# *Implementing the role of Nurse Practitioner*

*Service analysis and planning tool*

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# Introduction

The role of the nurse practitioner (NP) is known to make an important contribution to the delivery of care in Australia, with NSW Health showcasing some of the most innovative NP models in the country.

Care provided by nurse practitioners is safe, effective and of high quality, aiming to improve access to care for patients, particularly those underserved or with limited access to services.

The NP model of care demonstrates enormous capacity to respond to the demand for health service provision. Flexibility and innovation are key features that allow these models to respond to not only the needs of target populations but also to the ever increasing pressure on the health system through initiatives such as hospital avoidance.

Nurse practitioner models have great potential to reduce fragmentation in the delivery of health care with the ability to undertake and complete entire episodes of care. The role is balanced between four themes – direct clinical care utilising advanced assessment and diagnostic capability, leadership, education and practice and quality improvement.

However, the role continues to encounter significant ongoing challenges to widespread, successful and sustainable implementation. Perhaps the most significant challenge facing the role today, is the lack of clear and coordinated strategic direction shared by government, education providers and the profession which would identify priorities for preparing, enabling and supporting the role to reach its full potential. Another significant challenge remains the limited understanding and support of the role across health systems, noticeable not only within other professions but often within the nursing profession itself.[[1]](#footnote-1)

The need to meet the changing expectations of health consumers together with ever increasing demands of health service delivery necessitates fundamental change in the way health services are designed and delivered. The use of existing resources must be maximised and innovative. The implementation of the nurse practitioner role presents enormous opportunity; however, true integration of the role requires a strategic approach to the preparation of the workforce (including succession planning), the system and toward implementation to ensure service and workforce planning priorities and expectations of the role align. Roles implemented outside organisational strategy or developed only to satisfy individual career progression are often not woven into the organisational frameworks, resulting in isolation and poor likelihood of sustainability. There is growing recognition that successful introduction of this type of role also requires careful planning and attention to the provision of organisational support.[[2]](#footnote-2)

## Purpose of the toolkit

This document has been based on the NHS Education for Scotland 2010 Advanced Nursing Practice Service Needs Analysis Tool designed as part of the Scottish Government’s effort to develop a systematic approach to advanced nursing practice, to support consistency and effectiveness in planning roles with the view to increasing sustainability.[[3]](#footnote-3) The tool was developed to incorporate a number of existing frameworks (see below) for the planning and implementation of new nursing roles to present a more comprehensive and fully integrated process. An electronic version of the adapted toolkit will be available on the NSW Nursing and Midwifery website under the nurse practitioner resources tab.

This toolkit has been adapted as a resource to support Local Health Districts (LHD) across NSW wanting to explore the possibility of implementing nurse practitioner models of care. Need for such as resource has been identified by the recent nurse practitioner mapping and evaluation project undertaken by the Centre for Health Service Development *Nurse Practitioners in NSW, ‘Gaining Momentum’* as part of a ‘help it happen approach’. While the toolkit has been adapted to support the planning, development and implementation of nurse practitioner roles, the principles lend themselves well to other nursing and advanced practice roles - as was the intent of the original document. The document will guide those planning and implementing health services through the health planning process and aims to encourage an organisational approach to development of models that are integrated, service based and designed to meet the needs of target populations rather than an individual approach.

## Background

It has been almost 15 years since the Nurse Practitioner (NP) role was formally implemented in Australia. Similar to the international experience, early stages of implementation were driven by government initiatives. [[4]](#footnote-4),[[5]](#footnote-5),[[6]](#footnote-6),[[7]](#footnote-7) to improve access to care, at both the state and federal level ensuring a ‘make it happen’ approach.[[8]](#footnote-8) These efforts were initiated in NSW South Wales (NSW) in 1990 when early implementation committees were convened to explore the possibility of introducing new models of care to increase access to high quality health care for target populations.[[9]](#footnote-9) These discussions led to pilot implementation projects which commenced in 1995. Outcomes from these projects, were positive, replicating findings from around the world, highlighting the potential of the NP role in balancing the inequitable access to health care services and in addressing gaps in existing health services throughout Australia, both rural and remote and metropolitan regions.[[10]](#footnote-10),[[11]](#footnote-11). The first NP positions were formally implemented in 2001 in NSW.

