



Standard Operating Procedure

Establishment and Implementation of Nurse Practitioner Positions

Purpose

The establishment and approval of Nurse Practitioner (NP) positions in both the public and private health sectors is governed by legislative requirements. This SOP aligns with both ACT and Commonwealth legislation and the Australian Health Practitioner Regulation Agency and outlines the process for ACT Health to:

- Establish and implement Nurse Practitioner (NP) positions within ACT Health and other health service providers in a consistent manner across the ACT, and
- Comply with legislative requirements.

The key principles for the Establishment of a Nurse Practitioner Position are:

- NP positions are established to address gaps in service delivery to target populations by introducing new flexible and innovative models of care or by complementing existing services
- The establishment and implementation of NP services is guided by a consistent process within supportive and collaborative environments
- NPs must possess and maintain relevant knowledge, skills and competencies to support the provision of quality and safe health care
- NPs are responsible and accountable for their actions
- NPs must maintain appropriate registration with the Australian Health Practitioners Regulation Agency, and
- NPs are supported by robust clinical governance frameworks.

The rigorous process for establishment of positions in the ACT ensures suitability of the role for an identified need or gap in service provision and the ongoing protection of the NP role.

Scope

This SOP pertains to all NPs and other relevant stakeholders who are involved in the establishment, implementation and evaluation of NP positions.

This SOP will:

- Inform organisations considering implementation of NP services
- Inform the NP of their role and responsibilities in the establishment and implementation of a NP position
- Inform Registered Nurses (RNs) considering employment in a NP position, and
- Inform Registered Nurses employed within the ACT wishing to enrol in courses leading to endorsement as a NP.

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It is important to note that, just as with any other professional qualification or authorisation, being registered as a NP, does not automatically result in a position being created. Any Registered Nurse, considering the clinical career pathway of NP, must be aware that course enrolment and successful study completion to attain authorisation is done so with the knowledge that this may not result in employment opportunities in the particular speciality area as a NP.

Roles & Responsibilities

Executive Directors/Managers:

- Ensure that NP services are included in service planning as appropriate. Demonstrate leadership in the implementation of NP services by identifying opportunities to develop services, support NPs within the senior nursing forums and engage with key stakeholders to ensure role development and sustainability.
- ACT Health is not obliged to create NP positions in order to regrade an individual who has been endorsed, commenced relevant study or expressed an interest in becoming endorsed as a NP.
- Are responsible for ensuring that the NP is endorsed by the Nursing and Midwifery Board of Australia (NMBA) prior to commencing duty as a NP, whether in a clinical or non clinical role and annually for the duration of employment.
- Develop and submit a NP Business Case for consideration and approval by the Director-General.
- Ensure that recurrent funding sources for NP roles are identified prior to the recruitment process.
- Provide line managers with support to implement this policy in their areas. Work collaboratively with the NPs in the implementation and evaluation of NP services.
- Ensure that NPs are competent and work within their defined scope of practice outlined in their approved CPGs.
- Ensure NPs adhere to the 'National Competencies for the Nurse Practitioner' (NMBA) and the National Safety and Quality Health Service Standards.
- Ensure NPs are supported and resourced to undertake their role.
- Identify and define gaps in the current service provision and ensure that NP roles are established and equipped to address these gaps.
- Enable and support a structured, collaborative process for establishing, implementing and evaluating the role or service effectively.
- Enable and support formal arrangements for supervision of clinical practice.
- Identify clear roles and responsibilities in establishing, implementing and supporting NP roles.
- Ensure clinical governance frameworks are in place including robust clinical supervision arrangements, mentorship opportunities, evaluation processes and performance appraisal.
- Ensure decisions regarding model of care and scope of practice are able to be made collaboratively at a local level by the CPGAC to enable a flexible and responsive service delivery.
- Ensure NP roles are implemented in line with ACT Health NP Policy when appropriate.

