

Department of Health

health

Nurse Endorsement
Policy Framework
2012

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Glossary

Collaborative practice model (CPM)	A model of practice and service in which the health professionals continuously negotiate their roles based on their respective skills and availability.
Health management protocol (HMP)	Sets out the conditions and restrictions applying to the use and supply of medicines. The HMPs relevant to the Schedule Medicines (Rural and Isolated Practice) Endorsement are in the Queensland Health <i>Primary clinical care manual (PCCM)</i> .
Health services permit	Issued by the Department of Health and enables a health service to purchase or otherwise obtain medicines listed in the schedules of the Standard for the Uniform Scheduling of Medicines and Poisons for the provision of health services.
Medicines	Refers to licit drugs used for therapeutic purposes that may or may not be included in the national Standard for the Uniform Scheduling of Medicines and Poisons.
Nurse-initiated drug policy (NIP)	Refers to the hospital policy that authorises and guides RNs to administer Schedule 2 and 3 medicines.
Poisons control plan	Required under the conditions of a health services permit, and details how the health service intends to comply with the <i>Drugs, Poisons and Controlled Substances Act</i> and Regulations.
Queensland Health Primary clinical care manual (PCCM)	<p>Developed, reviewed and published by Queensland Health, the PCCM contains clinical guidelines that cover a wide range of patient presentations from the primary care type to highly urgent, emergency care type patients. The PCCM is relevant to all health practitioners practicing in rural and isolated areas.</p> <p>There is a subset of clinical guidelines that contains instructions on administering and supplying medicines – these are called health management protocols (HMP).</p>
Registered nurse (RN)	A health professional registered under the public national register of nurses (division 1).
Scheduled Medicines (Rural and Isolated Practice) Endorsement	An endorsement granted by the Nursing and Midwifery Board of Australia that authorises registered nurses to use or supply medicines for nursing practice in a rural and isolated practice area.
Standing order	Provides the authority for medicine administration by a specially trained nurse when a medical practitioner is not contactable, as determined by the hospital Drug and Therapeutics Committee and applies to those hospitals that have the standing orders condition on their <i>Health services permit</i> .
Supply of a medicine	To provide a medicine to a patient for their later use or administration.
Use of a medicine	Also referred to as administration, this means to personally apply or introduce a medication, or personally observe its application or introduction, to the patient's body.

Introduction

The Scheduled Medicines (Rural and Isolated Practice) Endorsement authorises registered nurses to use or supply medicines for nursing practice in a rural or otherwise isolated practice area.¹ The aim of introducing this new nursing endorsement function is primarily to improve patient access to timely, safe and appropriate care. Advancing nursing practice is considered an important strategy for positioning health services to respond to the growing demands of an ageing population and diminishing health workforce. Advancing nursing practice ensures that nurses are enabled to achieve and extend their clinical potential, that doctors have a better work/life balance, and that communities receive a consistent level of safe and quality emergency care as close to where they live as possible.

In Victoria, drugs and poisons legislation enables nurses with this endorsement who are employed in designated rural health services to administer and/or supply a limited range of medicines in particular clinical circumstances and in specific settings.²

The Scheduled Medicines (Rural and Isolated Practice) Endorsement is one of a range of additional skills, functions, credentials and endorsements available to help registered nurses (RN) and midwives in rural health settings contribute to a more comprehensive suite of emergency and primary care services provided from rural health services. Registered nurses with the Scheduled Medicines (Rural and Isolated Practice) Endorsement are subsequently referred to in this document as 'endorsed nurses'.

The endorsed nurse role should complement and supplement the existing clinical team's capacity to provide emergency and primary healthcare to people who make unplanned visits to the emergency or urgent care areas of rural hospitals – this is best achieved by embedding the function into a collaborative practice model (CPM).

Purpose

The Scheduled Medicines (Rural and Isolated Practice) Endorsement function brings with it specific legislative and clinical governance responsibilities for the health services that utilise the services of endorsed nurses, and for the nurses themselves. This policy framework specifies what is minimally required of health services and nurses who adopt the endorsed nurse function.

A separate 'toolkit' accompanies this policy framework and provides practical steps and tools for health services to aid implementation of the CPM with endorsed nurses.

