



YARRAWONGA DISTRICT HEALTH SERVICE

**Aged Care/Palliative Nurse Practitioner
Project 2008
Final Report**

**Prepared for the Nurse Policy Branch,
Department of Human Services, September 2008**

**Prepared by Mr Terry Welch
Mrs Bronwyn Irvine
of Yarrawonga District Health Service**

Table of Contents

Acknowledgements	1
Executive Summary	1
Introduction	3
The Role of the Nurse Practitioner (NP) in our Health Service	4
Prescriptive and Diagnostic Authority	6
Role Development Process Including Timeframes	8
Priority Areas	11
Process for the Development of Clinical Practice Guidelines Including Organisational Approval.....	13
Protocols.....	15
Generic Position Description	16
Challenges.....	20
Financials.....	21
Evaluation	22
References.....	23

Acknowledgements

Yarrowonga District Health Service wishes to acknowledge all parties who assisted with the project of identification and delineation of the Nurse Practitioner Role.

This includes:

- The Department of Human Services for their support both financially and intellectually for this project.
- Yarrowonga District Health Service clinical staff including both Nursing and Medical staff.
- The Board of Management for their continual support of innovation and development of clinical services of Yarrowonga District Health Service.
- The project steering committee of Mr Terry Welch (Director of Clinical Services), Mrs Bronwyn Irvine (Quality Manager), Mrs Fiona Stevens (ADON Residential Care Services) and Ms Sofia Halouko (Executive Secretary).

Executive Summary

The Clinical Services Management Team is continually exploring opportunities for service enhancement within Yarrowonga District Health Service. Recent establishment of Post Graduate Programs within Midwifery created the impetus to explore the options available for a Nurse Practitioner at Yarrowonga District Health Service.

With the support of funding through the Nurse Policy Branch of DHS, Yarrowonga District Health Service has undertaken this project of identifying gaps within the service. In identifying gaps, consideration was given to current and future service levels, workforce demographics and service catchment data available from the 2006 census. The changing needs of our community and current service have been duly considered through the project.

The sustainability of the model proposed was considered to ensure that long term outcomes could be achieved through this project.

Key Finding

The proposal is for the development of a Nurse Practitioner with a focus on Gerontic and Palliative Care. It is identified that the merging of the two clinical areas had synergy given the cross over which occurs within these streams.

The identified role will provide a suitably qualified practitioner with the ability to manage within the role with the close linkage to GP's, the visiting Geriatrician and the Palliative Care Team.

Methodologies

A consultative process occurred through discussion with clinical staff, both Nursing and Medical.

Peer Review Consisted of

Investigation of what other like size health facilities identified as service areas most suitable for a Nurse Practitioner role with recommendations reported to the YDHS steering committee for consideration.

External Review

It is anticipated that external review will be provided via formal feedback on submitted framework.

Findings

The consultation process of this project identified comprehensively the requirement for a Nurse Practitioner to support the Aged and Palliative Care Services at Yarrawonga District Health Service.

It has become apparent that with the growth in the Aged Care Sector, demands on Medical staff to attend the Aged Care facilities have become difficult to manage.

The need for detailed health assessment, medication adjustments and comprehensive medical plans is as demanding for Aged Care facilities and Medical Practitioners.

To be proactive, the proposal is for a Nurse Practitioner who interlinks with both the GP and also the Geriatrician. This interlinking can improve care planning, case review, medication and other management. This will also facilitate and assist with family meetings upon admission and as part of the ongoing management.

The recent bimonthly visits from a Geriatrician has enhanced care delivery and supported the GP's with the management within aged care. The link and reporting by the Nurse Practitioner to the Geriatrician will be maintained to facilitate this ongoing service enhancement project.

The specialisation for Palliative care both within the acute and aged care sectors has become more apparent. The changing demographics in aged care with higher acuity and decreased length of stay require greater emphasis from Medical and Nursing staff on Palliative Care management.

The role of the Nurse Practitioner will provide expertise for Nursing and Medical staff along with ensuring consistency of management of Palliative care clients across Yarrawonga District Health Service.

Current restrictions to PBS and Medicare are identified barriers and options associated with this need further investigation.

