Reference NPP06
Victorian Nurse Practitioner Project
Service Plan Development Report

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**Abbreviations**

CPG’s – Clinical Practice Guidelines

DHS – Department of Human Services

NBV – Nurses Board Victoria

NP – Nurse Practitioner

NPC – Nurse Practitioner Candidate

EH – Eastern Health

NBV – Nurses Board Victoria

NP – Nurse Practitioner

NPC – Nurse Practitioner Candidate
Attachments

Attachment 1.
Emergency Department Nurse Practitioner Patient Satisfaction Survey and Documentation Audit.

Attachment 2.

Attachment 3.
Identification of Priority Areas for Implementation within Eastern Health.

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Executive summary

The changing demographics of the Australian population, together with projected workforce shortfalls in most healthcare disciplines has provided both policy makers and health care providers with an opportunity to explore flexible and innovative models of health care to meet future needs of the community. Nationally, the Productivity Commission’s Report *Australia’s Health Workforce* (2006) has highlighted the need to maximise the skills and expertise of the available workforce and has cited the Nurse Practitioner model of practice as a model of care for the future.

The Department of Human Services (DHS), Victoria, in recognition of the need to improve health service access, offer greater diversity in services, increase flexibility in models of health care delivery, better manage and coordinate health care provision, and improve the career structure for advanced clinical nurses also identified the Nurse Practitioner (NP) role as a practice model that addresses both increasing service delivery and workforce demands. To date DHS has funded 34 projects to explore application of the role in Victoria in specific clinical settings, in order to initiate, develop and evaluate the role.

The Nurse Practitioner role “extends current clinical nursing practice, is advanced, with a strong foundation in knowledge, skills and competencies”. In Victoria their practice extends the nursing role outside of the current scope of practice for a registered nurse and includes, limited prescribing, initiation of diagnostics, referral to medical specialists, admitting and discharging privileges and approval of absence of work certificates.

The Nurse Practitioner role is a collaborative one with strong foundations in evidence-based advanced clinical practice, benchmarking with international best practice. Research and leadership in clinical practice, together with new models of managing patient flow and service delivery are hallmarks of the role.

Participation in the DHS funded Emergency Department Nurse Practitioner Project (Phase 3 Round 5) led to implementation of the role at Angliss and Box Hill hospitals. Eastern Health is currently developing a service plan at an organisational level to support the sustainable implementation of the Nurse Practitioner role across Eastern Health (Phase 3 Round 6). A multidisciplinary Steering Committee was formed to guide and support both projects.

Eastern Health recognises that the Nurse Practitioner role is a new and evolving role in many clinical settings and considers the development of the service plan as exploratory in nature. Successful and sustainable roll-out of the model across Eastern Health is contingent on an organised and timely approach that is congruent with the Eastern Health Strategic Plan

A consultative, collaborative approach is vital to implementation of the Nurse Practitioner role. Consultations were conducted with key stakeholders, both internal

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2 [www.nbv.org.au](http://www.nbv.org.au)
and external, across all campuses/programs throughout the organisation to identify priority areas of future need and demand and also potential candidates who have the appropriate knowledge and skills to meet the needs of targeted populations.

Eastern Health Nursing Council and the Eastern Health Nurse Practitioner Steering Committee determined as a result of the consultative process that, in the first instance, the preferred organisational Nurse Practitioner model of care would be a service demand driven model. Specific service areas identified as potential areas that would benefit from a NP service are:

- New and developing services, such as Yarra Ranges Health Service and the Knox facility;
- Service areas with current and predicted growth such as Oncology, Palliative Care and Mental Health services;
- Emergency Departments, including the Early Response and Referral Clinic at the new Yarra Ranges Health Service.

This report to DHS outlines a service plan that demonstrates Eastern Health’s organisational commitment to facilitate highly skilled, experienced and motivated clinical nurses within specific clinical settings to advance towards endorsed Nurse Practitioner status. A framework for discipline specific clinical education and training, development of Clinical Practice Guideline’s (CPG’s), organisational support to undertake the non-clinical components of the role and position descriptions is outlined in the service plan. A strong candidate selection process, medical support for the role and adequate resources have also been identified as factors crucial to successful, sustainable implementation of the role. A budget detailing the financial commitment necessary to develop Nurse Practitioner services in the identified priority areas is included in this service plan.

Eastern Health welcomes the opportunity to explore innovative and research based models of practice that are responsive to the needs of the community, such as the Nurse Practitioner role. Collaboration with key stakeholders assisted the organisation to identify potential services within the organisation that may benefit from implementation of a Nurse Practitioner model of care. Eastern Health will continue to monitor the progress and evolution of the model and consider its application in clinical settings according to demonstration of future organisational need for the role.
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1. Introduction

Eastern Health provides a wide range of public health services to a diverse community extending from the densely populated inner eastern suburbs of Melbourne to the sparsely populated rural outer eastern area of the Yarra Ranges. To best manage the demand and expectations of the community, Eastern Health strives to provide integrated services throughout the region in partnership between clinical programs within the organisation and externally to the organisation with primary and community health care providers to deliver optimal patient focused care.

Providing health services to a population of 800,000 people in the eastern region requires a collaborative approach to service delivery between Eastern Health and other health care service providers in the community. Eastern Health works closely and in collaboration with General Practitioners, Primary Health Care providers, Community agencies and other associated organisations throughout the region.

Eastern Health comprises of five main campuses:
- Angliss Hospital
- Box Hill Hospital
- Maroondah Hospital
- Healesville & District Hospital
- Peter James Centre

In addition, Eastern Health provides community based services from approximately fifty sites within the eastern region. The organisation provides services through four program areas, Acute Health, Mental Health, Aged Care & Rehabilitation and Community Health.

Eastern Health is a teaching hospital of Monash University and has multiple university affiliations through its considerable teaching, training and research roles. Eastern Health’s recurrent budget for 2005/06 was $458.2M. Eastern Health has an average monthly EFT of 4,157, making it a significant employer of health professionals in the eastern metropolitan regions of Melbourne.

Map of Eastern Health Primary Catchment
2. Background

Eastern Health demonstrated organisational commitment to implementing the role of Nurse Practitioner by participating in 2004 in the Emergency Department Nurse Practitioner Project (Phase 3 Round 5). A Nurse Practitioner Candidate (NPC) was appointed at both Angliss and Box Hill Hospitals. The aim of the project was to implement and evaluate the Nurse Practitioner role in Angliss and Box Hill Emergency Departments (ED’s). It was anticipated that this would lead to a number of key improvements in health care delivery for the targeted patient population. These include reduced waiting time, reduced length of stay, and improved quality of care as a result of less fragmented care and a high level of patient satisfaction.

An advanced nursing model of care based upon ‘early intervention’ and ‘fast track’ principles in which experienced senior nurses take on more clinical roles and responsibility is well established in Eastern Health Emergency Departments. This model of care provides a clear foundation to extend the scope of current advanced practice nursing to the role of Emergency Department Nurse Practitioner. As well as improvements to quality care, there are also benefits to nursing. Endorsement as a Nurse Practitioner recognises and legitimises the role that many nurses have undertaken, and adds a new career pathway enabling our most senior and experienced nurses to remain in the clinical environment. The ED Nurse Practitioners population target group is the Triage Category 4 and 5 type patients, such as those presenting with minor illness/minor injury patients.

The Nurse Practitioner title is legally protected in Victoria, and to date, there are 8 Nurse Practitioners endorsed by the Nurses Board of Victoria (NBV) and 12 other Nurse Practitioner candidates in various stages of preparation towards endorsement, several of whom are Emergency Department nurses. Nurses working towards the role are classified as Nurse Practitioner Candidates (NPC).

Participation in the Emergency Department Nurse Practitioner Project has led to implementation of the Nurse Practitioner role within the Emergency Departments at Angliss Hospital and Box Hill Hospital. The NPC at the Angliss is currently in the process of applying for NBV endorsement, and the role is well established. Unfortunately, at Box Hill the NPC decided to leave midway through the project. A new appointment was made and the role continues to develop well, although it will be some time before endorsement is sought. The Nurse Practitioner role continues to receive high-level support in both hospitals.

Consistent with the findings of other NP projects, the Emergency Department project evaluation demonstrates that patients seen by the NPC in this project are seen sooner and spend less time in the department, than those patients seen under the “traditional” model of care. This together with the high level of patient satisfaction and excellent standard of documentation has demonstrated that Nurse Practitioners can deliver safe and effective quality healthcare with benefits to both the patient and the ED (Attachment 1).
An Eastern Health multidisciplinary Project Steering Committee was formed to guide and support the implementation of the Nurse Practitioner role in the Emergency Department.

In June 2005, Eastern Health secured additional funding from DHS to continue development of Emergency Department Clinical Practice Guidelines. Interdisciplinary collaboration continues to underpin their development and review. To date there are 11 completed CPG’s, with approx 15 more in various stages of completion.

Educational preparation for the role was an important aspect of the project. Education was provided by two main methods. NPC’s were mentored locally by a senior ED physician who provided ‘on the job’ learning and education and the Victoria-wide Emergency Department Nurse Practitioner Project Group developed a collaborative approach to clinical learning. Members of the project group organised study days each month based around their educational needs. This collaboration continues today and proves to be a useful forum.

