



Stawell Regional Health

2008 Nurse Practitioner Project Report

Funded by Victorian Department of Human Services
Victorian Nurse Practitioner Project
Phase 4 Round 4.1
Rural Nurse Practitioner Service Planning for Rural Health Services

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Particular thanks to Helen Haines, Wendy Kent and Steve Voogt

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Worked collaboratively on aspects of implementing an Aged Care Nurse Practitioner model and shared approaches to regional stakeholders for support for identified NP systems.

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The support and information shared within the collaborative group was appreciated and is evidence for support that will be possible for sustainability in recruiting and retaining Nurse Practitioners in rural health services.

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For the development work in previous NP projects which have provided invaluable references which have formed the basis of approach and implementation tools for this project.

The Executive, Board of Management and Staff of Stawell Regional Health

For sharing the vision of future models of care which support the promotion of Nurse Practitioner roles as the effective and efficient way to advance quality and equitable health care to our community.

Particular thanks to Claire Letts and Enid Smith.

Stawell Regional Health Project Officer: Mary Bruce

2. Executive Summary

Stawell Regional Health board and executive are committed to equity and access for rural consumers to a broad range of health services. The Nurse Practitioner role is one that will enhance the health service's goals, visions and commitment to provision of quality and timely services to the community.

Stawell Regional Health is pleased to participate in the DHS Victorian Nurse Practitioner Project, funded as a component of phase 4 Round 4.1 ,and in the Rural Nurse Practitioner Service Planning Collaborative. This project provided an opportunity for Stawell Regional Health to commence the establishment and change processes for including Nurse Practitioner roles as our models of care and service delivery systems are adapted for improvement and in response to consumer demand and workforce pressures.

Population trends, burden of disease data and service demand lead to the documented option of an Aged Care Nurse Practitioner role being the focus of this project. Stawell Regional Health do not consider this option would exclude any other Nurse Practitioner role being considered if staff can satisfy the requirements of implementation and sustainability. Other areas of priority were noted in primary care, chronic disease management (eg diabetes), and specialist areas such as oncology, mental health/cognitive behaviour models.

The practicalities of changing models of care and recruiting staff or 'growing our own Nurse Practitioner' to enable the implementation of a Nurse Practitioner role are unlikely to be achieved within the next 2 years at Stawell Regional Health

Stawell Regional Health commits to the ongoing development and improvement in models of care and staff recruitment and education which recognize advancements in care and service provision for our consumers and community. Every opportunity will be taken to employ advanced and specialized practitioners in all health professions with this Nurse Practitioner project leading the way.

3. Introduction

Stawell Regional Health is a progressive and dynamic hospital, two and half hours North-West of Melbourne. Stawell has nearby lakes, wineries, the internationally recognised Grampians National Park and the richest foot-race in the world, the Stawell Gift.

Stawell Regional Health (originally Stawell District Hospital) was established in 1859 and has been at the present site since 1934. The hospital consists of 29 acute beds, 6 Day Surgery and 35 nursing home beds.

Services include antenatal and birthing care, emergency and medical care, palliative and oncology care and a diverse range of surgical services.

Allied Health and community nursing services are provided by a versatile multidisciplinary team across a range of disciplines and programs. Services are provided from outreach centres, including to Budja Budja the local indigenous community centre at Halls Gap, Marnoo, Landsborough and Navarre.

GPs provide medical staff services to Stawell Regional Health, including for anaesthetics. There are 2 local GP clinics in Stawell employing up to 10 doctors. Surgical services are offered by local general surgeons and visiting surgeons. Specialists' surgical services are provided in the areas of orthopaedics, ophthalmology, gynaecology, urology and ear, nose and throat.

In addition to visiting surgeons, consulting services are provided by specialists or programs who visit on a regular basis. They include oncologists, cardiologists, physicians, a paediatrician, a psychiatrist, the Australian hearing services and ACAS.

Pathology and radiography services are available on site. Mental health services are provided by Grampians Psychiatric services and Grampians Community Health Centre provide programs and services. Stawell Regional Health has a helipad for emergency transfers, usually to Melbourne. Ballarat is the regional centre for specialists' consultation, referral and most road transfers. Wimmera Health Care Group, Horsham provide an alternative in regional support for consultation, referral and transfer.

