Palliative Care
Nurse Practitioner
Candidacy Overview

Northern Health

Prepared by Project Officer
Vanessa McColl
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Glossary of Terms

NH – Northern Health
BHS – Broadmeadows Health Service
DON– Director of Nursing
NUM– Nurse Unit Manager
NP– Nurse Practitioner
ANMC– Australian Nursing and Midwifery Council
GP – General Practitioner (Doctor)

Northern Health – Service Provision

Northern Health provides health care services to over 700,000 people living in Melbourne’s northern suburbs and semi-rural regions beyond the city fringe. At present Northern health manages 613 beds and functions over five campuses:

1. The Northern Hospital Epping (TNH)
2. Broadmeadows Health Service (BHS)
3. Bundoora Extended Care Centre (BECC)
4. Panch Health Service (BHS)
5. Craigieburn Health Service (CHS)

Northern Health boasts an integrated approach to health care delivery across both acute and sub-acute operations, and builds on links within the community to enhance continuity of care.

Existing Palliative Care Services have strong inter-disciplinary (medical, nursing, allied health and complimentary therapies) approach to care, working in close collaboration with the patient’s General Practitioner.

Referrals are received across all Palliative Care Services from acute, sub-acute, primary or community care services. Palliative Care patients referred to the services have varying disease complexity (both malignant and non-malignant). Integrated Palliative Care Services at Northern Health are able to assess and manage patients with diverse needs including symptom management, end of life care and respite.

Northern Health is committed to providing excellent health care delivery to all patients with a life limiting illness. Currently, the Northern Health Integrated Palliative Care service spans four of the Health Service Campuses. The Broadmeadows Health Service (BHS) Inpatient Palliative Care Unit (20 – 24 bed unit offer expert palliative care for symptom management, end of life care and respite care). The Palliative Care Consultancy Service assess and manage inpatients at The Northern Hospital (TNH) and Bundoora Extended Care Centre (BECC) to assist with symptom management and planning for future care. In addition there are weekly outpatient clinics at The Northern Hospital and Craigieburn Health Service.

The Integrated Palliative Care Services at Northern Health aligns itself with the Victorian Department of Human Services (DHS) “Strengthening Palliative Care; A policy for health and community care providers” and is an integral participant in the North and Western Metropolitan Region Palliative Care Consortia (NWMPCC). Northern Health also proudly provides executive sponsorship to the “Strengthening Palliative Care in Victoria through Health Promotion”. Several representatives from the Integrated Palliative Care Service at Northern Health participate regularly in the NWMPCC management, clinical, medical, spiritual and indigenous focus groups.

Northern Health has demonstrated capacity for reform and optimisation of its’ workforce – as evidenced in the already established Nurse Practitioner roles within the organisation. The Northern Health Executive team endorses and supports the Nurse Practitioner role recognising the benefit to health service delivery that such innovative roles as the Nurse Practitioner can have.
Statement of Intent (Northern Health)

The objective of Northern Health is to provide the opportunity for a highly skilled member of nursing staff to extend and expand their current role, within the context of Palliative Care. It is essential that the successful candidate will undertake the Master of Nursing course by an approved tertiary education provider, whilst working concurrently as a Palliative Care Nurse Practitioner Candidate.

The candidate will work towards acquiring an expert knowledge base enabling them to function independently and collaboratively to optimise patient outcomes and optimal health care delivery.

Evolution of Practice and Role of Palliative Care Nurse Practitioner

The span of the candidacy program will be tailored to the successful applicants needs. The candidate may elect to study the Master of Nursing course either by full time or part time methods. It is anticipated however, that the candidate be fully endorsed as a Palliative Care Nurse Practitioner by 2015. It is mandatory that the candidate uses the national competency standards framework for nurse practitioner’s (ANMC 2005) to further guide and develop their practice.

The Nurse Practitioner will function in accordance with the Australian Nursing and Midwifery Council Competency Standards within the Integrated Palliative Care Team. The Palliative Care Nurse Practitioner Candidate role includes but is not restricted to:

1. Consultation and expert education regarding palliative care – including the provision of advanced holistic assessments.
2. Support for patients and carers: through access to more timely symptom management; enhanced complex care planning and management; enhanced timeliness of response; increased likelihood of death at the client’s preferred place; better access for ambulant clients and diverse client groups; better coordinated care; coordinated nursing and medical response.
3. Clinical support for outpatient clinics, consultancy service and in-patient unit staff when required.
4. Participate in the evaluation and modification of policies and procedures in relation to Palliative Care, Chronic Disease and Aged Care Services ensuring that they are compatible with the evidence-based practice and in line with NH philosophy, objectives and policies.
5. Provide leadership and supervision to other community, multidisciplinary and inpatient staff within the organisation.
6. Use research to inform the development of best practice standards and guidelines for Palliative Care.
7. Ensure own practice is consistent with evidence-based practice.
8. Develop and promote research projects that will contribute to the advanced body of knowledge in palliative and aged care nursing to enhance the quality of service to palliative patients and aged persons.
9. Share knowledge of the Palliative Care Nurse Practitioner role with other nursing professionals and organisations through formal presentation and informal discussions at local, state, national and international conferences.
10. In collaboration with the Northern Health Professional Development Officer, investigate opportunities for joint nursing research proposals between Northern Health and key academic organisations.
11. Facilitate the implementation of multidisciplinary research projects within the Northern Health sub acute services and key academic organisations.
Table of Expected Evolution: Registered Nurse to Nurse Practitioner

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Evolving nursing scope of practice

Diagram 1.1 Evolution of Scope of Practice: July 2009
Dr Julie Considine RN, PhD Senior Research Fellow,
Deakin University-Northern Health Clinical Partnership.

Five Year Service Plan

During a five-year timeframe, the candidate will be expected to evolve from an experienced nurse into an expert practitioner. The extended scope of practice, in theory, should develop as specified below and will encompass Nurse Practitioner Candidate role establishment and Nurse Practitioner Endorsement, developing the Nurse Practitioner Clinical Competencies, skills and support requirements. The role will be reviewed regularly and adjusted based on initial and ongoing experiences and key evaluation findings.
The Palliative Care Nurse Practitioner model of care at Northern Health will be a broad model. Potential opportunities for development of a Palliative Care Nurse Practitioner include, greater continuity of care across the continuum, which embraces a patient’s chronic disease journey. Specific service delivery would be in multiple settings across Northern Health. These settings would include two Outpatient Clinics; 1) The Northern Hospital and, 2) Craigieburn Outpatients Clinic, Consult Service at The Northern Hospital Epping, Inpatient Palliative Care at Broadmeadows Health Service, In reach service to Bundoora Extended Care and Outreach service to community patients in a variety of settings including home and residential aged care.

The Palliative Care Nurse Practitioner role recognises the need to improve the equity of access of specialist palliative care services for patients with a life limiting illness. At Northern Health it is anticipated we would be consolidating and building on current links between palliative care services – hospital, community, general medical and allied health providers.

The Palliative Care Nurse Practitioner model of care includes collaboration across disciplines, comprehensive holistic assessments for patients, making referrals to other health care providers, ordering of pathology and diagnostic investigations, prescribing with limited formulary, clinical excellence, leadership, professional development and triaging of patients to optimise appropriate resources.

The Palliative Care Nurse Practitioner functions independently and collaboratively with the support and supervision of a Palliative Care Physician and the Palliative Care Nurse Practitioner Governance Committee - and adheres to written policy and clinical practice guidelines. It is a multi faceted role with strong links to all members of the interdisciplinary team.

Please see for a representation of the model outlined below:

**Diagram 1.3 MODEL OF CARE – PALLIATIVE CARE NURSE PRACTITIONER (PCNP)**

Northern Health - 2009

**ACUTE AND SUBACUTE PALLIATIVE CARE PATIENTS**

- Professional Input; including attendance at relevant case conferences
- Comprehensive and holistic assessments
- Establishment of care plans Nursing interventions and management
- Advanced Care Planning where appropriate
- Comprehensive and holistic discharge planning

**PALLIATIVE CARE OUTPATIENT CLINICS – (CHS & TNH)**

**ASSESSMENT**
1. Comprehensive and Holistic Assessment
2. Symptoms / Disease Progress
3. Review / order diagnostic tests (if any)
4. Care planning
5. Need for further referrals

**REFERRALS**
1. Assess discharge plan
2. Risk Screening
3. Care Planning
4. Admission referral
5. Diagnostic tests

*NB: Communication with community care providers – such as GP’s, other specialists and community palliative care providers is pivotal in both assessing and referring palliative care patients presenting to the outpatient clinics.*

**HOME AND RESIDENTIAL CARE PATIENTS**

- Provision of a fast track review
- Interface with community care providers (GP, other specialists)
- Avoid unnecessary emergency presentations or acute admissions
- Early identification and referral to appropriate services
- When indicated, effective admission into the acute or subacute arena.
The Palliative Care Nurse Practitioner will triage and manage all referrals according to the Palliative Care Nurse Practitioner – Referral Pathway (Diagram 1.2).

*denotes: renal, respiratory, cardiac, aged care, neuro, oncology, immunology, mental health, medical, surgical and emergency clinicians.
**Personal Learning Plan**

Once appointed to the candidate’s position, it is expected that the incumbent will create a professional learning plan – including objectives, competencies and expectations. This will be composed in conjunction with the candidate’s direct manager and the Governance Committee.

