Nurse Practitioners in South Australia

A Toolkit for the Implementation of the Role

Government of South Australia

SA Health

Acknowledgements

Table of Contents

Foreword

Nurse Practitioners (NP) play a vital role in effective health services; improving healthcare access, enabling positive health outcomes for consumers and enhancing consumer satisfaction with health care delivery. Strategic clinical services' planning recognises the NP role as an integral and central part of nursing workforce strategy as we work in partnership to build a valued and sustainable nursing and midwifery workforce. The NP role represents an effective response to our dynamic and evolving healthcare environment, providing highly skilled clinical leadership with increased autonomy for nurses working within an interdisciplinary, collaborative model of care. The NP role also represents a significant recruitment and retention strategy for nursing, providing a clinical career pathway that recognises advanced and extended nursing practice roles.

There is a strong commitment to further develop the NP role within South Australian Health Services and the Australian Health system. There is a clear plan to increase the opportunity for Nurse Practitioners in South Australia to contribute to clinical service provision across a range of healthcare environments as we respond to our changing populations and healthcare priorities. It is vital that we reflect our recognition of this valuable nursing role by providing the necessary supports required for role implementation from within all levels of healthcare service.

This Toolkit comes as a response to the review that examined the processes for implementation of NP services in South Australia and its subsequent recommendations. The Toolkit has been developed in consultation with key stakeholders to facilitate the implementation of the NP role within our health services. It is designed as an interactive document to support and guide health services in the NP position implementation process, providing a means to enable effective and sustainable NP role development both now and into the future.

Jenny Beutel

Chief Nurse

Introduction

In 2008 the Nursing & Midwifery Office of the South Australian Department of Health commissioned a review to examine the implementation of NP services in South Australia. This report identified barriers and facilitators in relation to the implementation processes to date and provided recommendations to facilitate the successful implementation of NPs into the South Australian health workforce in the future.

The review team found strong evidence of strategic support for the implementation of the role of NPs in South Australia and made recommendations to address the following three key areas:

> Strategic clinical service planning

> Regulatory requirements for authorisation

> Policy and regulatory requirements for prescribing and diagnostics.

This Toolkit is designed for the implementation of the NP role and addresses those recommendations related principally to strategic clinical services planning by providing a framework for guidance to all key stakeholders to promote the successful implementation of NP roles within South Australian health services.

Background

Role of the NP in Australia and overseas

The Nurse Practitioner role was established over forty years ago in the United States and Canada, and in the United Kingdom in the 1960's. The development of the role in Australia is relatively recent with the first endorsed NP role occurring in NSW in 2001. In 2002 the South Australian nursing regulatory authority endorsed the framework and criteria for NP authorisation and our first NP was endorsed in the same year.

Benefits of the NP role to health services

Nurse practitioners provide high quality, responsive clinical care that facilitates an improved patient/resident/client (as appropriate) experience and results in increased patient/resident/client satisfaction. Through advanced and extended role preparation within a defined scope of practice, NP's are routinely able to manage an entire episode of patient/resident/client care providing advanced assessment, diagnosis and evidence based clinical interventions informed by specialist knowledge. This autonomous and accountable practice operates through collaborative relationships within a multi-disciplinary team.

It is well acknowledged that today's health care environment is characterised by dramatic changes and increasing pressure. Factors driving increases to service demand include our ageing population, an increase in chronic illness, technological development and community expectations. At the same time there is a corresponding workforce shortage of skilled health service providers.

The NP role represents an innovative response to these issues providing a nursing model of care that embraces skill and task transfer within a collaborative framework. NPs can increase the capacity of the Australian health workforce to meet these increasing demands in areas of strategic relevance to workforce development and clinical care.

Nurse Practitioner Definition

A Nurse Practitioner (NP) is a registered nurse educated and authorised 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 skills and may include, but is not limited to, the direct referral of patient/resident/client s to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practise and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practice[9]. The title of Nurse Practitioner is protected within the legislative structure and thus can only be used by an individual who has received endorsement from Nursing and Midwifery Board of Australia.

A Nurse Practitioner Candidate (NPC) is a nurse employed in a designated position within the health sector working towards Nurse Practitioner endorsement with the Nursing & Midwifery Board of South Australia. The duration of candidacy is determined at a local level.

As the available pool of NP's within Australian health services increases, the opportunity to recruit endorsed NP's will also increase. Where the recruitment of suitably qualified NP's is not possible, services are encouraged to consider the provision of candidacy roles to facilitate the development of a new level of service:

> where a gap in service provision has been identified

> where the position will add value to the existing service.

The use of this Toolkit is recommended in the appointment of a NP or a NPC to support and guide effective and sustainable implementation. This document uses the term NP and assumes that the reader will substitute the term NPC where applicable.

National Competency Standards for the Nurse Practitioner

The National Competency Standards for the Nurse Practitioner build on the core competency standards for registered nurses and midwives, and the advanced nursing practice competency standards. The competency standards, which have been endorsed by all nursing and midwifery regulatory authorities, are those by which performance is assessed to obtain and retain the license to practice as a nurse practitioner in Australia (ANMC 2006).   A copy of the National Competency Standards for the Nurse Practitioner is available from:

Nursing & Midwifery Board of Australia: www.nursingmidwiferyboard.gov.au

NP Endorsement Process

The Nursing and Midwifery Board of Australia 2010: Guidelines for Endorsement as a Nurse Practitioner (to take effect on 1 July 2010) available from:

www.nursingmidwiferyboard.gov.au/documents/Endorsement%20nurse%20practitioners.pdf

NP Role Implementation Toolkit Framework

In response to research evidence that the process of successful implementation needs to be a collaborative, systematic and evidence based approach[2] this Toolkit provides a staged approach that is:

> Responsive to the findings of the review and the review recommendations.

> Inclusive of the available evidence related to the introduction of NP and advanced practice nursing roles.

> Oriented to strategic National and State priorities for healthcare service development and workforce reform.

> Inclusive of both internal and external key stakeholders.

> Designed to promote a reflective approach to role implementation of continuous planning, implementation and evaluation.

> Practical and functional.

> Adaptable to the discretionary requirements of individual health services.

The Toolkit divides the implementation process into the 4 following stages:

Stage 1 – Initiation

Stage 2 – Planning

Stage 3 – Implementation

Stage 4 – Evaluation

Each stage outlines a number of **Actions** which include the contemplation by key stakeholders of:

> **Critical Reflections**

> **Key Considerations**

> **Enablers** to the action and the provision of practical resources and supports

> **Promoters** to success

Following is the NP Implementation Framework that outlines the steps for successful implementation of the NP role within healthcare services.

NP Role Implementation Framework

Stage 1 Initiation 'Establish the Need'.

Define Patient Population & Describe Current Model of Care	Identify existing service plans for the defined population group. Identify, consult and engage key stakeholders.	Consider current model of care, clarify & prioritise current & future service needs within the working group.	Identify the required modifications to the current model of care to address the future service needs.	Identify the relevant clinical nursing role and determine whether or not to implement a NP role.

Stage 4 Evaluate NP Role and New Model of Care

- ANMC Competency achievement
- Role quality
- Role integration
- Role sustainability

The Role of the Nursing Profession and the NP community

- Review basic, expanded, specialised & advanced nursing roles.
- Embed standards of care and NP role competencies (ANMC standards)
- Apply models of advanced practice
- Establish ongoing educational programs

Stage 2 Planning

- Establish a process to lead role implementation.
- Establish networks for role implementation
- Develop Job & Person Specification employment contract
- Identify and confirm infrastructure and support requirements for role
- Complete business case
- Organise recruitment

Stage 3 Implementation

Develop links to

- Education
- Mentorship
- Professional development resources
- Support networks

Develop and implement

- the scope of practice document
- referral pathways document

Begin role development and implementation

- Provide a supportive environment
- Establish a NP Implementation Support Group
- Develop a marketing strategy
- Develop a sustainability plan
- Develop opportunities for the NP to engage in clinical leadership

Table 1

Checklist of Stages and Actions

Stage 1 - Initiation

Action 1.1: Define the clinical population health needs. ☐

Action 1.2: Identify and engage key stakeholders. ☐

Action 1.3: Nominate an individual to facilitate the working group and recruit key stakeholders to the working group. ☐

Action 1.4: Consider the current model of care, clarify and prioritise current and future service needs within the working group. ☐

Action 1.5: Identify the required modifications to the current model of care to address the future service needs. ☐

Action 1.6: Identify the relevant clinical nursing role and determine whether or not to implement an APN or NP role. ☐

Stage 2 - Planning

Action 2.1: Establish a process to lead the role implementation. ☐

Action 2.2: The senior facilitator should understand the proposed NP role and the NP endorsement process. ☐

Action 2.3: Senior facilitator to review timelines and processes involved in the planning, implementation and evaluation of the NP role and formulate a timeline for implementation. ☐

Action 2.4: Senior facilitator to establish networks for role implementation. ☐

Action 2.5: Senior facilitator to develop the job and person specification and employment contract for the role in consultation with the relevant human resources department. ☐

Action 2.6: Senior facilitator to identify and confirm infrastructure and support requirements. ☐

Action 2.7: Senior facilitator to complete business case and obtain 'sign-off' from Executive or delegate for approval to implement role. ☐

Action 2.8: Senior facilitator to establish that the allocation of funding and the relevant resources for the position are in place. ☐

Action 2.9: Senior facilitator to organise recruitment. ☐

Stage 3 - Implementation

Action 3.1: Senior facilitator to work with the NP and key stakeholders to establish a supportive environment. ☐

Action 3.2: NP to identify relevant professional development needs and individual learning objectives and develop a clear pathway/ written plan for their achievement in order to meet role expectations. ☐

Action 3.3: Senior facilitator to work with the NP and team members to facilitate a positive and collaborative practice environment. ☐

Action 3.4: NP to link with relevant tertiary education provider(s). ☐

Action 3.5: NP to establish mentorship arrangements. ☐

Action 3.6: Establish a formal process to oversee and support the NP role implementation. ☐

Action 3.7: Enable understanding of the proposed NP role within the NP Implementation Support Group to enable strategic review of the implementation plan. ☐

Action 3.8: NP to develop a plan for establishing and maintaining support networks both internal and external. ☐

Action 3.9: NP to develop a scope of practice and referral pathways document. ☐

Action 3.10: Senior facilitator to work with the NP and the NP Implementation Support Group to develop a marketing strategy to promote NP role awareness. ☐

Action 3.11: Senior facilitator and NP develop a plan for sustaining the NP service. ☐

Action 3.12: Develop opportunities for NP to engage in clinical leadership and active participation through all levels of health service. ☐

Stage 4 - Evaluation

Action 4.1: The NP and the senior facilitator develop a process to monitor and evaluate the implementation objectives achieved in relation to previously defined timelines linked to ANMC NP competency achievement (as identified in Action 3.2). ☐

Action 4.2: NP to work with the senior facilitator and the NP Implementation Support Group to develop a strategy to monitor and evaluate NP role implementation and the challenges to role development. ☐

Stage 1 - Initiation – 'Establish the need'

This preliminary stage is designed to establish the need for a NP or APN role within a service and is to be driven by a senior nursing leader in conjunction with the regional service planner. It is pertinent that the need for the role is clearly articulated prior to the development and integration of the role within the health service.

