Author

This report has been compiled by Allison Shotton, Nurse Practitioner Project Officer, Kyabram and District Health Service.

Acknowledgements

The author would like to acknowledge the efforts of the Nurse Practitioner Steering Committee and Executive Team in developing the Kyabram and District Health Service Nurse Practitioner framework. The contribution from Goulburn Valley Health (project sister site) and access to final reports from previous funding rounds is also appreciated.

Common Abbreviations

ANMC          Australian Nursing & Midwifery Council
CEO           Chief Executive Officer
CPG           Clinical Practice Guidelines
DHS           Department of Human Services
DOCS          Director of Clinical Services
EOI           Expression of Interest
GP            General Practitioner
KDHS          Kyabram & District Health Service
NBV           Nurses Board Victoria
NP            Nurse Practitioner
NPC           Nurse Practitioner Candidate
NPSC          Nurse Practitioner Steering Committee
NUM           Nurse Unit Manager
TOR           Terms of Reference
VNPP          Victorian Nurse Practitioner Project
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Executive Summary

The changing demographics of the Australian population, particularly in aged care and chronic health\(^1\), together with projected workforce shortages in most healthcare disciplines has meant that policy makers and healthcare providers must look at flexible, innovative models to meet future health needs of the community. Nationally, the Productivity Commission’s Report *Australia’s Health Workforce* \(^2\) (2005) has highlighted the need to maximize the skills and expertise of the available workforce and has cited the Nurse Practitioner (NP) model of practice as a model of care for the future.

The Department of Human Services (DHS), Victoria has also identified the Nurse Practitioner role as a practice model that addresses the need to improve health service access, provide greater diversity in services, increase flexibility in models of health care delivery and better manage and coordinate health care provision in rural areas.

In March 2008, Kyabram & District Health Service (KDHS) was successful in receiving funding from DHS for the development of a service plan to explore an organizational approach to support the implementation of the Nurse Practitioner role. Although exploratory, the development of the Nurse Practitioner role within KDHS will be an important strategy in the management of increased service demands and workforce shortage projections.

A KDHS multidisciplinary Project Steering Committee was formed to create a vision and support the introduction of a Nurse Practitioner framework. Departmental Heads and other key stakeholders are fundamental to the organization and their active involvement and support is essential to ensure successful progression into implementing Nurse Practitioner models.

Expressions of Interest (EOI) were sought from Departmental Heads that would identify priority areas for NP role development and a centralized process for implementation considered. The EOI directed priority areas for implementation of Nurse Practitioner models be driven by service demand, organisation strategic direction and where possible models should be health service rather than site based. However, these strategies are currently untested as there are no Nurse Practitioner Candidate appointments during this project.

Throughout the project it has been increasingly obvious that the Nurse Practitioner role is a collaborative one with strong foundations in evidence based advanced clinical practice, benchmarking with international best practice. The role compliments the care provided by other health professionals, enhancing the care to our rural communities. The model requires time and sustained energy and resource allocation focused on partnerships between the hospital, the Nurse Practitioner, the General Practitioners and the community.
Strong candidate selection processes, medical support and adequate resources have also been identified as factors crucial to successful, sustainable implementation of the role. Succession planning for Nurse Practitioner roles is an important stage in any Nurse Practitioner program and without a collaborative approach between the parties the model cannot be fully implemented and will not be sustainable in the future.

The following recommendations have been identified from this project.

**State Level:**

- Project Officers funded at state level (NBV, DHS) to support NP candidates with Clinical Guidelines (CPG) development, implementation and evaluation of their models of practice.
- That CPG’s are made available on line via websites.
- Targeted scholarship opportunities continue to be provided for nurses wishing to further their education to meet the criteria for registration as a NP.
- Further funding from Department of Human Services (DHS) for organizations to establish and implement Nurse Practitioner Candidates in areas identified as high priority.

**Organizational Level:**

- Those frequently presenting patient groups are identified and data analyzed in order to prioritize NP models of practice.
- The NP Steering Committee continues to identify prospective NP models and assist applications and submissions
- A collaborative approach with other health organizations is investigated further to establish the possibility of a regional cohort of NPC’s.

This report to DHS outlines a service plan that demonstrates Kyabram and District Health Service’s organizational commitment to the future development of the NP role. However, it became apparent quite early that the organization for many reasons listed throughout the report is not ready at this stage for the implementation of the NP role.

Therefore, after considerable consultation and communication with the key stakeholders from the organization it was established that the scope of this project would be not to develop a specific model but rather to provide a template for the organization to work with should a NP model be considered viable in the future. As a result of this, a generic framework has been devised to support and give direction for the development and implementation of the role within the organization.

The expressions of interest from clinical areas clearly demonstrate the need for extensive education, evaluation and planning should an ongoing commitment to the role be considered. All staff need to be encouraged and supported to seek opportunities...
to work at an Advanced Nurse Practice level and every consideration given for stakeholder (organizational, community, General Practitioners) engagement when contemplating service delivery enhancement. As there are very few NPs in organizations of the size such as ourselves there is a lack of evaluated statistics to support the role or the additional funding that would be required. As more small rural health services implement and evaluate the NP role, the model best suited for KDHS will become clearer.

Although in isolation KDHS appears not ready to implement the NP role, the study has lead to very positive collaborative talks with other rural health services in our region and the future looks very promising.

Introduction

About the organisation

Kyabram & District Health Services (KDHS) is situated in the Campaspe Shire in the North Central region of Victoria and serves residents in its catchment area of Kyabram, Tongala, Ky Valley, Wyuna, Merrigum, Stanhope, Girgarre, Koyuga South, Lancaster and Yambuna, a catchment population of approximately 16,000. The area is predominately irrigated and includes both dairy farming and orchards which lends to a small increase in transient population during the picking season (December-May). A large canning factory within our catchment also contributes to the population.

KDHS has 39 acute beds, 2 Birthing Rooms, 6 bed Day Procedure Unit, 2 Operating Theatres, Accident & Emergency services, a 42 bed Aged Care facility; District Nursing services, Domiciliary Midwifery and Community & Allied Health services. The organization currently employs approximately 260 staff in the areas of Nursing (including Community and Allied Health and District Nursing), Administration, Food Services, Nurse Care Attendants, Porters, Environmental Staff, Maintenance Staff and a Gardener.

Pathology, Radiology and Pharmaceutical services are provided on site by contracted agencies.

We have two doctors surgery’s in the town with a combined total of 9 General Practitioners that provide on-call emergency services on a rostered basis.

Our services include:

- **Acute:**
  - Continence Nurse Advisor;
  - Admission and Discharge Clinic;
  - Palliative Care family stay area;
  - Midwifery led Antenatal Care, Interpartum and Domiciliary Care. Antenatal classes with midwifery and physiotherapy input

- **Operating Theatre:**

- **Accident & Emergency (unfunded service):**
  - 24 hour / 365 day a year needle & syringe program

- **Aged Care:**
  - includes a 12 bed dementia specific wing

- **Community & Allied Health:**
  - Kyabram
  - Tongala
  - Stanhope
  - Outreach services to Colbinabbin and Rushworth

- District Nursing Services
  - Specialist Breast Care nursing
  - Wound care
  - Palliative Care
- Other services provided by agencies on-site
  - Podiatry
  - Mental Health services

It is acknowledged that the best outcome for the patient can only be achieved through a collaborative approach within a multidisciplinary team. To best manage the demand and expectations of the community, KDHS strives to provide integrated services throughout the region in partnership between clinical programs within and external to the organization. This incorporates working closely and in collaboration with General Practitioners (GPs), Primary Health Care providers, community agencies and other associated organizations.

**The Nurse Practitioner Role:**

The principles underpinning the Nurse Practitioner (NP) model compliment this entrenched philosophy of integrated care and will encourage better accessibility for patients and efficiency of service delivery for our rural catchment.

Trends affecting health care has been considered in developing this service plan and when incorporated with statistics for the hospital, highlights the increasing number of Aged Care and Wound Care presentations. This data will influence the areas explored in more depth for the future implementation of a NP role but does not lessen the importance of other areas such as Palliative Care or Women’s Health that were highlighted in the Expressions of Interest and may also be addressed in future studies.

Dialogue amongst health services that received funding under round 4.1 has emphasized the importance of a collaborative model between organizations to provide flexibility and sustainability for the Nurse Practitioner role. Many health services in today’s economic climate are unable to retain a skilled workforce, let alone recruit an NP for a new position. The benefits of “sharing” an NP position between a number of organizations within the one region is worth detailed exploration and should be supported by DHS as an alternative to individual organizational funding.


Melbourne
1. **Shaping the Service Model**

The Nurse Practitioner role is a new and evolutionary model of care within rural Victorian healthcare settings. Raising the profile and marketing the role is a prerequisite to acceptance of the role by the healthcare workforce and consumers alike.

Preliminary consultation with organizations that have already completed NP service plans indicated to the project worker that a Steering Committee would be a valuable tool in preparing KDHS for the NP role. The committee was formed on the basis of providing a broad representation from the organization that would create a vision and guide the development of a sustainable NP model of care. Having a wider range of members also means that there is an opportunity for dialogue on a regular basis to identify and clarify functions and process.