Overview of the policy framework

In relation to the endorsement, this document:

- describes the Victorian practice context and where endorsed nurses fit in this context
- describes the CPM and how to embed the endorsed nurse function in a collaborative way
- provides an overview of the relevant legislation and the responsibilities health services and endorsed nurses have
- provides an overview of the clinical governance elements required to support the safe and high-quality function of endorsed nurses
- identifies key support service and financial considerations of introducing the model
- specifies the minimum requirements for monitoring and evaluating the endorsed nurse function.

¹ This endorsement is the responsibility of the Nursing and Midwifery Board of Australia. See <<http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>>.

² The *Drugs, Poisons and Controlled Substances Act 1981* and *Regulations 2006* are accessible at <www.legislation.vic.gov.au>.

The practice context and the endorsed nurse function

The endorsed nurse CPM allows health services to better manage people who arrive for unscheduled treatment at the rural health service's emergency or urgent care area (unplanned patients).

In Victoria, most local rural health services, and small campuses of sub-regional and regional health services, rely entirely on community general practitioners (GP) to provide medical services to unplanned patients using an on-call arrangement (visiting medical officers – VMOs). In these health services, the doctor is usually not on site when the patients arrive. The RN on duty performs triage and assesses the patient's condition to determine whether a doctor is required. The decision to call the doctor to attend the patient is based on the health service's policy, which is generally developed in collaboration with the local GP(s) and is based on clinical need.

Unplanned patients generally fall into two groups.

Group one patients have life-threatening conditions such as major trauma or chest pain. These patients require the available doctor(s) and other clinicians to assess, stabilise, admit or transfer them to the appropriate level of health service for definitive treatment. The RNs, including those with the endorsement, are required to have advanced life support training so they can provide care, including administering certain emergency medicines (in accordance with the hospital's standing orders),³ either as part of the emergency team or while waiting for the doctor and/or ambulance service to arrive.

Group two patients have primary care type and non-life-threatening conditions, where once-off treatment is likely to be sufficient to enable them to return home. Typical conditions include uncomplicated infections (ear infections and urinary tract infections), simple lacerations and soft tissue injuries. Patients with more complex conditions requiring appropriate intervention to prevent deterioration may also fall into this category. Examples could include people with mild anaphylaxis, fractures and gastroenteritis.

These patients may be managed by either:

- the doctor on staff or VMO immediately if they are available, or at the local GP clinic if referred by the assessing RN, or
- the RN (with or without endorsement) within their clinical capacity if the doctor is not available, or is not required to be contacted (by prior arrangement and as detailed in their policy), or the RN refers the patient to their local GP. In the event that some medicines are indicated and the doctor is not available to provide a verbal order over the phone, and there is an agreed policy, the RN without the endorsement may only administer medicines in accordance with the hospital's standing orders or nurse-initiated drug policy (NIP).⁴

From 26 April 2012 RNs with an endorsement at approved sites may use and supply certain medicines, in specific clinical circumstances.

To reduce duplication of effort and variation in practice and to promote evidence-based practice, it has been determined that the *Health management protocols* (HMP) in the Queensland Health *Primary clinical care manual* (PCCM)⁵ will be the clinical standard for the use and supply of medicines by endorsed nurses.

³ A standing order provides the authority for medicine use (administration) by a trained RN, as determined by the hospital's drug and therapeutics committee under the standing orders condition on the health services permit.

⁴ A nurse-initiated drug policy is the hospital policy that authorises and guides RNs to administer Schedule 2 and 3 medicines.