Implementation of the NP role introduced a new model of care into the Emergency Departments. Staff education sessions were considered vital to raising awareness of the role. The NPC’s and the Project Officer kept staff from the ED Departments informed of progress of the project through a series of presentations to various staff groups at both hospitals. Surveys to determine staff levels of knowledge and perceptions of the NP role in ED were conducted at both hospitals. These surveys will be utilised when targeting future education initiatives around the role.

The level of medical support for the role and the commitment of senior medical staff to the clinical education and training of the Nurse Practitioner Candidates were considered crucial to the successful implementation of the role with the Emergency Department.

Currently, Eastern Health is participating in Phase 3 Round 6 (NPP06) of the Victorian Nurse Practitioner Project. This phase plans to assist health services to examine strategies or mechanisms to develop a strategic plan to implement and incorporate ongoing nurse practitioner roles in their organisations.

This service plan has been developed to outline an organisational approach to support the sustainable implementation of the Nurse Practitioner role within Eastern Health. This includes identifying areas that may benefit from the role, and a centralised process for the implementation of the role.

Involvement in both the Emergency Department Project and Phase 3 Round 6 has enabled Eastern Health to promote the Nurse Practitioner role throughout the organisation and build on this experience. It already has an established supporting framework in place, outlined in the following section, to oversee the implementation of the Nurse Practitioner role across the organisation. The Nurse Practitioner Project Steering Committee has been instrumental in supporting and guiding both the Emergency Department NP Project and the current NPP06 Project. Multidisciplinary involvement at a senior level in both projects demonstrates broad organisational support and commitment to the sustainability and further development of the role and
ensures a collaborative approach to implementation of the Nurse Practitioner role within Eastern Health.

3. Organisational Policy Framework

3.1 Nurse Practitioner Steering Committee

An organisational framework to support the extended and expanded scope of practice of Nurse Practitioners was developed as a requirement of participation in the Emergency Department Project (NPP05 Phase 3). The multidisciplinary Project Steering Committee, which was formed to support and guide the Emergency Department Nurse Practitioner Project, will continue to oversee future implementation of the Nurse Practitioner model within Eastern Health.

A Nurse Practitioner Implementation Subcommittee has been formed to facilitate the implementation of the Nurse Practitioner (NP) role in clinical settings within Eastern Health (EH). This working group, consisting of the Chief Nursing Officer and Directors of Nursing of each campus and the Mental Health Program, a nursing research academic and the EH Nurse Practitioner Coordinator will meet monthly and report back to the EH Nursing Council and the Eastern Health Nurse Practitioner Steering Committee.

Additionally, the working group will work to identify funding opportunities within Eastern Health that facilitate the implementation of the NP role.

In future, as the role is implemented in various clinical settings across the organisation, Eastern Health will support formation of a Nurse Practitioner Collaborative Group to provide an organisation-wide forum for endorsed Nurse Practitioners and Nurse Practitioner candidates to convene on a regular basis, to discuss and address issues relating to the role.

A Nurse Practitioner will be nominated to represent the group and will participate in the regular meetings held by the Steering Committee. This will allow reciprocal information sharing between the groups to ensure support for the role and that action is taken to address issues related to the role, if required.

3.2 Clinical Practice Guidelines

Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.¹

Clinical practice guidelines are discipline specific and define the Nurse Practitioner’s scope of practice. The designated medication formulary and listed

pathology/radiology diagnostics is directly related to each Nurse Practitioner’s extended and expanded scope of practice, as defined in the Clinical Practice Guidelines.

A multi disciplinary team will undertake development of clinical practice guidelines within each clinical setting. Identification of the targeted group of patients suitable for inclusion into the Nurse Practitioners scope of practice will be determined by the relevant clinical stream and will demonstrate clear and concise referral pathways.

Role clarity, before and during implementation will assist team members in understanding and valuing the role, thus easing the integration of the Nurse Practitioner into the multidisciplinary team.

For example, implementation of the Nurse Practitioner role in the Emergency Departments at Angliss and Box Hill built on the previously established advanced nursing model of care of ‘early intervention’ and ‘fast track’ principles. Identification of the target patient group was based on the top 10 presentations at both sites in Triage Category 4/5.

Similar discipline specific principles would underpin identification of the targeted population group and the scope of practice of the Nurse Practitioner in other clinical settings.

Clinical Practice Guidelines (CPG’s) – complete with Competency Assessment Tools, are developed with input from senior Emergency Department clinicians and a framework for clinical educational preparation was organised. The scope of practice was developed based on role expectations, with input from key medical, nursing and educational members of the project group. All CPG’s are evidence based and reflects current clinical practice, ensuring safe and effective patient management. The multidisciplinary Project Steering Committee, that included heads of the Pharmacy, Pathology and Radiology departments from both sites, oversaw the development of the CPG’s and these were subject to a rigorous local endorsement process. This framework, developed for the Emergency Department project, has been further refined to assist other clinical streams in the development and endorsement process of their discipline specific CPG’s.

The process for development of Nurse Practitioner CPG’s within Eastern Health consists of a number of stages, outlined in an organisational flowchart developed to assist each appropriate clinical group in developing their specific CPG’s (Attachment 2).

Should the Steering Committee wish to seek clarification in regard to particular Clinical Practice Guideline prior to ratification, expert advice and opinion may be sought from the Eastern Health Clinical Council.

As the NP role is utilised in various clinical settings across Victoria, and other organisation’s clinical practice guidelines become available for general access, they may be adapted for local application, rather than initiating the guidelines from the start. However, the same rigorous endorsement process will review all clinical practice guidelines.
All Nurse Practitioner CPG’s will be included on EH Objectify, the Eastern Health software package for accessing and storing organisational policies and procedures, and be reviewed as per EH Policy and Approval Process.

In addition, all Nurse Practitioner CPG’s developed within Eastern Health will be published electronically as they are developed, on the Eastern Health internet site, to assist Nurse Practitioners from both Eastern Health and other organisations in undertaking this requirement of their role.

**3.3 Prescriptive authority**

One of the fundamental extensions to the scope of practice of NPs is the ability to prescribe medications from a limited formulary. As Medicare Australia does not issue prescriber/provider numbers to endorsed NPs, their scope of practice is consequently limited; particularly in the community setting where lack of access to PBS subsidies may financially compromise consumers.

The Pharmacy Department at Eastern Health was active in the development of the Emergency Department NP medication formulary, associated with the CPG’s. Current arrangements have been made for scripts issued by Nurse Practitioner Candidates to be authorised and countersigned by a senior department physician.

Once Nurse Practitioner Candidates become endorsed they will be able to prescribe in their own right and take responsibility for their own scripts, following approval of their discipline specific formulary by the Drugs and Poisons Unit.

As they cannot write PBS prescriptions, hospital protocols need to take into account the ability of patients and the hospital to fund any given prescribed medicine.

If and when Nurse Practitioners are authorised to prescribe PBS benefits, Eastern Health Pharmacy protocols will be reviewed, updated and further consideration given to enable this aspect of the expanded and extended scope of practice on Nurse Practitioners.

**3.4 Diagnostic authority**

An agreed list of pathology and radiology requests from NPs will be developed by the multidisciplinary clinical team and will form part of the CPG’s. Review and agreement by relevant department heads will occur as part of the Steering Committee endorsement process. Ongoing monitoring and auditing of diagnostic tests initiated by Nurse Practitioners will occur as part of the evaluation component of the implementation process.

The absence of Nurse Practitioners having access to Medicare provider numbers will affect certain groups of public hospital patients who are eligible for billing by hospitals for diagnostic testing. As such those patients covered by Veteran’s Affairs, Work cover and the Transport Accident Commission, will require pathology referrals from a Nurse Practitioner to be countersigned by a doctor.
3.5 Referral process

The majority of referrals made by NPC’s are made to clinicians or services within the hospital setting. Referral to external agencies will be made after consultation with senior consultants. All referral pathways will be detailed in the CPG’s for each discipline as they are developed.

All referrals made by Nurse Practitioners across Eastern Health will be in accordance with recommendations made by the Auditor General in the 2006 report ‘Access to Specialist Medical Outpatient Care’.

Patient discharge letters and referrals to GPs will be signed by the NPC’s. Referrals to specialist practitioners are written by the NPC and countersigned by a senior physician to comply with HIC requirements for a provider number.

3.6 Admission and Discharge privileges

Eastern Health has determined that admission of patients to hospital under the care of a NPC will occur following consultation with a senior medical officer, as will discharge from hospital. For Emergency Department NPC’s it is expected this will form a minor part of the role and is likely to relate to transfer of patients to the Short Stay Unit.

The admission and discharge policy relating to patients seen by Nurse Practitioners in the Emergency Department is consistent with existing protocols for patients seen by medical staff when transferred to the Short Stay Unit. For example, for patients with conditions such as hyperemesis and cellulitis, who may require admission after initial management by the Nurse Practitioner, the patient would be followed up by the senior doctor in the Short Stay Unit, discharged accordingly, and further followed up in the Review Clinic, consistent with other clinical referrals from the Emergency Department.

In other clinical settings across Eastern Health, admission and discharge privileges for endorsed Nurse Practitioners will be in accordance with existing hospital protocols, and will be documented in the Nurse Practitioners CPG’s for each discipline. There may be variations in admission and discharge policies across campuses/programs. The appropriate clinical stream and site management will endorse site-specific Nurse Practitioner variations, for inclusion in to the Admission and Discharge Policy of that campus/program.