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Nursing and Midwifery Office:

- Provides assistance to clinical areas and to Executive teams in developing Business Cases for the establishment of NP positions and submission of CPGs
- Review and provide feedback on Business Cases and CPG submissions.
- Ensures NP positions are operational by facilitating prompt endorsement of approved Business Cases and Clinical Practice Guidelines (CPGs)
- Act as a conduit to the Director-General for all submitted Business Cases and CPGs.
- Prepare minutes and briefs to Executive and the Health Minister as appropriate.
- Maintains a secure NP database and provide relevant data as required.
- Maintain a register of practicing and endorsed NPs within the ACT.
- Places a NP's CPGs on the Health Directorate website for view within the public domain within 3 months of approval.
- Ensure that legislative requirements are met and the SOP reflects any changes.

Nurse Practitioners:

- Will complete and submit their CPGs to the ACT Chief Nurse within three months of commencing in the NP role. The NP is responsible for ensuring that the submitted guidelines are the final version which requires no further editing. CPGs submitted that do require editing will be returned without approval and the NP will need to revise and resubmit. This will result in the approval process having to be recommenced. The CPG's are to be resubmitted every three years for review and reposting on the ACT Health website.
- Must work within their scope of practice as described in their CPG.
- Must maintain NMBA endorsement as a NP whilst working in the NP role.
- Those who are ACT Health employees must complete all mandatory training courses as per the ACT Health Essential Education Policy.
- NPs will ensure that their individual CPGs are approved by the CPG Advisory Committee (CPGAC) indicating they are endorsed and competent to work within their defined scope of practice.
- NPs will adhere to the 'National Competencies for the Nurse Practitioner' (NMBA) and the National Safety and Quality Health Service Standards.
- Work collaboratively within the organisation to develop, implement and evaluate flexible, innovative NP models of care.
- Ensure all registration requirements are met as outlined by the Nursing and Midwifery Board of Australia.
- Renew their registration on or before the date of expiry.
- Work within their scope of practice and conditions of registration, and comply with legislative requirements.
- Advise the relevant Director of Nursing or Manager of any conditions or undertakings on their registration as soon as they occur.
- Develop a CPG reflective of individual expertise and competence that supports prescribing practice within three months of commencing role as a NP.
- Ensure CPGs are aligned with intended model of care delivery.
- Identify learning objectives in order to satisfy educational requirements, support ongoing continuing professional development, maintain competence, enable and expand CPG as appropriate.
- Lead multidisciplinary evaluation of NP role/service.

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Registered Nurses wishing to undertake courses of study leading to endorsement as a NP:

- Ensure all clinical placement hours are adequately supervised and competencies assessed according to required university standards.
- Ensure practice outside clinical practicum is maintained within the scope of practice appropriate to current employment and all clinical practicum practice is appropriately supervised.

Procedure

Establishment and Approval of a Nurse Practitioner Position

Positions are established in order to address identified service needs or gaps in existing services for target populations. Nurse Practitioner roles may be implemented within new models of care or may enhance existing services. The process of establishing positions is guided by principles of collaborative planning, practice, evaluation and succession planning within a multidisciplinary environment.

Appendix 1 – provides a flowchart of the process for establishment of an NP Position.

Service Analysis:

1. Prepare the case for a Nurse Practitioner position. Undertake detailed research and planning to review current service provision and identify any gaps in service provision.
2. Executive Director of a health service identifies the need for a Nurse Practitioner position.

Business Case Development:

3. A Business Case application for the establishment of a Nurse Practitioner position is completed. This information will form the justification for service change by highlighting current issues or gaps in service provision identified in the service needs analysis. Forming a Business Case is the responsibility of stakeholders and sponsors and should not be left to an individual. A Business Case template is provided at Appendix 2.

The rationale underpinning the development of a Business Case is to ensure that resources and funding are focused in support of a specific consumer need. The Business Case should capture both the quantifiable and unquantifiable characteristics of the advanced practice role including the potential benefits such as health promotion, participation in research, leadership activities, chronic disease prevention and/or management, symptom control, patient education and counselling.