Introduction

The Service

Yarrowonga District Health Service is a 109 bed facility which comprises of the following:

- 19 Acute Inpatient Beds including 2 Dedicated Palliative Care Rooms
- 2 Labour Delivery Rooms
- 30 Dementia Specific High Low Aged Care beds (Allawah)
- 28 Low Care Aged Care beds (Warrina)
- 30 High Care Aged Care Beds (Karana)

Yarrowonga District Health Service operates an unfunded Emergency Department staffed by clinical ward staff and GP's.

An extensive Community Health program operates from the Community Health Centre.

Two Medical Clinics operate within Yarrowonga with GP's providing inpatient and after hours care. There are four GP Anaesthetists and Five GP Obstetricians within the clinics.

Currently 149 Nursing staff are employed across Yarrowonga District Health Service.

Vision, Values and Corporate Objectives

Our Vision

Caring for you.

We Value

- Respect
- Excellence
- Integrity
- Compassion

Our Values

Respect

YDHS respects the needs, expectations, beliefs and confidentiality of all people with whom we interact.

Excellence

YDHS seeks to deliver the highest standards and best outcomes.

Integrity

YDHS deals with all stakeholders in an open and transparent manner.

Compassion

YDHS aims to treat every client with sensitivity and consider individual needs.

Corporate Objectives

To achieve the vision for our organisation we will:

1. Maintain and develop quality services to meet the needs of our community.
2. Ensure our people are skilled and motivated.
3. Provide and enhance safe and effective care.
4. Ensure financial viability.
5. Maintain and enhance our facilities and infrastructure.
6. Communicate with and involve our stakeholders.

The Role of the Nurse Practitioner (NP) in our Health Service

Our involvement in this project will focus specifically on implications, practicalities and possible outcomes of embedding a NP model within the structure of Yarrawonga District Health Service involving both Acute and Residential services.

It will enable the opportunity for identifying service delivery around area based needs therefore creating an integrated model of care across the organisation.

It has been recognised that an experienced nurse with post graduate training and aspirations to provide the best possible outcomes to our older clients as well as ensuring consistency in management of Palliative care clients would be beneficial for our organisation.

A close relationship between the hospital and local General Practitioner groups is fundamental to the successful implementation of any change to service delivery and will require considerable time and effort to establish and maintain.

As such the opportunity for development of the nurse practitioner role has arisen from favourable funding conditions and demonstrated need as well as willingness by the hospital to allow time for the building of relationships that are fundamental to the success of such an arrangement.

Policy Framework

Nurse Practitioner Definition

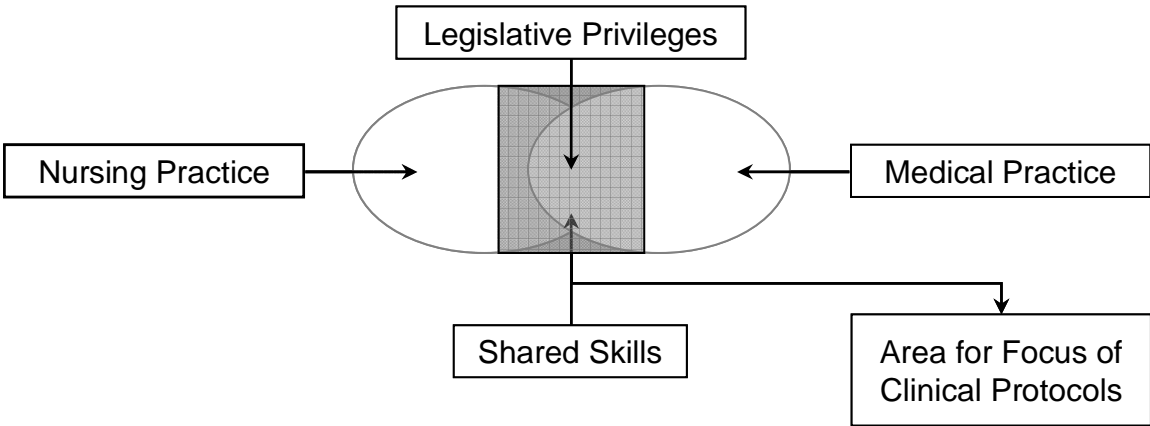
“A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession’s values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practice.” (ANMC, 2006)

Integrated, Collaborative Model of Care

An integrated service system is fundamental to achieving the ideal service system. A nurse practitioner role can provide the link for clients across the community, hospital (acute and sub-acute), residential care and aged care settings.