Further refinement of these protocols will be considered by the EH Clinical Council if required over time, to accommodate the NP model of care, as the role further develops.

3.7 Issuing of absence of work certificates

Approval of absence of work certificates can be signed by endorsed Nurse Practitioners and NPC’s. In the case of NPC’s, countersigning by medical staff is not required.
4. Nurse Practitioner Model of Care

Eastern Health is committed to advancing the nursing profession and to exploring innovative, research based models of care in the organisation. Involvement in the ED project has assisted Eastern Health in identifying the Nurse Practitioner model of practice as means of providing safe and effective care to a targeted group of patients.

The role provides new career pathways for experienced, highly motivated advanced practice nurses to extend and expand their scope of practice and demonstrate strong clinical leadership and is important when considering future organisational retention and recruitment strategies. In addition, the Nurse Practitioner role also provides a new clinical role model for graduates to model their career path on.

Eastern Health also recognises that the Nurse Practitioner role is in an evolutionary stage of development in Victoria, with recently endorsed and new NPC’s expected to lead the way and test the role in clinical settings. As the role grows over time and is utilised in a variety of clinical settings across Victoria, Eastern Health will continue to monitor the progress and evolution of the model and continue to consider its application in clinical settings according to demonstration of future organisational need for the role.

In determining the model of care that best meets the needs of the organisation, at this point in time, Eastern Health takes the view that the practice model must provide a complimentary service to the existing service, within a nursing framework, and must demonstrate an ability to value add to service delivery, over and above existing levels.

The Nurse Practitioner role has been identified as an area of potential growth and need, in light of current and future service growth across the organisation. While Eastern Health is keen to explore practice service models that are innovative, research-based and meet the changing and diverse needs of patients in diverse clinical settings, it is also aware that successful and sustainable roll-out of the model of care across Eastern Health is contingent on an organised and timely approach that is congruent with the strategic aims of the organisation.

5. Priority areas identified for potential implementation of the Nurse Practitioner role

From an organisational perspective, Eastern Health considers the service plan development for implementation of the Nurse Practitioner role as an ongoing exercise. Raising awareness of the role, initiating dialogue and an exploratory approach were deemed necessary to determine which areas, in the first instance, would benefit from having a Nurse Practitioner service incorporated into it’s model of care. Implementation of the role will build on the outcomes and gains of the Emergency Department project and rigorous evaluation of the role in other clinical settings.
A consultative, collaborative approach is vital to implementation of the Nurse Practitioner role. Consultation has been conducted with key stakeholders, both internal and external, across all campuses and the Mental Health Program throughout the organisation, to identify priority areas of future service need and demand within the organisation, and also potential candidates who may have the appropriate skills and expertise to meet the needs of targeted populations.

Meetings with stakeholders were conducted, and each group was asked to identify priority areas that they considered had potential for implementation of the Nurse Practitioner role.

The groups included:

- Directors of Nursing of all campuses/programs within Eastern Health, including Director of Nursing, Mental Health Services
- The Manager of Yarra Ranges Community Health Services
- Eastern Health Nurse Educators
- Academics involved in nursing research within Eastern Health
- Nurse Unit Managers
- Medical Practitioners, including doctors involved in the Emergency Department Project
- Nurse Practitioner candidates involved in the Emergency Department Project
- Nurse who had self-identified themselves as potential Nurse Practitioner candidates

The consultation process identified several options for Eastern Health to consider when determining the preferred organisational model:

- **Service driven/needs driven model.**
  Organisation identifies areas of greatest demand/need/potential, which are consistent with the Eastern Health Strategic Plan, and focuses on the four program areas in the plan – Acute Health, including Midwifery, Mental Health, Aged Care & Rehabilitation, and Community Health.

  The Nurse Practitioner role enhances service delivery – improves access, reduces the number of patient presentations/representations, early interventions improve patient outcomes.

  This model allows the organisation the ability to plan for new services, new facilities. However, if a suitable Nurse Practitioner Candidate is not available, service options may be reduced due to length of time to implement role.

- **Candidate driven model,**
  Motivated advanced practice nurses self-identify themselves as potential candidates. Organisation supports a model that offers a defined career pathway for nurses who operate at high levels of advanced clinical practice.

  Sustainability may be problematic should an incumbent leave, if succession planning has not been considered.
• A combination of both service driven and candidate driven model. Discussion identified the greatest opportunities for NPs would be in providing services that link community/acute care interface, and nurses are already working in positions which could be defined as potential nurse practitioner status, such as expanding the roles of nurses already working as Clinical Nurse Consultants.

Utilising the Nurse Practitioner role in chronic disease case management may improve service delivery.

In this initial round of consultations a total of 31 areas were identified by these groups as possible areas for further exploration of implementation of the NP role. (Attachment 3)

The outcomes of these consultations were then presented to both the Eastern Health Nursing Council and the Eastern Health Nurse Practitioner Project Steering Committee. Consensus between these committees determined that for initial implementation of the Nurse Practitioner role across the organisation, Eastern Health’s preferred organisational Nurse Practitioner model of care would be a service demand/service need driven model.

It was also determined that priority areas for possible implementation of the role would need to meet the following criteria - that they be:

• New services areas, where capacity building of future nursing workforce is crucial, such as Yarra Ranges Health and the new 60 bed Knox Palliative Care/Aged Care facility.
• High demand areas across the network, such as Mental Health Services.
• Clinical streams where current and future growth is predicted due to increasing service provision and demographic factors, such as Oncology and Palliative Care.
• Emergency Department Services, which allows for the momentum gained in the Emergency Department Nurse Practitioner Project to be ongoing.

**Initial implementation of the Nurse Practitioner role within Eastern Health was therefore considered in the four following program areas:**

• Emergency Departments at the Angliss, Box Hill and Maroondah Hospitals and the Early Response and Referral Clinic at the new facility at Lilydale, Yarra Ranges Health.
• Palliative care services, including the new Aged Care and Palliative Care facility being developed at Knox.
• Oncology services at Maroondah and Haematology Oncology at Box Hill, including Oncology services at Yarra Ranges Health.
• Mental Health Services, in particular the Consultation Liaison role, Drug and Alcohol Services, Emergency Department Psychiatric Liaison role and the Child and Adolescent Mental Health Services (CAMHS), and of particular priority, the Youth Mental Health Nurse practitioner role at the new facility at Lilydale, Yarra Ranges Health.

The Emergency Department Nurse Practitioner Project demonstrated that medical support is considered crucial to the successful implementation of the role and that without that support it was unlikely that the role could be implemented within a clinical setting.

Therefore, further consultation was conducted with the medical consultants, Directors of Nursing, program managers and interested nurses from each of these four designated disease streams. Consultations endeavoured to establish:

• The group level of knowledge of the Nurse Practitioner role
• The support for the role within that discipline,
• The willingness to provide the level of education required for a Nurse Practitioner Clinical Education and Training Program
• The availability of medical personnel to conduct the NP Clinical internship.

Consultations with the health professionals in each of these areas determined that there were reasonably high levels of support from medical consultants and others for the NP role and that they would provide a supportive environment in which the role could be further explored and developed for future implementation.

Although it can be said that support is considered to be high amongst the consultation groups, some concerns were also expressed that would need to be addressed to ensure ongoing support. These were:

1. That adequate funding is available to implement the role.
2. That the role doesn’t impact negatively on existing service provision.
3. That there is a transparent process in choosing candidates
4. That successful implementation depends on choosing the right candidate.
5. That the role doesn’t deplete existing nursing positions, for example, when a Clinical Nurse Consultant is selected as a Nurse Practitioner Candidate in a clinical stream and the position is unable to be filled by a staff member with equivalent skills and expertise, thus leaving a void in the staff skill mix.

Consultations were also conducted in areas were nurses had identified themselves as potential NPC’s. These areas included Midwifery, Neuroscience areas such as the Movement Disorders Program and the Multiple Sclerosis Clinic and Cardiology Services, such as ICU Liaison Nurse and Cardiac Nurses.

Discussion within the Project Steering Committee determined that at this time these areas were either not EH priority areas for implementation of the role, or that medical support was not there at this point in time, or that more developmental work was required to proceed in the exploratory process than had been demonstrated to date.
6. Description of Services prioritised by Eastern Health for possible implementation of the Nurse Practitioner model of care

6.1 Emergency Departments

At present, Emergency Departments are situated at Angliss, Box Hill and Maroondah hospitals, with each seeing approximately 40,000 presentations per annum.

Participation in the Emergency Department Nurse Practitioner Project has led to implementation of the Nurse Practitioner role within the Emergency Departments at Angliss Hospital and Box Hill Hospital. The Nurse Practitioner role continues to receive high-level support in both hospitals.

In addition, it has been identified by Eastern Health that nurses who participated in the DHS-funded Emergency Department Nurse Practitioner Project (Phase 3 Round 5) have the appropriate skill set and level of expertise required to provide care to patients attending the Early Response and Referral Service at the new Lilydale facility, Yarra Ranges Health.

Nurse Practitioners, capable of providing an extended nursing role to clients who attend the Early Response and Referral Service, would offer an alternative to the need for all clients to be reviewed by a Medical Officer.