The Steering Committee consisted of

- Director of Clinical Services (Chair)
- Nurse Practitioner Project Worker
- Department Heads – District nursing
  - Acute Services
  - Theatre
  - Community Health
  - Aged care
- Pharmacy
- Radiology
- Pathology

The Terms of Reference for the NP steering Committee are attached in Appendix 1.
Timeframe for implementation

After consultation with the NP Steering Committee it was established KDHS has the aim of creating an Accepted, Appropriate, Functional and Sustainable environment for implementation of a Nurse Practitioner model and with permission from Alexandra District Hospital NP project Report 2005-6, an adaptation of their model has been used to create the timeframes below.

| Goal The Nurse Practitioner model is sustainable | The hospital is able to recruit a suitable Nurse Practitioner candidate. | The hospital is able to meet the financial commitments of a NP model of Care. | Employment of a current or potential Nurse Practitioner Candidate. |
| The Nurse Practitioner model at KDHS is economically and practically sustainable | The hospital is committed long term to the ongoing education of potential Nurse Practitioners who will maintain viability of the position within the strategic plan for the future. The NPC is able to access education to achieve endorsement. | The endorsed NP is able to access ongoing education to maintain competency status | Cost analysis of service provided. |
| 5 years + | The hospital is committed long term to the ongoing education of potential Nurse Practitioners who will maintain viability of the position within the strategic plan for the future. The NPC is able to access education to achieve endorsement. | The endorsed NP is able to access ongoing education to maintain competency status | Development of a succession planning structure aimed at service maintenance. |
| | | | Strategic Plan to include a visionary goal for NP implementation within the organization. |
| | | | Business plan to continue to incorporate budgetary provision for the achievement of credentialing and the maintenance of qualifications and competencies. |
Goal The Nurse Practitioner model is accepted by all stakeholders

<table>
<thead>
<tr>
<th>PROJECT OBJECTIVE</th>
<th>TIME FRAME</th>
<th>MEANS OF VERIFICATION</th>
<th>ASSUMPTIONS</th>
<th>MAJOR TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>To overcome the negative implications of the crossing of professional boundaries and potential overlapping of scope of practice between the NP and the other health care providers. To embrace the NP role by creating a cultural change within the organization Encourage and support staff to achieve levels of Advanced Nursing Practice.</td>
<td>1-3 years</td>
<td>Established agreed upon areas of role delineation as outlined in the nurse practitioner role description, competency requirements and associated policy documents that have been endorsed by the Nurses Board of Victoria.</td>
<td>Role clarity and an assurance that the role poses no legal risk to external practitioners will increase the acceptance of this new function within health care.</td>
<td>Undertake a thorough examination of the relationship between interlinking roles giving consideration to individual personalities and work patterns. Engage with all potentially effected health care providers and their local representative body. Establish and achieve endorsement of a clear policy framework that can be used to guide practice. Establish and achieve endorsement of a position description which outlines scope of practice and lines for professional liaison, adheres to NBV professional practice standards and organizational protocols and provides for individual professional accountability.</td>
</tr>
<tr>
<td>Appoint a senior nurse to drive the change and to provide education and information sessions regarding the role.</td>
<td></td>
<td></td>
<td></td>
<td>Encourage the continuation of the NP steering Committee to assist the organization to move into the NP model of care and recognize and support NPC’s.</td>
</tr>
</tbody>
</table>
### Goal- The Nurse Practitioner model is *appropriate* to the health needs of the community.

| The Nurse Practitioner model will address and research needs associated with some or all of the top 5 needs of people living in the Campaspe Shire | 3 years | The NP model addresses health issues associated with 3 out of 5 top health priorities in shire. Admission rates and length of stay for complications associated with chronic disease will decrease | The role can only be considered appropriate if it addresses the leading health needs of the community. | Identification of the top 5 health issues within the Campaspe Shire using current health needs data. |

### Goal- The Nurse Practitioner model is *functional*.

| The Nurse Practitioner model will function successfully within both a public and private business framework and a multidisciplinary setting | 5 years+ (Data collection must be statistically significant) | The NP will demonstrate a sound knowledge of both clinical, educative and research skills in the hospital as well as community setting. Growth is demonstrated in client services according to the strategic plan. Growth of both GP based referrals for inpatient and outpatient services is demonstrated. | Role functionality is dependent on the local health industry and consumer acceptance. | Negotiation of subcontracting arrangements and development of guidelines to support this agreement. Inclusion of educative and clinical key performance indicators in the NP role description. Collection of baseline data regarding local client numbers and level of current service utilization. |

KDHS anticipates that it may take up to eight years for the role to be fully established within the organization, in such a way as to demonstrate both efficiency and quality patient outcomes. It is important to be patient and continue to believe in the important contribution the Nurse Practitioner role brings to the organization.
Evaluation of the NP role

Evaluation of the NP role is imperative, in order to assess the quality of care provided, to comprehensively demonstrate the value of the position and to inform the future planning of new advanced practice nursing roles.

The Evaluation Framework should focus on safety, quality and timing of care to provide adequate data to achieve all these objectives and must measure not only outcomes of care but also the process of delivery of care and structural factors. (Bryers & Brunell 1998; Sidani & Irvine 1999; Diagnosis 1998)

The data should focus upon assessment of areas most directly affected by NP activities. A NP service must demonstrate it can lead to direct measurable improvements in patient care. It is essential to have comparison, so data will need to be collected at the time of the Nurse Practitioner Candidate commencing and then to be compared in 12 months after commencement date. This is essential to determine the impact of the Nurse Practitioner role in the clinical area.

Data to substantiate this could include, among other things:

- Timelines of treatment - time to treat
  - time to discharge

- Quality of treatment - patient satisfaction
  - adverse events

- Quantity of treatment - number of patients seen

- Cost of treatment - cost per patient treated.

Evaluation methodology of any NP service must recognize that a range of factors influence patient outcomes. The NP works as a member of a collaborative, interdisciplinary team and therefore, in some instances, it may be difficult to isolate data that is reflective of his/her individual impact on patient and service outcomes.

Statistical data on NP activities may need to be factored into overall improvements in service team delivery. Where possible data already collected within the service should be utilised and manipulated to provide information. Data sources may vary depending on the context of practice as different systems are used to collect data in community and acute sectors.

Assistance by nursing administration staff should be offered to the candidate to develop data collection requirements.
Evaluation Framework

A template for evaluating Nurse Practitioner roles to be modified for each model is provided, see Appendix Two. The evaluation framework is to be utilized in conjunction with research and quality activities that the Nurse Practitioner/Candidate will also be conducting to assist in the evaluation role.

Examples of this are as follows:

**Quality Activities**

- Nurse Practitioner Professional Portfolio
- Audits of clinical activities and unexpected outcomes

**Research activities**

- A study that measures outcomes for a specific patient group treated by the NP
- A survey that evaluates the degree of acceptance of the NP role by key stakeholders, see Appendix Three. A good example of extensive modification to adapt to Aged Care has been done by Northern Health and is included in their NP service plan 2006)

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2. Priming the organisation

Priority Areas Identified:

From an organisational perspective, KDHS considers the service plan development for implementation of the NP role as an ongoing exercise. Initially an exploratory approach was deemed necessary to determine which areas would benefit from having a Nurse Practitioner service incorporated into its model of care. Implementation of the role would involve rigorous evaluation and build on the outcomes of other organizations with similar roles.

A consultative, collaborative approach is vital to implementation of the Nurse Practitioner role and the initial role of the NP Steering Committee was focused on how to identify priority areas for NP roles. It was essential that a framework be developed to evaluate and ultimately prioritize the suitability and readiness of an area to introduce the new role and associated model of care. Consultation has been conducted with key stakeholders, both internal and external to identify priority areas of future service need and demand within the organization and also potential candidates who may have the appropriate skills and expertise to meet the requirements. A flow chart has been included provide an overview of how to approach the development of NP roles. (Appendix Four)

To facilitate this, a two phase process that has been successfully used in other organizations to prioritise and implement NP roles was adapted to KDHS context. The two stage process supports a proposal to be developed that addresses service need within a nursing framework and must demonstrate an ability to add value to service delivery, over and above existing levels.

Stage One-Expression of Interest (Appendix Five)

This is designed to be a brief document describing an initial description of service, the identification of need within the service and how a NP role would assist in addressing it. The emphasis of this process is service driven in nature. The completed document would be reviewed by the leadership group and if approved an invitation given for the application to proceed to stage 2.

Stage Two- Submission to establish a NP role (Appendix Six)

This stage requires a more complex submission, developing the business case as well as clinical rationale for the role. The submission builds on the initial proposal and is designed to be a working, multidisciplinary framework or tool to guide the development of the NP role. The completed document would then be reviewed by a NP working party.
Within KDHS departmental heads were invited to submit an EOI and identify priority areas that they considered had potential for the implementation of the Nurse Practitioner role. In this initial round of the consultation process 4 areas were identified for future exploration.

<table>
<thead>
<tr>
<th>Wound Care</th>
<th>Palliative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Health</td>
<td>Diabetes</td>
</tr>
</tbody>
</table>

However, these areas were not deemed ready to progress to Stage 2 and are characterized by;

- Identification of a new model of practice but no-one driving the change.
- Department Heads who have identified the need for potential NP role within their service but there is not a readily identifiable senior nurse suitable for NP candidacy.
- No funds available from existing budgets that will support the NP role and no obvious means to make the funds available.

Although KDHS has identified Palliative and Wound Care as possible areas for NP role implementation it is imperative to look at regional services already in place. DHS fund a regional Palliative Care service that KDHS has access to. Consultation with internal stakeholders indicate there may be an under utilization of this service and further investigation is needed and opportunities sought.

At the time of this report a regional based Wound Care clinic proposal was also being discussed and is about to be implemented in other region. This reiterates how fundamental it is to look at a collaborative regional approach to meet some of the service gaps identified before implementing new roles.

Aged care was not listed as a priority area in the EOI however data collected from A&E during July 2008 indicate 19% of KDHS presentations were aged over 65. Key players that could influence the utilization of this NP Aged care role were encouraged, guided and resourced to explore different models that would suit KDHS strategic plan and service delivery throughout the project. Unfortunately no real interest was able to be stimulated and no decisive commitment to the role was received from this area. There is definite scope to look at an Aged Care NP further from an organizational approach that would include inpatients, outpatients and clinic emphasis.
**BUDGET**

It is not within the scope of this report to provide a definite budget for implementation of all NP models of care as priorities. Each Nurse Practitioner role submission will be required to establish a clinical rationale and a business case that clearly identifies funding and potential costs. The pay rates according to the Enterprise Bargaining Agreement (EBA) for endorsed NP and NPC will form the basis of the business case.

The Expression of Interest and Submission Process states that clinical areas need to identify funds within their internal clinical budget to allow for the development of a NP role. Unfortunately at KDHS no area that has submitted an EOI has been able to identify funds from their environment that could support the role. The budget also needs to include maintenance of the substantive salary of the position in addition to supporting increased salary of the NP role, once fully endorsed.

For future planning, costs that are considered to be vital when developing a budgetary formula for the implementation of the NP and must be given careful consideration have been included in the table below.