The nurse practitioner may act as the link with GP's, clients, carers, other specialists, and nursing and allied care staff. The key components of the role will be provision of assessment, clinical decision-making, care planning, education and support of clients, carers and health professionals. Integration of a specialist position such as the nurse practitioner role provides not only the expert clinician, but also the educative approach and co-ordination within clinical settings.

A collaborative model of care is necessary to ensure teamwork occurs in the best interests of the patient.



Prescriptive and Diagnostic Authority

Framework for the Client Medication Management

The National Strategy for Quality Use of Medicines (2002) outlines the goal of making best possible use of medicines to improve health outcomes. The conceptual framework takes into account various perspectives – individual, community development and public health – with a multi level systems approach. The Strategy defines Quality Use of Medicines as:

1. Selecting management options wisely.
2. Choosing suitable medicines if a medicine is considered necessary.
3. Using medicines safely and effectively.

To achieve this at the clinical level, the following steps should be followed.

Information Gathering

- What medication is the client taking (including over the counter (OTC) and complementary therapies)?
- What medical conditions does the client have (past medical history and current diagnoses)?
- Does the client have any allergies?
- What symptoms is the client experiencing and how long has the patient been experiencing them?
- What are the vital sign observations and laboratory test results (if available)?
- Has the patient had any problems with medications?

Information Processing: Findings and Recommendations

Examine medication regimen for drug or dosage discrepancies:

- Is the drug still required?
- Drug dose above the recommended range but below the maximum.
- Drug dose above the maximum dose.
- Drug dose below the recommended dose.
- Dose change in client's medication regimen.
- Dosage schedule is incorrect for the drug.
- Dosage schedule change in the client's drug regimen.
- Strength is incorrect for the drug.
- Strength change in the client's medication regimen.
- Missing information, lack of directions/education for the client.
- Other.

Examine medication regimen for potential therapeutic problems:

- Drug-drug interaction.
- Duplication of therapy.
- Under utilisation of therapy.
- Over utilisation of therapy.
- Contraindications.
- Precautions and warnings.
- Missing therapy.
- Dose form changes.
- Change of therapeutic agents.
- Drug induced therapy.
- Optimal drug induced therapy.
- Optimal drug product selection.
- Clinical patient signs and symptoms.

-
- Other.

Information Delivery

Discussions with patient and other health care professionals (GP, medical specialist, physiotherapist, dietician etc.)

Prescribing

Prescribing will be in accordance with the approved formulary for which the Nurse Practitioner has been endorsed and the formulary of the hospital.

Inpatients

Medication orders will be written in accordance with the YDHS Poisons Control Plan and medications procedures.

Storage of Medications

Inpatients

Medications will be stored in accordance with the YDHS Medication Management Procedures.

Diagnostic Testing

Tests will be ordered in accordance to those described for the speciality in the protocols and appendix one and listed in appendix three. Standard hospital order forms will be used for both pathology and radiology tests. The following information will be recorded on the request form as standard:

- The name and address of patient.
- The date when request was written.
- The name and signature of the requester.
- The name of to who copies of the results are to be distributed.
- Details about the test ordered and indication.

NOTE: Until issues around access to Medicare Australia are resolved patients will have to pay full fee for investigations.

Role Development Process Including Timeframes

Aim

Creation of an Accepted, Appropriate, Functional and Sustainable model for implementation of a Nurse Practitioner at Yarrawonga District Health Service.

