengths

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance by some General Practitioners and Medical Specialists</td>
<td>12</td>
</tr>
<tr>
<td>Improved coordination of patient care</td>
<td>10</td>
</tr>
<tr>
<td>Organisational and Management support</td>
<td>10</td>
</tr>
<tr>
<td>Improve relationships, networks and systems (for health professionals)</td>
<td>8</td>
</tr>
<tr>
<td>Take pressure off General Practitioners and Specialists (Improve health resources available)</td>
<td>8</td>
</tr>
<tr>
<td>Existing skills (high level) of some nurses</td>
<td>7</td>
</tr>
<tr>
<td>Improved timeliness (of care)</td>
<td>7</td>
</tr>
<tr>
<td>Standardised care</td>
<td>6</td>
</tr>
<tr>
<td>Improved quality of care</td>
<td>6</td>
</tr>
<tr>
<td>Links with other projects and work being conducted – (i.e. Integrated Cancer Service)</td>
<td>5</td>
</tr>
<tr>
<td>Improve access for patients</td>
<td>3</td>
</tr>
<tr>
<td>Improved continuity of care</td>
<td>3</td>
</tr>
<tr>
<td>Good clinical governance</td>
<td>2</td>
</tr>
<tr>
<td>Improve patient outcome</td>
<td>2</td>
</tr>
<tr>
<td>Improve patient experience</td>
<td>2</td>
</tr>
<tr>
<td>Cost (&lt; for Nurse Practitioner than doctor)</td>
<td>1</td>
</tr>
<tr>
<td>Improved time management</td>
<td>1</td>
</tr>
<tr>
<td>Decreased length of stay</td>
<td>1</td>
</tr>
</tbody>
</table>

6.2 Weaknesses
Weaknesses that were identified were counted and themed into main groups. Weaknesses identified during the group meetings are outlined in Table 3
Table 3: Weaknesses

<table>
<thead>
<tr>
<th>Weakness</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources required to educate and supervise Nurse Practitioners</td>
<td>16</td>
</tr>
<tr>
<td>Educational process (including course too long, engagement of medical supervisor)</td>
<td>10</td>
</tr>
<tr>
<td>Cost (of Masters degree and to organisation)</td>
<td>10</td>
</tr>
<tr>
<td>Unclear diverse role</td>
<td>9</td>
</tr>
<tr>
<td>Use of existing EFT and funding</td>
<td>5</td>
</tr>
<tr>
<td>Potential for staff to leave organisation after training</td>
<td>3</td>
</tr>
<tr>
<td>Remuneration inadequate</td>
<td>3</td>
</tr>
<tr>
<td>Lack of Medicare provider number</td>
<td>3</td>
</tr>
<tr>
<td>Requires ongoing project support to implement role</td>
<td>1</td>
</tr>
<tr>
<td>Requires additional resources to cope with increased patient flow</td>
<td>1</td>
</tr>
<tr>
<td>Lack of consistent clinical practice (in some specialty areas)</td>
<td>1</td>
</tr>
<tr>
<td>Impact on registrar recruitment</td>
<td>1</td>
</tr>
</tbody>
</table>

6.3 Opportunities

Opportunities that were identified were counted and themed into main groups. Opportunities identified during the group meetings are outlines in Table 4.

Table 4: Opportunities

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streamline work practices</td>
<td>13</td>
</tr>
<tr>
<td>Fill gaps in rural and regional health services (because of lack of registrars and General practitioners)</td>
<td>11</td>
</tr>
<tr>
<td>Good for nursing profession</td>
<td>10</td>
</tr>
<tr>
<td>Improve response time</td>
<td>9</td>
</tr>
<tr>
<td>Expand services</td>
<td>Within BH - 8 Regionally – 8</td>
</tr>
<tr>
<td>Improve patient flow</td>
<td>7</td>
</tr>
<tr>
<td>Assist in the recruitment of doctors to region</td>
<td>6</td>
</tr>
<tr>
<td>Provide interdisciplinary education</td>
<td>5</td>
</tr>
<tr>
<td>Expand trials and research</td>
<td>3</td>
</tr>
<tr>
<td>Decrease length of stay</td>
<td>3</td>
</tr>
<tr>
<td>Improve links between health professionals</td>
<td>2</td>
</tr>
<tr>
<td>Access different funding sources</td>
<td>1</td>
</tr>
<tr>
<td>Substitute Nurse Practitioners for Registrars</td>
<td>1</td>
</tr>
</tbody>
</table>
6.4 Threats
Threats that were identified were counted and themed into main groups. Threats identified during the group meetings are outlined in Table 5.