<table>
<thead>
<tr>
<th>Costs associated with Academic Preparation</th>
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</thead>
<tbody>
<tr>
<td>• Tertiary course costs</td>
<td>Which candidate, which NBV pathway, how far along are they, which course? Need for non-clinical time for education/training. Study leave arrangements</td>
</tr>
<tr>
<td>• Clinical supervision</td>
<td></td>
</tr>
<tr>
<td>• Placements</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Costs associated with Clinical leadership preparation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mentoring</td>
<td>Who would do it? Internal/external</td>
</tr>
<tr>
<td>• Evaluation strategies</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Costs associated with service development &amp; NP model</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recruitment costs</td>
<td>Minimum of approx 10% of the EFT for each NP position should be designated for research and consultancy</td>
</tr>
<tr>
<td>• Consultation</td>
<td></td>
</tr>
<tr>
<td>• Project officer/coordinator</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Costs associated with service delivery</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recruitment costs</td>
<td>Internal or external NP EBA</td>
</tr>
<tr>
<td>• Salary Base</td>
<td>As endorsed NPs will they be working PMs/weekends/PH?</td>
</tr>
<tr>
<td>• Salary other (penalties)</td>
<td>Any additional resources such as equipment or work facilities for either clinical or non clinical components of the role.</td>
</tr>
<tr>
<td>• Facilities, equipment</td>
<td></td>
</tr>
</tbody>
</table>

According to the Royal Women’s Hospital (VNPP Final report 2006), who are experienced with NP candidacy and endorsement, there are three broad models for funding new NP positions. These include:

- **Substitution** - Many NP roles will be based on the provision they are able to replace the role of the medical practitioner. In this case NP positions will be primarily funded with the savings made.
- **Enhancement** - NP extension to practice will be used to enhance an existing specialist role, such as the Diabetes Educator. In this case, the role will continue to be substantially funded from the department budget. Direct substantiation funding should be utilized to pay the difference between the prior substantive rate of the nursing position and the NP rate of pay.
- **Externally Funded** - Major restructuring of models, or setting up of new models where external stakeholders and funding bodies are involved requires new funding applications. Increased service provision may be eligible for funding under the state/federal government provisions.

**Funding Recommendations**

1. That DHS and the health care organization in partnership provide funds to implement Nurse Practitioner positions. There is more emphasis on the organisation and DHS to collaboratively assume a greater responsibility for the NP, if NPs are to become a sustainable option for future service delivery models.
2. The organization provides ongoing funding for NP positions by integrating the role into existing service models.
3. The organization provides funding to implement a NP professional mentor program. This would include providing senior managers with the opportunity to complete the Nurse Practitioner mentor workshop.
4. DHS, under VNNP funding continue to assist health services with the costs of providing clinical and professional supervision and support for the NPCs in targeted areas through a candidate program. This funding is tagged to a specific candidate.
5. DHS continue to consider funding for the candidates academic education to bridge the gap between Post-graduate Diploma and Masters Degree, through the Training and Development Grant.
6. The organization actively assists the potential NPC to access scholarships from Universities, DHS, and other associations. History has seen potential NPC’s assuming sole responsibility for their academic education. Recently there has been a positive weighting from Universities toward scholarship positions for the Masters of Clinical Nursing to encourage the NP role.
3 Preparing the Workforce

The Nurse Practitioner model of care has gathered momentum over the last 5 years with potentially 50 NP’s endorsed by the end of 2008\(^1\). A substantial commitment from organizations and senior advanced practice clinical nurses is required to incorporate the role into the organization, in such a way it will lead to demonstrable outcomes.

It is understood that the time frames for completion of the journey from NPC to NP will vary on the prior preparation of the candidate. This would include factors such as prior academic preparation, individual learning needs, the existence of CPG’s in the area of practice and the hours allocated to the role. Not only are there variations between individual candidates but the administrative processes of the NBV can exert significant influence on the timeframes of processing applications to the endorsement stage. Despite numerous attempts by the project worker to educate and support the staff through meetings and publication, resistance within KDHS to the NP role remains. This and the lack of support for candidacy positions will also influence the timeframe for implementation.

After consultation with our project sister site (Goulburn Valley Health) who have successfully endorsed NP and NPC’s and Deakin University who supply the Masters of Clinical Nursing course, a broad framework for completion of preparation is outlined below in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Activity</th>
<th>Comments</th>
<th>Maximum time to complete from appointment as NPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Guideline development</td>
<td>Intensive in first 3 months prior to commencing clinical practice as NPC. Review of need for new guidelines is ongoing</td>
<td>Core guidelines complete in 6 months. Remainder complete 12-18 months</td>
</tr>
<tr>
<td>Individual clinical learning</td>
<td>Intensive in first 3 months prior to commencing clinical practice as NPC. Ongoing updates required</td>
<td>18 months</td>
</tr>
<tr>
<td>Completion of Therapeutic Medication Module</td>
<td>Ideally commenced in first 6 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Development of practice portfolio</td>
<td>Ongoing but needs to be formatted prior to submission to NBV</td>
<td>2 years</td>
</tr>
<tr>
<td>Application for endorsement submitted to NBV</td>
<td></td>
<td>2 years</td>
</tr>
<tr>
<td>Endorsement given by NBV</td>
<td></td>
<td>3 years</td>
</tr>
</tbody>
</table>

8. Thomas Michelle, Nurse Practitioner endorsement process Nurse Practitioner Forum, Melbourne (June 2008)
A Plan for Nurse Practitioner Education and Training Program

**Education**

Education and Mentoring of Nurse Practitioner Candidates is pivotal to the success of Nurse Practitioner roles. The education plan for each candidate will be modeled on the specialty area and the context in which the nurse will practice as well as the individuals’ identified learning needs.

From the experience of other organizations that have NP/C it has been suggested that during the first year of candidacy, it is estimated the NPC will need one day/week of non-clinical time for training/education and the development of Clinical Practice Guidelines.

Bayside Health and Austin Health in their NP Service Plan (Final Report 2006) have developed comprehensive guidelines for education and mentoring which could be adapted to this organizations needs. Goulburn Valley Health in their final report suggests that the education plan incorporate the following:

- Self assessed learning needs for extension to scope of practice
- Key stakeholder suggestions for learning needs of the role/individual
- Internal education opportunities-utilizing medical, nursing and allied health resources
- Tertiary education opportunities
- Local/regional/ state wide and national education opportunities
- Prescribing, diagnostic and pathology processes and requirements in relation to context of practice

According to the NBV, prospective students must be aware that they may be eligible for endorsement on Division 1 of the register as a Nurse Practitioner following successful completion of courses at Masters Level. The course must be delivered:

- By the following education providers;
- at the designated campus; and
- with current accreditation status
<table>
<thead>
<tr>
<th>Education Provider</th>
<th>Campus</th>
<th>Course name</th>
<th>Accreditation Expiry Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deakin University</td>
<td>Burwood and Geelong Waterfront</td>
<td>Master Nursing Practice (Nurse Practitioner)</td>
<td>January 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Master of Nursing (Nurse Practitioner)</td>
<td>April 2009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacology for Advanced Professional Practice</td>
<td>April 2009</td>
</tr>
<tr>
<td>Flinders University</td>
<td>Adelaide</td>
<td>Master of Nursing (Nurse Practitioner)</td>
<td>April 2009</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacology for Advanced Professional Practice</td>
<td>April 2009</td>
</tr>
<tr>
<td>La Trobe University</td>
<td>Bundoora &amp; Bendigo</td>
<td>Master of Nursing (Nurse Practitioner)</td>
<td>July 2009</td>
</tr>
<tr>
<td>Monash University</td>
<td>Peninsula Campus</td>
<td>Therapeutic Medication Management Unit</td>
<td>June 2010</td>
</tr>
<tr>
<td>University of Melbourne</td>
<td>Parkville</td>
<td>Therapeutic Medication Management Education Program</td>
<td>December 2008</td>
</tr>
</tbody>
</table>

9  Current Providers as at 15th February 2008 obtained from NBV website; www.nbv.org.au/registration/nurse-

Applicants should contact the education provider directly for information regarding these courses.

The choosing of an appropriate Masters program is not dictated by the organization and it is left to the candidate to decide which program best suits their particular needs and delivery options. Some universities (for example, Latrobe University & Deakin University) supply access for their students to a framework for a clinical internship. NPC’s that do not have access to this resource will need to utilize a framework that provides clinical education and training tailored to their specific discipline, that is relevant to meet their needs and advance them towards endorsed status.
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. NBV recognizes that both Clinical and Professional Mentorship is required to support the education and development of the NPC.

Historically NPC’s have relied on the goodwill of senior staff and medical consultants to provide clinical education mentoring and support. Senior staff within the organization would be encouraged to complete a Mentor Training Qualification that would give them the skills to provide mentoring to the NPC from within the organization.

As more NPCs become endorsed and more organizations adopt this model of care mentors from a multidisciplinary approach would be encouraged. The experience of others can inform candidates of the pitfalls and successful initiatives on the journey. A plan for regional Nurse Practitioner networking meetings would be worthwhile exploring to increase the learning and support opportunities for the NPC.

The concept of sharing mentors and education has been discussed with Goulburn Valley Health (project sister site) who have endorsed NPs and NPC. Potential opportunities available to KDHS to share mentors and education in some capacity were met with enthusiasm and should be further investigated should a NPC be identified. As mentioned above the experience of the endorsed NP and NPC would be invaluable, and would further enhance the opportunities KDHS has for a collaborative approach that would be mutually beneficial, and enhance the likelihood of the NP model to be established.
Position Descriptions:

Generic Position Descriptions have been developed for both the NPC and endorsed NP positions. (Appendix Seven & Appendix Eight) It is expected these will be the basis for all Nurse Practitioner positions with local clinical areas encouraged to add additional requirements specific to each position. Two separate position descriptions were developed to differentiate between the requirements of the NPC while they completed their education and training and working towards endorsement, and the endorsed NP. The position descriptions will be closely linked to the performance management plans of the individuals employed in these positions.
Nurse Practitioner Clinical Practice Guidelines- An Overview

What is a Clinical Practice Guideline?

Clinical Practice Guidelines (CPG) are systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific clinical circumstances\(^1\).

The process involves reviewing literature and existing guidelines: considering the level, quality, relevance and strength of evidence available to support treatment recommendations.

Guidelines should indicate the strength of evidence upon which they have been formed and consensus based recommendations may result where evidence is lacking.

The emphasis is therefore on implementing evidence based research to improve patient care outcomes. Included is a flow chart that can guide the development, implementation and evaluation of clinical practice guidelines. (Appendix Nine)

Why are they required?