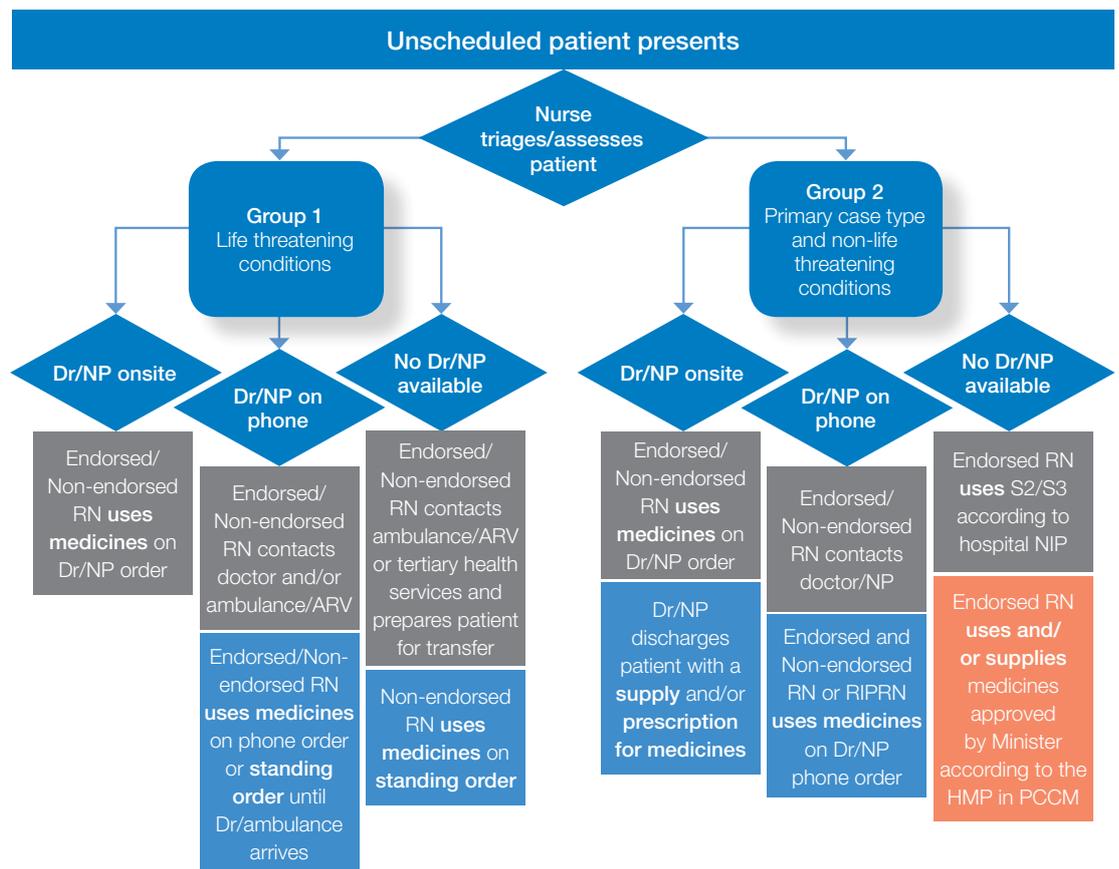
⁵ The PCCM is accessible at <www.health.qld.gov.au/pccm>.

Where the hospital has the standing order condition on their *Health services permit*, any nurse, including an endorsed nurse, who has been specially trained in the use of medicines under the hospital's standing order process, may administer those medicines.

In the case of medicines and patient conditions approved by the Minister for Health for use or supply by nurses with the Scheduled Medicines (Rural and Isolated Practice) Endorsement, the endorsed nurse must follow the relevant HMP.

The initial approval for endorsed nurses by the Minister is limited to a subset of HMPs in the PCCM that reflect the conditions that are both clinically appropriate and address the primary aim of improving access for people with non-urgent conditions in rural communities. Figure 1 demonstrates how this new capability complements the existing care arrangements.

Figure 1: Patient pathway and the endorsed nurse function



Source: DPAR Consulting

Embedding the endorsed nurse function into the collaborative practice model

In Victoria, it has been determined that the Scheduled Medicines (Rural and Isolated Practice) endorsed function works best within a CPM.⁶ The CPM requires that the endorsed nurse complements and supplements the existing clinical team's capacity to provide care to patients who make unplanned visits to rural health services and who require once-off treatment.