Stawell Regional Health has maintained ACHS accreditation for over 20 years and enjoys extremely high levels of support and "ownership" by the local community.

Service and staff profile: Currently Stawell Regional Health employ 234 staff, 167 of those are nursing staff.

Average service usage/year 2004-2007:

Inpatients: 2,900 including an average of 83 births/year.

Emergency presentations: 3,925/year

Allied health contacts: 13,740/year

Community nurse/day centre contacts: 17,610/year

Radiography: 5,500 services /year

4. Project Establishment

Stawell Regional Health board and executives are committed to equity and access for rural consumers to a broad range of health services. The Nurse Practitioner role is one that will enhance the health service's goals, vision and commitment to provision of quality and timely services to the community.

The opportunity to participate in this DHS project for identifying changes to systems and models of care required to implement a Nurse Practitioner role was welcomed. Stawell Regional Health is committed to education programs and to supporting nursing staff in advanced clinical roles.

A staff member was available to undertake the work required for this project and the nursing executive staff actively participated in the development of the project. The project advisory committee did not include multidisciplinary stakeholders as the initial work needed to clarify that a Nurse Practitioner role was applicable to the service and sustainable, if implemented into models of care delivery.

The major issues of ensuring sustainability and identifying staff to undertake a Nurse Practitioner role are identified as essential to any implementation and change to the models of care. These issues have been explored through this project but not sufficiently progressed to engage stakeholders in detailed work at this time. Stawell Regional Health will continue to engage stakeholders in strategic planning and continuing work to improve systems of care which provide the best health services to meet the community's needs.

The project officer provided education and information to nursing and allied health staff for proposed Nurse Practitioner roles, service development and education requirements. The project officer has an ongoing position at Stawell Regional Health and will be available to assist and support staff and management in advancing systems to accommodate the Nurse Practitioner roles beyond the term of this project.

Project support was established with Hepburn Health. We share a vision for Nurse Practitioner roles in the Grampians region and the health services have similar service profiles and demands. Each service independently identified implementing an Aged Care Nurse Practitioner model as the most applicable role within the scope of their current service provision and population demands. Collaborative work was undertaken on aspects of developing the model. This included shared information, combined visits to our nominated 'sister site', North East Health Wangaratta, and approaches to regional stakeholders for support for identified Nurse Practitioner systems.

The collaborative support provided by DHS Nurse Policy branch was invaluable in offering information forums and encouraging robust discussion and support amongst the rural services sharing the challenges of advancing Nurse Practitioner roles through this project.

5. Project findings

5.1 Understanding local demand and opportunities

Analysis of workforce drivers

This workforce analysis for Stawell Regional Health is undertaken to review existing strengths and identify opportunities for Nurse Practitioner roles as a component of the Victorian Nurse Practitioner project phase 4 round 4.1. The forecast period is 2008- 2013.

MAJOR CHALLENGES TO STAWELL REGIONAL HEALTH SERVICE PROVISION RELATED TO WORKFORCE CAPACITY.

Risks

Reduction/limitations in Medical Staff capacity to support service provision

Stawell Regional Health has experienced shortages of medical staff at times in recent years, as commonly applies to recruitment of health professionals in rural areas of Australia.

Major areas adversely effected now and potentially more so in the future include:

- obstetrics services, with limited capacity to offer safe birthing and midwifery emergency services
- general emergency services where demand may increase due to lack of intervention at GP clinic level
- decreased throughput in acute health due to limited VMOs admitting patients locally
- specialist recommendations may not initiated if no GP/VMO is available
- GPs work will focus on priority of urgent patient need which will continue to reduce the opportunity for extending GP roles in areas such as health promotion, essential for consumers and the community, and mentoring roles for health professionals such as Nurse Practitioners/medical students/new GPs or other allied staff.