Action List

Critical Reflections

What patient populations are a priority for healthcare service redesign and why?

What health conditions are priorities for healthcare services currently and in view of future predictions?

Are there identified unmet patient needs or areas of increasing demand across the care continuum?

When and how do patients currently access healthcare services to meet their healthcare needs? Are they satisfied with the current model of care provision?

What is current best-practice?

Are there current or predicted disparities in service provision?

Promoters

Alignment with strategic priorities maximises the ongoing support for NP/NPC role development.

The identification of realistic parameters in relation to the needs assessment will maximises its effectiveness.

1.1 Define the clinical population health needs

> Access and utilise existing information about health population needs and identified strategic objectives.

> Consider research evidence related to your clinical population.

> Consider epidemiological data that could provide sufficient evidence to support the need.

> Conduct a needs analysis www.nice.org.uk/media/150/35/Health_Needs_Assessment_A_Practical_Guide.pdf

Key considerations

There should be a preparatory stage prior to the introductions of the NP/NPC role that includes need identification[1]. A needs analysis is a systematic approach to ensuring the health service effectively uses its finite resources to improve the health of a specific population in the most efficient way[5]. A needs assessment should be triggered by the importance of an identified health problem and be undertaken within the context of nationally or locally agreed priorities[5].

Enablers

Healthcare literature and institutional or national databases may provide measures of patient/resident/client health needs related to morbidity and mortality, physical and psychosocial function, disability adjusted life years and quality of life measurement[2].

Epidemiological information.

o Australian Bureau of Statistics. www.abs.gov.au/websitedbs/d3310114.nsf/Home/Home?OpenDocument

o Public Health Information Development Unit (PHIDU). www.publichealth.gov.au/

Consider National and State priorities for healthcare service development and workforce reform.

o National Health and Hospitals Reform Commission Report available online@ www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report

- ○ Building a 21st Century Primary Health Care System: A Draft of Australia's First National Primary Health Care Strategy available online@ www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draft-report-toc
- ○ South Australia's Health Care Plan 2007-2016 available online @ www.library.health.sa.gov.au/Portals/0(s)outh-australias-health-care-plan-2007-2016.pdf
- ○ South Australia's Strategic Plan 2007 available online @ saplan.org.au/images/pdf(s)outh_Australia_Strategic_Plan_2007.pdf

Consider regional service plans and identified priorities for service development.

1.2 Identify, consult and engage key stakeholders

1. Consider stakeholders that may be impacted upon through the introduction of a NP role – both internal and external to the service.

2. Stakeholders may include patients/residents/clients and families, advocacy groups, volunteer agencies, healthcare organisations, members of the healthcare team, professional associations, support staff, administrators, educators and government agencies involved in health policy and funding[2].

Key considerations

Stakeholders are individuals and groups who are affected by change and are capable of influencing it either positively or negatively[5]. Stakeholders may see the proposed change differently and will vary in their ability to influence change, depending on the source of their power. All stakeholders, regardless of their roles have the capacity to reflect, learn, inform and work to improve the model of care[2].

Enablers

The co-operation and involvement of different stakeholder groups is integral to successful implementation[1]. Stakeholder participation at the onset is critical for ensuring commitment to and providing support for planned change[2]. It ensures the identification and understanding of local requirements. It is important to identify the less obvious stakeholders in addition to the more obvious groups who may influence the process of change[5].

Critical Reflections

Which key stakeholders directly or indirectly influence, or will be influenced by the introduction of a NP role and changes to the current model of care?

How do we effectively consult and engage stakeholders in planning the introduction of the NP role?

Promoters

For successful implementation of new roles, it is important to identify major influences such as: key stakeholders; issues related to role clarity; role boundaries; role acceptance; and potential barriers and facilitators to role implementation[2].

1.3 Nominate an individual to facilitate the working party and recruit key stakeholders to the working group

> The facilitator should possess transformational leadership skills and be perceived as a credible individual with a commitment to the process[2].

> Include both internal and external stakeholders.

> Include patient/resident/client s and carers[2].

> Include a NP (ideally) or a stakeholder who has an excellent understanding of the NP role and its contribution to service delivery.

> Ensure that the stakeholders have the ability to contribute both time and energy to the process[2].

> Ensure a balance in the composition and total numbers of the working party.

Key considerations

Engaging stakeholders in the role development process gives opportunities to establish the need and identify shared goals for a clearly defined NP role.

Enablers

Strong nursing orientation within the stakeholder group promotes optimal outcomes and enables a clear reflection of the client-focused, holistic nursing values of care delivery.

Inclusion of a person with a clear understanding of the NP role will assist with clarification of the utility of the role to improve healthcare and to educate other stakeholders about the role.

The inclusion of patient/resident/client s and carers can provide a balance between clinical and administrative viewpoints, increase awareness about the human dimension of healthcare and identify current inefficiencies and lack of coordination in service delivery[2].

1.4 Consider the current model of care, clarify and prioritise current and future service needs within the working group

> Review National, State and regional priorities for healthcare service development and workforce reform.

> Consider the organisational aims, objectives and service delivery

Critical Reflections

What priorities have been identified for action at a national, state and regional level?

What are the strengths of the current model of care and team organisational structure?

What is the gap between patient health needs and awareness, availability, accessibility, affordability and appropriate use of existing healthcare services within your current clinical area?

Are these needs consistent with strategic priorities?

How well are the skills of the current team members being utilised?

Are professionals being used to their full scope of practice?

What is the extent of agreement among key stakeholders about priority goals and outcomes for addressing unmet patient health needs?

Promoters

Achievement of consensus for the prioritisation of current health care needs and gaps in service provision will promote key stakeholder support for the future NP role.

Key considerations

Linking local healthcare needs to strategic healthcare needs will assist in providing clarity for the working group in prioritising areas of focus towards a clearly defined NP role.

Clear articulation of gaps in service delivery relative to current human resource utilisation will illustrate the validity of considering a NP role.

Establishing priorities can focus efforts to achieve maximum improvement in the model of care[2].

Consensus decisions should be informed by broad stakeholder input and should reflect patient/resident/client s' priority needs[2].

Enablers

Review the links in Action 1.1 (page 14) to the relevant strategic health service development, workforce reform priorities and identified needs.

Analysis of the current model of care should involve the use of existing data routinely collected by the health service wherever possible. This will reduce both cost and time.

The facilitator should encourage working party members to participate fully in the identification of priority areas and to voice any concerns they may have in order to achieve consensus.

1.5 Identify the required modifications to the current model of care to address the future service needs.

> Describe the current model of care and how health needs are currently being met or not met and the identified current service delivery gaps to provide a rationale for care delivery modification.

> Describe the desired model of care:

   o Provide a broad description of the desired service provision
      ▪ Location
      ▪ Patient/resident/client group
      ▪ Context of practice

   o Identify potential benefits of modification for
      ▪ Patient/resident/client population
      ▪ Service
      ▪ Staff

> Consider what new healthcare tasks or functions may be needed to enhance service delivery.

Key considerations

A new model of care evolves from discussion about what is the most appropriate care, who are the most appropriate health care providers and how they will be involved in the new care practices[2]. It is likely that for many settings – services, job descriptions and structures may have to change to accommodate new roles and service delivery models[1].

Enablers

Strengthen the argument for a new model of care by clear links to the relevant strategic health service development priorities, workforce reform priorities and the identified need analysis. Articulate a connection to the available evidence based data to further reinforce the case.

Is there a need for additional expertise to be provided by a new healthcare role[2]?

What is the extent of agreement among key stakeholders about the types of knowledge, skills and expertise required to implement the new care practices?

What type of advanced nursing role is required?

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

How would the proposed role enhance service ability to achieve goals for

Promoters

Accurate identification of the appropriate nursing role will promote the strategic relevance of the new role for improved clinical services

1.6 Identify the relevant clinical nursing role and determine whether to implement an APN or NP role

> Review the desired model of care and required modifications to care delivery.

> Consider the new healthcare provider role that will best address the identified gap in service delivery.

> Consider the information needs of key stakeholders in relation to the rationale and purpose of advanced practice roles.

> Consider how the new healthcare provider role might articulate within the existing service delivery model.

> Describe how the proposed NP role will contribute to the desired model of care across the multiple role domains. Consider impact upon:
>   ○ Patient/resident/client outcomes
>   ○ Team workload
>   ○ Service efficiency and cost.

Key considerations

There are different levels of understanding from other healthcare providers and health care consumers about the role and expertise of the NP.

To minimise role confusion, it is important to clarify stakeholder perceptions about the purpose and multiple role domains of advanced practice roles related to clinical practice, education, research, professional development and leadership[2].

The primary focus of the role should be on promoting continuous, coordinated care designed to improve patient/resident/client outcomes2.

Implementation decisions involve careful evaluation of the strengths and limitations of alternative nursing and health care provider roles[2].

Enablers

Nursing regulatory bodies and government or professional organisations may provide access to information to facilitate clarification of advanced practice roles.

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010)
www.nursingmidwiferyboard.gov.au

Nursing & Midwifery Office South Australia
www.nursingsa.com/office.php

Royal College of Nursing Australia
www.rcna.org.au/

The College of Nursing
www.nursing.edu.au/

Australian Nursing and Midwifery Federation (SA Branch)
www.nursing.sa.anmf.org.au/

The table below outlines the differences that exist between the Advanced Practice Nursing role and the role of the Nurse Practitioner.