Goal : The Nurse Practitioner model is <i>Accepted</i> by all Stakeholders				
<i>Project Objective</i>	<i>Timeframe</i>	<i>Means of Verification</i>	<i>Assumptions</i>	<i>Major Tasks</i>
To overcome the negative implications of the crossing of professional boundaries and potential overlapping of scope of practice between the NP and the other health care providers.	12 months.	Established agreed upon areas of role delineation as outlined in the nurse practitioner role description, competency requirements and associated policy documents that have been endorsed by the Nurses Board of Victoria. Endorsement of the above by all potentially effected health care providers and their representative body.	Role clarity and an assurance that the role poses no legal risk to external practitioners will increase the acceptance of this new function within health care.	<ol style="list-style-type: none"> 1. Undertake a thorough examination of the relationship between interlinking roles giving consideration to individual personalities and work patterns. 2. Engage with all potentially effected health care providers and their local representative body. 3. Establish and achieve endorsement of a clear policy framework that can be used to guide practice. 4. Establish and achieve endorsement of a position description which outlines scope of practice and lines for professional liaison, adheres to NBV professional practice standards and organisational protocols and provides for individual professional accountability.

Goal : The Nurse Practitioner model is <i>Appropriate</i> to the Health Care Needs of the Community				
<i>Project Objective</i>	<i>Timeframe</i>	<i>Means of Verification</i>	<i>Assumptions</i>	<i>Major Tasks</i>
The Nurse Practitioner model will address and research needs associated with service gaps in relation to Gerontic and Palliative Care services.	3 years. (Data collection must be statistically significant.)	The Nurse Practitioner model addresses health and coordination issues associated with Gerontic and Palliative Care services. Number of client clinical assessments/reviews undertaken.	The role can only be considered appropriate if it addresses the needs of the aging population of the local community and those reaching the end stage of their life.	Recruitment of a Nurse with the required skills / provision of specialist training for an appropriately experienced nurse.

Goal : The Nurse Practitioner Model is <i>Functional</i>				
<i>Project Objective</i>	<i>Timeframe</i>	<i>Means of Verification</i>	<i>Assumptions</i>	<i>Major Tasks</i>
The Nurse Practitioner model will function successfully within a multidisciplinary setting across both acute & residential services areas.	3 years. (Data collection must be statistically significant.)	The Nurse Practitioner will demonstrate accommodation of both a clinical, educative and research function within the Health Service. Growth is demonstrated in client service utilisation rates.	Role functionality is dependent upon local health industry and consumer acceptance.	Development of referral tools for endorsement of both the Health Service and external referral sources. Inclusion of educative and clinical key performance indicators in the Nurse Practitioner's position description. Collection of baseline data regarding local client numbers and level of current service utilisation.

Goal The Nurse Practitioner model is <i>Sustainable</i>				
<i>Project Objective</i>	<i>Timeframe</i>	<i>Means of Verification</i>	<i>Assumptions</i>	<i>Major Tasks</i>
The Nurse Practitioner model at Yarrawonga District Health Service is economically and practically sustainable.	3 years.	<p>The Health Service is able to recruit a suitable Nurse Practitioner candidate.</p> <p>The Health Service is able to meet the financial commitments of a Nurse Practitioner model of care.</p> <p>The Health Service is committed long term to the ongoing education of potential Nurse Practitioners who will maintain the viability of the position within the service structure into the future.</p> <p>The Nurse Practitioner candidate is able to access required education to achieve endorsement.</p> <p>The registered Nurse Practitioner is able to access ongoing education to maintain their competency status.</p> <p>Linkages with other Nurse Practitioners (ie. North East Health Wangaratta) are established and fostered.</p>	Access to affordable and appropriately qualified staff is essential to the successful implementation of the model.	<p>Employment of a current or potential Nurse Practitioner candidate.</p> <p>Cost analysis of inpatient service provision versus community based services for the considered disease categories.</p> <p>Development of a succession planning structure aimed at service maintenance.</p> <p>Organisational incorporation of a budgetary provision for the achievement of credentialing and the maintenance of qualifications and competencies.</p>

Priority Areas

Service Description

The model associated with the introduction of the Aged Care and Palliative Nurse Practitioner will provide the platform for an integrated health setting within these fields.

This integration will be achieved through the accessibility and efficiency provided from the onsite expertise and knowledge, as well as the collegiality generated with the GP and Geriatrician at Yarrawonga District Health Service.