The Business Case should include:

- The expected benefits
- Other options considered (with reasons for accepting or rejecting each option)
- Cost benefit analysis
- A gap analysis comparing actual and potential outcomes
- A risk benefit analysis, and
- A defined scope of practice for the NP.

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Consideration should also be given to the risks of leaving service provision unchanged, including the impact on the service and target population.

Scope of Practice:

A defined scope of practice is required under legislation for approval of a NP position. The NP scope of practice should be broad, allowing practice to the limit of education, judgement and ability rather than restrictive which allows practice relating only to specific procedures.

The scope of practice of NPs, includes practice that is different to the scope of practice of Registered Nurses. The following essential elements need to be articulated in a NP scope of practice statement:

- Specific context in which the NP will practice
- Limits and boundaries to practice, and
- Practice roles including prescribing medications, ordering diagnostic investigations and referral of patients.

These elements are associated with:

- Advanced clinical assessment
- Interpretation of diagnostic investigations (including diagnostic imaging)
- Implementing and monitoring therapeutic regimens
- Prescribing pharmacological interventions, and
- Initiating and accepting appropriate referrals.

The scope of practice of each NP is specific to the context of practice and is determined by the speciality in which the NP is educated and competent to practice. The scope of practice also reflects the standards of the profession, requirements of the health service, needs of the target population and the practice setting. Every NP is endorsed and their scope of clinical practice defined and documented before commencing practice as a NP.

The scope of practice therefore describes that the NP role is multifaceted including features of educator, mentor, provider, senior nursing clinician and researcher. The core role is that of autonomous, collaborative and extended practice with highly developed clinical knowledge and skills with an ability to provide a range of sophisticated therapeutic interventions that improve outcomes for a specific client/patient group.

4. Business Case application is submitted to the ACT Chief Nurse.
5. Business Case application is assessed by the ACT Chief Nurse.
6. ACT Chief Nurse prepares recommendations and submits Brief to Director-General.
7. Business Case application is assessed by the Director-General. Under ACT Government Legislation the establishment of any new NP position in either the public or private health sector requires approval from the Director-General, ACT Health.

The following must exist to support the NP position:

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- Adequate recurrent funding or identified innovative pilot programs must exist within the context of a service or department to support the position outside existing nursing workforce requirements, including relevant equipment, resources and funds for ongoing development. Adequate funding must also be identified to support current services to include the NP role.
 - The NP is able to practice within a collaborative, clearly articulated model with the support of other health professionals, management personnel and appropriate executive support
 - Appropriate organisational support must be in place to ensure the NP service is able to develop and function as required including indirect clinical time, clinical supervision and mentorship arrangements, study leave, research and IT support.
8. Director-General approves or does not approve the Business Case application. If the Business Case is not approved formal feedback is provided to the applicant and the applicant may consider reapplying.
9. Once the Business Case is approved by the Director-General a Notifiable Instrument is lodged with the Legislative Assembly.

Implementation:

10. Recruitment process for a Nurse Practitioner to fill the position is commenced. Once the establishment of a position has been approved by the Director-General, and as per ACT Health recruitment requirements (for ACT Health NP positions), it is to be advertised and follow usual recruitment processes.

Development and Approval of Clinical Practice Guidelines (CPGs)

Appendix 3 – provides a flowchart of the process for developing CPGs.

1. Nurse Practitioner is appointed. The NP will operationally report to their line manager (e.g. Manager, Director of Nursing and/or Clinical Director) and professionally report to the Director of Nursing/Manager of the relevant Division or Facility.

Supervision of clinical practice is provided by appropriately experienced, qualified and supportive supervisors and mentors.