Table 2: Comparison Framework for Advance Nursing Practice and Nurse Practitioner roles

Advanced Practice Nurse (based on the Strong Model)	Nurse Practitioner (based on ANMC NP Competency Standards 2006)
Service Model	
Consultant, clinician Broad Based service profile	Direct clinical care Focused clinical service
Role parameters/standards	
Direct comprehensive care – highly developed skills and knowledge to inform service coordination, care delivery and direction of care Support of systems – optimising patient/resident/client s' utilisation of, and progression through, a health service Education – patient/resident/client s, communities, clinicians and students Research – creating and supporting a culture of inquiry Professional leadership – professional activity and dissemination of expert knowledge to the public and the profession No national consistency for practice standards	Dynamic practice – highly developed skills and knowledge for direct clinical practice in complex environments. Monitors and adopts evidence base for practice Professional Efficacy – autonomous practice that includes diagnosis, prescribing medication, request for diagnostic tests and referral to other health professionals. Promotes and engages a nursing model of practice. Clinical leadership – critique and influence at systems level of health care. Promotes and engages in collaborative team-based practice Conforms to the ANMC National Competency Standards for the Nurse Practitioner
Legislative structure	
The title is not protected	The title is protected
Extended practice	
Highly developed autonomous practice profile as an RN within the requirements of Nursing and Midwifery Practice Acts Education requirement - Post graduate level	Endorsed to practice as nurse practitioner with legal provision to diagnose, prescribe medication, order diagnostic tests and refer to other health professionals Education requirement - Master level

Stage 2 - Planning

This stage assumes the need for a NP role has been identified and is designed to provide guidance for the implementation of the new role within the health service and adequate preparation for the appointment of the NP position.

Action List

Critical Reflections

Does the identified senior individual have a clear understanding of the NP role and the established benefits of the role to clinical outcomes? Are they aware of previous research and reviews related to NP role implementation?

Is this person committed to the process of role implementation? Do they have the time and energy to lead this process?

Will this person actively promote the equitable and valued involvement of key stakeholders[2]?

Is this person an expert in communication, negotiation skills and conflict resolution[1]?

2.1 Establish a process to lead the role implementation

> Responsibility for NP role implementation is assigned to a senior individual facilitator/champion (e.g., Director of Nursing, Director of Clinical Service, Nursing/Midwifery Director, and Director of Department).

Key considerations

A number of studies have identified the need for a named person… to be responsible for implementing the role and developing the structures and relationships necessary to bring the organisation and key stakeholders on board[1].

The facilitator requires key communication skills that will encourage open discussion of experiences, issues, needs and conflicts to enable resolution that reflects shared goals and actions[2].

The facilitator undertakes a number of steps to facilitate a succinct and well articulated Business Case. It is essential, to have clearly identified and planned the business requirements and necessary resources prior to undertaking the completion of the Business Case (refer to Action 2.7 further detail).

Promoters

Identification of a committed senior individual facilitator/ champion to oversee and lead NP role implementation is a significant driver for successful implementation[1].

Enablers

Access to nursing literature and research will enable a detailed understanding of the barriers and facilitators to successful role implementation.

Review of the Implementation of the Role of NP's in South Australia. (2008) www.nursingsa.com/prof_practitioner.php.

Ensure the individual has access to information about organisational change and team building[3].

2.2 The senior facilitator should understand the proposed NP role and the NP endorsement process

> Access the initiation stage documentation
>   o Service needs
>   ▪ organisational aims and objectives
>   ▪ strategic plans
>   ▪ service delivery priorities
>   o defined model of care and NP role definition
>   ▪ broad description of service provision.
> Access the professional, legal and regulatory guidelines and standards relevant to the NP role.
> Identify and link with relevant external agencies that could provide consultation related to planning and execution issues and decisions.

Key considerations

Research indicates that the acceptance and successful implementation of a NP role requires the formal involvement of dedicated person(s) who hold a clear vision, to guide the change process and to assist with the provision of understanding, integration and role clarity[1].

Enablers

Nursing regulatory bodies and government or professional organisations will provide access to information to facilitate understanding of the NP role and the endorsement process. Consider also professional groups within the NP clinical specialty area.

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010)
www.nursingmidwiferyboard.gov.au

Nurse Practitioner Prescribing

National Competency Standards for the Nurse Practitioner (ANMC 2006)
www.anmc.org.au/userfiles/file/competency_standards/Competency%20Standards%20for%20the%20Nurse%20Practitioner.pdf

Guidelines for Endorsement as Nurse Practitioner (NMBA 2010)
www.nursingmidwiferyboard.gov.au/documents/Endorsement%20nurse%20practitioner.pdf

Nursing & Midwifery Office South Australia
www.nursingsa.com/office.php

Frequently Asked Questions
www.nursingsa.com/pdf/Professional/NP_FAQ_2009.pdf

Generic Nurse Practitioner Business Case Framework
www.nursingsa.com/pdf/Professional/Generic_NP_Business_Case_template.pdf

Generic Nurse Practitioner Job & Person Specification Framework
www.nursingsa.com/pdf/Professional/Ad_Nurse-Midwife_NP-Lev4.pdf

Australian College of Nurse Practitioners
www.acnp.org.au/

Royal College of Nursing Australia
Nurse Practitioner National Network
www.rcna.org.au/networks/nurse_practitioner

Australian Nursing and Midwifery Federation (SA Branch)
www.nursing.sa.anmf.org.au/

2.3 Senior facilitator to review timelines and processes involved in the planning, implementation and evaluation of the NP role and formulate a timeline for implementation

> Develop a plan to ensure system readiness for the NP role.

> Consider HR processes (see Actions 2.5 and 2.9 pages 26 and 31).

> Review the evaluation dimensions for successful implementation (listed in Stage 4 of Toolkit page 50) and consider the processes required for their achievement:

  o A.N.M.C. competency achievement

  o Quality

  o Role integration

  o Sustainability.

> Identify facilitators and potential barriers that may impact upon the proposed time line (see Action 2.1 page 21). Consider:

  o Stakeholder engagement (see Action 2.4 page 24).

  o Role clarity.

  o Education.

  o Resource requirements (see Action 2.6 page 27).

> Consider regulatory requirements and achievement of role competencies (see Action 2.2 page 22).

> Compile a written implementation timeline.

Key considerations

It is important to ensure that resources for supports and facilitators for the incumbents in the roles are in place[1]. Planning involves identifying strategies to facilitate role development and anticipating and preventing role barriers[2]. Where the role is to be introduced a strategic plan and change management strategy needs to be developed to ensure success and to manage the necessary cultural shift[1].

The development of a strategic implementation plan and associated timeline will enable consideration of all relevant factors and minimise delay and promote successful implementation

Enablers

Access to the relevant research and literature and consultation with others who have implemented similar roles will provide guidance.

Critical Reflections

Which key stakeholders directly or indirectly influence, or will be influenced by the introduction of a NP role and changes to the current model of care?

How well do these key stakeholders understand the NP role?

What is the level of support amongst this group for the NP role implementation?

What additional information would enable clarification of any misconceptions and concerns amongst these stakeholders?

How can this information be provided effectively?

2.4 Senior facilitator to establish networks for role implementation

> Consult with relevant key stakeholders:
>   o Internal.
>   o External.
> Ensure relevant stakeholders are aware of the service intention to implement a NP role.
> Monitor the level of understanding about the NP role and the commitment to support implementation within these stakeholder groups.
>   o Develop a strategy to address any misconceptions or concerns and to promote acceptance and understanding of the NP role.

Key considerations

Lack of clarity and uncertainty regarding the role, particularly at the beginning of implementation; have been identified as significant barriers. Where the role is to be introduced change management strategies need to be developed to manage the necessary cultural shift[1]. This involves assessing the climate for accepting change[1]. A number of studies have identified the need for a named person to be responsible for developing the structure and relationships necessary to bring the organisation and key stakeholders on board[1].

Promoters

Engagement of key stakeholders prior to implementation will minimise role resistance and promote successful implementation.

Enablers

To reduce resistance within the team actively seek and negotiate support from clinical staff prior to implementation[1]. Encourage open discussion among all stakeholders about their expectations of the NP role and provide targeted information to ensure stakeholder understanding of the NP role and its benefits to patient/resident/clients and other healthcare service providers[1].

2.5 Senior facilitator to develop the job and person specification and employment contract for the role in consultation with the relevant human resources department

> Develop the NP job and person specification.

  o Consider the multiple role domains of the NP role related to:

    ▪ clinical practice

    ▪ education

    ▪ research

    ▪ professional development

    ▪ leadership.

> Develop the employment contract.

  o Consider study leave and quarantined time for role development.

  o Consider the proposed allocated time-frame to develop the NP role required to enable transition from NPC to NP. It is recommended that the time frame be 2 years duration with the option to extend up to 3 years in special circumstances.

  o Consider Level RN3 to Level RN4 (management initiated reclassification) effective at time of transition from NPC to NP.

  o Consider the difference in position description between the NP role and the NPC role.

> Consult with a NP from another practice setting to obtain their reaction and suggestions[3].

Key considerations

The specific service to be provided by the NP should be clearly identified prior to implementation[1]. Developing job descriptions, establishing practice standards and changing institutional policies to support NP practice prior to implementing the role represents a basic level of planning[1]. Planning involves identifying the structures to support role autonomy related to (NP) authority, collaborative and independent practice and clinical decision making[2]. Appropriate reporting structures are required[1]. Reporting lines and terms of authority in clinical decision-making need to be clear (in terms of other health care professionals including nurses)[1]. Realistic workload and balance between clinical, education, research and leadership needs to be established[1]. Opportunities and time for education and research activities should be protected[1].

Promoters

Clarity regarding reporting lines, accountability, and balance between the multiple aspects of the role have been identified as significant promoters to successful role implementation.

Enablers

Access and modify as required the generic NP job and person specification available:

Nursing & Midwifery Office South Australia
www.nursingsa.com/pdf/Professional/Ad_Nurse-Midwife_NP-Lev4.pdf

Critical Reflections

What is the proposed scope of practice for the NP role?

What resources with the NP require in order to fulfil the proposed scope of practice?

In what environment will care be provided?

Will appointments be scheduled? How will this occur?

What level of written correspondence will be required by the NP? Who will provide this administrative support?

What *out-of-hours* arrangements will be necessary?

What resources will enable the NP to conduct research into their role?

How will the service provide support for university study including the required resources?

2.6 Senior facilitator to identify and confirm infrastructure and support requirements

> Differentiate between initial set up costs and recurrent costs.

> Consider position requirements – FTE allocation and funding for NP service backfill.

> Consider succession planning and the necessity for the routine provision of quarantined time for potential successor(s) to work with the NP. (RN3, 0.2 FTE minimum).

> Consider other support requirements:

  ○ Administrative support.
  ○ Office space.
  ○ Furnishings.
  ○ Information technology requirements.
  ○ Communication links – phone, fax, teleconference.
  ○ Medical record access.
  ○ Access to suitable clinical space.
  ○ Diagnostic and therapeutic equipment as required.
  ○ Education support – consider both time and resources.
  ○ Access to research relevant to area of practice – library resources, tertiary institutions and the internet.
  ○ Access to facilities to evaluate work, undertake research and develop and provide evidence-based services.
  ○ Access and use of motor vehicle as required.
  ○ Continuing professional development annual budget.

> Consider mentoring – the requirement for regular 'protected' time with mentor(s) as a component of NP preparation for endorsement.