Nursing Staff workforce limitations

Critical issues for Stawell Regional Health in nursing staff workforce analysis are:

- Key experienced nursing staff are over 50 years of age and may opt to retire in the period of this analysis (SRH 2005 data, nursing staff age profile: 34% >50yrs)
- The current nursing staff are mainly permanent and part time
- Limited availability of casual staff
- The lack of VMO recruitment threatens to further reduce services and increase workplace stress on nursing and allied staff
- At times there has been limited success to recruit appropriately qualified and experienced staff (eg midwives)
- Limited capacity for supervision and mentoring of clinical placements
- Decrease in workforce potential; with the rural downturn there are less new people coming into the region and there is an increase of people moving away
- Anticipated extreme shortage in nursing/GP and specialists in Victoria (SSA “understanding workforce planning challenges” 2006)

Allied staff limitations

Issues of recruitment and retention faced within the medical and nursing staff apply to all allied health professions.

Risk Mitigation Opportunities

The identified opportunities support strongly implementation of Nurse Practitioner roles.

Issues of access and recruitment and retention of health professionals

The Nurse Practitioner roles may address some of the requirements of the community for a level of services that is not able to be met by general practitioners, or in a localities where there is no viability for a general practitioner (RRHICG NSW health 2002)

Education for multiskilling

Allied professionals such as nurses and paramedics can increase their scope of practice to provide care in the environment of limited medical staff availability. Identified areas include emergency management, primary care and specialities such as midwifery.

IT Capability Advancement

Improving modalities and technology advancements allow new scope and opportunities in health management and treatment, especially in rural and remote settings.

Regional Service Planning

Health services and system sustainable models of care and service provision provide for sharing the resources of expert staff and service plans at a regional and subregional level which prevent duplication and competition for resources in the environment of scarce staffing resources and ever increasing financial pressures.

Stawell Regional Health services and systems which currently incorporate such models include:

- Established executive groups such as
The Grampians Health Services Alliance of four health services in the subregion
The Grampians Region Executive Nurse network and Regional CEO meetings
- Midwifery, surgical, medical imaging and hotel services management involve a level of shared services with East Grampians Health Service.
- Grampians Palliative Care, is a regional model of specialist care provision
- Grampians Post Acute Care, is a regional program across nine Grampians and Wimmera health services that is managed from Stawell Regional Health
- Financial payroll is a shared subregional service
- The Regional Nurse Bank pilot project, CasConnect, was established at Stawell Regional Health in 2008
- Stawell Regional Health 'Health Independence Support' HARP has extended to cover some of East Wimmera Health Service catchment

EXTERNAL FACTORS LIKELY TO AFFECT SERVICE DEMAND FOR STAWELL REGIONAL HEALTH.

Risks

The catchment population will continue to age

Age Demographics:- According to the 2006 census data, Northern Grampians Shire has a higher aged population than other areas, with 32.2% aged 55 and over, compared with 24.3% across Australia overall. In contrast, the 15-54 age group, the majority of the working population, is 7.3% lower in the Northern Grampians Shire compared with the rest of Australia.

In planning for future community needs, it is noted people over 64 years are more likely to require hospital stay.

The rural downturn

Due to rural economics and climate challenges there are less new people coming into region and an increase of people moving away – demand and sustainability for some health services are challenged. DSE population projections for 2001-2031 based on 2001 ABS census data indicate that in general, the 0-54 age group is expected to decline and the number of people over 55 is expected to increase, with an increasing number of people living alone.

This data suggests the **birth rate** may decline.

The prevalence of chronic disease in the Northern Grampians LGA compared with the rest of Victoria forecasts an increasing demand for primary health services. High prevalence is noted for heart disease and stroke, respiratory disease (emphysema and chronic bronchitis), dementia, diabetes and lung and colon/rectum cancers. (Comparison of the burden of disease attributable to common health conditions in Victoria and Northern Grampians in 2001)

Low socioeconomic groups

Access to health services and specialist care becomes prohibitive for a major sector of the community if costs and transport/travel are too difficult. In the Northern Grampians shire, 16.6% of households have an income of less than \$300 per week. Household income less than \$600 per week is regarded as being toward the lower end of the distribution of income. A high percentage of the Northern Grampians population (30.5%) receive some form of income support, compared with 22.6% across Victoria as a whole. (from IRSED ABS)

Other Socioeconomic factors

Increased pressures of travel costs to access health professionals and services will affect all rural health service consumers and providers.