2. CPGs are required, within the ACT, to provide a framework which guides the individual NP's clinical practice and role within the health sector according to an individual's ability and skill set rather than for a specific role. For NPs, CPGs:
- Clearly define the limits or boundaries of the individual NP
 - Describe the NPs area of clinical practice and functions of the role
 - Are aligned with and complement the NPs defined scope of practice, and
 - Articulate the processes for referral of health consumers to other health care professionals, prescription of medications and the ordering of diagnostic investigations.

Within the ACT it is acknowledged and accepted that CPGs should not be as detailed and prescriptive as to prevent practice and/or suppress the utilisation of the highly developed and educated clinical skills and critical thinking abilities that NPs possess. NPs

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are required to work within the boundaries of their approved CPGs. This is not an attempt to restrict or prohibit practice but rather a risk management strategy to protect both the health care consumer and the NP.

3. Nurse Practitioner commences development of CPGs including comprehensive research and literature review within the specialty area and analysis of evidence based best practice appropriate to area of practice. It is recommended that, wherever possible, existing best practice guidelines are reviewed, updated and adapted to suit local needs and individual NP's areas of clinical practice.

Additionally, NPs from similar specialities within Australia and New Zealand may be valuable resources and collaborators during the development phase. Consumer participation is essential and is integral to improving the quality, safety and accountability of health service delivery.

A template for the development of NP CPGs is provided at Appendix 4.

Medication Formulary:

The CPGs must contain a medication formulary which lists all the medications that the NP may prescribe. This formulary must be considered and agreed upon by the CPGAC prior to submission of the CPGs for approval and endorsement. The NP is accountable and responsible for provision of follow up, assessment of side effects and reporting of adverse events regarding all medications prescribed.

Diagnostic Investigations:

Information regarding the diagnostic investigations that the NP will be able to order must be clearly listed in the CPGs. This information must demonstrate that the investigations are appropriate to the context of practice, evidence based, appropriate to assist in diagnosis and/or treatment planning, age appropriate and cost effective.

The NP is accountable and responsible for ensuring that any diagnostic investigation result is followed up, interpreted and documented. Collaboration with a medical practitioner if necessary is also the responsibility of the NP.

PBS and MBS are accessible to those NPs working in private practice.

4. Nurse Practitioner identifies and engages core CPG Advisory Committee (CPGAC) to oversee CPG development.

It is essential that a local area CPGAC is formed to provide expertise, advise, guide and assist the NP during the development of their CPGs and result in the committee's endorsement as providing for safe, high quality best practice. The CPG Advisory Committee, at a minimum, must consist of:

- Nurse Practitioner (incumbent in the position)
- Senior Nurse Manager (within the area of speciality)
- Senior Nurse Clinician (within the area of speciality NP or CNC)
- Senior Medical Officer (within the area of speciality Consultant level)
- Pharmacist (within speciality area if possible), and
- Consumer.

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In some circumstances it may be necessary to invite participation from other appropriately qualified health professionals for specific advice.

5. Nurse Practitioner and CPGAC meet to review draft CPG.
6. CPGAC review and recommend any changes to the CPGs.

The CPGAC Appraisal Tool is attached as Appendix 5. This document should be used by the members of the CPGAC when reviewing the CPGs. Completed appraisal forms should be returned to the NP to enable further discussion and/or appropriate changes to the CPG. This tool may be used several times until endorsement is obtained.

7. CPGAC recommend CPGs to the ACT Chief Nurse.
8. CPGs forwarded to the ACT Chief Nurse for assessment and consideration. Clinical Practice Guidelines (CPGs) are developed and submitted to the ACT Chief Nurse within three months of appointment.
9. CPGs submitted to the Director-General for approval.
10. If the CPGs are not approved formal feedback is provided to the applicant and the applicant may consider reapplying.
11. Once the CPGs are approved by the Director-General the applicant is notified and the CPGs are uploaded to the ACT Health internet site. CPGs are the property of the individual NP.