Today, there are more than 200 NP positions functioning within NSW Health.[[12]](#footnote-12) Roles have been implemented in almost 40 different specialty areas across more than 75 NSW Health facilities.[[13]](#footnote-13) While this is a remarkable achievement in a relatively short period of time, these figures would also suggest it is unlikely that there is a critical mass in any given specialty, facility or service. On closer examination, it seems that a ‘patchwork’ of positions has developed in the absence of any coherent strategy since the early implementation phase.[[14]](#footnote-14)

In 2013, NaMO partnered with the Centre for Health Service Development, University of Wollongong, to undertake an extensive evaluation project. The aim of the project ‘Nurse practitioners in NSW, Gaining Momentum’ was to document and examine existing nurse practitioner models of care across NSW. The scope of the project included all NP positions in the public health system, including both transitional and endorsed positions. The project commenced in August 2013 and concluded in December 2014.

Key Messages “Gaining Momentum – final report”

‘There is good evidence to support the use of nurse practitioners. What is missing is high-quality Australian research which can inform decisions about the optimal use of nurse practitioners – what ‘type’ of nurse practitioner, for what ‘needs’, in what circumstances’.

‘The early stages of implementing nurse practitioners in NSW (and Australia) were driven by governments, both state and federal, taking a ‘make it happen’ approach. Since 2001, when the first nurse practitioners started practicing, implementation has largely taken a ‘let it happen’ approach driven by individuals – nurses who want to become nurse practitioners and individual managers who would like to have a nurse practitioner in their service’.

‘Gaps in published Australian studies of nurse practitioners include a lack of investigation of nurse practitioners in rural and remote locations, no economic evaluations and a notable absence of theory. The last of these may seem somewhat abstract, but theory helps to explain ‘why’ and ‘how’. For example, what are the key ingredients that make nurse practitioners ‘work’ and how do those ingredients exert an effect?’

‘There is a need for more of a ‘help it happen’ approach, operating at various levels of the health system e.g. strategic planning to provide the framework for future positions, practical support for nurse practitioners to address ongoing barriers, and greater sharing of ‘lessons learnt’ across the system’.

‘The need for nurse practitioners is poorly articulated and poorly understood. Being a nurse practitioner seems to be about identifying a ‘niche’ to operate in. The almost total absence of formal evaluation of existing positions results in a situation where it is not clear which of these ‘niches’ is filling a real need, improving efficiency or improving effectiveness’.

## Purpose of the Service Needs Analysis Tool

Advanced Practice articulates a specific ‘level of practice‘,the basis of which is the high degree of knowledge, skill and experience applied in the nurse-patient relationship in order to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making. Practice is demonstrated across four key themes;

* Advanced Clinical/Professional Practice
* Education
* Leadership
* Research

These themes are underpinned by *autonomous practice, critical thinking, high level and responsive decision making and problem solving, patient centered care* and *practice improvement.* In addition, the skills and knowledge base required by individual advanced practitioners will be influenced by the context in which they practice.

It is important to ensure that nurse practitioner roles are planned and implemented effectively and that a consistent approach is taken to the introduction of roles across NSW Health. The use of a standard Service Needs Analysis Tool in conjunction with NSW Health guidance on implementing nurse practitioner roles (*Nurse Practitioners in NSW Policy Directive and Implementation Guideline NSW Health 2012*) and existing workforce planning tools will facilitate this.

A key finding of an evaluation of the implementation of advanced practice roles in Greater Manchester was the clear need for ‘a strong, planned and clearly-stated service case for, and commitment to, the advanced practice role from employer organisations’. The purpose of this Service Needs Analysis Tool is to support health services to plan, support and evaluate the implementation of nurse practitioner roles in a systematic way and enable services to prepare strong, evidence based business cases for any new nurse practitioner roles.

## Guide to Completion of Advanced Nursing Practice Service Needs Analysis Tool

The structure of the Service Needs Analysis Tool has been designed to guide services in assessing the need for changing the way in which services are delivered, whether implementation of a nurse practitioner role is the right fit and if so, planning how that role can be successfully introduced. It can be used by LHDs to strategically plan future workforce solutions or, at a more local level, to plan staffing for a single unit or specific field of clinical practice. The toolkit can be used alone or in conjunction with other workforce planning tools for example The Six Steps Methodology to Integrated Workforce Planning ([www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/RSS-six-steps-methodology.aspx](http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/RSS-six-steps-methodology.aspx))

Initially, the amount of data to be collected may seem somewhat overwhelming. However, failure to address any one of the included elements may lead to ineffective implementation, as the various elements are interdependent. The successful introduction of a nurse practitioner role requires careful exploration of the questions raised in all five of the main themes, that is, patient/client needs; service needs; nurse practitioner role; infrastructure; and evaluation. If, however, any question is thought to be irrelevant then the reason for this should be noted before moving on to the next question.