The Victorian rural CPM has the following features:

1. A participative approach to developing the model of care and service delivery that includes staff and the community, and ensures access to a consistent level of primary and emergency clinical care.
2. A collaborative team approach to care delivery where the health professionals (doctors, nurses, allied health, pharmacists and paramedics) all:
 - demonstrate mutual respect and acknowledgement of each profession's role, scope of practice and unique contribution to health outcomes
 - negotiate their roles based on their skills and availability
 - have clearly defined levels of accountability
 - accept that joint decision making is an integral component of collaborative practice
 - offer an informed choice to consumers as to who provides care.
3. A clinical and corporate governance framework and organisational policies and procedures that:
 - encourage collaboration between clinicians
 - ensure clinical practice reflects current evidence of best practice, and is subject to ongoing review and development
 - supports continuous process and practice improvement.

Early consultation and planning with all key local stakeholders (in particular, GPs, pharmacists and affected health service staff) is an essential part of the planning and implementation phase. Health services need to ensure they comply with the organisational change provisions contained in existing industrial agreements, such as the Nurses (*Victorian public health sector multiple business agreement 2007–2011*), when implementing this initiative.

Table 1 shows the minimum requirements for embedding the endorsed nurse function into a CPM.

⁶ The CPM was piloted at five rural health services (including one bush nursing centre) across Victoria during 2007–08.

Table 1: Minimum requirements for embedding the endorsed nurse function into a CPM

Minimum requirements	Who is directly responsible?	
	Approved health service management	Endorsed nurse
A planning and implementation team is established that has representatives from the key stakeholder groups (including local medical practitioners, nurse practitioners, pharmacists, community members and other relevant community service providers) affected by the new function.	X	
A systematic review of the current demand and access to services is undertaken using a patient-centred approach and driven by patient safety.	X	
A change management plan that specifies the: <ul style="list-style-type: none"> • outcomes expected from the endorsed nurse function • strategies and actions to be taken to embed it – by whom and when • process of reviewing and refining the change management plan. 	X	
A stakeholder communication and engagement strategy will be developed to ensure stakeholders are appropriately informed and engaged in the process of adopting the endorsed nurse function (including the community and community service providers likely to be affected by the function).	X	
The community is informed about the endorsed nurse and their function, what clinical roles these nurses have and when they are available, what other health practitioners are available and when, and what their clinical roles are.	X	
Patients are provided with sufficient information about the available services, and health professionals are provided with sufficient information to make an informed choice as to which service provider/professional attends them.	X	X
The nurses' endorsement is clearly identifiable to people attending the health services (name tags include the endorsement).	X	X

Ensuring the endorsed nurse function complies with the law

The legislation relevant to the nurse endorsement is the:

The *Drugs, Poisons and Controlled Substances Act (1981)* and its Regulations.

The Drugs Poisons and Controlled Substances Act (DPCS Act) s. 13(1)(bb) authorises any registered nurse whose registration is endorsed under s. 94 of the Health Practitioner Regulation National Law to obtain and have in his or her possession and to use, sell or supply any Schedule 2, 3, 4 or 8 poison. These 'poisons' must be approved by the Minister in relation to the relevant category of nurse and in the legal practice of the profession as a registered nurse.

In relation to the endorsed nurses authorised under s. 13(1)(bb), the Minister for Health is able to approve under s. 14A of the DPCS Act:

- a list of medicines that the nurse whose registration has been endorsed by the Nursing and Midwifery Board of Australia (NMBA) may use, sell or supply
- the specific clinical circumstances in which a nurse or class of nurse may possess, administer and supply those medicines (see <http://www.health.vic.gov.au/ruralhealth/aservices/collaborative-prac.htm>)
- the health services or class of health services in which the medicines can be possessed, administered and supplied (see <http://www.health.vic.gov.au/ruralhealth/aservices/collaborative-prac.htm>).

The DPCS Act and the Drugs, Poisons and Controlled Substances Regulations 2006 also specify the responsibilities of health professionals, including endorsed nurses and health services, in using, supplying, packaging, labelling and storing drugs that are of specific relevance to endorsed nurses.

The Health Practitioner Regulation National Law

The Health Practitioners Regulation National Law gives the NMBA the power to grant endorsements. From July 2010 the NMBA has provided a Scheduled Medicines (Rural and Isolated Practice) Endorsement for registered nurses who have completed a program of study approved by the NMBA.