Eastern Health has determined that service provision to patients attending the Early Response and Referral Clinic at the new facility at Lilydale, Yarra Ranges Health, is contingent on providing a Nurse Practitioner model of care. As such, the service has been identified as a priority area for implementation of the Nurse Practitioner role. To ensure Eastern Health has scope to commence capacity building a Nurse Practitioner service at Yarra Ranges Health the clinical training and education required for Nurse Practitioner Candidates would need to begin immediately.

A proposal has been forwarded to the Department of Human Services as part of funding submissions around health workforce capacity building for the super clinics. This proposal has been developed to implement an Emergency Department Nurse Practitioner Training and Education Program, which will allow interested nurses to advance, in a timely manner, toward endorsed Emergency Department Nurse Practitioner status, so as to be ready for employment at the Early Response and Referral Service at Yarra Ranges Health in early 2008. While the NPC’s would predominantly undertake their clinical education and training at Maroondah Hospital, the resources of the three Emergency Departments across Eastern Health would be utilised in the developing the range clinical and professional expertise and leadership required for endorsement as Nurse Practitioners.

Emergency Department Nurse Practitioner Clinical Education and Training has also be incorporated into this service plan as contingency, in the event the Yarra Ranges Health proposal is not successful in securing funding to undertake the NP clinical internship.
6.2 Oncology

The Haematology and Medical Oncology Service at Box Hill Hospital provides a range of services encompassing the management of all types of malignancies, with particular expertise in the management of breast and bowel cancer, leukaemia, lymphoma and testicular cancer. The Clinical Haematology and Medical Oncology Department is an integrated division of the Hospital’s Australian Centre for Blood Diseases.

These four divisions include:
1. Clinical Haematology/Oncology
2. Diagnostic Haematology/Oncology
3. Clinical and basic research programs
4. Teaching and Education

The clinical and basic research programs aim to ensure that patients with blood diseases and cancer are offered the latest and most innovative diagnostic evaluation and treatment. The clinical research program focuses on the delivery of new therapies and participates in worldwide trials aimed at evaluating the effectiveness of new experimental treatments.

The Oncology ward and Day Centre at Box Hill Hospital strive to provide excellence in cancer nursing care, with highly experienced nursing staff with expertise and interest in the fields of cancer and palliative care providing care and support to cancer patients and their families.

The Haematology/Oncology service has experienced between 10-20% average growth per annum in service demand over the past ten years. Box Hill performs on average 15-20 autologous bone marrow transplants per year and this is expected to rise following an additional medical appointment.

The appointment of a Nurse Practitioner to the service would ensure continuity of complex care protocols that are not optimally provided at the moment due to the transitory nature of Junior Resident Medical Officers appointments. The position would compliment the current allocation of two advanced trainees of the Royal Australian College of Physicians in Oncology to provide ongoing high-level expertise full time.

A Nurse Practitioner role, with the accompanying expectation of participating in research activities, will contribute to the active and productive clinical research effort of the unit and the North Eastern Metropolitan Integrated Cancer Haematology tumour stream.

Maroondah Hospital is also a significant provider of Oncology services for the Eastern Health network. This service has demonstrated similar growth to Box Hill and additional future growth is predicted as Maroondah Hospital oversee the management of Oncology and Palliative Care services to be provided at the new Yarra Ranges Health Service at Lilydale. The Lilydale facility will provide a range of integrated services along the continuum of care for Oncology and Palliative Care.
patients. The Nurse Practitioner role has been identified as a suitable model to provide care to Oncology patients attending the Yarra Ranges Health at Lilydale. The facility will include a six-chair day unit for chemotherapy, blood product and related infusions. Appropriately trained Oncology nurses can safely administer these as a day procedure, while the patient is situated within a reclining chair. The extended and expanded scope of practice offered by an Oncology NP would offer a comprehensive link along the continuum of care for patients.

The Unit will initially function at Level 1, as defined by the Cancer Services Framework Highlights Report, and is linked with the Northern Metropolitan Integrated Cancer Services, which includes Austin, Northern and Eastern Health.

6.3 Palliative Care

Eastern Palliative care is an Eastern Health wide service offering a range of services to patients with end stage disease, in a variety of acute and community settings.

A model of nurse-managed Palliative Care has already been developed with the appointment of a Clinical Nurse Consultant (CNC) role at Box Hill in 2003. Since that time the number of referrals to the service has steadily grown and an ongoing rise in client numbers is anticipated. The role includes, among other things, referral to community services, liaison with other health professionals, patient support in dealing with terminal illness, family support and education, support and education of staff about palliative care issues and data collection.

The Eastern Health Palliative Care Service, in response to increased service growth and the commitment to improved patient outcomes, is currently expanding the service. Additional resources allocated include the services of two Clinical Nurse Consultants to work across both Maroondah and Box Hill Hospitals. A psychologist (.6EFT) and a Palliative Care physician (5 sessions per week) have also been appointed. It is anticipated that within the next twelve months the Palliative Care Service will be further expanded to include the Angliss Hospital.

A new 60 bed Palliative /Aged Care facility is being developed at Knox and is due to be operational in late 2007/early 2008. It has been identified by Eastern Health that the Nurse Practitioner role, with it’s extended and expanded scope of practice would offer additional benefits to the palliative care of patients in the facility, particularly in relation to pain management, symptom control, nausea, terminal restlessness and the ordering of diagnostics, especially as access to medical practitioners will not be available on a 24 hour basis.

The role has also been considered for Yarra Ranges Health at Lilydale, which will offer a Clinical Program for Palliative Care to be provided by Eastern Palliative Care in conjunction with RDNS. It will cater for between 4-6 patients and their carers, accessing the specialist medical consultation clinics and therapy services. Patients will potentially be at the clinic for 4-6 hours and will participate in therapy and clinic sessions with appropriate rest periods. Carers will be offered education and group activities at various times.
The services of a Nurse Practitioner as a member of the multi disciplinary team could significantly value add to improving patient outcomes.

6.4 Mental Health Services

The Mental Health Program provides mental health services to the Eastern region of Melbourne. These services include crisis services, inpatient care, community/outpatient care, rehabilitation services and residential services and specialist drug and alcohol treatments. The Mental Health Program employs over 600 staff.

The Nurse Practitioner role has been identified as an area of potential growth and need, particularly in light of current and future service growth within the Eastern Health Mental Health Program.

The EH Mental Health Program sees potential for the Nurse Practitioner role in the areas of Consultation Liaison Psychiatry, Alcohol and other Drug Services, Emergency Department Psychiatric Liaison Nursing, Youth Services and Crisis Assessment Teams.

Capacity building the mental health workforce to meet future service demand and needs at the new Yarra Ranges Health facility at Lilydale is also a prime consideration of the EH Mental Health Program. The Yarra Ranges Health Service Plan, states that “comprehensive mental health and drug & alcohol services are required at the super clinic”.

Of particular priority to the Eastern Health Mental Health Program is the role of a Youth Mental Health Nurse Practitioner at Yarra Ranges Health. The target patient group of the Nurse Practitioner would be youths, 15 – 25 years of age. The Nurse Practitioner extended and expanded scope of practice would allow comprehensive service provision, treatment and management of youth referred to or presenting to the service with the dual diagnoses of mental illness and drug/alcohol abuse. Outreach services provided by the Nurse Practitioner would enhance service provision for difficult to reach and homeless youth, by facilitating access and referral to the interdisciplinary mental health team at Lilydale.

A submission has been provided to the Mental Health Program, DHS by the EH Mental Health Program that has detailed the health workforce requirements necessary for mental health service provision at Yarra Ranges Health and focused on a child and youth population. However, additional developmental work undertaken as part of this organisational service plan has allowed for further exploration and identification of the Youth Mental Health Nurse Practitioner role as being beneficial and enhancing mental health and drug and alcohol services at Lilydale.

The Nurse Practitioner in a Consultation Liaison Psychiatry Service would provide senior clinical leadership and skill in the areas of advanced psychiatric assessment, diagnostic formulation, initiation of diagnostic testing, and medication prescribing and management within a limited formulary. In this role the Nurse Practitioner would work as a member of a senior multi-disciplinary clinical team providing expert
psychiatric assessment and consultation to patients and staff in an acute in–patient setting.

The role of the Nurse Practitioner in **Alcohol and Drug Services** will be pivotal in liaising with the acute and community Mental Health services. This liaison will increase the timeliness and effectiveness of interventions for the client group presenting with Mental Health and Alcohol and Drug Issues.

The Alcohol and Drug Services Nurse Practitioner will also provide education and secondary consultation the Acute and Community Mental Health Services in best practices for managing withdrawal and general Alcohol and Drug presentations.

### 7. Timeframe for implementation

The Nurse Practitioner model of care is in its infancy within Victorian healthcare settings, and to date has been a largely invisible one. A substantial commitment from organisations and senior advanced practice clinical nurses is required to incorporate the role into organisations, in such a way that it will lead to demonstrable outcomes.

The role is a clinical one, and at this stage of development NP and NPC’s undertaking clinical training and fulfilling the non-clinical components of the role, in addition to undertaking tertiary study, in many cases, cannot be expected to assist with organisational implementation across Eastern Health, outside their own clinical settings.

This service plan has outlined a two-year timeframe for initial implementation of the role in the priority areas (Attachment 4). Realistically, Eastern Health anticipates that to fully integrate this model of care into the nursing workforce, to ensure sustainability, and the preparation of future areas for implementation of the role, will occur over a five-year period.