The curriculum will be dictated by (but not limited to) the university the candidate is enrolled in. Regular contact and participation in the Centre for Palliative Care Education and Research is mandatory. The formulation, discussion and management of case studies are imperative for the candidate’s study and can be used for evidence for eventual endorsement with The Nurses Board of Victoria.

An example of the information and structure of the candidate’s learning plan is stated below. Northern Health bases this on the aim to equip the candidates to extend their expertise in palliative care through the development of skills, knowledge and clinical reasoning required for eventual endorsement by the Nurses Board of Victoria.

1. Formulation and ongoing development of the learning plan exists in consultation and with the support and guidance of the Governance Committee.
2. Opportunity to include variable learning objectives and requirements providing an avenue for reflective learning and the transitional passage of moving from Registered Nurse to Nurse Practitioner.
3. Recognition of the candidate’s prior learning and professional experience.
4. A self-assessment by the candidate and their direct manager regarding their current areas of professional strengths and weaknesses (hence an opportunity to identify deficits in clinical performance and use them effectively in the learning plan).
5. Evidence of learning – including, case studies, diagnostic tests and the interpretation of results, exposure and experience with relevant others, including, but not limited to, pharmacist, radiologist and social worker.
7. Documented evidence of participation in research and quality improvement.
Supervision will be multi-faceted. The main supervision will be provided by, but not limited to, Palliative Care Physician. The committee will be nurse driven, including the Aged Care Nurse Practitioner, Emergency Nurse Practitioner, Community Palliative Care Nurse Practitioner, Chief Nursing Officer and the Director of Nursing at Broadmeadows Health. It may also include, Radiologist, Pathologist, Psychiatrist, and Pharmacist, other Nurse Practitioners and Nursing Research Professionals. The candidate will have access to the Centre for Palliative Care Education and Research and also other Nurse Practitioners employed by Northern Health. The candidate will report directly to the Manager of the Integrated Palliative Care Service at Northern Health.

A governance committee, which will include members of the organisation from a range of settings, will be instrumental in the development, implementation and evaluation of the project. The members of this committee are listed below;

<table>
<thead>
<tr>
<th>Governance Committee Member</th>
<th>Organisational Role</th>
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<tbody>
<tr>
<td>Marie Mohr</td>
<td>DON and Director Inpatient Services BHS, Manager Integrated Palliative Care – NH.</td>
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<tr>
<td>Robynne Cooke</td>
<td>Chief Nursing Officer, Executive Director of Medicine, Emergency and Continuing Care, NH.</td>
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<tr>
<td>Peter Stuchbery</td>
<td>Chief Pharmacist, NH.</td>
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<tr>
<td>Dr. Charmaine Foo</td>
<td>Palliative Care Physician, NH.</td>
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<tr>
<td>Deborah Shaw</td>
<td>Palliative Care Social Worker, NH.</td>
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<tr>
<td>Vanessa McColl</td>
<td>NUM Inpatient Palliative Care</td>
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<tr>
<td>Dr. Julie Considine</td>
<td>Registered Nurse, PhD Senior Research Fellow, Deakin University-Northern Health Clinical Partnership</td>
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<tr>
<td>Community GP (tbc)</td>
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<tr>
<td>Community Palliative Care (tbc)</td>
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<tr>
<td>Cheryl Donohue</td>
<td>Aged Care Nurse Practitioner, NH.</td>
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<tr>
<td>Roslyn Martin</td>
<td>Emergency Nurse Practitioner, NH</td>
</tr>
<tr>
<td>NH Nurse Practitioner Candidate (Palliative Care)</td>
<td>To be confirmed</td>
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Conduct of Governance Committee Meetings

1. The Director of Nursing and Manager of Integrated Palliative Care at NH will be the chair of the governance committee.
2. Quorum: the quorum will be fifty percent of listed members, plus one. Where a quorum is not reached, a meeting may still proceed, but decisions made must be ratified at the next meeting.
3. Voting: all members will have an equal vote. The chairperson may cast the deciding vote.
4. Meetings are to be held every second month.
5. Meetings will be held at Broadmeadows Health Service – with exception of two meetings per year to be held at The Northern Hospital, Epping.
6. 80% attendance is required by all members with proxy being available to committee members who are unable to attend.
7. A candidacy report is required at three months and six months for review by the PCNP Governance Committee to assess responsiveness of the candidacy program and to:
   i) to identify opportunities for further learning
   ii) to identify and address barriers to an effective candidacy model
   iii) review the integration of model into current service provision.