How will the NP be supported to access the relevant professional development required to provide best practice, evidence-based care and to maintain endorsement?

Can the service provide the necessary mentor from within their existing resources or will the service need to source externally to provide this service?

If external, will the mentor need to be paid for their time?

Key considerations

The availability of all resources necessary to fulfil the NP role including funding for travel and to support specific programmes and adequate leave relief to ensure continuity of service provision are identified as key facilitators to role implementation[1]. The lack of infrastructure support including information technology, library, continuing education, professional feedback, information systems and clerical assistance has been identified as a major hindrance to the full development of the NP role. The lack of clerical support consumes NP time that would otherwise be spent on clinical, research or professional development. This is in stark contrast to the level of similar support given to other senior clinicians[1]. Lack of clerical support possibly also impacts on job satisfaction, retention and perception by others of the NP role within existing heirachies[1].

Enablers

The provision of the required infrastructure and resource requirements demonstrates organisational commitment to and support for the NP role to internal and external stakeholders.

Promoters

The provision of the relevant infrastructure and support to enable successful implementation of the role will maximise effectiveness, promote multiple role domain achievement and sustain role integration.

2.7 Senior Facilitator to complete business case and obtain 'sign-off' from Executive (or delegate) for approval to implement the NP role

Develop the business case for submission to Executive (or delegate) and include the following.

> Context of practice.
> - As developed in Action 1.1 page 14
> Clarification of service needs (current and future).
> - As developed in Action 1.4 page 16
> Proposed service description and potential benefits to the service including benefits to the current workload of other healthcare professionals. Include a rationale for the selection of a NP role.
> - As developed in Action 1.6 page 19
> Position implementation and monitoring plan.
> - Provide evidence of the responsibility for and the commitment to the implementation process and how this will be evaluated.
> - Include reference to ongoing planning and collaboration with key stakeholders.
> - As developed in Action 2.3. page 23
> - Attach as Appendix 1 – NP Role Implementation timeline.
> Resource requirements.
> - As developed in Action 2.5 and 2.6. pages 26 and 27
> - Attach as Appendix 2 – Job & Person Specification.
> - Attach as Appendix 3 – Employment contract.
> - Attach as Appendix 4 – Budget for position and resource requirements for role.
> Key outcome criteria measurement.
> - Provide an appropriate set of key performance indicators for the proposed service in relation to the dimension of quality as required in Action 4.2 page 51. Attach as Appendix 5.
>   - Safety
>   - Effectiveness
>   - Acceptability
>   - Consumer participation
>   - Access
>   - Efficiency.
> - Identify relevant data that will provide evidence of NP role implementation in relation to the dimension of role integration as required in Action 4.2. page 51. Attach as Appendix 6
>   - Clarity of roles and responsibilities.

- Scope of NP role.
- Team acceptance of role.
- Acceptance of NP role.
- Awareness of NP role.

o Identify relevant data that will provide evidence of NP role implementation in relation to the dimension of role sustainability as required in Action 4.2. page 51. Attach as Appendix 7.

- Succession plan
- Mentorship and clinical supervision.
- Role promotion.
- Involvement in workplace and professional organisations.
- Opportunities for clinical leadership and active participation within the wider health system.
- Access to professional development.

<div style="border: 1px solid;">

Promoters

The provision of a detailed and concise business case with the inclusion of all the relevant information will promote successful role implementation.

</div>

Key considerations

NP business case templates should insist on a comprehensive and strategic implementation and monitoring plan to accompany the application[1].

Enablers

Access and modify as required the generic NP business case template (see Appendix 2) and also available online at:

Nursing & Midwifery Office South Australia
www.nursingsa.com/pdf/Professional/Generic_NP_Business_Case_template.pdf

<div style="border: 1px solid;">

Critical Reflections

Have all requisite resources listed in the business case been requested?

What will the time frame be for these resources to be allocated and available to the NP?

</div>

2.8 Senior facilitator to establish that the allocation of funding and the relevant resources for the position are in place

> Meet with relevant stakeholders to confirm reimbursement mechanisms and verify funding arrangements.

> Collaboratively develop a process and negotiate a clear written timeline to enable this to occur.

Key considerations

Ensure adequate financial, infrastructural and clerical resources have been allocated for the establishment and maintenance of the service.

Establish long-term funding and remuneration mechanisms that support NP delivery models (& infrastructure and administrative support required for role to be fully realised)[1].

Enablers

Having a clear resource list and written timeline will ensure that all resource requirements are allocated prior to role implementation and that nothing is inadvertently omitted.

2.9 Senior facilitator to organise recruitment

> Contact Human Resources to establish the classification of the position and initiate the required recruitment process including the advertisement of the position.
> Select an interview panel that is reflective of key stakeholders.
> Nominate the interview panel and meet together to discuss the role of the NP and the proposed NP service.
> Determine which applicants will be interviewed.
> Interview potential applicants who should present their professional portfolio as part of the interview process.
> Appoint NP or NP candidate.

Key considerations

Consider appointing a NP to the panel.

Consider an interdisciplinary panel composition.

Consider appointing key stakeholders who will influence or be influenced by the introduction of the NP role; health-care team members and community stakeholders associated with the practice setting[3].

Enablers

Provide panel members with a copy of:

> the Business Case document (see Action 2.7) page 29
> the employment contract and Job & Person specification (see Action 2.5) page 26
> the ANMC National Competency Standards for the Nurse Practitioner (see Action 1.6) page 19
> the Nursing & Midwifery Regulatory requirements for endorsement (see Action 1.6). page 19
> other relevant documents.

This will enable them to have a clear understanding of the NP role and the proposed NP service.

Promoters

The engagement of key stakeholders (nursing, medical and allied health) in the recruitment process will promote team acceptance of the new role[1]

Stage 3 - Implementation

This stage assumes that the NP has been appointed to the position and is designed to provide guidance and support for the development and sustainability of the NP role within the health service and to maximise implementation outcomes. It is assumed that many of the following actions will occur concurrently.

Action List

Critical Reflections

What time frame will be required by the NP for orientation to the service, team and role?

How will the NP be introduced to the relevant team members, key internal and external stakeholders?

Has a clear communication pathway been established to address any queries or concerns?

Have the relevant resources and infrastructure been provided?

3.1 Senior facilitator to work with the NP and key stakeholders to establish a supportive environment

> Ensure the NP receives formal orientation both at service and team level.

> Introduce the NP to relevant key stakeholders to enable the formation of key links and relationships including other NP's within the service and/or practice area.

> Ensure the NP is provided with initiation and planning stage documentation, proposed timelines and previously identified resources and strategies to enable role implementation and to address potential barriers.

> Provide the NP with details of access to relevant external agencies that can provide consultation and support related to role development and implementation of the role.

> Review the business case to ensure that the relevant resources/ infrastructure requirements are in place.

Key considerations

The role of the key facilitator is that of 'change champion' to lead the implementation and to facilitate a supportive structure for the NP. To be successful the NP role should be part of an inter-professional collaborative team in which there are true partnerships[1]. It is essential that the newly appointed NP has a clear understanding of the proposed role and model of clinical service provision, including their role within the team, in order to clarify any misconceptions and to participate fully as a member of the team.

Promoters

The provision of a supportive environment will limit role isolation and will promote successful service provision, role integration and retention of the NP.

Enablers

Service and team orientation manuals will provide access to information that will promote understanding of the service. NP role development documentation will provide historical clarification of implementation process to date and the proposed model of care.

Nursing regulatory bodies and government or professional organisations will provide access to information to facilitate understanding of the NP role and the endorsement process.

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010)
www.nursingmidwiferyboard.gov.au

National Competency Standards for the Nurse Practitioner (ANMC 2006)
www.anmc.org.au/userfiles/file/competency_standards/Competency%20Standards%20for%20the%20Nurse%20Practitioner.pdf

Guidelines for Endorsement as Nurse Practitioner (NMBA 2010)
www.nursingmidwiferyboard.gov.au/documents/Endorsement%20nurse%20practitioner.pdf

Nurse Practitioner Prescribing
www.nmbsa.sa.gov.au/

Nursing & Midwifery Office South Australia
www.nursingsa.com/office.php

Frequently Asked Questions
www.nursingsa.com/pdf/Professional/NP_FAQ_2009.pdf

Generic Nurse Practitioner Business Case Framework
www.nursingsa.com/pdf/Professional/Generic_NP_Business_Case_template.pdf

Generic Nurse Practitioner Job & Person Specification Framework
www.nursingsa.com/pdf/Professional/Ad_Nurse-Midwife_NP-Lev4.pdf

Australian College of Nurse Practitioners
www.acnp.org.au/

Royal College of Nursing Australia
Nurse Practitioner National Network
www.rcna.org.au/networks/nurse_practitioner

Nursing & Midwifery Board of Australia
www.nursingmidwiferyboard.gov.au

Australian Nursing and Midwifery Federation (SA Branch)
www.nursing.sa.anmf.org.au/

Critical Reflections	**3.2 NP to identify relevant professional development needs and individual learning objectives and develop a clear pathway/written plan for their achievement in order to meet role expectations**

Critical Reflections

Does the NP have a clear understanding of the proposed role, NP role domains, NP competencies and the process for endorsement?

What are the NP role development areas for focus?

What supports and resources will the NP require to enable their achievement?

3.2 NP to identify relevant professional development needs and individual learning objectives and develop a clear pathway/written plan for their achievement in order to meet role expectations

> Based upon Australian Nursing & Midwifery Council National Competency Standards for NP's:
>   o Dynamic practice.
>   o Professional efficacy.
>   o Clinical leadership.
> Consider the individual competencies and performance indicators to identify areas for focus.
> Consider the five NP role domains and how time might be allocated between these domains.

Key considerations

The Australian Nursing & Midwifery Council competency standards for the NP build upon the core competency standards for registered nurses and midwives and the advanced nursing practice competency standards. The competency standards, which have been endorsed by all nursing and midwifery regulatory authorities, are those by which NP performance is assessed to obtain and retain the license to practice as a NP in Australia[9]. Opportunities and time for education and research activities should be protected[1]. A realistic workload and balance between clinical, educational, research and leadership needs to be established at an early stage in negotiation and agreement with the team[1].

Enablers

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010) www.nursingmidwiferyboard.gov.au

Nurse Practitioner Prescribing

National Competency Standards for the Nurse Practitioner (ANMC 2006) www.anmc.org.au/userfiles/file/competency_standards/Competency%20Standards%20for%20the%20Nurse%20Practitioner.pdf

Guidelines for Endorsement as Nurse Practitioner (NMBA 2010) www.nursingmidwiferyboard.gov.au/documents/Endorsement%20nurse%20practitioner.pdf

What is the understanding of the proposed NP role within the healthcare team?