With this in mind, Eastern Health intends to engage a senior nurse to act as Nurse Practitioner Coordinator. The Nurse Practitioner Coordinator will continue the developmental work begun as part of this service plan development, in particular in areas identified as potential areas for the next stage of the implementation of the Nurse Practitioner model of care. The Coordinator will continue the consultative, collaborative process in clinical settings across all Eastern Health campuses, identifying potential areas and candidates, work with medical consultants, oversee the candidate selection process, provide organisational support to candidates, provide education and marketing of the role within the organisation, provide reports to both the organisation and DHS on the implementation process, and coordinate all organisational activities related to the Nurse Practitioner role.

The Nurse Practitioner Coordinator will facilitate the implementation of the Nurse Practitioner role in the new and developing facilities, such as Knox and Lilydale, where a range of health workforce planning issues will need to be considered.
The Nurse Practitioner Coordinator will also continue the developmental work necessary in clinical settings that have been identified as having potential for the second stage of organisational implementation of the role. These clinical areas include, but are not limited to, Renal Services, ICU Liaison, Midwifery, Cardiology, Anaesthetics and Chronic Disease Streams.

The Nurse Practitioner Coordinator position has been costed into this service plan budget.

8. Selection of Candidates

A Nurse Practitioner is a registered nurse educated for advanced practice who is a member of the interdependent health care team and who role is determined by the context in which they practice. It is a multifaceted clinical role involving collaborative relationships with other disciplines and professions, in partnership with consumers and communities, while retaining a nursing perspective. The Nurse Practitioner is at the apex of clinical nursing practice.

The role incorporates core-nursing components including:

- Advanced clinical assessment and treatment approaches
- Education
- Counselling
- Research
- Quality improvement
- Administration and management

A strong candidate selection process has been identified as a crucial element in successful implementation of the role within the organisation. As for the Emergency Department Project, future selection of Nurse Practitioner Candidates (NPC’s) within Eastern Health will be guided by the International Council of Nurses (ICN)\(^4\) definition of nurse practitioner and by the National Nursing Organisations (NNO)\(^5\) definition of advanced practice, which will be used to benchmark the minimum standards of advanced practice for acceptance as a Nurse Practitioner Candidate.

An organisational generic position description adapted to a specific clinical setting will be utilised to determine major duties and responsibilities and key selection criteria for each clinical setting. A **position description** has been developed for both a Nurse Practitioner Candidate and an endorsed Nurse Practitioner (Attachments 5 and 6).

A multidisciplinary committee will undertake selection of NPC’s once a full submission process is completed. The committee will include the Chief Nursing Officer, Eastern Health, the campus Director of Nursing, a senior medical consultant and other members of the interdependent team relevant to each specific discipline.

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An organisational flowchart has been developed to facilitate implementation of the Nurse Practitioner role across Eastern Health. It is required that nurses expressing interest in candidature as a Nurse Practitioner undertake all steps on the flowchart (Attachment 7).

Once a NPC is selected, the Nurse Practitioner Candidate will agree to seek endorsement as a Nurse Practitioner with the Nurses Board Victoria within a two-year time frame from the commencement date of candidature. The candidature will be for a period of not less than twelve months and not more than twenty-four months. Failure to undertake the endorsement process within this specified period of time would require negotiation of ongoing candidature with the candidate’s direct line manager, the Director of Nursing, and the Chief Nursing Officer Eastern Health.

Ideally, once an area has been designated as a priority area for implementation of a NP service, applications for NPC’s positions would be sought internally from that clinical setting. However, if sufficient interest were not expressed, Eastern Health would consider seeking applications from external sources.

Eastern Health acknowledges that nurses funded by external sources who work within Eastern Health, may wish to submit an application to undertake candidature. However, Eastern Health reiterates that precedence for Nurse Practitioner positions would be given to nurses whose positions are funded from internal Eastern Health revenue.

The organisation acknowledges that nurses may begin academic preparation with a view to progressing their career towards the Nurse Practitioner career path, in isolation, however Eastern Health is clear that this does not constitute an organisational responsibility to offer employment to individuals as a Nurse Practitioner. Negotiation with the organisation to undertake candidature is a pre-requisite to undertaking the clinical and educational training required to seek endorsement as a Nurse Practitioner.

Future organisational decisions about which clinical services would benefit from the implementation of the role will consider whether the role will be a campus specific one or be developed to meet a wider service need, with the Nurse Practitioner role utilised as whole of Eastern Health resource for a particular clinical stream.


Eastern Health has well-established links with Deakin University, through the Deakin - Eastern Health partnership, and with a range of other tertiary institutions, including Monash University, Latrobe University, and Royal Melbourne Institute of Technology (RMIT). Latrobe University offers a Masters of Nursing Science (Nurse Practitioner) and Deakin offers a Master of Nursing Practice (Nurse Practitioner). Partnership with both these Universities in the academic preparation of the NPC’s will strengthen these tertiary links.
Students undertaking these Nurse Practitioner Master’s courses at Latrobe and Deakin will have access to a framework for a clinical internship. However, NPC’s who are undertaking a generic Master’s may not have access to this resource and will need to utilise a framework that provides clinical education and training tailored to their specific discipline, that is relevant to meets their needs and advances them towards endorsed status in a timely manner.

In the past NPC’s have relied on the goodwill of senior department medical consultants to provide clinical education mentoring and support. However, as the role develops and organisations more fully embrace the role it is doubtful this level of support could continue to be granted to individuals NPC’s. While initially that support has been sought from medical consultants, it is envisaged that over time that as more NPs become endorsed they will be available to participate in the training and education of other nurse practitioners.

The Nurses Board Victoria (NBV) mandates that a NPC have written support from three clinical mentors who support the endorsement of the candidate. Each referee will complete a referee verification report covering information relating to advanced clinical assessment skill level, diagnostic skill and knowledge demonstrated competence in medical management and leadership research and agreed competency standards. It is anticipated that at least one referee would be a medical doctor who has provided clinical supervision to the applicant and who has been involved in the development of the clinical practice guidelines and/or have worked closely with the applicant and are able to verify advanced levels of knowledge and practice. Other referees must be senior health professionals who have provided clinical supervision and/or worked closely with the applicant and are able to verify advanced level of practice and knowledge.

At an organisational level, Eastern Health also requires nurses wishing to submit expressions of interest to undertake Nurse Practitioner candidature also supply a letter of support from a senior medical consultant and the candidate’s Director of Nursing, prior to a full submission being prepared.

In addition to supporting the educational preparation of NPC’s, Eastern Health will develop the clinical competence of NPC’s. A framework for clinical education and training was developed for the Emergency Department Nurse Practitioner Project (NPP05). This is being further developed and refined as a starting point for a generic Eastern Health Nurse Practitioner Clinical Education and Training Program to be available for NPC’s from all disciplines across Eastern Health.

Medical support, clinical teaching and mentorship are considered crucial to advancing the clinical skills required for endorsement as a Nurse Practitioner. A clinical internship forms the basis of a discipline specific education and training program that will allow NPC’s to advance, in a timely manner, towards endorsed Nurse Practitioner status. A framework for a clinical internship therefore needs to be adequately resourced, competency based, relevant, and to meet the needs of each candidate.

The clinical internship is best developed by a multidisciplinary team, with input from the NPC and should be aligned with the academic preparation of each candidate. The multidisciplinary approach allows for a range of resources to be utilised in the
education and training program. The program will allow for specific time allocation with each of disciplines involved in the NP expanded scope of practice, Pharmacy Radiology and Pathology. For example, the NP would meet monthly with a senior pathologist to discuss issues relevant to the diagnostic tests they are ordering. This offers a learning opportunity to review the previous month’s requests and results and other Pathology issues.

The focus of the clinical development program is to ensure that the NPC has well developed clinical skills in the areas of advanced clinical assessment, diagnostic skill and knowledge, pharmacology knowledge, demonstrated competence in medication management, knowledge of treatment options, research abilities and advanced clinical leadership, and to assist in preparing the portfolio to support a successful endorsement process with the NBV.

In addition, to supporting the clinical internship of Nurse Practitioners, Eastern Health acknowledges that a professional internship, to support the non-clinical components of the role, incorporating skills such as writing for publication, clinical auditing and report writing, should be available to NPC’s. An Eastern Health Nurse Practitioner Education and Research Group has been formed to support the academic requirements of the role and to ensure the clinical education and training of Nurse Practitioners is congruent with the directions outlined in the Eastern Health Education and Research Strategic Plan.

9.1 The role of mentoring

Mentoring is the development of a relationship between two parties, with the intention of the mentee to develop skills under the guidance of the mentor. Accordingly there must be a willing commitment from both parties.

The clinical mentor should be:

- A clinical expert in the area, either Consultant Doctor or NP. A NP may elect to seek mentorship from more than one clinical expert, for example a medical consultant and additionally a pharmacist or radiologist.
- Available during clinical placement and able to commit to being a mentor for the duration of the internship
- Accessible within the clinical environment for teaching and reviewing patients seen by the student
- Have a good understanding of the NP model and the extended scope of practice of the role
- Able to provide clinical supervision

Clinical Mentor responsibilities include:

- Able to observe the student working clinically and provide thorough critical feedback on their performance in the role.
- Ensure that a wide range of opportunities for skill development is available.
- Objectively assess progress of the NPC against the training objectives at regular intervals.