One of the Nurses Board of Victoria (NBV) requirements for Nursing Practitioner Candidates (NPC) seeking endorsement is to have CPG’s outlining their clinical practice.

It is recommended that NPC appraise the literature/evidence for each CPG so that they understand the evidence underpinning the assessment and management of specific patient groups. In conjunction with education and training the CPG’s support safe practice and prescribing for the NP’s during their candidacy and once fully endorsed.

The NBV no longer require CPGs to be submitted for NP endorsement, but do require evidence of organization approval and authorization for each CPG. The NPC will also be examined on components of their CPGs as part of the endorsement process.

What do they look like?

There is no generic NP CPG template in use in Victoria or in other states. A recommendation has been made to NBV and DHS to discuss the development of a template with broad headings and sections to use as a guide for organizations. The variations for each clinical area and between individual CPG within the organization could then be made based on these templates.

How are they developed?

Appendix Ten has been adapted from Bayside Health Final report and describes the steps required for development and organisationl approval of CPG’s. It is important that the organization takes into account the following when considering CPG development.

1) The NPC, their clinical and professional mentors and the local NP Working Group (Steering Committee) identify the specific patient groups or presentations that will be seen by the NP and therefore require the development of CPGs.
2) The guidelines should be developed in conjunction with the clinical mentor and endorsed by the multidisciplinary panels of experts such as radiologist, pathologists, pharmacists and the specialty team.

3) Guidelines should be based on the highest level of evidence, preferably a systematic review of the available scientific evidence. The following sites are recommended:

- Clinical Evidence  
  www.clinicalevidence.com.au

- National Health & Medical Research Council  

- Evidence Based Nursing  
  www.evidencebasednursing.com

- Joanna Briggs  
  www.joannabriggs.edu.au

- National Institute for Clinical Studies  
  www.nicsl.org.au

- National Institute for Clinical Excellence  
  www.nice.org.au

- Cochrane Library  
  www.cochrane.org

4) The CPG should relate directly to the context in which the NP/NPC is working and demonstrate contextual interpretation and strength of evidence.

5) The guidelines need to revised very three years or more frequently if necessitated by practice change.

6) The revision changes should replicate the steps involved in the initial development of the guidelines.

Resources:  
Sustainability

As previously noted, model sustainability is one of the four key objectives of the project and is considered to be crucial to the success of the implementation of NP roles across the organisation. KDHS is committed to advancing the nursing profession and to exploring new models of care within the organization. However, the organization is aware that successful and sustainable roll-out of the NP model is contingent on an organized and timely approach that is in line with the strategic aims of the organization. KDHS feels that it is essential that all key players, including DHS, health care organizations, professional nursing bodies and individual nurses be collectively committed to the development of Nurse Practitioner’s for them to become a considerable component of the workforce.

Prior to implementing the NP role there are a number of key considerations that organizations should be aware of to ensure sustainability of the role.

- Organisational Support

KDHS recognizes that successful role out of the model requires further strategic planning. The NP role remains a new and emerging concept in many rural medico dominated regions and the engagement of all stakeholders is pivotal to its success. The appointment of a NP Coordinator who could be considered a ‘driving force’ within the organisation would help to ensure progression of the role. This has been included in the budget outline with this service plan. At the time of this report without the support of a coordinator or the continuation of the Steering Committee it would be unlikely the NP role would develop further within KDHS.

- 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 adopted from Eastern Health has been included in this plan, Appendix Eleven to assist with this process. Informal networking between NP/NPCs both within and external to the organisation will be encouraged to foster information sharing and professional support.

The continual inability of NPs to access Medicare and PBS benefits will restrict the services that NPs can provide, especially in community settings. In addition are the restrictions to medical imaging, pathology and specialist referral. Legislative changes to Nurses Acts and Drugs and Poisons Act at state and territory level have granted NP’s limited prescribing rights yet, a national survey of NP’s by the National Prescribing Service (NPS) and the Australian Nurse Practitioners Association (ANPA) in 2007, found about 30% of NP’s were prescribing less than 5% and 28% of NP’s couldn’t prescribe at all11. These limitations to practice may provide a disincentive to organizations and
candidates considering setting up a NP model of service delivery. Recent federal and state discussion is a positive step toward addressing this problem.

- Funding

As the role is new in the clinical setting and part of an interdisciplinary team, costing this model of care is problematic due to complexities with comparative costing. The contribution of the NP role to improved service delivery and the effectiveness of patient outcomes may also be difficult to quantify due to difficulty in isolating data. Finding financial resources to employ a Nurse practitioner from existing budgets is challenging and usually occurs through service redesign. Health organizations will require a financial commitment from Government to assist funding this model of care, before proceeding with the implementation of the role.

There are substantial personal and financial costs that are associated with a Nurse becoming a NP. It is essential an organizational funding model be discussed that acknowledges the costs and supports the candidate. Without this financial support few nurses will become endorsed NPs and the role will not be sustainable.

- Mentor and Preceptorship

Building sustainability of Nurse Practitioner roles in the rural setting requires a mentor system to be developed with considerable thought as to the needs of the individuals and regional health care services. It may incorporate a range of practice models and includes a regional, state and interstate strategy. Of prime concern to the health organisation is providing quality, discipline-specific clinical education and training to NPCs in various settings. To ensure ongoing commitment from medical staff to provide this service will require adequate remuneration for their time and expertise. NP are senior nurses who will be recognized as being at the highest level, however it is also important that they have working relationships with appropriate personal to provide operational support and guidance. A regional focus committed to collaboratively providing mentors and leadership may be needed for the continued development of the Nurse Practitioner role so they become a substantial component of the workforce in rural areas.

4 Expected benefits to the organization, community and other key stakeholders with the establishment of the role.

Interestingly, the project has already benefited the organization and the consumer by highlighting services that are available regionally and not being fully utilized by staff. Palliative Care and shortly Wound Care are two areas that have regional consultants available for leadership, clinical expertise and strategic and operational support. It has also bought to the attention of the organization some of the A&E presentations that could be better treated by other hospital services. These issues have been taken to appropriate departments and are in the process of initiating change that will benefit both organization and community.

As part of the submission process each clinical area was asked to form an Expression of Interest which has helped identify the areas that would have the avenue to expand and include a NP role. This has lead to increased awareness of the NP role by staff and a greater understanding of how it can expand services provided. The study has also lead to communication and networking with other health organizations that has the potential to lead to regional based collaborative models that will provide extra sustainability for the role. It has been continually pointed out from other organizations who have endorsed NPs that a cohort of NPC’s who can support each other are far more successful than stand alone NPCs. For many small rural health organizations one NPC, let alone multiple, may be financially and strategically problematic. With a collective approach it would be envisioned more NPCs could be recruited and greater access to mentors, education and clinical experience achieved. NPCs are an important transitional role between existing advanced practice nursing roles and Nurse Practitioner, and one that will complement the care already provided by other health professionals in specific contexts of practice.

In other organizations the NP model has enhanced staff satisfaction through the introduction of a career pathway for clinical nurses and will be an innovative move toward the recruitment and retention of staff in some areas. KDHS sees this as an important factor in their future workforce planning strategies.

There are many similarities with the benefits previously identified in other Victorian NP service plan projects. The anticipated benefits to the organization from the implementation would include

- More efficient health care delivery: decrease hospital admissions, more cost effective, high quality and timely provision of health care, improved coordination of patient care and increased access to health services.
- Recognition and retention of experienced clinical nurses in a clinical role
- Increased scope of services offered
These benefits would then flow onto the collaborative partnerships the service has developed with other providers and address some of the pressing issues surrounding a shortage of General Practitioners, whilst maintaining and in some areas enhancing health care offered to our rural area.

KDHS would hope to see benefits for the community by:

- More flexible health services to meet the needs of the community
- Reduced waiting times for health service delivery
- Improved access to health care
- Better continuum and less fragmentation of health care
- Reduced hospital admissions due to early intervention and referral and post discharge follow-up
- Reduced length of stay in hospital
- Improved liaison and coordination of care with community service providers, especially General Practitioners
- Opportunity for consumers to be consulted and involved in the development of NP roles.
5. Barriers and Constraints

There were a number of potential barriers or constraints that arose during the course of exploring potential NP roles across Kyabram and District Health Service. These are summarized under the following headings.

1) **Confusion and Misunderstandings about the Nurse Practitioner Role.**

This was found to be both external to, and within the nursing profession itself. Expectations of the NP role (realistic and unrealistic) and a lack of understanding around education and endorsement were common.

**Potential Solutions:**

Ward meetings, organizational news-letters and an open door approach by the project manager were ways in which communication and education to a variety of groups and individuals across the organization was achieved. Key stakeholder involvement was met with the formation of a Steering Committee made up of departmental heads who could then inform staff and community members. It is also envisaged that knowledge and understanding about NP’s will increase as professionals are exposed to more endorsed NP and NPC roles throughout the region.

Information to be included in formalized nursing programs such as Graduate Nurse Program and Post Graduate Courses. Networks and forums to be utilized are nursing groups such as Royal College of Nursing, Australian Nursing Federation, Nurses Board of Victoria and Australian Nurse Practitioner Association.

2) **Identifying Nurse Practitioner Candidates**

There were some individual nurses across the organization expressing an interest in becoming a NP who saw the role as “not much different to what we already do”

**Possible Solutions:**

Ongoing communication and education about the NP role is required. The generic job descriptions that have been developed for both the Candidate and the endorsed Nursing Practitioner positions clearly define the expectations of the roles. Particular emphasis must be placed on research and professional leadership requirements.

3) **Resistance from other Health Care Professionals fearing substitution of their roles, including doctors.**

Medical staff expressed concern regarding the intended introduction of proposed NP positions. The apprehension was mainly regarding traditional professional boundaries and concern that proposed NP roles were substitution roles.
Possible Solutions:

It is important to look at the NP role in areas where it will be supported. It is expected some staff will champion the process and will hopefully influence their colleagues. It is essential to be transparent and involve all stakeholders in the process to reduce the potential for mistrust and uncertainty.

Ongoing communication and education with individuals and clinical areas is clearly required. It was recognized that the multidisciplinary representation on the KDHS Steering Committee was the key to ensuring information was disseminated to all disciplines.

It must be emphasized that the NP role is intended to enhance services provided and that the role will be dependent upon a service review, identifying service gaps and implementing a strategy to overcome them.