It is anticipated that a collaborative, team approach will be taken to completion of the tool. In order to ensure a comprehensive assessment, with patient health needs as the focus, a range of perspectives need to be considered. Members of the team should include:

* service users
* nursing staff
* multidisciplinary team members
* workforce planners
* service managers
* human resource personnel
* staff representatives.

Careful selection of an appropriate team will allow the workload required in completion of the tool to be undertaken by relevant individuals and, through a sharing of responsibilities, will make the data collection remit more manageable.

The following process is suggested as a guideline for using the tool:

* Appoint a lead person to take overall responsibility for completion of the Service Needs Analysis Tool
* Appoint an appropriate project team to contribute
* Devise an action plan outlining actions to be taken and realistic deadlines
* Share and allocate workload according to experience and expertise of the team
* Decide on target date for meeting to integrate and collate findings
* Agree target date for completion and production of findings

Once completed, the information collated can be used as the evidence base for the construction of a sound plan, justifying the introduction of the nurse practitioner role/model of care. The information will also form the basis for developing relevant job descriptions and a coherent document describing the model of care which is crucial in informing the system and supporting and integrating the role. It has to be recognised, however, that there is the potential for the information produced to demonstrate a need for a different healthcare role, other than that of a nurse practitioner.

## Useful Resources

[PD2012\_026 Nurse Practitioners in NSW](https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2012_026)

[Nurse Practitioners in NSW - Guideline for the implementation of nurse practitioner roles within NSW Health](https://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=GL2012_004)

[Nursing & Midwifery Board of Australia](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx)

[Fact Sheet on Advanced Practice](http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD13%2f10753&dbid=AP&chksum=ke%2fhMxMHGxnQev5BI%2b0ueQ%3d%3d)

# [Position statement on scope of practice of nurse practitioners](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/scope-of-practice.aspx)

# [Guidelines on endorsement as a nurse practitioner](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#guidelinesandassessmentframeworksforregistrationstandards)

# [NMBA National decision making framework](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework)

# SERVICE NEEDS ANALYSIS TOOLKIT

## Needs of the target population

## The demographic profile of the population, trends in disease patterns, health policies, the way services are delivered and where they are delivered all impact on future service needs. This information is therefore important in assessing the need for new roles and models of care and building a robust case in support of proposals to implement change. Information to complete this section can be found in various Government and local policy documents such as health service plans. Information may also be obtained from [Health Statistics NSW](http://www.health.nsw.gov.au/hsnsw/pages/default.aspx), an interactive, web-based application that allows users to access data and tailor reports about the health of the New South Wales population for their own use.

## Health Statistics NSW provides information on:

* the health status and demography of communities throughout NSW
* health inequalities and the determinants of health
* the burden of disease and current health challenges
* trends in health and comparisons between age groups and geographic locations.

### Current Model of Care

Provide a brief description of the service

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How is health care currently delivered by the service?

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What health professional groups normally deliver this care?

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What are the identified gaps/deficiencies in the current model of care?

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### Need for New Model of Care

What are the patients and family health needs?

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What are the context and consequences of these needs?

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What factors contribute to these needs?

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Who have been identified as the key stakeholders are wha are their perceptions of these needs?

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What additional information about these needs is required?

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What sources and methods can be used to acquire this information?

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### Epidemiology or Disease Patterns

What are the patient/client numbers by disease/condition in the service area?

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What are the mortality and/or morbidity rates?

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What is the incidence and/or prevalence of disease?

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Are there any increasing or decreasing patterns of disease?

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Are there any epidemiological clusters?

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Are there any current or predicted epidemics which are liable to affect the service area?

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Are there any current or predicted pandemics which are liable to affect the service area?

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### Population Health/Demographics

What is the population distribution in the service area?

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What percentage of the population is over 65 years of age?

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What is the current life expectancy?

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What is the relevant population growth rate?

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Are there any identifiable population trends?

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What is the socioeconomic status of the service users and what impact does this have of their ability to access care?

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Are there any relevant specific health needs within the population which can be identified from the statistics, for example, in terms of women’s health, indigenous health, drug use, mental health?

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### Health Data

How many patients/clients are seen per year by the service?

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What is the average length of contact with the service?

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What is the average length of contact / hospital stay?