The scope of the role will include the following initially with recognition of development and realignment throughout the development phase:

- Nursing assessment and evaluation of relevant patients upon admission and at intervals agreed within the clinical team.
- Provide community and patient education and support.
- Provide expertise to family and communication meetings.
- Diagnostic Pathology.
- Diagnostic Imaging.
- Medication reviews.
- Prescription of supportive medications (taken from approved formulary).

Client Group

Clients who would access the services provided by a Nurse Practitioner are the frail aged who require permanent residential placement and Palliative care clients admitted to the acute unit of the hospital as well as their care givers and family members.

Residential Bed Occupancy Numbers, July 2007 – June 2008

- Karana (High Care Facility) - Average 98%
- Allawah Special Care Hostel (High/Low Care Facility) - Average 96%
- Warrina Hostel (Low Care Facility) - Average 98%

Service Gap Analysis

The Nurse Practitioner will enhance the services provided by the visiting Gerontologist and local GPs primarily through:

- Advanced clinical skills and expertise in the management of complex care and symptom management, with experience in advising.
- Supporting and educating other health care team members, service providers and the community to understand the concepts and practise of contemporary aged care as well as the palliative approach incorporating grief, loss, death and dying for patients in the acute services unit.

Education & Mentoring of Nurse Practitioner and Candidates

YDHS has commitment to the Nurse Practitioner role and values the extended nursing role provided to the organisation, the community and to individuals.

In addition, to academic preparation for the role it is expected that a Nurse Practitioner or Candidate will develop and maintain clinical and academic links with peers within the area of expertise to facilitate ongoing professional growth and development.

It is expected that a Nurse Practitioner or candidate will have an established clinical physician mentor, from within their area of expertise, to support, challenge and guide professional development.

A clinical supervisor from within the speciality area is to be nominated to provide support; debriefing and critical reflection is required particularly during the first 12 months in the role. Evidence of such shall be incorporated into the annual review conducted by the person responsible for Clinical Services at YDHS.

Process for the Development of Clinical Practice Guidelines Including Organisational Approval

Definitions

Competency Standards: (Competencies)

National Competency Standards for the Nurse Practitioner, 1st Ed, Jan 2006

Australian Nursing & Midwifery Council

The following standards and competencies have been well described by the Australian Nursing & Midwifery Council and the following excerpts have been adopted for the role at YDHS.

STANDARD 1

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

Competency 1.1

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

Competency 1.2

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

Competency 1.3

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

Competency 1.4

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

STANDARD 2

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

Competency 2.1

Applies extended practice competencies within a nursing model of practice.

Competency 2.2

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

Competency 2.3

Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice.

STANDARD 3

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

Competency 3.1

Engages in and leads clinical collaboration that optimise outcomes for patients/clients/communities.

Competency 3.2

Engages in and leads informed critique and influence at the systems level of health care.

Protocols

Purpose

To guide the nurse practitioner, staff and VMO'S at YDHS in core standards, role, professional standards and scope of practice of the nurse practitioner in the extension of practice in relation to:

- Evidenced based assessment and management of symptoms that arise in patients with complex needs related to area of nurse practitioner endorsement.
- Appropriate consultation and communication with the multidisciplinary health care team at YDHS.
- A clear guide to the expectations and limitations of the nurse practitioner role at YDHS.

Development Process

Nurse Practitioner Reference Group

A reference group is established to inform and guide the role and protocol development. The reference group comprises key people involved in health care at YDHS, the broader region and community. The following are the key members on the reference group:

- Director of Clinical Services
- Nurse Practitioner Candidate/s, YDHS
- Relevant Clinical Nurse Consultant/s, from Loddon Mallee region
- Acute Services NUM, YDHS
- ADON – RCS, YDHS
- ADON – CSM, YDHS
- Community Pharmacist, YDHS
- GP representation from the two Medical Clinics of Yarrawonga
- Representative from North East Health Wangaratta
- Geriatrician.

Review of Literature

Established protocols that had been validated were sought as a basis on which to proceed.

Review of the literature and clinical evidence is conducted and contributes to the development of the clinical protocols.

The work facilitated by a sub-group of the NP reference group is brought to the reference group for consultation, review and approval.