Table 5: Threats

<table>
<thead>
<tr>
<th>Threats</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>12</td>
</tr>
<tr>
<td>Doctors</td>
<td>11</td>
</tr>
<tr>
<td>Recruitment of candidates (quality and quantity)</td>
<td>10</td>
</tr>
<tr>
<td>Cultural change required</td>
<td>8</td>
</tr>
<tr>
<td>New role / Confidence of nurse practitioners</td>
<td>6</td>
</tr>
<tr>
<td>Patients / community</td>
<td>5</td>
</tr>
<tr>
<td>AMA</td>
<td>3</td>
</tr>
<tr>
<td>Lack of knowledge understanding of the Nurse Practitioner role</td>
<td>3</td>
</tr>
<tr>
<td>Funding / cost</td>
<td>3</td>
</tr>
<tr>
<td>Medico legal / indemnity issues</td>
<td>2</td>
</tr>
<tr>
<td>General Practitioners may drop out of certain areas (e.g. aged care / drug and alcohol)</td>
<td>2</td>
</tr>
<tr>
<td>Change in day to day care</td>
<td>2</td>
</tr>
<tr>
<td>Workload for candidates</td>
<td>2</td>
</tr>
<tr>
<td>Legislation</td>
<td>1</td>
</tr>
</tbody>
</table>

7. Liaison with other DHS projects
Links were formed with other DHS nurse practitioner projects and learning was shared and findings disseminated between the groups. Close links were also maintained with DHS Nurse Policy Branch to enable project information to flow. A total of four meetings were attended by the Project Manager over the course of the project.

8. Consumer consultation
The BH Consumer Group was consulted on two occasions during the project and feedback regarding the implementation of the Nurse Practitioner role was extremely positive on both occasions.

9. Organisational changes required to support the introduction of the Nurse Practitioner role
9.1 Change management strategies
The principles of change management underpin the Nurse Practitioner Service Plan. Strategies that were incorporated into the Service Plan include:
Communication strategy
Liaise with consumer representative groups
Orientation package for new nurse practitioner positions
Embedding the role into the organisations existing policy and procedure framework
Engaging all levels across the organisation in the development of the new roles
Engaging consumer representative groups in the information dissemination process
Linking with key stakeholders (LaTrobe University Clinical School, DHS Nurse Policy Branch, The Nurses Board of Victoria, other like projects )

9.2 Policy and procedures
A number of policies and procedures were developed during the project to support implementation of the Nurse Practitioner role. These policies and procedures are currently being trialled by the Emergency Department Nurse Practitioner Candidates but are readily transferable to other clinical units and the community setting. Policies and procedures developed to date include:
- Ordering pharmacy
- Ordering pathology
- Ordering radiology
- Referring to General Practitioners
- Admission to hospital
- Discharge form hospital
- Referral to a Specialist
- Referral to Outpatients clinic
- Referral to Hospital in the Home (HITH)
- Referral to Chronic Diseases Care Coordinator (Emergency Department)
- Credentialing policy for nurse practitioner
9.3 Funding
The need to fund emerging nurse practitioner positions is Lobby funders for increase funding for Grade 6 positions
Increase education and training funding (medical and nursing)
Scholarships

9.4 Training mentoring education clinical supervision
9.4.1 Medical supervision and mentoring
As part of the framework for implementing nurse practitioners a senior doctor is approached by the nurse practitioner candidate and asked if they will agree to be the clinical mentor during the nurse practitioners candidacy. Medical mentors form within the candidates speciality area are critical to support the development of the candidate and the nurse practitioner role. Additionally, medical specialist form other units in the health service are required to provide education to nurse practitioner candidates for example radiologists and pathologists.

9.4.2 Peer Review Working Party
The NPC’s Peer Review working party aims to support nurses by providing professional support towards Nurse Practitioner endorsement. Peer review, is a process of professional reflection whereby one of the NPC’s presents a patient care ‘case.’ The case can be current or retrospective and which is or was particularly challenging or interesting or which did not progress according to plan and where other professional advice might be useful. A case review template was designed to direct the NPC’s in their peer review sessions.