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What are the re-admission rates?

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What is the breakdown of routes of admission?

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How many patients are seen as emergencies?

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How many in-patient admissions are there?

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What are the in-patient hospital rates?

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What are the bed occupancy rates?

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What are the waiting times?

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What audit data is available in relation to the service?

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### Relevant Health Policy Documents

What contemporary national and local health policy documents, plans and/or reports impact on the service?

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How do/will they impact on the service?

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### Local Health Strategies

What contemporary local health strategies and/or reports impact or will impact on the service?

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How do/will they impact on the service?

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### Geographic Context

What geographic context is the service provided in and how does it impact?

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Is there any sharing of services with other entities such as Medicare Locals?

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Have similar roles been established in similar contexts across other LHDs or jurisdictions?

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## Service Needs

Completing the information in this section will help analyse how care is currently delivered and identify if any changes are required to meet future patient and service needs. It will also help you to identify and plan who needs to be involved and communicated with if a change is service delivery is required. Communicating with key stakeholders at the beginning of the process should help contribute to a successful final outcome.

### Drivers for Change

What are the intended outcomes this change will deliver e.g. decreased waiting times, fewer inappropriate admissions, increased health outcomes?

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How can these outcomes be delivered?

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How have the options been appraised?

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Who are the stakeholders who need to be involved in considering these options?

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### Communication with Stakeholders

How will you engage and involve key stakeholder i.e. patients/carers, staff, service planners, to ensure ownership and support for the new role?

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How will you ensure organisational ownership and support for the new role at the highest level within the organisation e.g. Director of Nursing and Midwifery, clinical directors, human resources?

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How will the public be informed and engaged in the introduction of the new role?

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How will stakeholders such as GPs, NGOs, Medicare Locals or local public health services be informed and engaged in the introduction of new roles?

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Has the need for formal consultation been considered?

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How is it intended to share the learning from the development of the new role?

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### Workforce Planning

Has the new role been considered in the wider context of workforce planning, service planning and business planning?

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How does the role contribute to the priorities of the organisation in terms of service delivery?

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Have workforce demographics and workforce plans been reviewed to envisage the future workforce (succession planning), identify gaps and consider whether new or enhanced roles would fill such gaps?

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Has the potential impact of employing a transitional nurse practitioner been considered*? i.e requirements for clinical supervision, inability to utilise extensions to practice such as prescribing, study and skill development requirements.*

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Have existing working practices and methods been analysed?

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Could service gaps be addressed by using existing roles or staff?

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If the individual undertaking a new or enhanced role is drawn from existing staff, will there be a service gap? If so, how will that gap be filled?

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What other role design options have been considered and why have they been discounted in favour of an NP role?

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How will patients and the team benefit from the new or enhanced role?

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Have cost implications been considered*? i.e the need for additional resources such as penalty payments, leave cover, motor vehicle use, computer, medication for dispensing, diagnostic interventions (where PBS or public diagnostic facilities are unavailable)*

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## Part 3 – Nurse Practitioner Role

This section should be completed if a new model of care and/or new role is anticipated. It will help you to determine what type of role is required, what the practitioner needs to be able to do, the parameters of the role, skills, knowledge and educational preparation required and levels of accountability and responsibility.

### Define New Model of Care and role

What new care practices and care delivery strategies can be employed to achieve identified goals? Is there evidence based data to support these changes?

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|      e.g hospital avoidance strategies |

Are changes to current roles and responsibilities required to implement new care practices and care delivery strategies?

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What knowledge/skills will be required to deliver the desired service/outcomes for the patients?

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Which professionals already have the required knowledge/skills?

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Who has the core skills to deliver this change e.g. experience, capacity, location?

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Is there a need for additional expertise provided by a NP role role?

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Would an NP role enhance ability to achieve goals for meeting patient health care needs? How do you know this?

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How well does an NP role fit within this new model of care?

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### Parameters of accountability

Have you defined the specific areas of accountability for the individual taking on this role?

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Do you have team roles and systems that support the individual’s accountability e.g. clinical governance

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What indicators will guide evaluation of the role / model?

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Have the scope of practice and the limitations of the new role been clearly identified, in line with the organisation’s risk management policy and procedures and vicarious liability?

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Have the responsibilities of the new post holder been identified and a job description constructed?

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Who will cover the role in case of absence/sickness?

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Have the requirements of the *Nurse Practitioners in NSW Policy Directive* been met to enable and facilitate role development?

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Who will the practitioner be accountable and responsible to on a daily basis?