Review and Updating of Clinical Practice Guidelines

1. CPGs must be reviewed and revised every three years, or more frequently for areas where changes in clinical practice occur.
2. NPs are required to submit evidence to their line Manager that the CPGs have been reviewed by the CPGAC. CPGs are forwarded to the ACT Chief Nurse for assessment and consideration. CPGs are then forwarded to the Director-General for approval.

Evaluation

Outcome Measures

- All NPs provide evidence of current registration to their immediate supervisor.
- Every NP is credentialed and their scope of clinical practice defined and documented before commencing practice.
- The scope of clinical practice of each NP is specific to the context of practice and is determined by the specialty in which the NP is educated, competent and authorised to practice.
- All NPs will submit their CPGs within three months of commencing duty in a NP role.
- All NPs will review their CPGs every three years or more frequently should there be changes to their scope of practice or model of care.

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Method

- Annual review of NP registration will be undertaken.
- NP CPGs will be reviewed to match their current position and scope of practice.
- Submission date for CPGs will be monitored on a password protected database within the Nursing and Midwifery Office.

Related Legislation, Policies and Standards

Legislation

Public Sector Management Act 1994
 Health Practitioner Regulation National Law
 Health Practitioner Regulation National Law Regulation 2012 (ACT)
 Medicines, Poisons and Therapeutic Goods Act 2008 (ACT)
 Australian Human Rights Commission Act 1986
 Health Act 1993 (ACT)
 Health Regulation 2004 (Health ACT 1993) ACT
 Public Health ACT 1997 (ACT)
 Public Health Regulation 2000 (ACT)
 Health Professionals Regulation 2004 (ACT)

Policies

ACT Government Health Directorate Selection and Recruitment Policy
 ACT Government Health Directorate Recruitment Advertising Policy
 ACT Government Health Directorate Essential Education Policy
 ACT Government Health Directorate Nursing and Midwifery Continuing Competence Policy

Standards

Nursing and Midwifery Endorsement Nurse Practitioners Registration Standard (2011),
 Nursing and Midwifery Board of Australia
 Nursing and Midwifery Continuing Professional Development Registration Standard (2010),
 Nursing and Midwifery Board of Australia
 Nursing and Midwifery Professional Indemnity Insurance Arrangements Registration
 Standard (2012), Nursing and Midwifery Board of Australia
 Nursing and Midwifery Recency of Practice Registration Standard (2011), Nursing and
 Midwifery Board of Australia
 Guidelines on Endorsement as a Nurse Practitioner, Nursing and Midwifery Board of
 Australia

Definition of Terms

Scope of Practice

Nurse Practitioner Standards (ANMC 2006) defines that “the scope of practice is dependent upon the context in which the NP practices.” The scope of practice of the NP is determined by the context in which the NP is authorised to practise.

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Business Case - A Business Case outlines the reasons a current health service provider may need to better address the needs of the target population. The rationale underpinning the development of a Business Case is to ensure that resources and funding in support of a specific consumer need or gap in service is met.

Clinical Practice Guidelines

CPGs are a systematically developed statement designed to assist the NP and patient make decisions about appropriate health care for specific clinical circumstances. CPGs provide advice and/or guidance but do not require compliance. In particular CPGs do not replace the clinical judgement of expert clinicians with regard to management or treatment of a patient. They are to be used as a guideline. CPGs are required for accountability and are subject to regular review with outdated sections removed or updated.

Nurse Practitioner

A Nurse Practitioner is a Registered Nurse educated and authorised to function autonomously and collaboratively in an advanced and extended role. This role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

Nurse Practitioner Role

The Nurse Practitioner role is grounded in the nursing profession's knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers.

Medication Formulary

The NPs CPGs include a circumscribed list of medicines that are normally available at a particular health care location, such as a hospital or pharmacy, and that are approved for use in that setting or by a specific NP prescriber.