The ‘Peer Review Working Party’ is also designed to allow the NPC an opportunity to discuss any issues or ideas about their role in a small supportive forum. Each nurse practitioner will develop a learning contract to guide their learning in relation to their area of speciality.

9.4.3 Nurse Practitioner Candidates Log Book
As part of the Nurse Practitioner Project a patient log book is kept by the candidates to ensure that the NPC are practicing within their scope of practice. The log book is signed off by the Senior Doctor they are working with on the shift. The log book gives the NPC a detailed account of all patients they have managed.

9.4.4 Nurse Practitioner Study Days
A day a month has been allocated as a study day for nurse practitioner candidates. The study day is a rostered day (paid day). The study day activities include:

- Developing new CPG’s
- Modifying CPG’s as they progress along the Authorisation Tree
- Evidenced based research
- Attend education sessions 1:1 with clinical specialists
- Working closely with the Nurse Practitioner Project Officer on policy development
- Following up on patients
- Developing a learning contract in collaboration with the Senior Nurse Educator

As part of the Emergency Nurse Practitioner Projects a study day is organised once a month at a different hospital throughout regional and metropolitan Victoria. Nurse Practitioners at Bendigo Health are supported to attend these days.

10. Budget for implementing the nurse practitioner role

To aid sustainability of the nurse practitioner role, new roles will be introduced into the organisation using existing funding. By taking this position the organisation anticipates that it will not become reliant on funding from external sources each time a new nurse practitioner role is identified. The Clinical Practice Guideline and Education and Mentoring Working Parties will provide support for the development of nurse practitioner roles within existing budgets and medical education and mentoring will be provided from within existing budgets.

11. Sustainability plan

Use of the Service Plan will be critical in developing and sustaining the nurse practitioner role. The service plan will enable development of a consistent structure that will strategically develop and integrate the new role into existing services. Through modify service delivery models to incorporate the role and use of existing resources the new role can be introduced in a sustainable way. Embedding the required changes to support the nurse practitioner role into policy and procedure will further aid sustainability of the role.

12. Evaluation plan

Evaluation of the NP role will be consistent with DHS recommendations and will include:
• Quality of the service provided by the NPC’s (up to date with evidence based practice, consumer experience, consumer choice, consumer values)

• Feasibility of the Nurse Practitioner role (including ongoing employer and management support of role implementation, effectiveness, efficiency, cost-benefit, sustainability)

• Access to the Nurse Practitioner service (including availability, acceptability, convenience, timeliness, choice and equity issues)

• Appropriateness of the Nurse Practitioner service provided (including consumer experience, consumer satisfaction, safety, continuity of care)

• Collaborative practice (including identification of professional roles and boundaries, participation in case conferencing, referrals to and from other health care workers, initiation of care plans, health professional experience)

• Cost (including changes in resource use, production effects, costs to the consumer and community, costs to the health system, professionals’ time, supplies, capital, overheads, costs of other services, cost-effectiveness, indirect costs)

• Outcomes (including consumer experience, symptom relief, complications, consumer satisfaction, physical, psychological and social function, impact on other services, educational value, unexpected outcomes)

• Restrictions/limitations to current practice

• Scope for improving and broadening practice of the Nurse Practitioner service

Tables 3 and 4 provide a guide for the evaluation framework and collection of evidence to support the evaluation process.

### Table 6: Evaluation Framework

<table>
<thead>
<tr>
<th>Data Collection Fields</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of visit</td>
<td></td>
</tr>
<tr>
<td>Unique patient identifier</td>
<td>Each patient’s UR number</td>
</tr>
<tr>
<td>Patient type</td>
<td>To be defined (chronic, acute)</td>
</tr>
<tr>
<td>KPI</td>
<td>Description</td>
</tr>
<tr>
<td>-----</td>
<td>-------------</td>
</tr>
<tr>
<td>ICD codes for all patients cared for by the NPC</td>
<td></td>
</tr>
</tbody>
</table>
| Wait time | In minutes to see a NPC (will be estimated from admission time)  
Timely access to see a NPC  
Access to NPC quicker than waiting to see an ED Doctor  
Reduced time to treatment and discharge |
| Consultation Time | How long did the NPC spend with each patient (In minutes)  
Satisfaction with consultation time  
Letters of appreciation from satisfied patients who were cared for by the NPC  
Patient requesting to see NPC at triage instead of a doctor due to previous satisfying experience with NPC |
| Time to discharge | In minutes (will be estimated from discharge records)  
(Key performance indicators) |
| Satisfaction with consultation | From patient feedback form  
Quality of treatment  
Quantity of treatment |
| Sentinel events | To be defined e.g. Medication dose errors  
Patients who represent after being cared for the NPC within 48 hours  
Exercise book at triage to capture the patients who represent |
| Service Costs | Fixed variable, direct, indirect – consult finance for methods |