There is frequently a lack of family support in rural communities due to the general profile of younger people leaving rural areas and limited work opportunities locally.

Cost of healthcare is challenged by the pace and price of medical technological advances which are required to provide our consumers with access to best practice in service provision.

Risk Mitigation Opportunities

The identified opportunities support the implementation of Nurse Practitioner roles.

Specialist nursing and allied staff will be required to meet demands of the community health needs in areas such as gerontology, diabetes, continence, oncology, palliative care, men's and women's health.

Medical, scientific and technological advances will provide a significant advancement in accessing clinical assessment and expert consultations via remote links.

Regional service planning (as noted for workforce analysis)

Increase in primary care services to meet the demand for chronic disease management by expansion of current programs and the introduction of new models of care. Such services will include:

Diabetes programs, Continence, Stomal therapy and wound management, men's and women's health programs, Health Independence Support -Hospital admission risk program and early intervention screening and health management programs.

A **'person centred' model of health** will be enhanced by Nurse Practitioner roles managing the integration and coordination of services. Continuum of care and communication will be improved and duplication minimized in the area of assessments, investigations and referrals.

5.2 Shaping the service model for Nurse Practitioners

Definitions:

An **Endorsed Nurse Practitioner** is a Registered Nurse Division One who has been granted endorsement/authorization to practice as a Nurse Practitioner by their state nursing registration body. The Nurse Practitioner is endorsed to practice autonomously and collaboratively in an advanced and expanded clinical role. This role remains grounded in the values, knowledge, theories and practice directly related to nursing 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 (ANMC Australian Nursing & Midwifery Council National Competency Standards for the Nurse Practitioner, 2006, p.1).

The key components of the NP role include:

- Function in their area of practice as an autonomous practitioner in an advanced and extended scope of practice;
- Engage in comprehensive health assessments of a patient/client;
- Apply critical reasoning in the formulation of a diagnosis and order diagnostic testing procedures within their area of practice;
- Interpret diagnostic results and implement appropriate patient/client care including prescribing medication within their area of practice;
- Implement referral services to other health care professionals and community resources,

- Provide professional leadership through health promotion and education activities.

A **Nurse Practitioner Candidate** is a registered nurse either currently enrolled in a post graduate Nurse Practitioner course or having successfully completed the course is awaiting formal endorsement/authorization to practice by the state nursing registration body.

The Nurse Practitioner Candidate (NPC) role is a transitional role between existing advanced practice nursing roles and an Endorsed Nurse Practitioner role.

Options for Nurse Practitioner models of care:

The risks and opportunities in predicted service demands and workforce analysis provided several options to be proposed by Stawell Regional Health for this project. In particular, diabetes, oncology and mental health are considered as preferred options in which models of care could be implemented to incorporate Nurse Practitioner roles if staff with specific expertise applied.

Highest priority areas for Nurse Practitioner roles at Stawell Regional Health were identified in (1) Aged care and (2) general medicine/health promotion roles within a primary health model. Having regard to the realities of implementation and for application across all domains of service provision an Aged Care Nurse Practitioner model was proposed and promoted for this project. This model is strongly supported by current service demand and documented evidence of future need. It is noted all the speciality areas that were options are components within the Aged Care model e.g. mental health issues of unrecognised depression in the elderly maybe more readily identified and referred for management by a Nurse Practitioner.

In 2008 155 residents live in aged care facilities in Stawell and aged care presentations provide the majority of business across acute allied and community services.

The decision was also influenced by the availability of support and modelling from current health services who have implemented Aged Care Nurse Practitioner roles.

Parameters of practice

It is recognised clear role definitions will be set out and endorsed for all stakeholders when staff are employed in a Nurse Practitioner/NP candidate role. Parameters will be subject to change as staff meet experience and credentialing requirements within extended professional frameworks. This role evolution will only happen with consultation and support from relevant stakeholders. Service agreements for clinical supervision and use of prescribing & requests systems will be required with medical and diagnostic providers.