References

Nurse Practitioners in NSW - Policy Directive (2012) - NSW Health
 Nurse Practitioners in NSW - Guideline for Implementation of Nurse Practitioner Roles (2012) - NSW Health
 Australian Nursing & Midwifery Accreditation Council
 Nursing and Midwifery Board of Australia
 National Health and Medical Research Council (NH&MRC)

Attachments

Appendix 1- Establishment of a Nurse Practitioner Position Flow Chart
 Appendix 2 - Business Case Application for Establishment of a Nurse Practitioner Position
 Appendix 3 - Clinical Practice Guidelines Process Flow Chart
 Appendix 4 - Nurse Practitioner Clinical Practice Guideline Template
 Appendix 5 - Clinical Practice Guideline Critical Appraisal Tool
 Appendix 6 - Nurse Practitioner Frequently Asked Questions

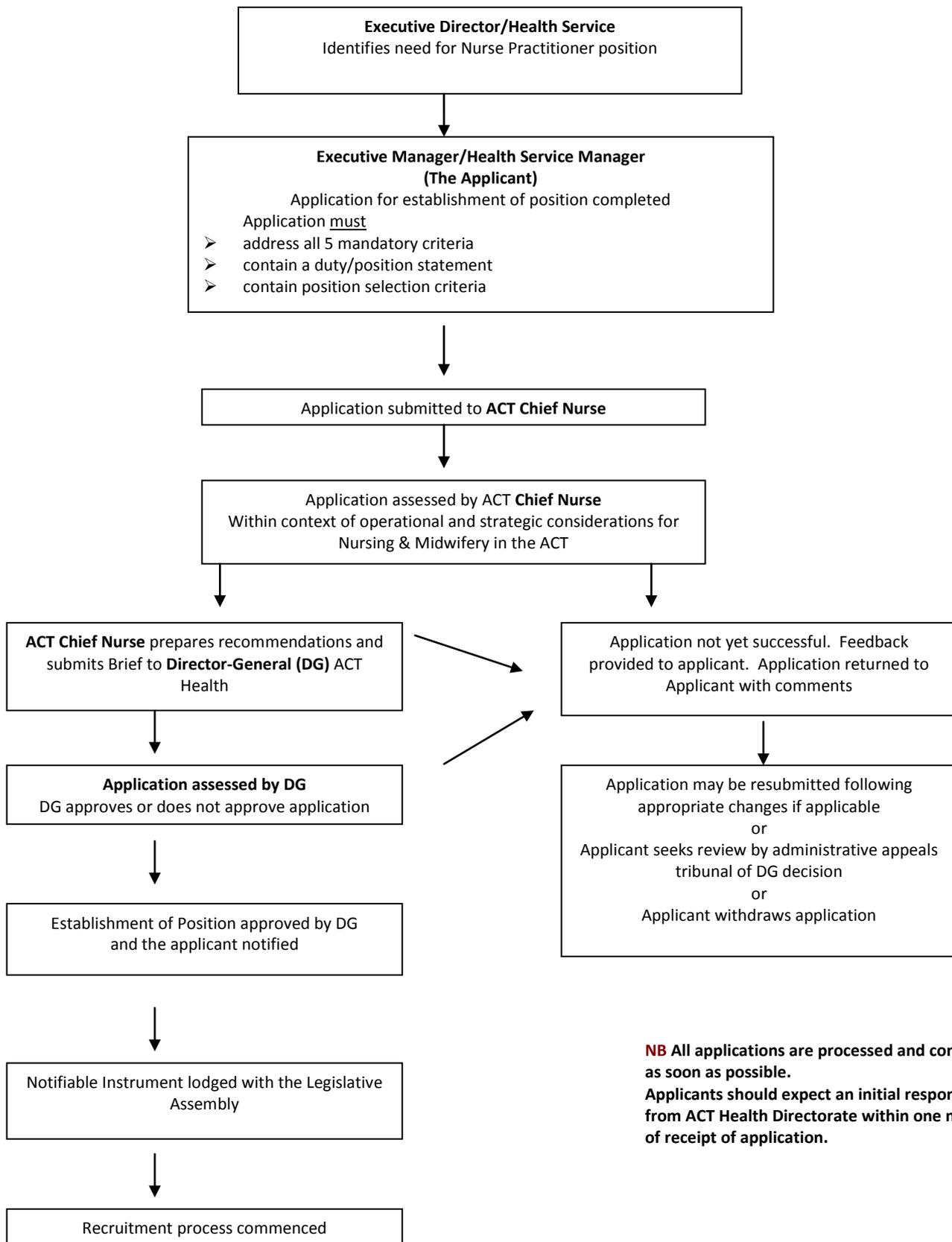
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These and all other templates referred to are available to download and complete in a word format on line from <http://health.act.gov.au/professionals/nursing-midwifery/nurse-practitioners/>