The clinical supervisor will assist the NPC to develop the advanced clinical skills, competencies and knowledge required to fulfil the role of an endorsed NP. The
Clinical mentor and candidate will complete a learning plan and will work together throughout the candidature to complete it.

The CPG’s will be developed with input from a multidisciplinary team. The CPG’s, incorporating the required extensions to practice will define the candidates the scope of practice.

9.2 Suggested framework for clinical development

1. Commencement of candidature
   The clinical mentor and NPC identify the specific targeted population group that best suits the NPC’s model of care. Together they will develop a learning plan that outlines progress towards endorsed Nurse practitioner status in a timely manner. The learning plan will become more specific as the clinical practice guidelines are being developed.

2. Development of Clinical Practice Guidelines defining the NPC scope of practice.

   Building on the existing advanced practice skills of the NPC, Clinical Practice Guidelines will be developed, with input from a multidisciplinary team, to accommodate the targeted population the NPC’s defined practice encompasses.

   Skill development will focus on the following areas:
   - Health assessment and diagnostic skills in the specialty area
   - Interpreting diagnostic and other laboratory tests
   - Applying pharmacological interventions appropriately including therapeutic effects and adverse events

3. Completion of Clinical Practice Guidelines

   The NPC will focus on gaining the knowledge and skills that underpin the CPG’s. The time for a NPC to gain competence in a given skill will be variable, depending on the complexity of the particular task and the stage of candidature. It is approximated that the NPC workload will be 80% clinical work and 20% education, training and professional time undertaking research, quality audits etc. The candidate is expected to practice clinically providing direct patient care to the population that fits the NP scope of practice, under the direct and indirect supervision of the clinical mentor.

4. Consolidation of Skills

   The candidate will focus upon consolidating their clinical skills and building a professional portfolio to complete the endorsement process. The emphasis will be on total service provision, both clinical and non-clinical aspects, such as provision of health promotion and illness prevention strategies. The candidate will continue to be supervised by the clinical mentor but will also practice in a manner that simulates endorsed practice.

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6 Latrobe University Unit Guide-“Clinical Internship for Master’s of Nursing Science"
It is understood that the NP role is seen as evolutionary and further CPG’s may be developed as the NP range of skills and competencies grows.

As well as developing the clinical skills of the candidate, it is expected that the mentor and candidate will meet regularly throughout the candidature. The Emergency Department Project determined that at a minimum one to two hours per week would be required to review the clinical logbook, case presentations etc. A longer monthly meeting may be instigated to review learning plan objectives.

For Nurse Practitioner Candidates who are not enrolled in a Nurse Practitioner Master’s program or have previously completed a clinical Master’s, the framework for the clinical education and training program will include a range of tools will be utilised to ensure the learning plan objectives are met.

9.3 Work based assessment strategies

The clinical internship could include assessment tools similar to those outlined in Latrobe University’s clinical internship requirements, such as:

- **Clinical log**
  Each patient the candidate treats will be documented in the clinical log. The clinical log will be the basis of discussion between the candidate and supervisor.

- **Documentation audit**
  As a quality tool it is important that there are Unit Record reviews, whereby the clinical mentor and candidate review three histories every three months to explore the clinical notes and identify whether adequate documentation has been recorded.

- **Case review**
  It is expected the candidate will complete case reviews presenting their patients assessment, diagnostic tests, clinical findings and diagnosis and treatment plan. These could be completed in conjunction with the clinical log or as a separate review and be a formal presentation to other nurses and medical staff as a mechanism for individual and unit based learning, and as mechanism for raising the profile of the role within the organisation.

- **Bondy Scale**
  The Bondy Scale is a tool to identify the degree of supervision required by the candidate. This tool can be used in collaboration with the clinical log, and would be utilised at the commencement of the candidate position and every three months thereafter to assist in making a comparison and documenting progression of candidate’s clinical skills.

- **Clinical examination of individual skills**
  It is anticipated that the CPG’s will be the foundation of the assessment of clinical skills. Specific assessment criteria may be developed to assess the candidate’s knowledge and technique of each of the required skills.⁷

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⁷ Women’s Health Nurse Practitioner Project Officer – “Clinical Internship Model”
The Australian Nursing and Midwifery Council (ANMC) Competencies for Nurse Practitioner Competency Framework will be used to ensure candidates skill development is competency based.

(Attachment 8)

9.4 Organisational mentors

In addition to a clinical mentor, it is recommended by the NBV that NPC’s seek one or two other mentors within their organisation. The role of the organisational mentor would be to support the Nurse Practitioner Candidate and assist in their transition from clinical nurse to Nurse Practitioner, within the context of service delivery changes to enhance patient care. The organisational mentor will assist the candidate to manage change, communicating and involving key stakeholders, understanding and dealing with organisational dynamics and marketing the role.

10. Communication Strategy

The Nurse Practitioner role is a relatively new and evolving role in Victorian healthcare settings, and to date has been largely invisible. Raising awareness of the role and initiating dialogue was considered pivotal to determining potential areas that might benefit from a Nurse Practitioner service.

As previously stated, a consultative, collaborative approach is considered vital to implementation of the role. Stakeholder consultations, both internal and external, were conducted across all campuses/programs to identify priority of future service need and demand, and also potential candidates who may have the appropriate skills and expertise to meet the needs of targeted populations.

A Communication strategy to raise awareness and market the role within EH was developed. The strategy targeted both internal and external stakeholders and will be ongoing as the role further develops over time. The strategy consisted of:

10.1 Information/education of health professionals

- Information sessions at Box Hill, Angliss and Maroondah with invitations extended to all campuses/programs to attend. The sessions included presentations from Department of Human Services, Nurse Policy Branch, Nurses Board Victoria, the Eastern Health Project Officer, and NPC’s.

- Development of a poster with photos of the ED NPC’s, showcasing their work in ED, for display throughout Box Hill, Angliss and Maroondah hospitals.

- Staff awareness surveys to gauge staff perceptions of the NP role in the Emergency Department, and presentation to the EH Steering Committee of the survey findings. This survey will be conducted over time to determine
increasing levels of knowledge and where further education efforts may need to be directed.

- Development of an information package for distribution at nursing and medical orientation sessions.
- Development of a research article related to staff awareness and perceptions of the role for conference presentation by the ED NPC.
- Development of a Nurse Practitioner information section on the Emergency Department and Eastern Health nursing intranet site. These sites provide access to the organisational flowchart for development of Clinical Practice Guidelines (Attachment 2) and the guidelines themselves as they are developed.

10.2 Information for external stakeholders

- Development of a patient information pamphlet given to all patients attended by a Nurse Practitioner in ED. Additionally, this will be available for all patients in ED waiting areas. The information pamphlet will be adapted for use in other clinical settings as required.
- Patient satisfaction surveys will be conducted over time and at set periods of time to gauge levels of patient satisfaction and levels of knowledge about the role.
- Briefing papers about the role were presented at stakeholder meetings such as the Eastern Health Consumer Advisory Committee, and the Primary Care Population Health Advisory Committee, which includes GPs among the Committee members.
- Information articles about the role have been included in campus newsletters, which are available to both the public and staff.

Communication initiatives to stakeholders will be ongoing to ensure a consultative, collaborative approach facilitates broad organisational support and commitment to the sustainability and further development of the role.

11. Sustainability

Eastern Health is committed to advancing the nursing profession and to exploring new Nurse Practitioner roles and models of care in the organisation. However, the organisation takes the view that successful and sustainable roll-out of the Nurse Practitioner model of care is contingent on an organised and timely approach that is congruent with the strategic aims of the organisation. The role itself is in a new and evolving model of health care and to date has been largely invisible in many Victorian health care settings. However, Eastern Health, as demonstrated by its involvement in
the Emergency Department NP Project is supportive of implementation of the role in the organisation.

Several factors are considered crucial to successful sustainability of the role:

- **Funding**

As the role is new in many clinical settings, costing this model of care is problematic due to complexities with comparative costing. Local and international data indicate that it is most likely no more expensive and may be cheaper in the long run if all medical and social parameters are met. A Nurse Practitioner is a member of an interdisciplinary team, therefore the contribution the role makes to improved service delivery and the effectiveness of patient outcomes may be difficult to quantify due to difficulty in isolating data, or outcomes cannot be measured easily due to the long lead time for an outcome.

Another difficulty in costing the model is while NP’s do not have access to a Medicare provider number, cost shifting may occur. Presently, NPs are reliant on the ‘goodwill’ of hospitals to cover the cost of ordering diagnostics tests through Casemix funding. In traditional models of care in community settings, the Commonwealth through Medicare would cover these costs.

Uncertainty about ongoing funding to support the model of care may impede progression if health care organisations face funding difficulties, once a NP service has been instigated, particularly in community settings.

Of prime concern to healthcare institutions is the organisational cost of providing quality, discipline-specific clinical education and training to Nurse Practitioner Candidates in various settings. To ensure ongoing commitment from medical staff to this clinical internship will require adequate remuneration for their time and expertise. Emerging roles as such could be costly to implement, as there will be a need for significant medical input in the early phase. Health care organisations will require a financial commitment from Government to assist with funding this model of care, before proceeding organisation-wide with implementation of the role.

It is anticipated that as more Nurse Practitioners become endorsed, they will significantly contribute to the education and training of other NPC’s within their own clinical stream, thereby reducing the cost to organisations of implementing the model over time.