Generic Position Description

Job Description : Nurse Practitioner (NP)	
Hospital Mission	<p>The objective of Yarrawonga District Health Service is to provide facilities and services necessary for the delivery of a high standard of health care for the people of Yarrawonga and surrounding districts.</p> <p>The Health Service embraces the policies and principles of equal employment opportunity, occupational health and safety and quality improvement.</p>
Department	Nursing
Position Title	Nurse Practitioner (NP) Position Number: Classification Code: To be Determined
Award	Nurses (Victorian Health Service) Award
Hours of duty	40 Hours Per Week (Unless Otherwise Contracted)
Accountable to	Director of Clinical Services
Performance Review	At three months following appointment, then annually or as required by the Chief Executive Officer/Director of Clinical Services.
Essential Educational Qualifications	<ol style="list-style-type: none"> 1. Current Division 1 Nursing Registration with the Nurses Board of Victoria. 2. Masters in Nursing (or working towards). 3. Nurse Practitioner Endorsement in accordance with the requirements of the Nurse Policy Branch Department of Human Services endorsement process (2002) (or working towards). 4. Minimum 3 years post specialist qualification experience and evidence of working at an advanced practice level.
Essential Key Selection Criteria	Commitment to: <ol style="list-style-type: none"> 1. The objectives and philosophy of the Yarrawonga District Health Service. 2. The Hospital Strategic Business Plan. 3. The Hospital Code of Conduct. 4. Leadership qualities with proven ability to plan, develop and facilitate. 5. Written and verbal communication skills commensurate with Masters level education. 6. Demonstrated ability to plan strategically and implement change. 7. Expert knowledge of primary health functions. 8. Demonstrated ability to work interdependently. 9. Knowledge of, and commitment to continuous quality improvement. 10. Demonstrated understanding of Nurse Practitioner legislation 11. Extensive experience in the implementation of primary health policies and processes. 12. Demonstrated commitment to consumer participation as an ethical and democratic right, and a valuable resource for improving quality, safety, health outcomes and the responsiveness of the service.

Accountability Objective	The NP, in consultation with the DCS, will provide both outpatient and inpatient service to clients who require a range of specialist nursing interventions.
Key Result Area 1	Continuum of Care
The NP, will demonstrate excellence in service outcomes.	
Associated Key Performance Indicators	<ul style="list-style-type: none"> 1.1 Monitors compliance with relative statutory requirements, and codes of practice. 1.2 Expertly applies advanced practice competencies. 1.3 Acts as a role model for primary health practice and holistic care. 1.4 Assists the NUM, in review of staff competence and educational needs concerning all specialist practice and policy. 1.5 Ensures incidents regarding clinical practice are accurately documented and investigated at the time of the incident and that both the DCS and the NUM is informed. 1.6 Demonstrates a thorough knowledge of gerontic and palliative care services. 1.7 In liaison with the senior management team, reviews systems and processes as they relate to relevant clinical areas and implements changes and education programs as appropriate. 1.8 Accurately documents initiatives in accordance with Hospital guidelines. 1.9 Adheres to all aspects of confidentiality in regards to patients, staff and personnel. 1.10 Practices within NP policy and clinical practice guidelines. 1.11 Contributes constructively to a multidisciplinary approach to patient care. 1.12 Monitors compliance with relative statutory requirements, and codes of practice. 1.13 Expertly applies advanced practice competencies. 1.14 Acts as a role model for health practice and holistic care. 1.15 Assists the NUM, in review of staff competence and educational needs concerning all specialist practice and policy. 1.16 Ensures incidents regarding clinical practice are accurately documented and investigated at the time of the incident and that both the DCS and the NUM is informed. 1.17 In liaison with the senior management team, reviews systems and processes and implements changes and education programs as appropriate. 1.18 Accurately documents initiatives in accordance with Hospital guidelines. 1.19 Adheres to all aspects of confidentiality in regards to patients, staff and personnel. 1.20 Practices within NP policy and clinical practice guidelines. 1.21 Contributes constructively to a multidisciplinary approach to patient care.