4) **Cost of completing Nursing Masters**

This was identified as a common barrier for nurses who would be interested in pursuing a NP position, but found the cost of nursing masters programs to be prohibitive.

Possible Solutions:

This has been partially addressed by the Enterprise Bargaining Agreement (EBA) whereby NP’s are paid at Grade 6. Although this reimburses some of the expense of the educational qualification and is commensurate with the responsibility and accountability of the role, it does not address the initial financial outlay. Proactive seeking of scholarships from peak bodies and Universities would also alleviate this problem.

5) **Lack of Legislative Framework to support use of extension to practice (MBS/ PBS access)**

Legislative restrictions for NP’s, such as lack of Pharmaceutical Benefit scheme (PBS) and Medicare Provider Number were seen as a barrier, particularly for proposed roles operating in the community or outside the acute setting.

Possible Solutions:

Prescriptions and other documentation can be countersigned by Medical Practitioners in the short term, however this is a flaw in the system. Without Provider Numbers (therefore no Medicare rebates) nursing services are an expensive commodity to the consumer. More lobbying at government level must be done to counteract this situation.
6) **Resources**

A potential barrier after the completion of the project is anticipated to be the lack of a Project Coordinator to support and further develop the NP roles across the organisation.

**Possible Solutions:**

Many of the processes and frameworks developed as part of this project will partially address this ongoing difficulty. A cultural change from the management and senior staff away from medico-dominated services with new and innovative roles, will also encourage continued interest in NP role.

7) **Identification of funding opportunities for Nurse Practitioner Positions**

Funding the Nurse Practitioner position may prove challenging, particularly in situations of service redesign. This has proven a major barrier with no areas identifying internal funds available for the development of the role at this stage.

**Possible Solutions:**

Nurse Practitioners may be employed in circumstances when General Practitioners cannot be recruited and where there is opportunity to expand Advanced Practice Nursing roles. It is likely that as the NP models continue to evolve and are seen as having the potential to improve service outcomes, then strategic plans will incorporate funding for positions.

8) **Single candidacy**

This is a barrier to implementation of a NP role particularly if the role is a new model, as the support needs of a lone candidate may not be fully met.

**Possible Solutions:**

NP candidacy can be a confronting and isolating experience especially in rural environments. Single candidacy also creates problems with key workforce issues such as rostering, sick/annual leave coverage and resignation. Ideally, and as recommended by many other organizations that have established NPC and NP models, no less than two candidates should be considered. A solution may be a regional approach to candidacy which allows a cohort of NPC’s from a variety of organisations to share the experience and support each other.
9) **Access to specific educational preparation for practice as a Nurse Practitioner/Candidate**

In addition to a clinical mentor, it is recommended by the NBV that NPC’s seek one or two other mentors. Limited resources and accessibility to mentors may compromise the opportunities for the NPC.

**Possible Solutions:**

The organization must provide a clear commitment to education for the NPC (e.g. study leave entitlements, non clinical time). The NP/C must have access to suitable departmental/organizational education programs and be encouraged to approach collaborative education with other organizations.

10) **Politically and Industrial controversy surrounding NP roles**

There needs to be a clear line of reporting within the organizational structure with a clear definition of scope of practice. Key stakeholder involvement in the implementation process and education preparation for all health care professionals is imperative in the success of the NP role.
6. Recommendations and Summary

The recommendations that have been outlined in previous reports remain at the forefront of successful implementation of the Nursing Practitioner role in organizations. Some of the more important points that seem to have been partially or not addressed are:

- The university sector demonstrates increased flexibility in regard to recognition of prior learning for nurses with extensive relevant experience. (Bayside Health June 2006)
- Increased availability and targeted scholarships opportunities provided for nurses wishing to further their education to meet the criteria for registration as a NP (Western Health 2006; Bayside Health 2006).
- Nurse Practitioner access to Pharmaceutical Benefits Scheme and Medicare Provider Numbers are addressed at the level of Federal Government (Bayside Health 2006).
- Consideration given by DHS to provide funding for a regional based coordinator to promote the Nurse Practitioner Role at this level encompassing a variety of organizations including Community Health settings

Where to from here, the next 1-3 years.

Just as importantly are the issues that will directly impact on the success planning and implementation of the Nursing Practitioner role for KDHS. The last 6 months on this project have highlighted a number of issues that will have an influence, the more imperative concerns are summarized below.

- NP roles in Victoria are still relatively new and some areas have little to no evaluation of the impact upon service delivery. This poses a disincentive to organizations that need to undertake a rigorous service redesign to initiate the funding a NP when the outcomes are unknown.
- It is imperative for the successful implementation of the position that appropriately skilled nurses are available to fill NP positions. At the time of the report there are very few nurses employed at KDHS who currently posses the required educational requirements to commence a NPC and none that could fill a NP position.
- There is resistance from Medical staff to the NP role. A positive relationship is crucial to ensure the NP role is considered as a potential role for clinical service provision.
- The NP role is still misunderstood by many of the existing workforce and this may be reflective of its demographic distribution.
Recommendations have also been discussed throughout the report and in summary include:

- DHS, NBV and KDHS work together to ensure NPC possess the attributes required for endorsement. Develop a shared learning, education and mentor network within the region that includes other organizations, professional nursing and medical bodies, universities and other endorsed NPs.
- The organisation seeks to provide recurrent funding for the NP program and professional mentoring.
- Effective relationships are established with medical staff at a local level to ensure NP models are considered as potential roles within the health care service.
- Educate nurses entering their clinical specialties about the NP role by developing a career planning module within Post Grad Nursing courses.
- Create a NP coordinator position that will continue to be the driving force for the NP role and who can be a resource for those needing further information, and/or assistance within the organization.
Terms of Reference
Nurse Practitioner Steering Committee

PURPOSE:
To oversee the progress of the Nurse Practitioner Service Plan Development Project

OBJECTIVES:
Provide leadership for the development of a comprehensive service plan for the development of Nurse Practitioner (NP) roles across Kyabram & District Health Services (KDHS) including:

- Evidence that supports the need for the NP role
- Identification of initial areas for the establishment of the role
- Description of the role and scope for the potential future NP roles in the organization
- A plan for the implementation of the NP role in the organization
- A policy framework to support the role at a local level
- Identification of expected benefits to consumer and organization
- Identification of perceived barriers
- A plan for the development of Clinical Practice Guidelines including a generic template design and a process for organizational approval
- An education plan for the NP role including models for mentorship and ongoing clinical supervision
- Formulation of budget strategies for the implementation of the role
- A process for the evaluation of the role
- Outline of a process to ensure the sustainability of the role

Promote the NP role within the organization and community

Oversee utilization of the budget for the project

MEMBERSHIP:

- Director of Clinical Services (chair)
- Heads of Departments
  - District Nursing
  - Community Health
  - Theatre
  - Acute Services
  - Aged Care
NP project worker
Di Roberts (CDM coordinator)
Affiliate Members (to receive minutes)
- Goulburn Valley Imaging (Kyabram)
- St John of God Pathology (Kyabram)
- Pharmacy (Kerr’s Amcal Chemist)

COMMITTEE PROTOCOLS:
- Minutes will be taken at each meeting and distributed to all members
- Bi monthly meetings, second Wednesday with the option to change
- Decisions will be made by consensus
- Quorum= 50%
- Apologies are to be forwarded to the project officer prior to the meetings.
<table>
<thead>
<tr>
<th>Evaluation Component</th>
<th>Proposed Methodology</th>
<th>Data Source</th>
</tr>
</thead>
</table>
| 1. Achievements of outcomes | - Reduced waiting times  
- Reduced length of stay/number of return visits  
- Allocation of Resources to where they are most needed  
- Improve time to interventions and investigations | Baseline data prior to NPV implementation and then data for the allocated period will capture:  
1.1 Quantitative data which reflects demand for service.  
1.2 Quantitative data which reflects length of stay or number of return visits.  
1.3 Quantitative data which reflects time of contact or referral to initiation of treatment or first consult  
1.4 Quantitative data which reflects time of contact to initiation of investigation and /or the types and numbers of investigations  
1.5 Referral to other Health Professionals  
1.6 Time of investigation to first review.  
1.7 Times from contact to discharge or referral | Systems for identifying                                                                                                                                      |
| 2. Quality of Service provided by the NPC | - Consumer satisfaction  
- Medical/Nursing satisfaction  
- Implementation of best practice with Clinical guidelines. | Predominately a Qualitative approach will be required to capture this data (interview/questionnaire):  
2.1 Pre & Post comparison testing of patient satisfaction surveys.  
2.2 Pre & Post comparison testing of medical and nursing satisfaction surveys and interviews.  
2.3 Evaluation of clinical practice guidelines against current best practice(evidence based)  
2.4 Number and range of clinical practice guidelines developed | Patient survey  
Patient History audit                                                                                                                                   |
| 3. Feasibility to the NPC role | - Ongoing employer / management support  
- Effectiveness / efficiency  
- Cost effectiveness | 3.1 Appropriateness of pathology requests as evaluated by the supervising Physician.  
3.2 Appropriateness of radiographic requests as evaluated by the Physician.  
3.3 Appropriateness of pharmacological interventions as evaluated by the Physician.  
3.4 Assessment of specialist referrals to both inpatient and outpatient units as evaluated by chief medical officer through the Director of the Emergency Department.  
3.5 Identify and compare like processes for cost effectiveness (pre and post implementation) | Some of the data can be retrieved from the systems which identify the number of requests ordered by the NP. Additionally identifies the specific tests ordered. Pre and Post comparisons can then be made.  
Patient history audit  
Use Clinical Business Unit to identify best strategy to evaluate cost effectiveness |
| 4. Availability of the NP | - Consumer choice  
- Physician choice  
- timelines | Data specific to this component can be obtained from the Department Database:  
4.1 Identify the number of clients managed by the NPC  
4.2 Identify the types of conditions managed by NPC.  
4.3 Further identifies time allocated (where appropriate) |                                                                                             |
| 5. NPC satisfaction with role | | This data will predominantly be from the qualitative method, utilizing resources such as;  
5.1 Professional Practice Portfolio maintained by the NPC which will identify health promotion, patient | NP professional practice portfolio}|
| 6. Quality of NPC role | A combination of quantitative and qualitative approaches will be utilized to capture data associated with adverse outcomes and complications:  
6.1 Patient complaints – verbal / written  
6.2 Unplanned representations / unplanned admissions from clients previously managed by the NPC.  
6.3 Deterioration of clients’ condition warranting transferral of management.  
6.4 Outcomes indicative of concern.  
6.5 Incident reports associated with the practice of the NPC. | Complaints Unplanned readmission / representation data in patient history |
| --- | --- | --- |
| 7. Collaborative practice | As this component is quite subjective, a qualitative approach is anticipated (interviews / questionnaire), capturing data associated with:  
7.1 appropriate / inappropriate amount of collaboration between the physician and NPC.  
7.2 Physician satisfaction with NPC role  
7.3 Key stakeholder’s satisfaction with the NPC role.  
7.4 NPC satisfaction with the practitioner model of care.  
7.5 Pre and post comparisons of referrals made to other health care professionals.  
7.6 Examination of professional journal to review referral processes |  |
| 8. Restrictions and Limitations to NPC practice | This data will be captured with the utilization of the professional practice portfolio / interview with Physician and feedback from main stakeholders.  
8.1 Restrictions to the number of patients managed  
8.2 Restrictions to medication prescribing  
8.3 Cost restrictions associated with ordering of investigations. | Professional Practice Portfolio |
| 9. Promotion of the NP role | As the role progresses, an evaluation to determine the rationale for expansion of the role can be evaluate through:  
9.1 pre and post evaluation of community promotion of the role through qualitative method.  
9.2 pre and post evaluation of hospital promotion of the role through a qualitative method.  
9.3 Examine room for role expansion. |  |