The Nurse Practitioner role is recommended to be a specific dedicated role within a model of care that acknowledges the expertise and autonomy of the position. It is not preferable, or indeed sustainable, if Nurse Practitioner staff are expected to move in and out of other roles. The Nurse Practitioner, as a leader within the health care team, will have responsibilities across Stawell Regional Health strategic and clinical systems.

Stakeholders

In shaping a service model for Nurse Practitioner roles there will need to be detailed promotion and discussion in consultation with major stakeholders.

Community participation and confidence in any changed model will require a dedicated and specific promotional program.

Key partners whose support and confidence will be pivotal to ensure effective implementation and sustainable systems include:

- medical staff, both local GPs and surgeons, and regional/metropolitan specialists,
- pathology, medical imaging and community pharmacy providers
- nursing, allied and ambulance staff
- DHS and local and regional health and community service providers.

Service Provision within an aged care model

The Aged Care Nurse Practitioner model at Stawell Regional Health is envisaged as one of a consultant expert working across relevant service areas.

Ideally, in a fully implemented Aged Care Nurse Practitioner model, referrals will be accepted from emergency, acute, residential care, allied health, GP practices and community settings.

The Nurse Practitioner will provide

- advanced clinical assessment, based on recognised areas of geriatric care and functional decline domains
- extended scope of practice with requests for diagnostic tests and prescribing in accordance with level of endorsement
- professional consultations and informed referrals to medical staff and related specialists
- guide care and management plans for nursing, community and allied health teams

The transition to such a model will require gradual introduction over time. The clinical component would be implemented as a consultant service in Aged Care practice, initially within the acute and residential aged care areas of Stawell Regional Health.

The position operate within normal working hours until such time as sustainable models are proved to be viable for extended hours of service provision.

The Nurse Practitioner's leadership in aged care at Stawell Regional Health will meet requirements for education and policy review.

The Nurse Practitioner will be responsible for reviewing and developing new policy and guidelines within aged care to meet current and changing practice. This work will provide an opportunity to engage with the pivotal stakeholders early in the change management approach for new models of care.

The Education component will incorporate a program for our annual intake of graduate nurses who rotate to acute, community and aged care areas of the health service. A specific Aged care education program conducted within the Nurse Practitioner role will also enhance the existing programs for undergraduate

nurses and for permanent staff. The Nurse Practitioner role in education has potential to be a component of subregional and regional programs.

Role evaluation

The role must be implemented with thorough risk management systems in place to ensure safety and quality are of the utmost priority in services provided.

The evaluation must reflect the impact on health outcomes for consumers. To be sustainable this needs to be positive and continuing in the long term. Evaluation in the context of workforce and service demands will also be monitored. Evidence such as access times and service demands on general practitioners and medical specialists will be included.

Evaluation and Continuous Improvement plans will be a required component of the Nurse Practitioner Development Plan. (Reference to evaluations framework *Northern Health NP service plan 2006:*)

5.3 Priming the organisation for Nurse Practitioners

This project has provided the first step to preparing Stawell Regional Health for a model of care in which Nurse Practitioners maybe utilized. A Nurse Practitioner Development Plan (Appendix 1) is a guide for stakeholders on recommended requirements in the development of such roles.

There has been promotion of the role within the nursing and allied health services and executive leadership only at this time. Promotion to stakeholders such as medical staff and pathology/radiology providers was not undertaken.

To promote a Nurse Practitioner role and changes in models of care which are not yet able to be sustained was considered to be creating an expectation which would not be fulfilled in a timely manner and therefore not appropriate from the community and stakeholder perspective. This is due to the practicalities of no staff identified who are able to undertake a Nurse Practitioner or a Nurse Practitioners Candidate role in the next year or two. There is an acknowledgement that current issues and workload for stakeholders limit their capacity to participate in a far reaching project such as this. Additionally some key stakeholder personnel are likely to change before Stawell Regional Health does actually implement a Nurse Practitioner role.