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Flowchart – Establishment of a Nurse Practitioner Position



NB All applications are processed and considered as soon as possible. Applicants should expect an initial response from ACT Health Directorate within one month of receipt of application.

Business Case Application for Establishment of a New Nurse Practitioner Position

Application To: **Director-General, ACT Health**

Through: **ACT Chief Nurse**

From:
(insert name and workplace of the applicant)

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.....
.....
.....

Speciality Area:
e.g. Aged Care and Rehabilitation Service

.....

Speciality of
Nurse Practitioner Position:
e.g. Aged Care

.....

Date Application Lodged:

.....

This application is to be sent to
Nursing & Midwifery Office
Level 3, Building 6, Canberra Hospital
PO Box 11
WODEN ACT 2606

Applicant and Contact Details

The Applicant (Executive Director/ Health Service Manager) :

Name:

Title:

Address:

Telephone:

Fax:

Email:

Date:

.....
Signature of the Applicant

Additional Person to Contact (e.g. Director of Nursing):

Name:

Title:

Address:

Telephone:

Fax:

Email:

Date:

.....
Signature and Designation of the Contact Person:

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Criteria 1 Identified Need for Nurse Practitioner Position

1. Evidence that the position will address identified consumer health service needs

- **Background information on health care service, organisation or speciality area where the Nurse Practitioner will be employed and practice.**
- **Evidence of identified need for a Nurse Practitioner position.**

Within the context of identifying the need for a Nurse Practitioner service describe and discuss:

- the healthcare service, organisation or speciality area
- evidence of current service and identified gaps in service
- evidence of identified consumer health needs
- outcomes and improvements in service delivery to be achieved through skills and support of a Nurse Practitioner
- how this position and/or key outcomes link to the ACT Clinical Services Plan and any other relevant key health policies

Suggestions for content include:

- Impact and implications of the Nurse Practitioner role in the clinical setting
- Expected/potential improvement in patient outcomes
- Workload impacts on other health care professionals
- Potential cost benefits
- How will the Nurse Practitioner collaborate with other health care professionals in this practice area
- Additional supporting information - For example research, feasibility studies, audits, needs analysis, opinions from consumers and key professionals

Suggested maximum length = 1 x A4 page

Criteria 2

***Role Development in Collaboration with the Community and the
Current Service***

- 2.1** ***Provide evidence of consultation and support from health care service team, managers, support staff, consumers and other health care professionals as relevant.***
- discuss the consultation process completed during preparation/scoping of the need for this position
 - discuss outcomes from the consultation process in terms of support for the position
 - define any concerns or issues that were raised which may impact on the approval of this position
- 2.2 Provide evidence that practice expectations have been communicated to all concerned during the consultation process
- 2.3 Provide evidence of plans to ensure positive implementation of the new position – how will this be achieved and who will support the implementation phase?
- 2.4 Provide evidence of ongoing planning and partnerships with health care professionals and the community

Suggested maximum length = 1 x A4 page

Criteria 3

Business Case Application for Establishment of a New
Nurse Practitioner Position

Identification of Resources for Establishment and Maintenance of the Nurse Practitioner Service

3.1 *Provide evidence of adequate resource and funding support for the role and the Nurse Practitioner Service*

Budget impact and recurrent funding sources for the Nurse Practitioner Position must be detailed under this criterion. It is essential that funding for any Nurse Practitioner position is allocated and available prior to submission of this document for approval consideration.