- **Professional issues**

The inability of NPs to access Medicare and PBS benefits will restrict the services that NPs can provide, especially in the community setting. In addition to restrictions on the ability of NPs to initiate diagnostics outside hospital settings, it also means NPs cannot refer patients to specialists outside the public hospital setting. These limitations to practice may provide a disincentive to organisations considering setting up a NP model of service delivery.
There is a significant investment by both individuals and organisations to the commitment to provide Nurse Practitioner roles within an organisation. The cost of undertaking a Master’s level of study required to fulfil the academic requirements of the role may be a disincentive for individual nurses. In line with Eastern Health policies, nurses can apply for organisational scholarships to assist with the cost of tertiary education. However, to progress the role in a reasonable timeframe, the Department of Human Services could consider that Nurse Practitioner’s be included when allocating annual scholarship funding to priority areas/groups.

- **Organisational support**

Eastern Health is committed to sustainable implementation of the NP role, in clinical settings within the organisation, however it recognises that successful role out of the model requires further strategic planning, and building upon gains made by involvement in the NP Emergency Department Project. Eastern Health considers that maintaining the role of an EH Nurse Practitioner Coordinator is important to ensure sustainability of the role. The NP role is new and emerging and, it is unlikely at this early stage of development that individual NPC’s in clinical settings will be able to maintain the momentum of implementing role from an organisation wide perspective, without support from Nurse Practitioner Coordinator, particularly so, as the role is being considered for implementation in new and developing facilities such as Knox and Lilydale. A budget has been prepared for a coordinator within this service plan.

The multidisciplinary Eastern Health Nurse Practitioner Steering Committee will continue to provide organisational direction and support for successful implementation of the role, advice on extensions to practice and endorsement and review of Clinical Practice Guidelines.

A Nurse Practitioner Implementation Sub-committee, consisting of the EH Chief Nursing Officer, the Directors of Nursing of each campus and the Mental Health Program, a research academic and the Nurse Practitioner coordinator has been formed and will report to the multidisciplinary Eastern Heath Steering Committee and Eastern Health Nursing Council. This Subcommittee will facilitate the implementation of the role at each campus, as suitable settings are identified.

In addition, a Nurse Practitioner Education and Research Subcommittee has been formed to ensure that NP clinical education and training and research activities are supported by staff with appropriate expertise in clinical teaching and research, and is aligned with the organisational objectives outlined in the Eastern Health Education and Research Strategic Plan. The Education and Research Sub Committee will meet monthly and report to the NP Implementation Subcommittee and will include a report from current candidates.

- **Candidate selection process**

A strong candidate selection process, together with a well developed discipline specific clinical education and training program, is considered to be pivotal to the successful implementation of the role. A flow chart documenting the Eastern Heath candidate selection process has been developed (Attachment 7). Sustainability will
also be dependant on an effective succession planning strategy, particularly for those NP services in community settings.

In all priority areas EH would prefer that a group of candidates for each discipline be advanced, in a timely manner towards endorsement as Nurse Practitioners. This approach is cost and time efficient, offers peer support, provides the organisation with a critical mass of NPs to cover service needs and demands, and facilitates succession planning.

The Implementation Sub-committee of the Nurse Practitioner Steering Committee will work to identify potential clinical settings and new areas of service delivery that may benefit from a NP service, and to identify potential candidates, who demonstrate strong clinical leadership and are capable of meeting the required education requirements necessary for the NP role, in line with directions outlined in the Eastern Health Strategic Plan.

- **Risk management strategy**

Implementation of the role in various clinical settings will be underpinned by a well developed risk management strategy that will identify barriers and constraints to implementation of the role, and instigate early intervention to ensure the service is used to its fullest potential. An organisational SWOT analysis was conducted which considered possible barriers to the role and strategies to manage them (Attachment 9).

Eastern Health Quality and Risk Governance Framework provides overarching organisational risk management principles applicable to implementation of the Nurse Practitioner role within the organisation. The framework supports an environment in which quality, safe clinical care and services can flourish. Outlined in the framework are a number of structures and processes designed to assist in the management, review and improvement of clinical care and services. These are grouped under four governance pillars and influence how the objectives of the organisation are set and achieved, how risk is managed and assessed and how performance is optimised. The four governance pillars are:

- Structures and Relationships
- Compliance and Accountability
- Strategy and Direction
- Performance Monitoring

The EH Nurse Practitioner Steering Committee, guided by principles consistent with the Eastern Health Governance Framework, will continue to support organisational implementation of the role. Representation on the Committee by a Nurse Practitioner will provide a forum for consideration of issues related to organisational implementation of the role.

- **Evaluation**

A rigorous evaluation strategy was developed for the Emergency Department project. Additional evaluation tools have been developed and methodology further refined to ensure the role is utilised to it’s fullest potential and that any impediment’s that
restrict full implementation in clinical settings are identified early and interventions put in place to rectify the situation.

All CPG’s will be reviewed as per EH Objectify protocols to ensure that limitations that impact on the NP’s scope of practice will be identified. Similarly, referral pathways that limit access or impact on NP service delivery will be identified early and addressed.

The National Nursing and Nursing Education Taskforce (N3ET) is currently developing a National minimum data set which is designed to collect comparable data between health professionals, including NP’s, however it is still not established whether use of this data collection tool will be mandatory.

Review of evaluation outcomes, together with identification of future ongoing funding streams, will assist the organisation to determine sustainability of the role in other clinical settings, beyond this proposed stage of implementation of the Nurse Practitioner model of care within Eastern Health.

12. Evaluation of Nurse Practitioner role across Eastern Health

Rigorous evaluation will underpin implementation of Nurse Practitioner services across Eastern Health to ensure the role is utilised within each clinical setting consistent with service demands.

Appropriate utilisation of a Nurse Practitioner service will be determined by:

- The Clinical Practice Guidelines (CPG’s) which define the NP scope of practice
- The criteria for patient referral to the Nurse Practitioner and the establishment of relevant referral pathways

Clinical Practice Guidelines (CPG’s)

CPG’s determine the type of patient whose presenting condition is suitable for management by a NP. Development and review of new guidelines is an ongoing, evolving process. The review is considered necessary to ensure that as NP competency in the position grows the scope of practice is not limited by restrictive CPG’s and to ensure NP compliance to them. Monthly review of clinical statistics, including review of the NP clinical log, will identify patients whose could have been managed by a NP but were excluded on the basis of under-developed CPG’s.

Referral criteria

A well defined referral pathway will ensure appropriate utilisation of NP services, and determine that inappropriate referrals, such as patients not consistent with the agreed NP targeted population group, are not being directed to the service, thereby increasing waiting times and impacting on patient outcomes. Clear referral pathways are also necessary to demonstrate increased service demand, and to reflect an increasing workload that may indicate that additional resources are required by the service to improve and broaden the Nurse Practitioner service. Evaluation of adherence to defined referral pathways will assist the relevant clinical stream to determine what
constitutes an appropriate caseload for a Nurse Practitioner service, particularly for those nurses working at the acute care/community care interface.

The extensive evaluation framework developed for the Emergency Department Nurse Practitioner Project will form the basis for evaluation methodology of NP services across Eastern Health. These areas will be reviewed and additional tools for data collection will be identified.

As for the Emergency Department Project, evaluation methodology used for ongoing evaluation of NP services will utilise the framework suggested by the NH&MRC\(^8\) to help identify key phases where specific data needs to be collected, these both qualitative and quantitative in nature:

- Pre-implementation phase – in order to provide baseline data. Existing advanced practice nursing policies will form the basis for this data.

- Implementation phase – this phase allows intermittent periods of data collection in order to assess and respond to changes or patterns of practice and project outcomes.

- Post implementation phase – will occur on completion of the clinical practice guidelines, where data is collected to review final outcomes and assess the overall process.

Decisions about how evaluation data will be collected will need to be made with guidance from the Eastern Health Information Technology Service to ensure that evaluation data collection, where possible, will be from existing data repositories. It may be necessary to factor in variable data at the local level, but consensus on basic patient information from each NP service is crucial.

Evaluation data should focus upon assessment of areas most directly affected by Nurse Practitioner activities. A Nurse Practitioner Service must demonstrate it can lead to direct measurable improvements in patient care. Data to substantiate this could include, among other things:

1. Timeliness of treatment
2. Quantity of treatment
3. Quality of treatment
4. Cost of treatment

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Outcome measures</th>
<th>Data collection</th>
<th>Data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeliness to treatment</td>
<td>• Reduced time to treatment</td>
<td>• Patient type (acute/chronic),</td>
<td>• Comparison of monthly clinical</td>
</tr>
</tbody>
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\(^{8}\) NH&MRC (1999) A guideline to the development, implementation and evaluation of clinical practice guidelines.
<table>
<thead>
<tr>
<th>Quantity of treatment</th>
<th>Quality of treatment</th>
<th>Cost of treatment</th>
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</thead>
<tbody>
<tr>
<td>• Reduced time to discharge</td>
<td>• Wait time, consultation time, and discharge time.</td>
<td>statistics of Nurse practitioner with Traditional / Standard model of practice.</td>
</tr>
<tr>
<td>• Wait time, consultation time, and discharge time.</td>
<td>• Total number of patients seen, patient type, eg, acuity, chronicity</td>
<td>• Documentation of times, to include minimum and maximum variations</td>
</tr>
<tr>
<td>• Increasing numbers of patients seen</td>
<td>• No increase in adverse events</td>
<td>• Analysis of frequency of adverse events and frequency by patient types</td>
</tr>
<tr>
<td>• Total number of patients seen, patient type, eg, acuity, chronicity</td>
<td>• No decrease in patient satisfaction</td>
<td>• Analysis of patient surveys to determine frequency of patient satisfaction</td>
</tr>
<tr>
<td>• Comparison of data between Nurse Practitioner Candidate and endorsed NP to demonstrate improved efficiency over time.</td>
<td>• Patient satisfaction surveys, including pre-implementation and post-implementation of NP role surveys.</td>
<td>• Analysis of fixed, variable direct and indirect costs.</td>
</tr>
<tr>
<td>• Documentation audits.</td>
<td>• Documentation of sentinel events, as defined, eg medication errors.</td>
<td>• Analysis of fixed, variable direct and indirect costs.</td>
</tr>
<tr>
<td>• Analysis of frequency of adverse events and frequency by patient types</td>
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Other key areas that may impact on the evaluation of the Nurse Practitioner role should include:

1. Nurse Practitioner’s reflections on barriers and facilitators to practice:
   - Nurse Practitioners experiences of changes and clinical decision-making. Reflective journaling of experiences, clinical decision-making and responsiveness to evolving role. The NP’s clinical log can be utilised for this purpose.