Adapted from Goulburn Valley NP Service Plan 2006
1. The Nurse Practitioner understood why I had come to see him/her.

   Strongly Agree  Agree  Disagree  Strongly Disagree

2. The Nurse Practitioner was interested in me as a person

   Strongly Agree  Agree  Disagree  Strongly Disagree

3. The Nurse Practitioner seemed to be very thorough

   Strongly Agree  Agree  Disagree  Strongly Disagree

4. I was less worried about my health after seeing the Nurse Practitioner

   Strongly Agree  Agree  Disagree  Strongly Disagree

5. I will follow the advice of the Nurse Practitioner, because I believe it is good advice

   Strongly Agree  Agree  Disagree  Strongly Disagree

6. When you saw the Nurse Practitioner, did you have enough time to discuss things fully?

   Yes  No

7. Would you like to see the Nurse Practitioner again for a similar health need?

   Yes  No

8. Is there anything else you would like to discuss with the Nurse Practitioner?

   Yes  No
If yes, what other things would you have liked to discuss?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. Were you given any health education or advice from the Nurse Practitioner?
   Yes          No          Not applicable

10. Were you informed who to contact if you needed more help or advice regarding the illness?
    Yes          No          Not applicable

11. Were you given written instruction about the illness/injury to take home with you?
    Yes          No          Not applicable

12. Did the Nurse Practitioner explain how to take the tablets/medicine prescribed?
    Yes          No          Not applicable

13. Were you told verbally and given written information about a follow-up appointment?
    Yes          No          Not applicable

14. If you were advising a friend, would you recommend the Nurse Practitioner?
    Yes          No          Not applicable

Expression of Interest for Nurse Practitioner Role as Advertised

Initially – As part of a broad communication strategy regarding the Nurse Practitioner Project, all clinical areas will be invited to complete an Expression of Interest.

Ongoing - Website contact details, templates, guidelines etc will be available to support an application.

Prior to Application

Discussion about the proposed role by a representative from the clinical area with:
- Director of Clinical services and Departmental Head

Consideration of the criteria that will need to be addressed if invited to proceed to Stage 2.

Information accessed from the Nurses Board of Victoria Website and participating Universities.

Stage 1. Expression of Interest

Brief submission to give an idea of proposed model

Submitted to: Director of Clinical Services

Reviewed by: NP Steering Committee

Feedback through: Chair of Committee

If Approved

Stage 2. Invitation to complete a formal submission for a Nurse Practitioner Role.

This is a detailed document addressing all identified criteria for a Nurse Practitioner model.

It is an expectation that all key players will be consulted to ensure the submission is supported fits with the strategic plan and is financially viable.

Submitted to: Director of Clinical Services

Reviewed by: NP Steering Committee

Feedback through: Chair of Committee

If Approved

Work begins on developing a model

Supported: At local department/service level

Overseen: By Nursing Practitioner Steering Committee

Adapted from document and process of Goulburn Valley Health October 2006
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 in limited prescribing and at least one other of the following areas:

- Initiation of diagnostics
- Referral to medical specialists
- Admitting and discharging privileges
- Approval of absence of work certificates (2)

The nurse practitioner role is therefore the apex of clinical nursing practice. The role requires a highly experienced and registered nurse with a clinically relevant Masters Degree, to work autonomously and collaboratively in an expanded clinical role that continues to have a nursing focus. There is an expectation that the Nurse Practitioner is also actively contributing to research, publication, teaching, quality improvement and other activities that indicate a high level of leadership capacity and clinical expertise.

In order for KDHS Nurse Practitioner Steering Committee to identify and prioritise areas for the development of Nurse Practitioner roles across the organization, a two stage process has been developed.

References

2. [www.nbv.org.au](http://www.nbv.org.au)
Expression of Interest (EOI)

Stage 1

<table>
<thead>
<tr>
<th>Name of Service</th>
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<tbody>
<tr>
<td>Name of Person completing</td>
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<tr>
<td>Position/Title</td>
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<tr>
<td>Phone/Fax</td>
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<tr>
<td>Email address</td>
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</tbody>
</table>

For the proposed Nurse Practitioner Model please describe (in no more than 2 pages):

a) The current service/model of care (brief outline only)

b) The role of the Nurse Practitioner/s in the clinical setting, including the extensions to the practice that will be utilized.

c) How existing health services will be enhanced or new services will be provided to meet the needs of a patient group or an organizational need, or address a service gap. Examples of anticipated benefits need to include improved service access, cost-effectiveness, timelines of service provision, client satisfaction etc.
d) What support there is from key stakeholders for the introduction of this role at this stage? This will need to include an indication of in principle support from key executive and Managerial staff.

e) Strategies that will allow for funding the Nurse Practitioner model within the existing unit budget, including brief consideration of additional costs associated with the development of the model, education and mentoring, which may require a minimum of one day per week of non-clinical time for the initial 12 months.

<table>
<thead>
<tr>
<th>Salaries for Nurse Practitioner Roles- as at 1st March 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>A registered nurse engaged as a nurse practitioner candidate shall be classified and paid their substantive salary.</td>
</tr>
<tr>
<td>Endorsed Nurse Practitioner Year 1. (201-300 beds) $1506.30</td>
</tr>
<tr>
<td>(Annualised-base, quals + leave loading $ 85,783.79)</td>
</tr>
<tr>
<td>Endorsed Nurse Practitioner Year 2 (201-300beds) $1561.60</td>
</tr>
<tr>
<td>(Annualised-base, quals + leave loading $ 88,933.12)</td>
</tr>
</tbody>
</table>

Please direct any further queries and forward your response to:
Nurse Practitioner Submission Criteria

Stage 2

The following criteria form the basis of the more detailed submission that may be requested by the KDHS Director of Clinical Services and Nurse Practitioner Steering Committee following the approval of Expression of Interest.

1. THERE IS A DEMONSTRATABLE NEED.
   1.1. Describe how the existing health care services could be enhanced or new services provided to meet the needs of a patient group, or organizational need, or to address a service gap.
   1.2. What data/information is there to support the requirement for this change to the health care service?
   1.3. In what ways is a Nurse Practitioner the most appropriate health professional to provide this service?
   1.4. How would patient/organizational outcomes of the new/expanded service and Nurse Practitioner role is evaluated. Include details of key performance indicators that would be crucial for the new role and examples of data that would be collected and analysed as part of the evaluation.

2. THERE IS A CLEARLY DEFINED SCOPE OF PRACTICE
   2.1. What would be the role of the Nurse Practitioner in the Clinical setting?
       Your response needs to address:
       a) The scope of practice
       b) The patient presentations to be seen/target patient population
       c) The extensions to practice that would be required
          -prescribing
          -initiation of diagnosis
          -referral to medical specialists
          -admitting and discharge privileges
          -approval of absence of work certificates
       d) The proposed reporting structure

   2.2. How would the Nurse Practitioner’s full scope of practice be linked to clinical practice guidelines?
2.3. How would the Nurse Practitioner function with a multidisciplinary team?
In your response, consider what opportunities there would be for autonomy and collaboration.

2.4. What changes to the current model of care would be required to implement this Nurse Practitioner role? Consider the impact on existing roles.

3. THERE IS DEMONSTRATED SUPPORT FOR THE ROLE FROM KEY STAKEHOLDERS
3.1 What evidence is there of
- Medical
- Nursing
- Multidisciplinary
- Executive
- Consumer

support for the introduction of this Nurse Practitioner model?

3.2 What specific multidisciplinary input is available to collaborate in the development of the Nurse Practitioner role, with the revised model of care?

4 THE ROLE CAN BE FUNDED WITHIN THE EXISTING UNIT BUDGET
4.1 What strategies would allow for funding the Nurse Practitioner within the existing budget? In addition to ongoing funding for the role, there needs to be consideration of the requirement for;
- The 12 month candidature for the Nurse Practitioner
- The need for non-clinical time for education/training and the development of clinical practice guidelines.
- Any additional resources such as equipment or work facilities for either clinical or nonclinical components of the role.

5. THE REQUIREMENTS FOR AN EDUCATION PROGRAM AND OTHER REQUIRED RESOURCES HAVE BEEN IDENTIFIED.
5.1. What would be the educational requirements of the Nurse Practitioner Candidate that would enable/support extensions to current practice?

Please give consideration to
- Health assessment
- Diagnostic Testing
- Prescribing
- Documentation

5.2. What would be the relevant multidisciplinary input into the required education?

What indication is there that this will be available?
5.3. Are you aware of any existing relevant educational programs (internal and/or external) that could be accessed by the Nurse Practitioner Candidate?

5.4 Is there a team of medical consultants to take on the role of clinical mentorship? It is expected this would require at least 2 hrs/week of 1:1 teaching and supervision of the candidate, in addition to providing direct clinical support on a day to day basis.