In accordance with the Act, the NMBA specifies the nurse's responsibilities regarding maintaining his or her clinical competence and current registration and endorsements.⁷

Table 2 lists the minimum requirements for health services and registered nurses interested in adopting the endorsement.

⁷ See <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>.

Table 2: Minimum requirements for health services and registered nurses interested in adopting the endorsement

Minimum requirements	Who is directly responsible?	
	Approved health service management	Endorsed nurse
Ensure that the health service has been approved by the Minister for Health as one in which medicines can be supplied by endorsed nurses by referring to http://www.health.vic.gov.au/ruralhealth/aservices/collaborative-prac.htm .	X	X
Ensure the RN has a current endorsement under s. 94 of the Health Practitioner Regulation National Law for Scheduled Medicines (Rural and Isolated Practice).	X	X
Ensure the health service's poisons and control plan reflects the new endorsed nurse function.	X	
Develop and follow a policy that identifies which (if not all) HMPs are relevant to the endorsed nurse scope of practice in relation to using and supplying medicines approved by the Minister for Health for endorsed nurses.	X	X
Make readily available in the emergency/urgent care area(s) the current controlled version of the PCCM to support the endorsed nurses' practice.	X	
Ensure that if the endorsed nurse is unable to contact a doctor or nurse practitioner, the nurse uses and supplies only those medicines approved by the Minister for Health and in accordance with the relevant HMP in the PCCM (most current edition).	X	X
Ensure endorsed nurses maintain their competency and evidence of such sufficient to meet the annual declaration of competency/recency relevant to their clinical scope of practice.	X	X
Endorsed nurses are aware of and comply with the mandatory reporting requirements described in s. 140 of the Health Practitioner Regulation National Law in relation to the endorsement function (refer to http://www.ahpra.gov.au/Search.aspx?q=health%20practitioner%20regulation%20law).		X

Clinical governance for high-quality and safe endorsed nursing practice

Clinical governance is, at its core, about being accountable for providing timely, appropriate and safe care to patients and is fundamental to continuous improvement in patient safety. Public health services and public hospitals must comply with the *Victorian clinical governance policy framework*.⁸

Accordingly, the approach taken to adopting and managing the endorsement function must be underpinned by the principles articulated in the clinical governance framework. Table 3 shows the clinical governance elements that must be established as a minimum of relevance to the endorsed nurse function.

Table 3: Minimum clinical governance elements to establish the endorsed nurse function

Minimum requirements	Who is directly responsible?	
	Approved health service management	Endorsed nurse
Establish or access a multidisciplinary drugs and therapeutics committee to advise on the scope of the endorsed nurses' medicine supply function, and the policy and procedures to support this function.	X	
Review the local clinical governance structure to ensure the endorsed nurses' function is adequately accounted for.	X	
Establish and follow policy and associated procedures that clearly articulate how the endorsed nurses' role operates in the health service including: <ul style="list-style-type: none"> – a complete list of the current medicines approved by the Minister – which HMPs apply in the health service for the endorsed nurses to use and supply the medicines approved by the Minister – when the endorsed nurse must call a doctor or nurse practitioner and/or ambulance. 	X	X
Ensure the health service's human resource management processes/policies support the appropriate extension of the endorsed nurses' function and maintenance of safe practice (such as: training and development; recruitment and selection; position descriptions that clearly articulate the expectations and standards of endorsed nurse performance; performance appraisal and credentialling; and maintenance of ongoing competence).	X	
Retain current evidence of the nurses' endorsement and continued competency to practise within this function.	X	X
Establish and follow policies and processes to ensure the endorsed nurses' practice reflects the quality use of medicines and the Australian Pharmaceutical Advisory Council's guidelines for the continuum of quality use of medicines between hospitals and the community.	X	X
Establish and follow policies and processes to ensure the endorsed nurses' practice reflect the health management protocols contained in the PCCM.	X	X

⁸ The Victorian clinical governance policy framework can be accessed at <http://www.health.vic.gov.au/clinrisk/publications/clinical_gov_policy.htm>.