### Table 7: Gathering Evidence

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Data Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document analysis</td>
<td>Description: Evidence of compliance / changes in protocols/referral pathways to accommodate Nurse Practitioner role</td>
</tr>
<tr>
<td>Date of visit</td>
<td>Seasonal trends</td>
</tr>
</tbody>
</table>
| Unique patient identification | Total number of patients seen  
Occasions of service |
| Patient type | Frequency |
| Wait time | Minimum, maximum, mean, mode, median, standard deviation |
| Consultation time | |
| Discharge time | |
| Satisfaction with consultation | Frequency |
| Sentinel events | Frequency and frequency of patient types |
| Service costs | Average cost per patient treated |
| Self report | Description of barriers and facilitators to practice |


13. Rural and regional issues

Several issues were identified during the scoping project that were unique to the regional setting and are outlined below.

The cost of an appropriate master's degree was considered prohibitive by nurses considering the nurse practitioner role. Additional cost associated with study were also identified and included travel and accommodation costs as there is no nurse practitioner masters or pharmacology unit courses available in Bendigo. It was commonly expressed that the remuneration after endorsement as a nurse practitioner was not worth the cost associated with undertaking a master's degree. Potential nurse practitioner candidates also identified that the demands of a family and/or business (farming etc...) in combination with travel and cost may be a factor which prevents them from considering a nurse practitioner candidature.

Many medical specialists within regional health services are Visiting Medical Officers and, as such are not compelled, or able to act as medical mentors for nurse practitioner candidates. In addition to this there are limited opportunities to access appropriate specialists who are able to provide education and mentor the candidate and nurse practitioners and are also supportive of the nurse practitioner role.

It was also identified that regional health services have limited opportunities for development of the role because services are developed in line with available medical specialist. For example, if there is no access to neurology services it will not be possible or practical to establish a neurology nurse practitioner role.

14. Barriers and possible solutions to implementing the nurse practitioner role.
Several barriers and possible solutions to the barriers are outlined in Table 4 below.

**Table 8: Barriers and possible solutions.**

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remuneration</td>
<td>Lobby funding bodies</td>
</tr>
<tr>
<td>Education</td>
<td>Scholarships scheme or education funded by health services</td>
</tr>
</tbody>
</table>
| Change management required to embed the new role | 1. Peak body within organisation (Nurse Practitioner Governance Group) to coordinate implementation and integration  
  2. Project management support over extended timeframe to manage implementation process |
| Legislative changes required (Medicare, Public Benefits Scheme) | Lobby Federal and State Government                                                  |
Appendix 1: Learning Session 1 Report

BENDIGO HEALTH & BENDIGO COMMUNITY HEALTH SERVICES Inc.
NURSE PRACTITIONER SCOPING PROJECT
Learning Session 1
PLANNING WORKSHOP-4 NOVEMBER 2005

REPORT
1. Introduction
A two hour workshop was conducted on Friday 4th November to commence the development of the Bendigo Health (BH) and Bendigo Community Health Service Inc. (BCHS) Nurse Practitioner Scoping Project, through consultation with key stakeholders from the two organisations participating in this project.

The aim of this project is to develop a service plan that will enable both organisations to implement and sustain the role of the nurse practitioner into existing health services. The service plan will assist in strengthening the capacity of the health system and be readily transferable to other health services.

The service plan will be submitted to the Department of Human Services (DHS) on June 30, 2006. Careful planning prior to implementation of the nurse practitioner role is a critical step towards successful and seamless integration of this new role into existing health services. This project will enable BH and BCHS to develop a readily transferable plan to enable implementation of the nurse practitioner role within a large regional health service, smaller outreach services and in the community health setting. The implementation plan will be sustainable after completion of the project and will form the foundation for operationalising the nurse practitioner role within BH and sustaining and extending nurse practitioner role in BCHS. The service plan will be reviewed throughout the project and will evolve in response to changing needs and priorities.