5.4 Preparing the nursing workforce

Nursing Staff were engaged with education and information sessions, creating discussions and reflections about models of care, education requirements and Nurse Practitioner roles. A formal Expression of Interest in Nurse Practitioner roles was advertised internally. Several staff responded and are considering commencing further studies.

Unit managers and staff were asked to record in what circumstances in the present models of care an Aged Care Nurse Practitioner intervention may impact positively in outcomes for patient/clients. This provided enthusiastic but limited anecdotal examples to support the proposed model. Issues highlighted included skills and decision making that would be enhanced by a Nurse Practitioner were in pain management, cognitive assessment, nutrition and weight loss and timeliness of comprehensive assessment in all aged care domains, particularly

for instances of rapid deterioration. Patient/resident and family consultations around medical decisions, and preparedness and timeliness on placement issues would be greatly enhanced by an Aged Care Nurse Practitioner.

Managers and staff support the concepts of the Nurse Practitioner role and acknowledge required models of care will provide improvements in future service provision. The project has provided staff with an insight and a positive basis for such roles being implemented in the future.

Key professional attributes required for the '*pioneering*' Nurse Practitioner role at Stawell Regional Health include being highly developed skills of self directed work, time management, exemplary professional and decision making abilities and capacity for innovations and strong leadership.

A Position Description is proposed (Appendix 2), and a document 'Proposal for Nurse Practitioner service model (Appendix 3), combines elements of a staff 'Expression of Interest' and business case format. These documents are intended to give management and perspective staff, direction on essential issues to be considered prior to commencing with a Nurse Practitioner role.

6.0 Into the future

There is a high level of support and enthusiasm for the implementation of Nurse Practitioner roles within Stawell Regional Health.

Promotion and Recruitment of nursing staff will include consideration of an application from a Nurse Practitioner or Nurse Practitioner candidate.

Given the practicalities, changing models of care and recruiting or 'growing our own' staff to enable the implement a Nurse Practitioner role within the next two years at Stawell Regional Health is unlikely. Advanced clinical roles are promoted at Stawell Regional Health with 4 staff currently undertaking an accredited course for the pilot of a Rural and Remote Emergency Medication Management program which will provide for limited prescribing by endorsed staff in the emergency setting.

Two major barriers to the implementation of a Nurse Practitioner role have been identified. However in the next 12 months it is anticipated Stawell Regional Health will be proactive with regional partners to establish systems required to mitigate these barriers.

BARRIER 1: Clinical mentoring and supervision systems to provide required expert support to any NPC or NP.¹

ACTION: Ballarat Health Service Executive Nurse has undertaken to consider the introduction of a clinical mentoring system in 2009. In the meantime any individual NP candidate who applies to Stawell Regional Health can submit a proposal of requirements for mentoring and clinical support to Ballarat Health Service for consideration and negotiation.

BARRIER 2: Recruitment of staff to Nurse Practitioner roles to enable a sustainable changed model of care to be promoted and implemented which will incorporate and maximize such roles. For an aged care model to be effective and sustainable at least two staff would need to be recruited.

ACTION: Current staff who have expressed interest in a NP role will be encouraged to undertake preliminary units of study. Consideration should be given to of requirements as set out in the Stawell Regional Health Nurse Practitioner Development Plan (Appendix1). 'Proposal for Nurse Practitioner service model (Appendix 3).

Broad issues for Nurse Practitioner roles at a state and national level are also noted such as:

- Medicare is yet to recognise independent practitioners and rebate requests for pathology and radiography signed by Nurse Practitioners.
- Health Insurance providers need to cover Nurse Practitioner services.

¹ note support for Northern Health NPP Service plan development report Nov 2006 which proposed "Development of clinical internships to facilitate vocational training is a priority area for nurse Practitioners / Nurse Practitioner Candidates and clinical internships should have state-wide standards to ensure transferability of the Nurse Practitioner roles and organisational confidence."

- Prescribing rights within the PBS are yet to recognise independent Nurse Practitioner
- Nurse Practitioner Candidate prescribing particularly in the rural context needs to be considered as part of a transitional role when staff are preparing for endorsement.

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