Key Result Area 2	Leadership and Management
The NP, in liaison with the DCS, will ensure congruence between implementation of the Hospital's Primary Health Strategy and population health objectives.	
Associated Key Performance Indicators	<p>2.1 Demonstrates commitment to the objectives of Yarrawonga District Health Service.</p> <p>2.2 Demonstrates vision, flexibility, creativity and the ability to plan strategically.</p> <p>2.3 Acts as a resource person to all staff on issues of relevance.</p> <p>2.4 Seeks opportunities to attend meetings / conferences that enhance professional practice.</p> <p>2.5 Regularly reviews work practices to minimise clinical and organisational risks</p> <p>2.6 In consultation with the DCS conducts practice reviews to measure program outcomes and assess potential risks.</p> <p>2.7 Builds effective relationships with staff and colleagues to enhance patient outcomes.</p> <p>2.8 Actively promotes the NP role.</p> <p>2.9 Influences health care policy through participation in both regional and state forums.</p>
Key Result Area 3	Human Resource Management
The NP will model professional excellence.	
Associated Key Performance Indicators	<p>3.1 Demonstrates competency in the application of clinical practice guidelines.</p> <p>3.2 Maintains a professional portfolio (as required by the Nurses Board of Victoria) whilst pursuing endorsement.</p> <p>3.3 Builds and maintains own clinical competence and credentials.</p> <p>3.4 Provides information relating to the role for all new staff.</p> <p>3.5 In cooperation with the DCS facilitates organisational training for issues relating to specialist areas of practice.</p> <p>3.6 Complies with Hospital directives in regard to the Hospital's code of conduct.</p>

Key Result Area 4	Information Management
The NP will enhance customer service and management of services through appropriate administration of information accessed via both computer based and manual systems.	
Associated Key Performance Indicators	<ul style="list-style-type: none"> 4.1 Adheres to the Hospital's confidentiality policy. 4.2 Seeks out and disseminates best practice information appropriately for use in service delivery and management. 4.3 Ensures all documentation is complete and accurate and is sufficiently detailed and legible to enable continuity of care, evaluation, education and medico-legal integrity. 4.4 Reviews internal processes to ensure that information is managed effectively to enhance patient care and reduce clinical risk. 4.5 Seeks opportunities to develop ways of enhancing communication with hospital customers (internal and external) 4.6 Actively participates in the enhancement of the organisation through submissions and publications. 4.7 Initiates, leads and participates in clinical research based activities. 4.8 Applies relevant research to practice and policy development. 4.9 Assists others in the evaluation of research data.
Key Result Area 6	Improving Performance
The NP will actively participate in the Health Service Quality Improvement Program. This will include the development of quality measures to meet optimal patient, staff and resource outcomes within a multidisciplinary team.	
Associated Key Performance Indicators	<ul style="list-style-type: none"> 6.1 Develops evidence based clinical practice guidelines in collaboration with other members of the multidisciplinary care team. Demonstrates a capacity for critical reflection. 6.2 Leads best practice activities in areas of clinical expertise. 6.3 Actively participates in annual review of policies, procedures and standards of designated area. 6.4 Demonstrates responsibility in ensuring work practices are measured and monitored for improved patient care. 6.5 Understands the ACHS EQUIP Accreditation & Aged Care Standards concept.

Agreement

I have read, understood and agree to comply with this position description.

Name: _____

Signature: _____

Date: _____

Challenges

1. Candidature

Yarrowonga District Health Service recognises the challenges involved with recruiting and retaining a Nurse Practitioner.

Solution

The risks of the sole practitioner model is well recognised and understood within the organisation. The evolution of this model will enable the potential for “team” development thus reducing the risks associated with the model being based on one practitioner.

Yarrowonga District Health Service has an extremely successful record of recruitment and retention and would apply such processes to recruit and support the NP candidate.

2. Acceptance from Clients

Yarrowonga District Health Service recognises that clients may not accept the NP due to loyalties to local Medical Practitioners

Solution

Yarrowonga District Health Service will endeavour to ensure the introduction of the NP into the facility is recognised as collaboration with the Medical Practitioners within the town, rather than competition.

3. Acceptance within the profession

Yarrowonga District Health Service recognises that acceptance from health professional, particularly within the Nursing Division.