2. Participants
A total of thirty key stakeholders participated in the workshop and included representatives from across BH and BCHS. Senior managers from surgical and medical services, clinicians and allied health services were represented at the workshop. Appendix 1 identifies workshop participants.

3. Purpose
The purpose of the workshop was to work with key stakeholders from BH and BCHS to commence development of the Nurse Practitioner service plan, in particular:

- to consult with and engage key stakeholders in the development of the service plan;
- to utilise the learning’s from BCHS experience in developing a nurse practitioner role and
• to examine the current status within the health service and identify opportunities where implementation of the nurse practitioner role will enhance health service delivery.

4. Format

The workshop agenda is attached as Appendix 2. The project briefing focused on increasing participants understanding of the emerging Nurse Practitioner role in BH’s emergency Department and BCHS’s experience in establishing the Men’s Health Nurse Practitioner role. The participants were invited to contribute to an analysis of the strengths weakness opportunities and threats (SWOT) associated with the implementation of the Nurse Practitioner role.

Participants identified key areas that may benefit from the implementation of the role and commenced discussions on the issues that may be barriers to implementing this role, for example clearly identifying the scope of practice for the Nurse Practitioner.

5. SWOT analysis

The SWOT analysis was facilitated by Associate Professor Nick Santamaria and was conducted over forty five minutes. The results are outlined below.

5.1 Strengths

A number of strengths were identified in relation to implementing the Nurse Practitioner role in BH and BCHS.

They included:
- Improving outcomes for clients in areas that require additional clinical staff, such as psychiatry.
- Cost effectiveness, may reduce health service costs (although no evidence of this). Improving access to health services.
- Improving management of patients thus reducing organisational risk.
- The Bendigo Health system of admitting patients under a bed card (Nurse Practitioner to work under a bed card and link with associated medical staff).
- Ability to fill “hard to fill” (with Residents) positions in areas of need, such as psychiatry and neo natal intensive care.
- Sustainability.
- Enhance communication across continuum of care.

5.2 Weaknesses

Several weaknesses to the implementation of the Nurse Practitioner role were identified during the session, including:
Query cost effectiveness (although no evidence of this).
No incentive for preventative health management programs (i.e. screening).
Screening may increase costs as there is no Medicare funding services or individuals
may need to pick up the cost of these services.
No Medicare provider number.
Pathology results need to be reported to responsible clinician—need protocols
particularly for critical results.
Duplication of Residents and Registrars duties.
Need for definition of role.
Clarification of indemnity status.

5.3 Opportunities
A number of service areas were identified as appropriate for the introduction of the
Nurse Practitioner role. They included:
• Chronic Disease management – respiratory, cardiac, renal, diabetes
• Palliative care
• Pain management
• Rehabilitation
• Emergency Department (Fast track)
• Aged Care and Aged Care Assessment
• Orthopaedics–pre op, post op and community phases of care
• Midwifery
• Continence
• Oncology
• Wound management
• Community nursing
• Pre admission

Opportunities were also identified that could enhance existing services within BH
including:
• Development of multi disciplinary education
• Enhancing existing links with regional clinical school and the Bendigo Division of
  General Practice
• Enhancing links (consultation and communication) with other key organisations
  particularly links between community and acute health services
• Auditing of specific areas i.e. trauma audit
5.4 Threats
The group identified a number of threats that may impact on the introduction of the Nurse Practitioner role, including:

- Budget (funding the Nurse Practitioner at higher rates than current EFT)
- Misunderstanding the different nursing and medical roles
- Nurse education—lack of preparation for advanced pathophysiology and assessment
- Not enough clinical practice in Masters Degree
- Leadership from team and clinical governance
- Legislative issues
- Lack of collaboration for outpatients settings
- Pharmaceuticals in the community setting

6. Open discussion
There was an opportunity for participants to make some general comments at the completion of the SWOT analysis. A number of critical factors were identified for successful implementation of the role into BH and BCHS. These included:

- Developing a clear vision of what we wish the role to become and how it will fit within existing services and work towards that vision. “Begin with the end in mind”.
- Access existing Nurse Practitioner projects as these can inform our strategic planning process.
- Encourage DHS to commence planning for the next phase of Nurse Practitioner funding. Therefore commence identifying areas for further research and development.
- Examine opportunities for developing further the Nurse Practitioner role in Aged care as a strategic move to engage GP’s.
- Market the role of the Nurse Practitioner, particularly amongst the GP workforce.
- May be worthwhile to consider alternative funding for the development of the Nurse Practitioner role. For example Federal Government funds or private company funds.