What is a NP? How does this role differ from other advanced practice nursing roles?

What are the role domains of the NP? What services will the NP provide to the identified clinical population?

What services will the NP provide to the team?

What goal related outcomes are expected from the introduction of the NP role[2]?

What competencies, educational requirements and processes are required for NP endorsement? How will these be achieved? What supports with the NP require to enable their achievement?

How will the NP role function collaboratively within the interdisciplinary team?

To whom will the NP report?

Are role expectations consistent between all parties? What may require further clarification? How could this best be achieved?

How will the NP role be integrated into the team[3]?

How will the importance of collaboration among team members be emphasised[3]?

3.3 Senior facilitator to work with the NP and team members to facilitate a positive and collaborative practice environment

> The NP should provide a formal presentation to the team about the proposed NP role including Scope of Practice, referral pathways and mechanisms for referral, professional, legal and regulatory requirements of the NP role, key service objectives of the role.

> Promote team understanding of the NP role, it's potential to contribute to patient/resident/client and team outcomes and explain any misconceptions team members may have.

> Clarify the relationship between the NP role and those of other health care professionals[2].

> Identify facilitators and potential barriers to effective team functioning and develop strategies to overcome.

> Develop an approach to address any concerns that may hinder collaborative practice[3].

> Facilitate regular discussion of role expectations and any adjustments that may be required to support collaborative or consultative arrangements[3].

Key considerations

Role definition issues and lack of clarity about reporting lines have been identified as significant barriers to successful NP role implementation, leading to under-utilisation or poor utilisation of the NP[1]. The NP should be integrated into the team as an equal partner, functioning in collegial relationships with all members of the health-care team[3]. To collaborate effectively there needs to be recognition amongst all involved health care professionals that the NP role is predicated on the authority to practice being vested in the NP themselves and not delegated by other health care professionals[1]. The fact that the NP may work relatively autonomously does not preclude the fact that there is also interdependent working with other team members[1]. The establishment of collaborative practice agreements and shared goals early within a management framework that supports effective working relationships will facilitate NP role implementation, team collaboration and partnership[1].

Enablers

Nursing regulatory bodies and government or professional organisations will provide access to information to facilitate understanding of the NP role and the endorsement process (see Action 3.1. above page 33).

Provide team members with summary copies of the relevant presentation information to enable a clear understanding of the proposed NP role and the pathway to NP endorsement.

What is the tertiary education requirement of the relevant nursing and midwifery regulatory authority to achieve endorsement as a NP?

Are there alternative pathways for endorsement?

What are the entry requirements for admission to a Masters of NP program?

What is the length of the program of study? Is the program available in part-time or full time mode? Is it available in external or internal mode or a combination? Are there any university attendance requirements?

Has the NP completed previous post graduate qualifications? Will these be considered for allocation of prior credit by the relevant tertiary education provider?

How will the NP achieve the clinical competencies of the program of study? What assistance and support will be required of the health service to enable NP competency achievement?

Does the university require a formal mentorship arrangement? Whose assistance is required to facilitate this?

3.4 NP to link with relevant tertiary education provider(s)

> Negotiate access to relevant study and research pathways as required.
> Determine mentorship requirements.

Key Considerations

Universities utilise the Australian Nursing & Midwifery Council National competency Standards for the Nurse Practitioner when developing the relevant program curricula and to assess student performance[9].

Enablers

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010)
www.nursingmidwiferyboard.gov.au

Guidelines for Endorsement as Nurse Practitioner (NMBA 2010)
www.nursingmidwiferyboard.gov.au/documents/Endorsement%20nurse%20practitioner.pdf

Promoters

Consideration of all the alternatives in the development of research, study pathways and the individual requirements to achieve endorsement will promote the ability to meet role development expectations.

Promoters

Involvement of the NP in a supportive mentoring structure will promote the ability of the NP to gain confidence and maximise role sustainability.

3.5 NP to establish mentorship arrangements

> Identify and approach appropriate mentor(s).

> Formalise mentorship agreement including frequency, duration, focus and expectations of relationship.

Key considerations

Review of the literature suggests that a scarcity of supportive and mentoring structures contributes a significant barrier to successful and sustained implementation of the NP role[1]. NP's new to the role demonstrated a need for support, supervision and opportunities to review and audit their decision-making and the outcomes of their interventions[1]. Appropriate mentorship and a mentorship culture needs to be established and a consistent mentoring system should be developed[1]. It is likely that there will be a need for more than one mentor throughout the role development phase as the learning needs of the NP progress/ change. NP funding should be contingent on the establishment of these structures and processes[1].

Enablers

Access to nursing and professional literature will enable a detailed understanding of the requirements and strategies central to the formation of effective mentoring relationships.

The relevant tertiary education provider may also provide guidelines, suggestions and supports for both parties within the mentoring relationship.

Which key stakeholders might directly impact or be impacted upon through the introduction of the new role?

What strengths, insights and experience would the potential committee member contribute to the process of role development?

Whose support and encouragement will be the most valuable to the implementation of the NP role? Who can provide the requisite strategic assistance to embed the role and the new model of service provision?

Have a variety of disciplines, skills and alternative viewpoints been included within the group membership?

How often and for how long will the committee members need to meet?

What are the aims and objectives of the NP Implementation Support Group?

Promoters

Establishment of new roles with the contribution from key stakeholders will enable the role clarification and understanding, the role boundaries, acceptance, challenges and facilitators to role implementation [2].

3.6 Establish a formal process to oversee and support the NP role implementation

> Facilitate the formation of a NP Implementation Support Group (NPISG). Strategic consideration of the following members is recommended:

   ○ Key stakeholders – consider both internal and external.
   ○ Multidisciplinary:
      ▪ Senior nursing representation.
      ▪ Senior medical representation.
      ▪ Allied Health representation.
   ○ NP representation.
   ○ Consumer representation.
   ○ Potential mentor(s).

> This process should be initiated by the individual champion/ facilitator in consultation with the NP.
> Members of the committee should be able to commit the required time and energy to the process.
> Establish protected time and a forward meeting schedule.
> The facilitator should draft the terms of reference, roles and responsibilities.
> NPISG members should consider the draft terms of reference, roles and responsibilities, modify them as required and confirm.
> The NP should hold the Executive Officer role and be responsible for the production of meeting minutes and the agenda.

Key considerations

Research indicates that the acceptance and satisfactory implementation of the NP role by other key players (all healthcare professionals) is strongly influenced by organisational culture, including the formal involvement of key players in planning and implementing NP positions and dedicated person(s) to implement the NP position (it is crucial that this should not be left solely to the NP)[1]. The overt endorsement of the NP role by senior members of the multidisciplinary team significantly contributes to internal and external acceptance of the NP role by health care professionals and health care consumers[7]. Membership of the group will provide increased understanding of the NP role within the group and can assist in promoting support for the NP within the team or service.

Enablers

A draft terms of reference document (see Appendix 3) is available online from Nursing & Midwifery Office South Australia. www.nursingsa.com/office.php

3.7 Enable understanding of the proposed NP role within the NP Implementation Support Group to enable strategic review of the implementation plan

> Provide access to initiation and planning stage documentation for all members.
>> ○ Service needs (as defined in Actions 1.1 page 14 and 1.5 page 18)
>>> ▪ organisational aims and objectives
>>> ▪ strategic plans
>>> ▪ service delivery priorities
>> ○ Defined model of care and NP role definition (as developed in Actions 1.5 page 18 and 1.6 page 19)
>> ○ Business Case documentation (as developed in Action 2.7 page 29)
> Provide access to professional, legal and regulatory guidelines and standards relevant to the NP role (as accessed in Action 2.2 page 22).
> Identify and link with relevant external agencies that could provide consultation related to role planning and execution issues and decisions.
> The NP should present a brief structured overview of the proposed role and the pathway to endorsement for the NP Implementation Support Group.
> The NP Implementation Support Group should consider the individual, service and professional, legal and regulatory requirements of the NP role and how they might impact upon the current position.
> The NP Implementation Support Group should review the timeline for implementation of role.
> The NP Implementation Support Group should identify specific facilitators and potential barriers to role implementation and develop strategies to overcome.

Key considerations

Within a strategic implementation plan the following features result in more positive reception to the NP role: Formal structured orientation to the NP role amongst key stakeholders and team members; clearly conveying scope of practice; emphasising interdependent working presence of collaborative structures and provision of in-house information[1]. The co-operation and involvement of different stakeholder groups as well as organisational adjustments in response to issues that may impact on implementation are of integral importance to successful implementation[1].

Enablers

Review the links provided in Actions 1 & 2 to the relevant external information resources.

Provide group members with summary copies of the relevant information to enable a clear understanding of the proposed NP role and the pathway to NP endorsement.

3.8 NP to develop a plan for establishing and maintaining support networks both internal and external

> The NP should build time into their work schedule for regular meetings with team members and key external service providers in order to maintain contact, further develop relationships, discuss expectations, identify problems and formulate plans to meet role expectations[3].

> Ensure ongoing communication with team members about the NP's roles and responsibilities (this promotes role clarity) and impact upon other health-care members' roles (this decreases role confusion)[3].

> Engage in regular, formalised and structured clinical supervision to enable professional support, learning and reflective practice.

> Consult with other NP's who have implemented a NP role to identify effective strategies and lessons learned[3].

> Link and actively engage with relevant professional organisations and regulatory bodies to maintain knowledge regarding standards of practice, legislation, educational and professional development opportunities and guidelines for collaboration, supervision and independent practice[3].

> Link with relevant tertiary educators and researchers to identify teaching and research opportunities with which to be involved[3].

Key considerations

Networks are important for sharing information on professional issues, identifying opportunities and solutions to challenges in role evolution and accessing collegial support and guidance[3]. The capacity to adapt to varying daily situations, having strong communication, relationship, and team building skills and access to a good support system from key stakeholders were critical in helping to ease the NP role into clinical settings and overcome many attitudinal barriers[1]. Flexibility, adaptability and effective communication, relationship and team building skills are needed by the NP to reduce resistance for other health care professionals[1].

Enablers

Professional organisations will provide access to increased understanding and professional support related to role implementation and development.

Australian College of Nurse Practitioners
www.acnp.org.au/

Royal College of Nursing Australia
Nurse Practitioner National Network
www.rcna.org.au/networks/nurse_practitioner

Australian Nursing and Midwifery Federation (SA Branch)
www.nursing.sa.anmf.org.au/

Consider also professional groups within the NP clinical specialty area.

Consider also the relevant tertiary education provider who may enable teaching and research support opportunities.