- If possible, please specify consultants who have indicated their willingness.
- Describe how the mentorship team will operate to ensure the appropriate level of support and clinical supervision.

6. THERE IS POTENTIAL FOR A SUITABLE NURSE PRACTITIONER CANDIDATE

6.1. Is there a potential Nurse Practitioner Candidate who has:

- A clinically relevant Masters level of Nursing qualification (or working towards)
- Completed the therapeutic medication management module at an approved university (or working towards)
- A commitment to seek endorsement by the Victorian Nurses Board as a Nurse Practitioner
- A minimum of 3-5 years clinical experience post specialist qualification, and evidence of working at a level of advanced practice in the clinical area
- An active involvement in research, publication, teaching, quality improvement and best practice activities.
- A focus on best practice outcomes within a multidisciplinary team.
- High level interpersonal and communication skills across a broad range of health professionals
- A conceptualization of the Nurse Practitioner model that is patient centered and within a nursing model of practice.
- The capacity to be critically reflective and insightful.
- An understanding and sensitivity to the political dimension of developing the Nurse practitioner role and an ability to promote the role in a positive manner.

6.2. If there is no suitable internal candidate, what potential is there to externally recruit a suitable candidate?
7. OTHER CONSIDERATIONS.

7.1. Are there other ways (not already described) in which the Nurse Practitioner role may impact upon:
- Patients
- The Nurse Practitioner candidate
- Nursing Staff
- Other disciplines (including existing training commitments for other health professionals)
- Your clinical area
- Other departments/clinical areas

Describe what you anticipate some of the implications may be.

7.2 Any additional comments or information

8. SIGNATURES

8.1 Signatures indicating support and financial feasibility of the model are required from:
- CEO
- Department/Unit Manager
- Associate Director of Nursing
- Director of Clinical Services

8.2. Further signatures of support for the model are required from
- Director of Medical Services
- Affiliated Services; Pathology, Pharmacy, Radiology
- General Practitioners

References

3. www.nbv.org.au
**Position Title:** Nurse Practitioner Candidate (NPC)

**Classification:** Registered Nurse

**Award Coverage:**
- Nurses (Victorian Health Services) Award 2008
- Substantive pay rate

**Department:** Nursing

**Reporting To:** CEO/DOCS

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**HEALTH SERVICES INFORMATION**

**Our Mission**

A commitment to excellence in health care

**Our Vision**

Kyabram & District Health Services aims to be the leading district health service dedicating its resources, talents and skills to improve the health status of our community.

We will deliver comprehensive services, which are high quality, compassionate, efficient, affordable and accessible to our community.

We will achieve this vision by leading the development and operation of an integrated health care delivery system embracing acute, aged and community services.

**POSITION PURPOSE**

The purpose of the Nurse Practitioner (Candidate) position is to enable a suitably qualified and experienced advanced practice nurse to develop the skills and complete the educational requirements necessary to achieve endorsement by the Nurse’s Board of Victoria (NBV) as a Nurse Practitioner (NP). The position will see the candidate progress through various phases where the role and responsibilities of the candidate will reflect their development of the necessary knowledge and skills required of a Nurse Practitioner acknowledging the limitations of their registration as a Registered Nurse not as an endorsed NP.

As a leader of the team, the appointee will assist in achieving and upholding Kyabram & District Health Services Mission, Vision and Values.

---

1 Australian Nursing and Midwifery Council (2006) National Competency Standards for the Nurse Practitioner
### KEY EFFECTIVENESS AREAS

<table>
<thead>
<tr>
<th>K.E. 1</th>
<th>DESCRIPTION</th>
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</table>
| Personal & Professional Development | - Act as positive role model and provides expert nursing knowledge to the multidisciplinary team and be accountable and responsible for advanced levels of decision making.  
- Actively participate in the Performance Management process as required.  
- Attend all mandatory training sessions provided by KDHS and be actively involved in other training & development as required.  
- Continually develop both personally & professionally to meet the changing needs of your position, career & industry.  
- Evaluate current research and coordinate the liaison with the key stakeholders to implement change processes to reflect research findings.  
- Practice within a clinical framework that is evidence based, relevant and current, and is in accordance with the ANMC National Competency standards for the Nurse Practitioner (2006) organisation policy, procedure and your scope of practice  
- Be open to innovative and flexible clinical practice models. Both community and hospital based as appropriate, with the primary focus being the patient and the continuity of their care.  
- Respond to issues and problems promptly, professionally and appropriately and in accordance with organization policy.  
- Support and promote evidenced based practice.  
- Build partnerships with other health services developing similar roles |

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<th>K.E. 2</th>
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</table>
| Customer Service | - Achieve excellence in customer service, identifying that customers include patients, clients and residents, visiting health professionals, all staff employed by the Health Service, visitors and the community we are here to serve.  
- Establish effective, collaborative and professional relationships with patients, members of multidisciplinary team and other stakeholders to ensure an integrated approach to patient care and flow.  
- Act in a professional manner at all times and positively promotes the health service when dealing with internal & external customers.  
- Assist client and families when possible in resolution of problems and report accordingly.  
- Dress and personal presentation to reflect the organisation and/or industry standards and regulations at all times.  
- Maintain a professional and pleasing telephone manner and be responsive to telephone inquiries.  
- Maintain confidentiality on all issues relating to the organisation, the clients & fellow colleagues.  
- Recognise and report compliments and complaints by customers.  
- Treat all clients with respect & equality, whilst being responsive to their needs. |
### K.E. 3

**DESCRIPTION**

<table>
<thead>
<tr>
<th>Administration &amp; Documentation</th>
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<tbody>
<tr>
<td><strong>Through the use of the KDHS processes ensure that all administration and documentation requirements are initiated and completed in a professional and timely manner.</strong></td>
</tr>
</tbody>
</table>

- Adhere to the Health Services Privacy Policy, as it is a condition of employment. Any breach of the rules of privacy/confidentiality relating to the Health Services business, patients or medical records will result in disciplinary action and / or dismissal or a possible fine under the conditions of the Health Services Act (Vic).
- Demonstrate quality documentation practices through evidence of legibility and comprehensiveness of content.
- Ensure all incidents are documented appropriately and any relevant actions attended in a timely manner.
- Participate in policy development through regular attendance at staff meetings and through active review of policy and procedures.
- Reports to the ward meeting on monthly basis- issues around the day-to-day operation, doctor feedback, QRR’s.
- Submit data required to mandated bodies in a timely manner.

### K.E. 4

**DESCRIPTION**

<table>
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<th>Technical Skills &amp; Application</th>
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<tr>
<td><strong>Demonstrated knowledge and application of the skills required for this position. This includes knowledge and understanding of appropriate equipment, legislation, policies and procedures.</strong></td>
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</tbody>
</table>

- Be committed to family health issues, with continued education, advice and support. Appreciate varying social, personal and cultural differences and requirements.
- Complies to guidelines set out by
  - the Drugs, Poisons and Controlled Substances Act 1981, Regulations 1985,
  - ANMC National Competency standards for the Nurse Practitioner (2006)
  - Victorian Nursing Council, Nurses Act 1958
  - The Pharmaceutical Act
- Demonstrate a sound knowledge of emergency procedures and services relating to clients and staff.
- Ensure admission and discharge procedures are followed as per organisation policy.
- Identify strategies to improve financial viability and cost effectiveness whist maintaining quality care.
- Manage all aspects of the patient care continuum, ensuring that the patient, family, staff and others are consulted appropriately
- Liaise professionally, promptly and appropriately with the General Practitioners and other health professionals with the view of providing optimum quality patient care.
### K.E 5
**Teamwork & Communication**

-Demonstrated ability to lead and develop a diverse team or participate as an active member of a team, consistent with the philosophy and policies of KDHS.

-Act as an advocate for staff and peers, supporting and encouraging them to also take on responsibility for the care they provide.
-Be aware of and practice according to, KDHS mission, objectives, core values and strategies.
-Manage patient care through appropriate staffing levels.
-Demonstrate the ability to work consistently positive within a team to achieve team goals.
-Ensure that all communication is professional, is channeled through the appropriate lines according to this Position Description and Hospital Policies and Procedures.
-Foster a high level of morale within the department and the organisation. Support a positive, no blame workplace culture that promotes the organisation’s values. Work according to, KDHS mission, objectives core values and strategies.
-Foster effective working relationships within departments and between departments and resolve any conflict in accordance with Health Service procedures and our Values.
-Provide leadership in clinical and administrative discussions, such as handover and discharge planning meetings.
-Provide ongoing communication as to changes with patient health status to their general practitioner.
-Resolve any workplace conflict in a professional manner and in accordance with organisational policy.
-GP liaison

### K.E 6
**Quality / Safety and Risk Management**

-Commitment to ensuring quality services are delivered to both internal & external clients through the quality, safety and risk management system.

-Act in accordance with all relevant external legislation & internal KDHS policies and procedures that relate to this position and the organisation.
-Cooperate with the Health Services Occupational Health, Safety, Risk and infection control policies and to participate in appropriate safety education and evaluation activities.
-Demonstrate commitment to the Quality/Safety and Risk Management systems through actively participating in quality activities, the QRR reporting and follow up practices and the provision of role modeling, leadership and support to other staff members partaking in quality activities
-Minimise exposure to incidents of infection / cross-infection of patients, residents, staff, visitors and the general public by adhering to the Health Services Infection Control policies and procedures.
-Supervise and contribute to occupational health and safety activities to ensure a safe work environment for clients, community, staff and visitors.
-Supervise and contribute to quality improvement programs and other organisational activities to meet Accreditation Standards.
-Take responsible care of hospital equipment. Report any faults or damage promptly and honestly.
-Take responsible care for own safety, and others who may be affected by your acts or omissions in the workplace.
OTHER POSITION REQUIREMENTS

Physical ability to handle manual requirements as outlined within this position description and within a Nurse Practitioners scope of practice.