Solution

Yarrowonga District Health Service will commence a program of consultation with staff within the aged care facility so they are aware, contribute and understand the role of the Nurse Practitioner within Yarrowonga District Health Service.

Ongoing education and information sessions will be provided to staff as the role evolves within the organisation.

4. Support mechanisms

A critical recognition of the challenges within this role is the support mechanisms which need to be established to support the Nurse Practitioner.

Solution

The reference group of Yarrowonga District Health Service understand and recognise the issues of support for the candidate. Yarrowonga District Health Service will actively link with regional partners namely North East Health Wangaratta in support and education programs

5. Infrastructure Requirements

The evolving technological demands require ongoing and constant upkeep to ensure the candidate has access to current and available

Solution

Yarrowonga District Health Service will consider options and requirements from the program, namely consideration of video link technology to appropriate reference sites.

Financials

Outlined below is an estimation of the costs associated with this program at Yarrawonga District Health Service.

Item	Cost
SALARY AND WAGES (Inc On Costs)	\$75,000
TRAINING COSTS	\$8,000
NURSE PRACTITIONER REFERENCE GROUP COSTS	\$4,000
SUPERVISION/SUPPORT COSTS	\$6,000
TRAVEL/ACCOMODATION ETC	\$2500
SUBSCRIPTIONS	\$1000
INFORMATIC SUPPORT	\$1800
CREDENTIALING COSTS	\$2500
CONTINGENCY COSTS	\$2800
Total Cost	\$103,600

Evaluation

Acceptance

Questionnaires will be distributed to stakeholders twelve months post implementation of the Nurse Practitioner Role, to gauge the effectiveness of the model in the areas where it has been established. These stakeholders will include Medical Practitioners, Clients, other clinical staff and hospital management.

Service Delivery

An examination of the candidate's clinical practice will be undertaken post implementation, to determine if the scope of practice needs to be extended as a result of model implementation. Additionally, this will also identify any ongoing service gaps or overlaps.

Quality of Service Delivery

A client/family member survey would be provided to those using the service. This survey would be used to obtain information regarding the client's/family member's perceptions of the services provided through this model and how it assisted the client/family during their care period.

Sustainability

The long term viability of the program will be assessed in line with industry development. Within this review, outcomes for future development will be assessed including the ongoing grooming and attraction of other potential candidates.

Cost Efficiency

Evaluation will be undertaken to assess the financial efficacy of the program. This will analysis of Aged Care Income through improved Care planning, adverse event analysis and to assessment/treatment within aged care.

References

Commonwealth Govt. (2004) Drugs Poisons and Controlled Substances (Nurse Practitioner and Miscellaneous Amendments) Regulations.

<http://www.amavic.com.au> (1999) Dissenting view. Nurse Practitioner Taskforce.

Godleman Sharon, (2005) Meeting The Community Needs: Exploring the role of the Nurse Practitioner in Rural Victoria. Seymour Hospital.

<http://abc.net.au> (6/3/03) Health Matters Features.

www.health.nsw.gov.au/nursing/npract

Adam Creswell, (2006) Call for assistants. The Australian 12/8/06.

<http://www.nnnet.gov.au>

Miranda GTH Laurant, Rosella PMG Hermens, Joze C. C Braspenning, Bonnie Sibbald, & Richard PTM Grol (2004) Impact of Nurse Practitioners on workload of general practitioners: randomized controlled trial. BMJ 2004; 328;927.

Parnell S., & Hart C. (2005) Health's Changing Face adds to Doctor Shortage. The Australian 12/11/05

Victorian Government, Dept. Human Services (1999) Victorian Nurse Practitioner, final report of the task force. Melbourne.

Victorian Government, Dept. Human Services (2001) Victorian Nurse Practitioner Project, Report of the Nurse Practitioner Implementation Advisory Committee, Melbourne.

Murrindindi Shire Council, (2004), Municipal Public Health Plan 2004-2007

Department of Human Services, Burden of Disease Data (1996).

North East Victorian Division of General Practice (2000) Morbidity comparison data.

Lower Hume Primary Care Partnerships (2005) Lower Hume Health Profile data.