7 Next steps
The Nurse Practitioner scoping document is due for submission to DHS on June 30 2006. Work groups will be convened to explore further the development and
implementation of the Nurse Practitioner role in the areas identified as priority areas during Learning Session 1.

### 7.1 Work groups

A number of small work groups will be assembled from the areas identified for implementation of the Nurse Practitioner role. The groups will meet to discuss how the role can be implemented in the said area, including the organisational requirements for the introduction of the role for example:

- SWOT analysis of the specific clinical unit
- role clarification
- clinical practice guidelines
- required policy changes to support the introduction of the role
- training and education needs for the specific specialty area
- clinical governance

Information from the work group meetings will inform the development of the service plan.

### 7.2 Communication strategy

#### 7.2.1 Aim

The aim of the communication strategy for the three Nurse Practitioner projects is to engage and inform key stakeholders to enable successful and sustainable implementation of each project.

#### 7.2.2 Principles

- Appropriate type, depth, and quantity of information provided to all stakeholders
- Identification and engagement of stakeholders
- Agreement on the way forward
- Valuing differences of opinions and perspectives
- Establishment of the key messages will ensure consistency and validity
- Agreement of outcomes and a consensus of how to get there
- Flexibility in processes to accommodate change
- Relevancy of information sharing to all audiences
- Understanding and use of a common language
- Honesty and transparency in communication and consultation
7.3 Learning Sessions 2 and 3
The key stakeholder group will be invited to Learning Sessions 2 and 3. Learning Session 2 will be conducted on Friday 24<sup>th</sup> February 2006 and will be an opportunity for the group to review the draft service plan and comment. Learning Session 3 will be conducted on May 5<sup>th</sup> 2006 and the final draft of the service plan will be available for review and comment.

8. Evaluation of Learning Session 1
Of the thirty participants who attended the 1<sup>st</sup> Learning Session 15 completed the evaluation form (Appendix 3).

**Question 1 What was your primary reason for attending the meeting today?**
Question 1 asked participants to indicate their primary reason for attending the meeting. Of the responses, 10 participants wanted to have input in the development of the Nurse Practitioner Service Plan, 9 respondents indicated they had an interest in the Nurse Practitioner role and one was interested in reviewing work practices.

**Question 2 Did the meeting fulfil your expectations?**
Of the fifteen responses thirteen stated the meeting mostly fulfilled their expectations and 2 stated the meeting fulfilled their expectations.

**Question 3 Did you find the speakers that presented at this meeting informative?**
All respondents indicated they found the speakers at the meeting informative. Comments included:
“Good moderator”
“Very good presenters…”

**Question 4 What other information do you feel could or should have been included?**
Participants identified that additional information that could or should have been included at the meeting was the Bendigo Health executive perspective on the Nurse Practitioner role and definition of who, and how the next stage of the project would develop.
Question 5 What is your current position?
There were thirteen responses to this question of the responses 9 attendees were in a management role, 2 were surgeons, 1 was medical consultant from the Emergency Department and one was a Nurse Practitioner Candidate.

Question 6 What were the major benefits from attending this meeting?
Of the fourteen responses to Question 6, nine indicated the major benefit from attending this meeting was input in the development of the Nurse Practitioner Service Plan, 2 indicated the major benefit was increased understanding of the Nurse Practitioner role and 3 indicated that the major benefit was both input in the development of the Nurse Practitioner Service Plan and increased understanding of the Nurse Practitioner role.