KEY SELECTION CRITERIA

Essential

- Current registration with the Nurses Board of Victoria certified to practice as a Division 1
- 3-5 years demonstrated experience at an advanced level of clinical nursing practice in a specialty area deemed relevant to the NP category for which endorsement will be sort.
- Post Graduate Diploma (or equivalent) in nursing specialty.
- Demonstrates commitment to undertake a relevant Masters of Nursing Practitioner (including a mandatory Therapeutic medication management module) or working towards same.
- Evidence of advanced clinical skills and knowledge in nursing specialty.
- Working knowledge of OH&S responsibilities.
- Well developed clinical, analytical and problem solving skills
- Excellent communication and interpersonal skills, including the ability to develop networks and work collaboratively
- Advanced Clinical Life Support certificate current

Desirable

- Demonstrated ability in the operation of various computer software packages and a willingness to learn databases that are an integral part of patient management and the project.
- The ability to maintain open dialogue with senior clinicians and management personal.
- Proven commitment to the development of learning, teaching and research orientated work environment within a collaborative, multidisciplinary environment.
- Demonstrated competence in exercising levels of judgment, discretion and decision making in the clinical area

PERFORMANCE REVIEW and DEVELOPMENT

A performance review, that includes agreed targets, will occur three (3) months from commencement and then annually on the basis of the key accountabilities outlined in this position description

| Date Written: August 2008 | Date Revised: |
HEALTH SERVICES INFORMATION

Our Mission

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Our Vision

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We will achieve this vision by leading the development and operation of an integrated health care delivery system embracing acute, aged and community services.

POSITION PURPOSE

“The Nurse Practitioner is a registered nurse educated and authorized to function autonomously and collaboratively in an advanced and extended clinical role. The Nurse Practitioner role includes assessment and management of clients using nursing knowledge and may include, but is not limited to, the direct referral of outpatients to other health care professionals, prescribing medications and ordering diagnostics investigations”¹. They are an integral member of the health care team who practice autonomously but in collaboration with other health professionals. The scope of practice of the Nursing Practitioner is determined by the context in which the Nursing Practitioner is authorized to practice.

As a leader of the team, the appointee will assist in achieving and upholding Kyabram & District Health Services Mission, Vision and Values.

¹ Australian Nursing and Midwifery Council (2006) National Competency Standards for the Nurse Practitioner
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<tr>
<td><strong>Personal &amp; Professional Development</strong>&lt;br&gt;&lt;br&gt;Demonstrated experience and understanding of the need for continuation of both personal &amp; professional development.</td>
<td>- Act as positive role model and provides expert nursing knowledge to the multidisciplinary team and be accountable and responsible for advanced levels of decision making.&lt;br&gt;- Actively participate in the Performance Management process as required.&lt;br&gt;- Attend all mandatory training sessions provided by KDHS and be actively involved in other training &amp; development as required.&lt;br&gt;- Continually develop both personally &amp; professionally to meet the changing needs of your position, career &amp; industry.&lt;br&gt;- Evaluate current research and coordinate the liaison with the key stakeholders to implement change processes to reflect research findings.&lt;br&gt;- Practice within a clinical framework that is evidence based, relevant and current, and is in accordance with the ANMC National Competency standards for the Nurse Practitioner (2006) organisation policy, procedure and your scope of practice.&lt;br&gt;- Be open to innovative and flexible clinical practice models. Both community and hospital based as appropriate, with the primary focus being the patient and the continuity of their care.&lt;br&gt;- Respond to issues and problems promptly, professionally and appropriately and in accordance with organization policy.&lt;br&gt;- Support and promote evidenced based practice.&lt;br&gt;- Build partnerships with other health services developing similar roles.</td>
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<td>• Manage all aspects of the patient care continuum, ensuring that the patient, family, staff and others are consulted appropriately</td>
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<td>• Liaise professionally, promptly and appropriately with the General Practitioners and other health professionals with the view of providing optimum quality patient care.</td>
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<tr>
<td>• Mentors NP candidates</td>
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### K.E 5

**Teamwork & Communication**

*Demonstrated ability to lead and develop a diverse team or participate as an active member of a team, consistent with the philosophy and policies of KDHS.*

- Act as an advocate for staff and peers, supporting and encouraging them to also take on responsibility for the care they provide.
- Be aware of and practice according to, KDHS mission, objectives, core values and strategies.
- Manage patient care through appropriate staffing levels.
- Demonstrate the ability to work consistently positive within a team to achieve team goals.
- Ensure that all communication is professional, is channeled through the appropriate lines according to this Position Description and Hospital Policies and Procedures.
- Foster a high level of morale within the department and the organisation. Support a positive, no blame workplace culture that promotes the organisation’s values. Work according to, KDHS mission, objects core values and strategies.
- Foster effective working relationships within departments and between departments and resolve any conflict in accordance with Health Service procedures and our Values.
- Provide leadership in clinical and administrative discussions, such as handover and discharge planning meetings.
- Provide ongoing communication as to changes with patient health status to their general practitioner.
- Resolve any workplace conflict in a professional manner and in accordance with organisational policy.
- GP Liaison

### K.E 6

**Quality / Safety and Risk Management**

*Commitment to ensuring quality services are delivered to both internal & external clients through the quality, safety and risk management system.*

- Act in accordance with all relevant external legislation & internal KDHS policies and procedures that relate to this position and the organisation.
- Cooperate with the Health Services Occupational Health, Safety, Risk and infection control policies and to participate in appropriate safety education and evaluation activities.
- Demonstrate commitment to the Quality/Safety and Risk Management systems through actively participating in quality activities, the QRR reporting and follow up practices and the provision of role modeling, leadership and support to other staff members partaking in quality activities.
- Minimise exposure to incidents of infection / cross-infection of patients, residents, staff, visitors and the general public by adhering to the Health Services Infection Control policies and procedures.
- Supervise and contribute to occupational health and safety activities to ensure a safe work environment for clients, community, staff and visitors.
- Supervise and contribute to quality improvement programs and other organisational activities to meet Accreditation Standards.
- Take responsible care of hospital equipment. Report any faults or damage promptly and honestly.
- Take responsible care for own safety, and others who may be affected by your acts or omissions in the workplace.
OTHER POSITION REQUIREMENTS

Physical ability to handle manual requirements as outlined within this position description and within a Nurse Practitioners scope of practice.

KEY SELECTION CRITERIA

Essential

- Current registration with the Nurses Board of Victoria certified to practice as a Division 1 with endorsement as Nurse Practitioner (insert specialty).
- Master of Nursing (including a mandatory Therapeutic Medication Management Module) or the demonstrated capacity and commitment to undertake if not already completed.
- A Demonstrated knowledge of Nurse Practitioner professional standards, legal and ethical requirements
- Working knowledge of OH&S responsibilities.
- Well developed clinical, analytical and problem solving skills
- Excellent communication and interpersonal skills, including the ability to develop networks and work collaboratively
- The ability to maintain open dialogue with senior clinicians and management personal.
- Medium to High level IT skills in outlook, Microsoft word and Excel
- Actively promotes the Nurse Practitioner role by participation in professional forums, publication in peer reviewed journals and presentation at local, national and international conferences.
- Advanced Clinical Life Support certificate current

Desirable

- Graduate Diploma (or equivalent) in nursing specialty.

PERFORMANCE REVIEW and DEVELOPMENT

A performance review, that includes agreed targets, will occur three (3) months from commencement and then annually on the basis of the key accountabilities outlined in this position description

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<th>Date Written: August 2008</th>
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The process for Clinical Practice Guideline development, implementation and evaluation.

1. Define topic
2. Is the topic relayed to clinical decision making?
   - No → stop
   - Yes → Are there existing guidelines?
     - Yes → stop
     - No → Convene a multidisciplinary panel
3. Identify health outcomes and barrier change
5. Is there Level 1-1V evidence in respect of each recommendation?
   - No → Is there consensus?
     - Yes → Develop evidence based recommendations or update existing recommendations
     - No → Develop evidence based recommendations that indicate lack of clear evidence but acknowledge consensus
6. Make brief non-consensus statement (state options and acknowledge uncertainty)
7. Consultation and pilot testing
8. Disseminate and implement
9. Evaluate and Revise

Clinical Practice Guidelines (CPG) Developed by NP/Candidate
- incorporating a literature review of high level evidence

CPG discussed and reviewed with Medical Director

CPG presented to Nurse Practitioner Steering Committee

CPG distributed to relevant multidisciplinary groups
This includes GP’s, Radiology, Pathology, Pharmacy and specialty units as appropriate.
There is a requirement for those areas to respond either confirming approval, or with comments/recommendations for change

CPG returned to local NP Steering Committee.
Any changes/alterations made
CPG signed off by the Director of Medical Services, Director of Clinical Services, Quality and Risk.

Drugs and Therapeutics Committee

Kyabram & District Nurse Practitioner Steering Committee
Chair: Director of Clinical Services

CPGs are endorsed, dated and used in clinical practice

CPG review
3 year minimum or immediately as required by necessary practice change. Will involve establishing a CPG database with re-evaluation dates

Adapted from Bayside Health Service Plan Development 2006
EXPLORATION OF IMPLEMENTING A NURSE PRACTITIONER (NP) POSITION

(Division One, Three, or Four Registered Nurses)

**EDUCATION**

- Research NP endorsement requirements.
- Liaise with Universities re Masters Programs and Pharmacology subject.
- Obtain letter of organizational support from Unit Manager, Director of Clinical Services and CEO.
- Commence academic preparation.

**ROLE DEFINITION**

- Identify difference between NP and Advanced Nurse Practice role. How does extension of scope of practice assist the role and improve service delivery/patient outcomes.
- Explore in more detail, does the role fit KDHS priority areas for implementation.
- Identify organizational and medical mentors.
- Define role and develop position description from KDHS generic model.

**ORGANISATIONAL**

- Identify KDHS priority areas for implementation of NP role.
- Discuss idea with NUM/DOCS. Explore funding options and develop Business Case.
- Explore NP role in more detail.
  - Yes
  - No
  - Further groundwork required
- Identify medical mentor.
- Establish unit multidisciplinary steering committee. Explore role and develop a NP expression of interest.
- Expression of Interest forwarded to DOCS, CEO and Director of Medical Services.
- If approved, then forwarded to KDHS NP steering Committee.
- If approved, full submission to be developed by multidisciplinary team with source of funding identified.
- If full submission approved by KDHS NP Steering Committee, NPC selection process undertaken.

**Masters Program**

- Pharmacology subject

**If full submission is approved, NP Candidate begins**

- Formal mentoring and education begins according to KDHS Candidate framework.
- CPG’s and scope of practice developed.
- Commence role, awaiting NBV endorsement as a NPC and complete candidature in approved timeframes.
- Commence endorsement process as a Nurse Practitioner with NBV.