Minimum requirements	Who is directly responsible?	
	Approved health service management	Endorsed nurse
<p>Gather evidence that the use and supply of medicines by the endorsed nurse is in accordance with the relevant HMPs contained in the PCCM.</p> <p>For example, the name of the endorsed nurse and HMP should be clearly recorded in the patient record, on the emergency register and on the central medication register.</p>	X	X
Establish and follow a process for reviewing practice that varies from the HMPs adopted by health services for the use and supply of medicines.	X	X
Participate in the Queensland Health processes to review the contents of the PCCM to ensure Victorian practice and context is reflected in future editions.	X	X
Establish and follow an interdisciplinary improvement approach to routine clinical audit/review of patient records when an endorsed nurse has administered or supplied medicines.	X	X
Clinical risk management policy and procedures are reviewed in terms of the potential risks associated with the endorsed nurses' function.	X	X
Clinical incidents relating to the endorse nurses' function are clearly identified as such and reported in accordance with the requirements of the Victorian Health Incident Management System (VHIMS).	X	
Ensure the complaints and compliments relating to the endorsed nurses' function are recorded, and establish a system for managing any complaint or concerns about the endorsed nurses' function.	X	X
Collect data to monitor the outcomes of the endorsed nurse function in terms of: patient satisfaction and clinical outcomes; its impact on other clinicians in the team (including GP/VMO and pharmacists); its impact on service availability; and accessibility, clinical incidents, and medicines used and supplied.	X	X
Report annually, as a part of their quality of care report, on clinical outcomes relating to the endorsed nurse function.	X	

Support service and financial considerations for the endorsed nurse function

The effective extension of the clinical teams' capacity to include the endorse nurse function may have the following service and financial implications.

- Endorsement will enable nurses to supply a range of medicines, including a full course of certain antibiotics. This means that the endorsed nurse may need to order pathology tests and access the results.
- It is possible that the endorsed nurses' authority to supply medicines may encourage members of the community to attend the hospital for treatment and medicines instead of their local GP and pharmacist if there is a significant price differential. One strategy that health services can consider in managing this potential risk is to charge a co-payment for the medicines supplied by the endorsed nurse. This strategy needs to take account of the requirements of the Pharmaceuticals Benefits Scheme (PBS), as well as health services' obligations under the Australian healthcare agreement.

Table 4 shows the minimum requirements for managing the service and financial implications of the endorsed nurse function.

Table 4: Minimum requirements for managing the service and financial implications of the endorsed nurse function

Minimum requirements	Who is directly responsible?	
	Approved health service management	Endorsed nurse
Monitor the costs relating to the endorsed nurse function to measure the impact on the operating budget.	X	
Ensure no charge is levied for the care provided by endorsed nurses.	X	X
If a co-payment charge policy is adopted for medicines supplied, it must align with both the requirements of the PBS and the requirements of the <i>Australian healthcare agreement</i> . The policy needs to be clearly understood by clinicians, and promoted in the community.	X	X
The service agreement, policy and procedures relating to the provision of pathology services are reviewed/renegotiated to support safe and efficient pathology ordering and access to results initiated by endorsed nurses.	X	
Ensure endorsed nurses apply the principles of safe and efficient pathology ordering.	X	X

Monitoring and evaluation

The endorsed nurse function has been safely and effectively operating in Queensland for more than 10 years now. However, it is a new function in the Victorian rural health setting and needs to be carefully monitored and evaluated.

The Department of Health will develop an evaluation strategy that will enable the endorsed nurse function to be evaluated within the next two years. To assist, health services are required to provide input into the development of the evaluation strategy, and also gather and provide the data needed to evaluate the function. As a minimum, this means meeting the requirements listed in Table 5.

Table 5: Data requirements needed to evaluate the endorsed nurse function

Minimum requirements	Who should lead and be involved?	
	Approved health service management	Endorsed nurse
Provide input into the development and administration of the <i>Victorian endorsed nurse evaluation strategy</i> .	X	
Develop and implement a local evaluation strategy that clearly articulates the outcomes expected of the endorsed nurse function (as reflected in the change management plan), the performance indicators and data required to monitor and evaluate the model.	X	
Routinely gather, collate and report on the data needed to monitor the impact of the endorsed nurse function.	X	X
Ensure there are opportunities to regularly review the performance indicators, and improve the model of care, and how the endorsed nurse function contributes to this.	X	X