Question 7 Do you have any suggestions for future meetings?
Of the fifteen participants who completed the evaluation form there were 2 suggestions made for future meetings, they included, firstly fleshing out some of the ideas around the role of the Nurse Practitioner and strategies to attract additional funding for the role and secondly, developing an agenda to focus on sequential planning to achieve outcome.
### Appendix 1: List of attendees

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Business Unit / Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms</td>
<td>Jenni</td>
<td>Ham</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHERC, Bendigo Health</td>
</tr>
<tr>
<td>Mr</td>
<td>Shaun</td>
<td>Bowden</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHERC, Bendigo Health</td>
</tr>
<tr>
<td>Mr</td>
<td>Steve</td>
<td>Graham</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical Ward, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Kate</td>
<td>Hyett</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CHERC, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Tracey</td>
<td>Harrip</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospice, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Barbara</td>
<td>Harrison</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Services, Bendigo Health</td>
</tr>
<tr>
<td>Mr</td>
<td>Dugal</td>
<td>James</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthopaedic Surgeon, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Marnie</td>
<td>Jewell</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BCHS</td>
</tr>
<tr>
<td>Dr</td>
<td>Mandy</td>
<td>Kenny</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latrobe University, Bendigo</td>
</tr>
<tr>
<td>Ms</td>
<td>Loretta</td>
<td>Marchesi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ANF</td>
</tr>
<tr>
<td>Dr</td>
<td>Vince</td>
<td>Murdolo</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pathology, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Naminita</td>
<td>Muss</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bendigo Division of GPs</td>
</tr>
<tr>
<td>Ms</td>
<td>Rosie</td>
<td>Girvan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient Services, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Janice</td>
<td>Osteraaas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital Admission Risk Program</td>
</tr>
<tr>
<td>Ms</td>
<td>Beth</td>
<td>Penington</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical Services, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Karen</td>
<td>Riley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bendigo Community Health Services</td>
</tr>
<tr>
<td>Ms</td>
<td>Debbie</td>
<td>Rogers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternity Services, Bendigo Health</td>
</tr>
<tr>
<td>Mr</td>
<td>David</td>
<td>Rosaia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rehabilitation, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Rose</td>
<td>Rowan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residential Services, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Helen</td>
<td>Rylands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Services, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Margot</td>
<td>Scholes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Department</td>
</tr>
<tr>
<td>Ms</td>
<td>Dianne</td>
<td>Senior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Nursing Support Services</td>
</tr>
<tr>
<td>Mr</td>
<td>Peter</td>
<td>Strange</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bendigo Community Health Services</td>
</tr>
<tr>
<td>Mr</td>
<td>Richard</td>
<td>Summers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacy, Bendigo Health</td>
</tr>
<tr>
<td>Dr</td>
<td>Mike</td>
<td>Taylor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director, Emergency Department</td>
</tr>
<tr>
<td>Dr</td>
<td>Al</td>
<td>Ruddock</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Department, Bendigo Health</td>
</tr>
<tr>
<td>Mr</td>
<td>Bob</td>
<td>Wilson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psych Services, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Clare</td>
<td>Turner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical Services, Bendigo Health</td>
</tr>
<tr>
<td>Ms</td>
<td>Kathi</td>
<td>Tori</td>
</tr>
<tr>
<td></td>
<td></td>
<td>La Trobe University</td>
</tr>
<tr>
<td>Ms</td>
<td>Alex</td>
<td>Crawford</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emergency Department / CHERC</td>
</tr>
</tbody>
</table>
Appendix: 2 Agenda

Nurse Practitioner Service Plan Development

28th October 2005

Location: CHERC Teaching Room-Level 3 Anne Caudle Centre

1200 – 1400hrs

Lunch provided

1200-1215 - Welcome & Project briefing

1215-1245 - The role of the Nurse Practitioner

1245-1300 - The Bendigo Community Health Services experience

1300-1345 - SWOT analysis

1345 – 1400 Evaluation and close.
Thank you for taking the time to complete this evaluation.

Please tick appropriate box

1. What was your primary reason for attending the meeting today?
   - [ ] Interest in Nurse Practitioner role
   - [ ] Interest in reviewing work practices
   - [ ] Wanted to have input in the development of the Nurse Practitioner role Service Plan
   - [ ] Needed to attend for work purposes
   - [ ] Other

2. Did the meeting fulfil your expectations?
   - [ ] Definitely
   - [ ] Mostly
   - [ ] Slightly
   - [ ] Not really
   - [ ] Definitely Not

3. Did you find the speaker/s that presented at this meeting informative?
   - [ ] Yes
   - [ ] No
   Comment:

4. What other information do you feel should/could have been included?

5. What is your current position?

6. What were the major benefits you received from attending this meeting?
   - [ ] Increased understanding of the Nurse Practitioner role
   - [ ] Input into the development of the Nurse Practitioner Service Plan
   - [ ] Other

7. Do you have any suggestions for future meetings?