2. Multi disciplinary staff awareness and satisfaction surveys:
   - These should be done pre and post implementation of the role and can be an important indicator of where to direct future education strategies to raise awareness of the role and service modification.

3. Outcome measures should be monitored at a set period of time and over time.

4. Comparison with standard model of practice –Medical Officer /Nurse - as compared with Nurse Practitioner.
   - Comparison of service delivery by a Nurse Practitioner Candidate and when candidate is an endorsed Nurse Practitioner
   - Analysis of data of any changes to service delivery when the Nurse Practitioner is on duty compared with when they are not on duty.

5. Benchmarking with other Nurse Practitioner services from within a similar clinical stream, both internally, and externally with other health services, through the collaborative groups established across networks.

Evaluation methodology of any Nurse Practitioner service must recognise that a range of factors influence patient and service outcomes. Nurse Practitioner’s work as a member of a collaborative, interdisciplinary team and therefore in some instances it may be difficult to isolate data that is reflective of their individual impact on patient and service outcomes. Statistical data on Nurse Practitioner activities may need to be factored into overall improvements in team service delivery.

The National Nursing and Nursing Education Taskforce (N3 ET) is currently investigating the implementation of a minimum data set of patient information, however the Taskforce remains undecided if this will be a mandatory requirement of the Nurse Practitioner model of practice. Eastern Health will consider implementation of this if and when the need arises.

The existing multidisciplinary Nurse Practitioner Project Steering Committee will oversee ongoing monitoring of the impact of Nurse Practitioner services across Eastern Health. The budget has allowed for an external research component to be sourced, to assist the committee in the evaluation process, information and data collection, and analysis, report writing and publication.
13. The Budget

A comprehensive budget to facilitate implementation of the Nurse Practitioner role in the identified priority areas has been prepared (Attachment 10). As previously stated, the timeframe for implementation of the role in the identified areas is two years, therefore the service plan budget covers the two-year period.

Eastern Health will oversee the clinical internship of a Nurse Practitioner Candidate in each of the Oncology, Palliative Care and Mental Health Programs, and two Nurse Practitioner Candidates in Emergency, who once endorsed, will be provide services at the early Response and Referral Clinic at Yarra Ranges Health at Lilydale.

The budget is inclusive of:

**Nurse Practitioner Education and Training**

- The cost of provision of a Nurse Practitioner Clinical Education and Training Program in each of the four clinical streams identified by the organisation, as priority areas for the next stage of implementation of the role. These clinical disciplines are Oncology, Palliative Care, Mental Health and Emergency Departments.

- Nurse Practitioner clinical education and training will be provided by a range of health professionals, which will include, but is not limited to, medicine, radiology, pharmacy, pathology, physiotherapy, social work and other identified health professionals associated with the extended and expanded scope of practice of Nurse Practitioner candidates from each clinical stream.

- The budget is inclusive of remuneration for four hours of clinical education and training time per week, provided by health professionals for candidates in each of the four prioritised clinical areas.

- Eastern Health has determined that service provision to patients attending the Early Response and Referral Clinic at the new facility at Lilydale, Yarra Ranges Health, is contingent on providing a Nurse Practitioner model of care. A funding proposal for nursing workforce capacity building, incorporating the employment and clinical training of Emergency Department Nurse Practitioner Candidates, who would provide that service, has already been submitted to the Nurse Policy Branch, Department of Human Services.

As previously stated, in the event this submission is not successful in securing funding to facilitate Eastern Health incorporate a Nurse Practitioner service in the Early Response and Referral Clinic at Yarra Ranges Health, a costing has been also been included in this service plan budget, as this service has been identified as a priority area for implementation of the Nurse Practitioner role.

Total cost = $127,828
Nurse Practitioner Implementation Coordinator

- A Nurse Practitioner Coordinator who will continue the developmental work begun as part of this service plan development across all Eastern Health sites, such as liaison with clinical settings within the organisation, identifying potential areas and candidates, work with medical consultants, oversee the candidate selection process, provide organisational support to candidates, provide education and marketing of the role within the organisation, provide reports to both the organisation and DHS on the implementation process, and coordination all organisational activities related to the Nurse Practitioner role.

Total cost = $84,164

Evaluation

- A research consultancy will undertake the evaluation process on behalf of the organization and will report back to the Eastern Health NP Steering Committee on the progress of each phase of implementation. The consultancy will undertake information and data collection, and analysis, report writing and publication of data and will provide reports to the Committee at three stages of the initial two year implementation process, these being the pre-implementation, implementation, and post-implementation phases.

- The four priority areas for implementation of Nurse Practitioner roles across Eastern Health are Emergency Nursing, Palliative Care, Oncology and Mental Health.

- Permission has been given from Northern Health to adapt the ‘Emergency Nurse Practitioner Register’ and ‘The Northern Emergency Nurse Practitioner Staff Survey’ for use within Eastern Health. These tools have been successfully used in the Emergency nursing context and can easily adapted for other areas of practice.9

- The ‘Emergency Nurse Practitioner Register’ will provide information related to the scope of practice and use of extensions to practice of Nurse Practitioner (Candidates). ‘The Northern Emergency Nurse Practitioner Staff Survey’ can be used to identify staff learning needs related to the NP role and evaluate the effectiveness of education programs for medical and nursing staff in each practice area.

- A Research Fellow (Level B, Step 5) will be employed 0.5 EFT for one year. The research fellow will consult with key stakeholders to adapt the evaluation tools for each context of practice to: i) ascertain the nature of information available from existing databases / quality improvement data / KPI tracking,

ii) adapt the evaluation tools for each context of practice and iii) arrange transformation of the final tools into a scan-able format.

Cost = $45,812 (includes on costs)

Research costs include Deakin University Scanning Operations converting the evaluation package into a scan-able format. Approximate costs are $600 for 200 A3 (double sided) surveys so development of a package for of the four contexts of practice will result in a total cost of $2400. Additional research costs include travel expenses, printing costs and publication of final reports.

Cost = $12,000

Total cost = $57,812

The Eastern Health budget for the initial two-year implementation process of establishing this new model of care in the four identified clinical streams, inclusive of the above components, will be $269,804.

Eastern Health will contribute to the budget for the NPC Training and Education Program by covering all associated ancillary and miscellaneous costs, such as:

- Recruitment of NPC’s, advertising of positions, orientation program
- Offer support to undertake the relevant tertiary study, by facilitating study leave
- Time to undertake the non-clinical components of the role, clinical auditing, research activities, mentoring and development of Clinical Practice Guidelines.
- Gaps in salary costs, eg leave replacement costs, superannuation
- Development of Clinical Practice Guidelines
- Development of additional evaluation tools

14. Conclusion

Eastern Health has demonstrated organisational commitment to implementing the role of Nurse Practitioner by participating in 2004 in the Emergency Department Nurse Practitioner Project, which lead to implementation of the role in the Emergency Departments of both Box Hill and Angliss hospitals.

Development of this service plan allowed the organisation to prioritise a further four clinical areas that fulfil the organisational criteria for potential implementation of the Nurse Practitioner model of care. A centralised process has been outlined which will facilitate implementation of the role within Eastern Health.
While Eastern Health recognises the organisational requirement for capacity building the nursing workforce across all sites within the organisation to meet future community needs, and is keen to explore innovative and evidence based models of practice which enhance patient care, the organisation has determined that successful and sustainable roll-out of the Nurse Practitioner role is contingent on an organised and timely approach that is congruent with the Eastern Health Strategic Plan.

The Nurse Practitioner role is a new and evolutionary model of care within Victorian healthcare settings. Raising the profile and marketing the role is a prerequisite to acceptance of the role by the health care workforce and consumers alike. Therefore, although this service plan outlines a two-year timeframe for this next stage of implementation of the role, realistically Eastern Health anticipates it will take five years for the role to be fully established within the organisation, in such a way as to demonstrate both efficiency and quality patient outcomes.

Eastern Health will continue to monitor the progress and evolution of the model and consider its application in clinical settings according to demonstration of future organisational need for the role.
Attachments