3.9 NP to develop a scope of practice and referral pathways document

> In consultation with NP Implementation Support Group.
> Describe the context of practice and clinical population for which care is provided.
> Linked to previously identified clinical population health needs and National and State priorities for health reform (see Actions 1.1 & 1.5).
> Describe all facets of the service provided by the NP.
> Linked to the Australian Nursing & Midwifery Council Competency Standards for the NP.
> Consider all NP role domains, functions and expectations.
> Ensure the document is reflective of the nursing focus of the role.
> Ensure the document is reflective of best-practice, evidence based clinical care and is referenced appropriately.
> Ensure the document articulates role autonomy within a collaborative, interdisciplinary framework.
> Articulate mechanisms for quality assurance, service improvement and indemnity insurance.
> Consider how the role will be evaluated.
> Consider access to patient/resident/client s; describe how patient/resident/client s are referred to the NP service and the parameters for the episode of care.
> NP implementation Support Group to review resource provision linked to finalised Scope of practice.
  ○ Ensure all previously identified resources are in place.
  ○ Consider any previously unidentified resource requirements and develop a strategy to enable their allocation.
> Obtain 'sign off' from Executive or delegate.

Key considerations

The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise[9]. The scope of practice of Nurse Practitioners by virtue of their advanced, extended and specialised practice, therefore includes practice that is outside the accepted and 'normal' scope of practice of other Registered Nurses[7].

A clearly defined scope of practice is required for endorsement of the NP by the relevant nursing and midwifery regulatory authority. The following essential elements need to be articulated in a NP scope of practice statement: specific context of practice, limits and boundaries to practice and practice roles including prescribing medication, ordering diagnostic investigations and referral of patient/resident/client s[7]. The NP scope of practice also needs to

reflect the different NP role domains and the Australian Nursing & Midwifery Council Competency Standards for the NP. A clearly articulated scope of practice will provide role clarity and define role parameters for all key stakeholders.

Enablers

Nursing regulatory bodies and government or professional organisations will provide access to information to facilitate understanding of the NP role and the development of the scope of practice document.

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010)
www.nursingmidwiferyboard.gov.au

Nurse Practitioner Prescribing

National Competency Standards for the Nurse Practitioner (ANMC 2006)
www.anmc.org.au/userfiles/file/competency_standards/Competency%20Standards%20for%20the%20Nurse%20Practitioner.pdf

Guidelines for Endorsement as Nurse Practitioner (NMBA 2010)
www.nursingmidwiferyboard.gov.au/documents/Endorsement%20nurse%20practitioner.pdf

Nursing & Midwifery Office South Australia
www.nursingsa.com/office.php

Frequently Asked Questions
www.nursingsa.com/pdf/Professional/NP_FAQ_2009.pdf

Australian Nursing and Midwifery Federation (SA Branch)
www.nursing.sa.anmf.org.au/

Consider also professional groups within the NP clinical specialty area.

3.10 Senior facilitator to work with the NP and the NP Implementation Support Group to develop a communication strategy to promote NP role awareness

> Internal – team, service.
> - Provide a formal presentation to the team about the proposed NP role including Scope of Practice, referral pathways and mechanisms for referral, professional, legal and regulatory requirements of the NP role and key service objectives of the role (see Action 3.3).
> - Consider regular opportunities within the multidisciplinary team for NP led case reviews to promote the understanding of the NP model of care.
> - Consider opportunities within the wider service to link formally or informally to promote the benefits of the NP role and to form collaborative relationships.
> - Consider opportunities to participate on service committees to raise the profile of the NP service[3].

> External – clients, GP's and other referees, relevant NGO's.
> - Develop a NP service/ profile brochure[1].
> - Provide formal presentations to key stakeholders and referees
>   - Include relevant information related to service access, scope of practice, referral mechanisms.

> Tailor the provision of information and the language used to reflect the target audience, i.e. other healthcare professionals, external stakeholders or patient/resident/client s and carers.

> Promote the benefits of the NP role to enhance existing service provision or to provide a service where none previously existed.

> Include reference to research evidence of outcomes from NP models of care.

> Provide links for the target audience to enable access to further information about the role and outcomes of NP practice.

Key considerations

There is often a lack of understanding from other health care professionals and healthcare consumers about the role and expertise of the NP[1]. Communications need to be tailored and directed towards specific target groups (including the general public, physicians, pharmacists, nurses, allied health, radiology and pathology providers)[1]. Cite and promote Australian research that NPs service appropriately and do not over or under service[1]. Messages should emphasise that the NP role involves highly skilled clinical nursing practice and acts as a complement to medicine[1].

Promotion of public and professional awareness and understanding regarding the NP role will enable successful implementation of and appropriate utilisation of the NP skills.

Enablers

Nursing & Midwifery Office South Australia
www.nursingsa.com/office.php

Nurse Practitioner Service brochure template (see Appendix 4) and is also available online:
www.nursingsa.com

SA Health Communications Division
http://in.health.sa.gov.au/communications/

Australian Nursing and Midwifery Federation (SA Branch)
www.nursing.sa.anmf.org.au/

Critical Reflections

How will the NP model of service provision be assured in the long term?

How will the NP be supported to access the relevant professional development required to provide best practice, evidence-based care and to maintain endorsement?

How can we sustain the leadership capacity and capability of the NP role?

How will potential successors be identified? How can we provide the opportunity for identified nurses to be mentored towards NP competency?

How will potential successors be facilitated to work alongside the NP?

What resources will be required to enable this to occur?

3.11 Senior facilitator and NP develop a plan for sustaining the NP service

> Ensure ongoing access to resources to support professional and inter-professional continuing education linked to the NP professional development plan.
> In consultation with the NP Implementation Support Group promote service commitment to intentional succession planning through the formulation of a succession strategy (see also Action 2.7 page 26).
> Develop an implementation plan for this to occur including a timeline and negotiate quarantined time and resources to enable this to occur.

Key considerations

Continuing education is essential to support the life-long learning necessary for maintaining competency of practice in the dynamic environment of health-care delivery[3]. Continuing education should be part of the job description and should be facilitated through appropriate coverage of clinical responsibilities[3]. NP funding should be contingent on the establishment of structures and process to facilitate the 'up-skilling' and maintenance of NP extended skills and knowledge[1]. Ensure NPs have access to and are supported to participate in appropriate professional/ educational development. This should include funding for continuous education, time-off and access to online libraries and learning resources[1].

Succession planning promotes the development of leadership capability and capacity[10]. Intentional succession planning is vital to ensure the continuity of NP service provision whilst providing clinical

career development within the health care organisation. It facilitates the NP to provide mentorship and education within the nursing team. It enhances recruitment and retention reinforcing the view that people are assets vital to the success of the organisation. It requires formal organisational support and resource commitment.

Enablers

Nursing regulatory authorities and professional organisations will provide access to information to facilitate understanding of the NP role and the importance of access to continuing professional development.

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010) www.nursingmidwiferyboard.gov.au

National Competency Standards for the Nurse Practitioner (ANMC 2006) www.anmc.org.au/userfiles/file/competency_standards/Competency%20Standards%20for%20the%20Nurse%20Practitioner.pdf

Guidelines for Endorsement as Nurse Practitioner (NMBA 2010) www.nursingmidwiferyboard.gov.au/documents/Endorsement%20nurse%20practitioner.pdf

Australian Nursing and Midwifery Federation (SA Branch) www.nursing.sa.anmf.org.au/

Access to nursing, health and business literature will enable a detailed understanding of the requirements and strategies central to the formation of effective succession planning strategies and its relevance to workforce development.

Access to National and State priorities for health service development and workforce reform will provide evidence of the strategic relevance of intentional succession planning.

Promoters

The engagement of NP in continuing professional development supports and assists in their endorsement and thereby the ongoing sustainability of the NP role.

Formal succession planning will promote the sustainability of the NP role and the specialist expertise the role provides and allows for continuity of care for their clients / patients.

3.12 Develop opportunities for the NP to engage in clinical leadership and active participation through all levels of health service

> NP to work within the multidisciplinary team to identify regular opportunities for NP led case reviews and the provision of in-service education.
> Senior facilitator to work with the NP and the NP Implementation Support Group to identify and facilitate opportunities for NP involvement in clinical leadership within the organisation.
> The NP should link and actively participate within the relevant professional organisations.
> NP should give consideration to their ability in fulfilling the Clinical Leadership component of their role by developing opportunities through mentorship (as required).

Key considerations

The nurse practitioner is a leader in all dimensions of nursing practice[9]. Key elements of clinical leadership are the need to guide and influence care delivery systems through engagement in policy development either directly at local organisation and local government level or through active engagement in the policy work of their professional organisation[9]. The NP actively participates as a senior member and/ or leader of relevant multidisciplinary teams[9]. The NP requires strong communication, relationship and team building skills as well as flexibility and adaptability[1]. The NP engages in and leads clinical collaboration that optimises outcomes for patient/resident/client s/ clients/ communities[9].

Enablers

Consider engagement with the following professional organisations:

Australian College of Nurse Practitioners
www.acnp.org.au/

Royal College of Nursing Australia
Nurse Practitioner National Network
www.rcna.org.au/networks/nurse_practitioner

Australian Nursing and Midwifery Federation (SA Branch)
www.nursing.sa.anmf.org.au/

Consider also professional groups within the NP clinical specialty area.

Consider also SA Health Leadership Program
http://in.health.sa.gov.au/leadership-excellence.asp

Stage 4 - Evaluation of the implementation of the NP role within the service

This stage is designed to promote reflection, evaluation and monitoring of the implementation process. It encourages the engagement of timely, remedial actions to optimise the implementation of the NP role within the service. It is assumed that the evaluation process will be continuous throughout the role development process, as key stakeholders work together collaboratively to maximise the implementation outcomes.

Action List

Critical Reflections

What is the progress towards NP competency achievement?

What evidence can the NP utilise to demonstrate individual competency achievement?

What areas require further attention?

What is the plan to address these areas?

Are there any barriers?

How might these barriers be addressed to promote resolution?

What supports and resources will the NP require to achieve this?

Will these issues impact upon the previously defined implementation timeline?

4.1 The NP and the senior facilitator develop a process to monitor and evaluate the implementation objectives achieved in relation to previously defined timelines linked to ANMC NP competency achievement (as identified in Action 3.2 page 34)

> Dynamic practice.
> Professional efficacy.
> Clinical leadership.
> Schedule regular reviews throughout the implementation process to enable new learning and a proactive response.
> Provide opportunity for NP self-evaluation to consider areas of achievement, progress made and areas requiring additional attention.
> Engage in the completion of regular performance review and professional development planning sessions in line with the SA Health framework.
> Consider all domains of NP role development.
> Identify key challenges to role implementation and strategies to overcome.
> Evidence of achievement should be utilised within the NP professional portfolio.
> The NP should communicate their progress to the NP Implementation Support Group and enlist their advice and support where relevant.