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Has accountability been agreed with the whole team so that it is clear to whom the new role is accountable and responsible?

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### Governance arrangements

How can patient safety be assured within this role e.g. risk assessment, clinical decision making, treatment delivery, agreed standards?

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Has clinical, managerial and professional accountability and supervision been agreed?

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How have resource and sustainability issues been addressed?

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Has the new role been endorsed through the appropriate governance mechanisms?

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Have any regulatory and prescribing issues been fully considered in relation to new practitioner roles?

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What arrangements have been made to support the new role in terms of clinical supervision, prevention of professional isolation, prescribing, initiation of diagnostic investigations?

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Are there mechanisms in place to ensure that individuals maintain their skills and competence?

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### Education and training requirements

Have the skills and competences required for the new or enhanced role been identified? Have they been mapped to any existing national standards?

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Has the new role and associated processes been aligned with PD2012\_026 *Nurse Practitioners in NSW Policy Directive?*

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Have the education, training and qualifications required for the new or role been identified?

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How will the practitioner access theoretical and clinical training and development?

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Who will provide the education, training or development?

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What funding arrangements are in place for education and training?

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What clinical development opportunities have been established to support education and training?

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What internal / external supervised clinical placements have been arranaged to provide learning necessary to develop specialist and core clinical competencies?

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What arangements have key stakeholders put in place to support and enable the educational and training requirements for this role?

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Who are the key stakeholders key stakeholders responsible for ensuring educational and training requirements for this role are supported and enabled?

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## Infrastructure

Completion of this section will facilitate good planning for the introduction of a new role and allow you to consider what the resources needed to implement and sustain the role. Considering these issues before the role is introduced will help to identify potential problems and how these may be avoided or overcome.

### Implementation Strategies

What goal related outcomes are expected from the introduction of an NP role and changes to the model of care?

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When will these outcomes be achieved?

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What are the facilitators and barriers to NP role development and implementation?

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What strategies are required to maximise role facilitators and minimise role barriers?

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What resources and support are required for role development and implementation?

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### Resources and Sustainability

Who will be responsible for developing the business case for sustaining the new role?

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Have the longer term cost implications of the new role been identified e.g. funding to support salary/backfill and training costs in the future?

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Who will hold budgetary responsibility for the new model / role?

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Is there a workforce plan that identifies a future need for the new role or has the role been included in existing workforce and service plans?

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Have the long term education and training needs been identified and consideration given to how these needs can be met?

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Has consideration been given to what administrative and IT support will be required by the NP and to office space?

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## Evaluation

Demonstrating that the new role has made a difference to patients and the service is becoming increasingly important particularly in relation to effectiveness and efficiency. Demonstrating effectiveness often requires baseline measures to be determined before a role is introduced. Without these baseline measures it is more difficult to establish the impact of a role. It is therefore crucial that evaluation is included in the planning phase of role development.

### Evaluate NP Role and New Model of Care

How will evaluation and planning for the future, both for individual practitioners and for the service, be achieved before the inception of new roles?

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What are the relevant indicators (matched to the drivers for implementation) to be used to evaluate the service?

How will evaluation of patient’s perspectives of outcomes be undertaken?

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How will new roles be kept under review to ensure they remain relevant?

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Are there mechanisms for considering implications for the future of other services as new roles develop?

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What are the arrangements for succession planning?

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What are the arrangements for dissemination of information?

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### Additional Supporting Evidence

Is there any further supporting evidence that might strengthen the business case for the role development?

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### Summary of Priority Problems and Goals

This section can be used as a quick reference to provide key points on the proposal to implement a NP role into a service.

What are the problems that currently exist in meeting service demand (patient needs)?

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|      e.g meeting demand for occasions of service, service not currently delivered  |

What are the problems that currently exist in delivering adequate services to meet demand?

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|      e.g workforce shortage, lack of skilled workforce |

What are the priorities for achieving maximum improvement in the model of care?

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|      e.g improving access to care, reducing waiting times, fragmentation and or duplication |

Have goals been identified that will address these problems and priorities?

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|      e.g KPIs relevant to service delivery and outcomes set by organisation (found in serviceplans, agreements) |

What are the patient/service needs this change addresses?

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|      e.g reducing the need for patients to travel in order to access care, timely access appropriate care, access to enhanced (What aspect of care might a NP role add that is not otherwise available?) |

How will the implementation of a NP role address priority problems and goals?

How will implementation of the NP role be evaluated?

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