Key considerations

Formal evaluation of progress towards competency enables reinforcement of the progress made and the opportunity to enlist support to address identified barriers. The NP should be encouraged to identify differences in their expectation of role performance and actual role preformance[3]. Linking the evaluation to the NP competencies will facilitate the identification of parameters for evaluation and the formulation of a clear action plan. A critical issue is the recognition that full implementation of the role takes time[2]. Movement through developmental phases is dependent upon

Promoters

Formal evaluation of the implementation process inclusive of ANMC NP Competency will promote the ability to meet role expectations.

performance evaluations and communication between the NP and administrator(s) to ensure that the supports and resources necessary for each phase are provided[2].

Enablers

Nursing & Midwifery Board of Australia (to take effect on 1 July 2010)
www.nursingmidwiferyboard.gov.au

National Competency Standards for the Nurse Practitioner (ANMC 2006)
www.anmc.org.au/userfiles/file/competency_standards/Competency%20Standards%20for%20the%20Nurse%20Practitioner.pdf

SA Health Performance Review and Development
http://in.health.sa.gov.au/wc/Default.aspx?tabid=355

Critical Reflections

How will the monitoring of role implementation be undertaken?

What goal related outcomes are expected from the introduction of the NP role[2]?

What Key Performance Indicators for the NP role have been identified in the business case?

What key challenges to NP role implementation have been identified by previous research?

What key challenges have been identified to date?

What strategies have been developed to overcome these challenges?

Have these strategies been effective and what processes require further evaluation?

What dimension(s) do we wish to evaluate?

4.2 NP to work with the senior facilitator and the NP Implementation Support Group to develop a strategy to monitor and evaluate NP role implementation and the challenges to role development

> Identify relevant information that will provide evidence of the NP clinical role implementation in relation to the following elements:

Role quality

Consider the following dimensions:
- safety
- effectiveness
- acceptability
- consumer participation/ satisfaction
- access
- efficiency

Role integration

Consider the following dimensions:
- Clarity of roles and responsibilities.
- Scope of NP role.
- Acceptance of NP role.
- Awareness of NP role
- Integration into the team/ service.

Role sustainability

Consider the following dimensions:
- Access to professional development.
- Succession plan in place.

What performance indicator(s) will provide information relevant to the selected dimensions?

What data is routinely collected by the NP or the service?

What existing data collection tools can we utilise?

What additional tools may be required?

How and when will data be collected?

How will the time frame for data collection be determined?

Who will data be collected from?

Whose responsibility will it be to collect, collate and analyse the data?

How will ethical and confidentiality issues be managed?

How will the findings be presented? To whom will they be provided?

What were the expectations and what has been discovered?

What is working well?

What could be improved?

What strategies are required to address these issues?

- Regular access to mentorship and clinical supervision.
- Role promotion activities.
- Involvement in workplace and professional organisations.
- Opportunities for clinical leadership and active participation within wider health system.

> Schedule regular reviews throughout the implementation process to enable new learning and a proactive response.
> Schedule regular professional development and review sessions throughout the implementation process with manager.
> Consider all previously identified NP service delivery outcomes and key performance indicators.
> Consider the use of existing data that is routinely collected and utilised by the health service.
> Consider service data collected prior to implementation that may be utilised as a baseline for comparison.
> Consider the use of existing data collection instruments utilised to evaluate other advanced practice roles.
> Consider both quantitative and qualitative data collection.
> Consider the involvement of key stakeholders (both internal and external) in the evaluation process.
> Consider the resources available for evaluation.
> Identify relevant data that may provide feedback to evaluate role performance and enable role revision.
> Identify dimensions for measurement.
> Identify the relevant key performance indicator(s) for each selected dimension.
> Identify data collection instruments.
> Plan an evaluation design.
> Develop mechanisms to obtain feedback.
> Formulate a timeline for evaluation.
> Gather the relevant information.
> Analyse the information and compare findings to expected results.
> Utilise information collected to evaluate and modify role implementation as required.
> Provide a formal report detailing the evaluation of the implementation process including the three key paradigms of role quality, role integration and role sustainability.

Key considerations

The co-operation and involvement of different stakeholders groups as well as organisational adjustments in response to issues that may impact on implementation are of integral importance to successful implementation[1]. During this stage of role development the NP should be provided with feedback that reflects the views of

the health-care team, the patient/resident/client s, and the community agencies with which the NP works[3]. Provide ongoing constructive feedback and modify the NP's role, if necessary, according to patient/resident/client and practice needs[3]. Initial evaluations of the role and model of care should focus on outcomes related to safety and efficacy, acceptance and satisfaction, costs and role transfer[2]. It is recommended that the evaluation focus on a limited number of performance indicators or measures[3]. Different role elements may be more usefully evaluated at selected stages of the implementation process. It is likely that some key performance indicators will be collected as a routine component of NP service provision. Resource implications may dictate the selection of data collection tools. Selecting goal-directed outcomes relevant to each role domain and specific to the NP role aids in determining nurse sensitive outcomes[2].

Promoters

Formal evaluation of role implementation will highlight the detection of barriers to implementation and promote the sustainability of the NP service.

Addressing challenges to role development will lead to retention and promote successful implementation of the NP role.

Enablers

Access to the following site will provide links to evaluation tools utilised in the evaluation of Advanced Practice Nursing roles.

APN Data Collection Toolkit available online at apntoolkit.mcmaster.ca/

Access to nursing literature and research may provide examples and suggestions for relevant tools utilised in the evaluation of NP roles.

Consider accessing other NP's working within your service or your specialty area that may have completed their own evaluation and could provide guidance or suggestions.

Nurse Practitioner Review Report

Nursing and Midwifery Office South Australia

This report makes recommendations to address the barriers that have arisen in relation to the implementation of NP roles. www.nursingsa.com/pdf/Professional/Nurse%20Practitioners%20Review%20Report%20(2009).pdf

Review of the relevant Actions (contained within this Toolkit) that correspond to the identified role development dimension should also provide practical assistance / strategies to address issues of concern related to role implementation.

References

1. Adrian, A. & Chiarella M. (2008). Review of the Implementation of the Role of NP's in South Australia. Government of South Australia. Adelaide. South Australia.

2. Bryant-Lukosius, D. & DiCenso, A. (2004). A framework for the introduction and evaluation of advanced practice nursing roles. *Nursing and Health Care Management and Policy.* Vol. 48(5), pp. 530-540.

3. Canadian Nurse Practitioner Initiative. (2006). Implementation and Evaluation Toolkit for Nurse Practitioners in Canada. Canadian Nurses Association. Ottawa. ON.

4. Gardner, G., Chang, A. & Duffield, C. (2007). Making nursing work: breaking through the role confusion of advanced practice nursing. *Journal of Advanced Nursing.* Vol. 57(4), pp. 382-391.

5. Swage, T. (2004).Clinical Governance in Health Care Practice. Elsevier Science London UK.

6. Department of Health Western Australia, Office of the Chief Nursing Officer (2003). *Guiding Framework for the Implementation of Nurse Practitioners in Western Australia.* Perth: Department of Health Western Australia.

7. ACT Health (2008). NPs in the ACT. The framework. 2nd Edition. ACT Government.

8. Queensland Government (2008). Queensland Nurse Practitioner: implementation guide. Queensland Government, Brisbane.

9. Australian Nursing and Midwifery Council. (2006). National competency Standards for the Nurse Practitioner. Canberra. Available at: www.anmc.org.au

10. South Australian Department of Health.(2008). Delivering the Future: Building a valued and sustainable nursing and midwifery workforce 2008-2011. SA Department of Health Adelaide South Australia

Appendices

Appendix 1 Checklist of Stages and Actions

Stage 1 - Initiation

Action 1.1: Define the clinical population health needs. ☐

Action 1.2: Identify and engage key stakeholders. ☐

Action 1.3: Nominate an individual to facilitate the working group and recruit key stakeholders to the working group. ☐

Action 1.4: Consider the current model of care, clarify and prioritise current and future service needs within the working group. ☐

Action 1.5: Identify the required modifications to the current model of care to address the future service needs. ☐

Action 1.6: Identify the relevant clinical nursing role and determine whether or not to implement an APN or NP role. ☐

Stage 2 - Planning

Action 2.1: Establish a process to lead the role implementation. ☐

Action 2.2: The senior facilitator should understand the proposed NP role and the NP endorsement process. ☐

Action 2.3: Senior facilitator to review timelines and processes involved in the planning, implementation and evaluation of the NP role and formulate a timeline for implementation. ☐

Action 2.4: Senior facilitator to establish networks for role implementation. ☐

Action 2.5: Senior facilitator to develop the job and person specification and employment contract for the role in consultation with the relevant human resources department. ☐

Action 2.6: Senior facilitator to identify and confirm infrastructure and support requirements. ☐

Action 2.7: Senior facilitator to complete business case and obtain 'sign-off' from Executive or delegate for approval to implement role. ☐

Action 2.8: Senior facilitator to establish that the allocation of funding and the relevant resources for the position are in place. ☐

Action 2.9: Senior facilitator to organise recruitment. ☐

Stage 3 - Implementation

Action 3.1: Senior facilitator to work with the NP and key stakeholders to establish a supportive environment. ☐

Action 3.2: NP to identify relevant professional development needs and individual learning objectives and develop a clear pathway/ written plan for their achievement in order to meet role expectations. ☐

Action 3.3: Senior facilitator to work with the NP and team members to facilitate a positive and collaborative practice environment. ☐

Action 3.4: NP to link with relevant tertiary education provider(s). ☐

Action 3.5: NP to establish mentorship arrangements. ☐

Action 3.6: Establish a formal process to oversee and support the NP role implementation. ☐

Action 3.7: Enable understanding of the proposed NP role within the NP Implementation Support Group to enable strategic review of the implementation plan. ☐

Action 3.8: NP to develop a plan for establishing and maintaining support networks both internal and external. ☐

Action 3.9: NP to develop a scope of practice and referral pathways document. ☐

Action 3.10: Senior facilitator to work with the NP and the NP Implementation Support Group to develop a marketing strategy to promote NP role awareness. ☐

Action 3.11: Senior facilitator and NP develop a plan for sustaining the NP service. ☐

Action 3.12: Develop opportunities for NP to engage in clinical leadership and active participation through all levels of health service. ☐

Stage 4 - Evaluation

Action 4.1: The NP and the senior facilitator develop a process to monitor and evaluate the implementation objectives achieved in relation to previously defined timelines linked to ANMC NP competency achievement (as identified in Action 3.2). ☐

Action 4.2: NP to work with the senior facilitator and the NP Implementation Support Group to develop a strategy to monitor and evaluate NP role implementation and the challenges to role development. ☐

Generic Nurse Practitioner Business Case Template.

This template has been developed to assist the senior individual facilitator in the completion of the business case for submission to Executive (or delegate) for their approval to implement the NP role. It is designed to be utilised in conjunction with the NP Role Implementation Toolkit.

_____

Title: Application for establishment of a NP position
  - Name of clinical area
  - Name of health service

Table of Contents:

Introduction:
  o Provide a brief summary of the document.
  o Include reference to the process of role development to date including consultation with key stakeholders.

Service Description:
  o Describe the clinical population health needs.
  o As developed in Toolkit Action 1.1

  o Clarify the service needs (current and future).
  o As developed in Action 1.4

  o Describe the context of practice and the proposed role.
  o Include the potential benefits of the new role to the existing service (including benefits to current workload of other healthcare professionals).
  o Include the rationale for the selection of a NP role.
  o As developed in Action 1.6 and 1.7.

NP position implementation and monitoring plan:
  o As developed in Action 2.3.
  o Provide evidence of the responsibility for and a commitment to the implementation process and how this will be monitored.
  o Include reference to ongoing planning and collaboration with key stakeholders.
  o Attach as Appendix 1 – NP Role Implementation timeline.

Resource requirements:
  o As developed in Action 2.5 and 2.6.
  o Attach as Appendix 2 – Job & person Specification.
  o Attach as Appendix 3 – Employment contract.
  o Attach as Appendix 4 – Budget for position and resource requirements for role.

Key outcome criteria measurement:
  o Provide an appropriate set of key performance indicators for the proposed NP role in relation to the dimension of **quality** as
     developed in Action 4.2 – Attach as Appendix 5.
     - Safety
     - Effectiveness
     - Acceptability
     - Consumer participation
     - Access
     - Efficiency

- o Identify relevant data that will provide evidence of NP role implementation in relation to the dimension of **role integration** as developed in Action 4.2 – Attach as Appendix 6.
  - Clarity of roles and responsibilities.
  - Scope of NP role.
  - Team acceptance of role.
  - Acceptance of NP role.
  - Awareness of NP role
  - Integration into the team/ service.

- o Identify relevant data that will provide evidence of NP role implementation in relation to the dimension of **role sustainability** as developed in Action 4.2 – Attach as Appendix 7.
  - Access to professional development
  - Succession plan in place
  - Regular access to mentorship and clinical supervision
  - Role promotion activities
  - Involvement in workplace and professional organizations
  - Opportunities for clinical leadership and active participation within the wider health system

Appendices:
- Appendix 1 NP Role Implementation Timeline
- Appendix 2 NP Job & Person Specification
- Appendix 3 NP Employment contract
- Appendix 4 Budget for NP position and Resource requirements for role.
- Appendix 5 Key Outcome Indicators; quality
- Appendix 6 Key Outcome Indicators; role integration
- Appendix 7 Key Outcome Indicators; role sustainability

Reference list:

Appendix 3– NP Role Implementation Support Group
Terms of Reference

Government of South Australia
Department of Health

(INSERT name of service) **NURSE PRACTITIONER** **(insert clinical area or patient/resident/client population)** **ROLE IMPLEMENTATION SUPPORT GROUP**

TERMS OF REFERENCE

DESIRED OUTCOME

To support the successful implementation and ongoing development of the role of the Nurse Practitioner within the (insert name of service here).

PROCESSES

The Nurse Practitioner will use the Advisory Group as a means of consultation and support to facilitate the implementation and development of the NP role and will provide (insert time frame here) reports on outcomes achieved.

Actions of the group will be as follows:
(alter, omit or insert additional collaboratively agreed actions here).

- To act as mentors, coaches and support persons for the establishment of the NP role.

- To set priorities and strategic directions for the position that will define the scope of practice for the position.

- To identify pathways that ensure Nurse Practitioner development is closely aligned to the service and community needs;

- To identify, review and monitor the adequacy and suitability of professional and educational support provided to the NP.

- To ensure integration and interface issues between key internal and external stakeholders are addressed.

- To create a governance structure for the NP to monitor health outcomes and collaborative practices.

- To examine opportunities to develop partnerships with other agencies and explore opportunities for joint initiatives.

MEMBERSHIP

Chair: (insert name of Chair here).

Executive Officer: (insert name of Executive Officer here).

MEMBERS: (insert members names here)

Name	Title	Contact Details

- The Advisory Group are accountable to their respective agencies for the provision of accurate information on day to day operational issues in relation to the NP role.
- The NP will be accountable for reporting back on role outcomes on a (insert time frame here) basis to the NP Implementation Support Group.
- The chair of the committee will provide updates to (insert reporting line here).

QUORUM

A quorum is defined as (insert definition here).

MODUS OPERANDI

(insert meeting schedule and meeting frequency)

Ut wisi enim ad minim veniam

Duis autem vel eum iriure dolor in hendrerit in vulputate

velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

Nam liber tempor cum soluta nobis eleifend option congue nihil imperdiet doming id quod mazim placerat facer possim assum. Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis

At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet. Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et

sum dolor sit amet, consetetur

sadipscing elitr, sed diam nonumy eirmod

Stet clita kasd gubergren

Lorem ipsum dolor sit amet, consetetur

sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet.

At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet. At vero eos et accusam et justo duo dolores et

For more information

Property Name
Division etc
Address Line 1
Address
Telephone: xxx xxx xxx
www.xxxxxxxxxxxxxxx

Other contact or referral details line 1
Other contact or referral details line 2

Non-English speaking: for information in languages other than English, call the interpreting and Translating Centre and ask them to call The Department of Health. This service is available at no cost to you, contact (08) 8226 1990.

Government of South Australia

SA Health

Title (insert name of service here)
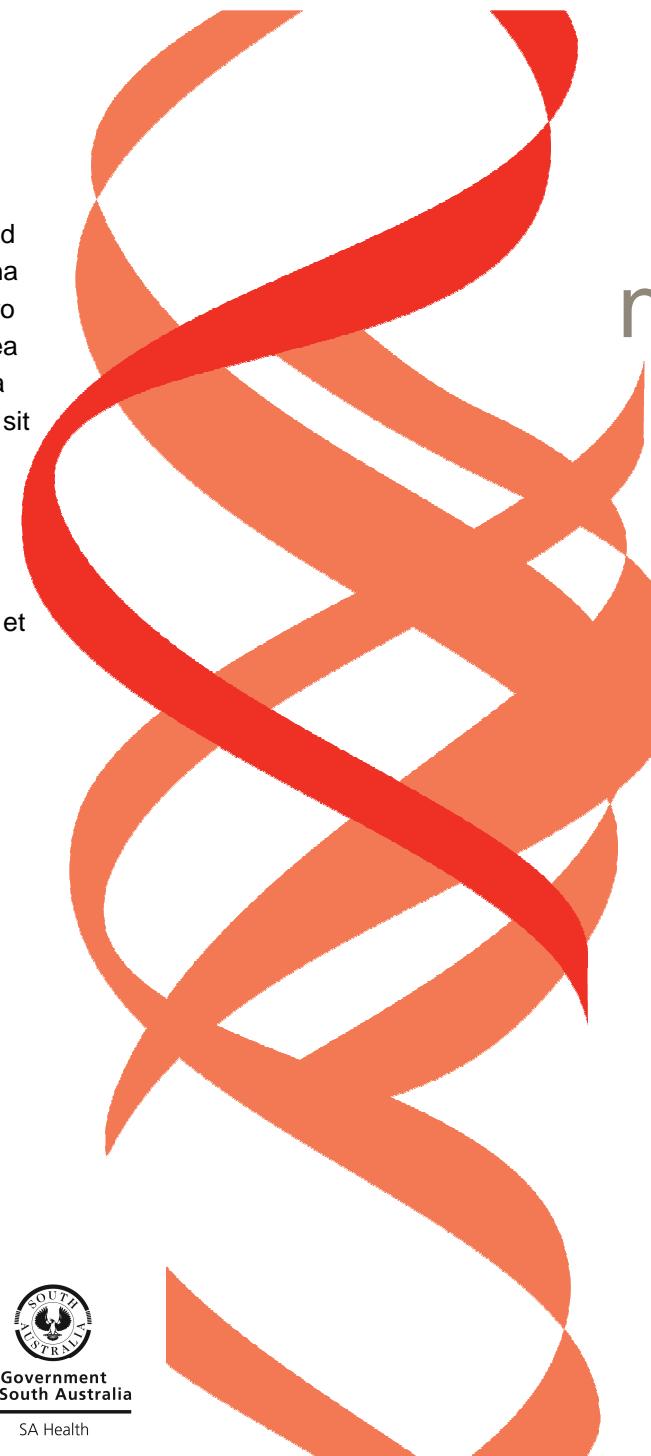
Patient information brochure

Government of South Australia

SA Health

Insert name of service

(Insert brief service description)
Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam

(provide more detail here regarding the service offered as required)
velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

(consider providing details regarding

Service access

Service cost

Referral pathways)

At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet. Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et

sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata.

velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

What is a nurse practitioner?

A nurse practitioner (NP) is an exciting nursing role that provides a new level of service to our community. It is designed to improve access to health care for all South Australians.

A nurse practitioner is a registered nurse who has completed both advanced university study at Masters level and extensive clinical training to expand on the usual role of a registered nurse.

With their advanced knowledge, expertise and education, nurse practitioners are able to perform advanced physical assessment, order diagnostic tests and interpret the results of those tests, determine the best form of treatment and prescribe medications and other therapies if needed.

The expanded role of the nurse practitioner is clearly defined by the scope of specialty area in which the NP practices.

The title of nurse practitioner can only be used by a person who has been endorsed by the Nursing and Midwifery Regulatory Authority to do so.

The nurse practitioner role originated in the United States during the 1960s. The first nurse practitioner role in Australia was endorsed in New South Wales in 2001.

Nurse practitioners work as key members of the health care team together with other nurses and health professionals, including GPs, physiotherapists, dieticians, podiatrists, occupational therapists and social workers. They work in a variety of health care settings both in hospitals and in the community.

For further information on the nurse practitioner role

Australian Nursing & Midwifery Council
Australian Nursing & Midwifery Board
www.amnc.org.au

Nursing and Midwifery Officer South Australia
www.nursingsa.com/office.php

Nursing and Midwifery Board South Australia
www.nmbsa.sa.gov.au/

Enquiries

Enquiries should be directed to:
Nursing and Midwifery Office
SA Health
PO Box 287, Rundle Mall
ADELAIDE   SA   5000
Phone: +61 +8 +82260749
Fax: +61 +8 +82267602
www.nursingsa.com
E-mail: nursing@health.sa.gov.au