3.1.1 *Financial Resources*

The following information must be included:

- Approved budget allocation source – initial set up costs for position and recurrent
- Potential/estimated cost benefits of the position
- Administrative support (office space, furniture, hardware etc)
- Intellectual support that will enable the Nurse Practitioner to work efficiently and effectively in the role
- Financial support for professional development
- Transport (if applicable) (e.g. motor vehicle costs)
- Communication and IT resources (e.g. mobile phone, diagnostic and clinical information technology, hardware and software requirements).

3.1.2 *Professional Resources*

Provide evidence of:

- access to jurisdictional and organisational policy
- local policy regarding professional development
- define any particular local area needs that the Nurse Practitioner will be required to fulfil in terms of additional competency, education etc
- discuss ongoing needs/requirements for education, training, networking, research opportunities, evaluation of role will be provided.

Suggested maximum length = 1 x A4 page

Criteria 4

Broad Description of the Role and Scope of Practice of the Nurse Practitioner within the Health Service and Plan for the Development of Clinical Practice Guidelines

4.1 Describe the intended role of the Nurse Practitioner

Provide the following:

- Position Description
- Duty Statement
- Responsibilities
- Accountability

4.2 Provide detailed Scope of Practice statement

4.2 Describe and Discuss the process for development of Clinical Practice Guidelines, Medication Formulary and Diagnostic Investigations specific to this Nurse Practitioner role

This should include:

- plan for development utilising local experts and consumer participation
- reflect the legislative requirements for Clinical Practice Guidelines
- reflect an understanding of the implications of legislative requirements
- demonstrate how evidenced based practice and research will impact on
- development of the Clinical Practice Guidelines

Suggested maximum length = 1 x A4 page

Criteria 5
Identify Corporate and Clinical Governance Strategies and Plans in Relation to this Nurse Practitioner Position

5.1 Demonstrate that the service of the Nurse Practitioner is consistent with the philosophy of the health service and organisation

This section should provide comment as to how the position aligns with :

- local strategic and operational plans
- local models of care
- the ACT Health Strategic plan and other Health wide plans.

5.2 Is there a clear understanding of the legislation, standards of practice codes of conduct and ethics, and clinical protocols including an appreciation of the implications for the proposed role.

This section should list the legislation, standards, codes of practice etc that will be applicable to the specific Nurse Practitioner position.

5.3 Risk Management - Assessment and Strategies

- Describe how the role will be incorporated into the organisational safety and quality improvement plan
- Describe and discuss how the safety and quality of the Nurse Practitioner role will be evaluated and/or audited.
- Clarify arrangements for professional indemnity. This requires that either a) a statement of acceptance by the service of the legal principles of vicarious liability or b) a statement that the Nurse Practitioner will be required to arrange personal professional indemnity is included in the application.
- Describe current insurance arrangements regarding liability
- Define if the Nurse Practitioner will be required to carry any personal liability insurance.

5.4 Evaluation of the Role and Performance Appraisal of the Nurse Practitioner

- Briefly describe plan for performance appraisal
- Describe the key performance indicators or proposed key performance indicators for the position
- Describe any plans for other research/data collection regarding effectiveness of the role – including time lines for this
- Describe other statistical information to be collected and collated by the Nurse Practitioner - include comment on how this will be used.

Suggested maximum length = 5 x A4 pages

Application Check List

Business Case Application for Establishment of a New
Nurse Practitioner Position

Appendix 2

Before submitting this application it is essential that the document is reviewed to check that all of the following have been addressed

All five criteria and subheadings addressed in the document:

- Criteria 1
- Criteria 2
- Criteria 3
- Criteria 4
- Criteria 5

- Required Signatures Obtained

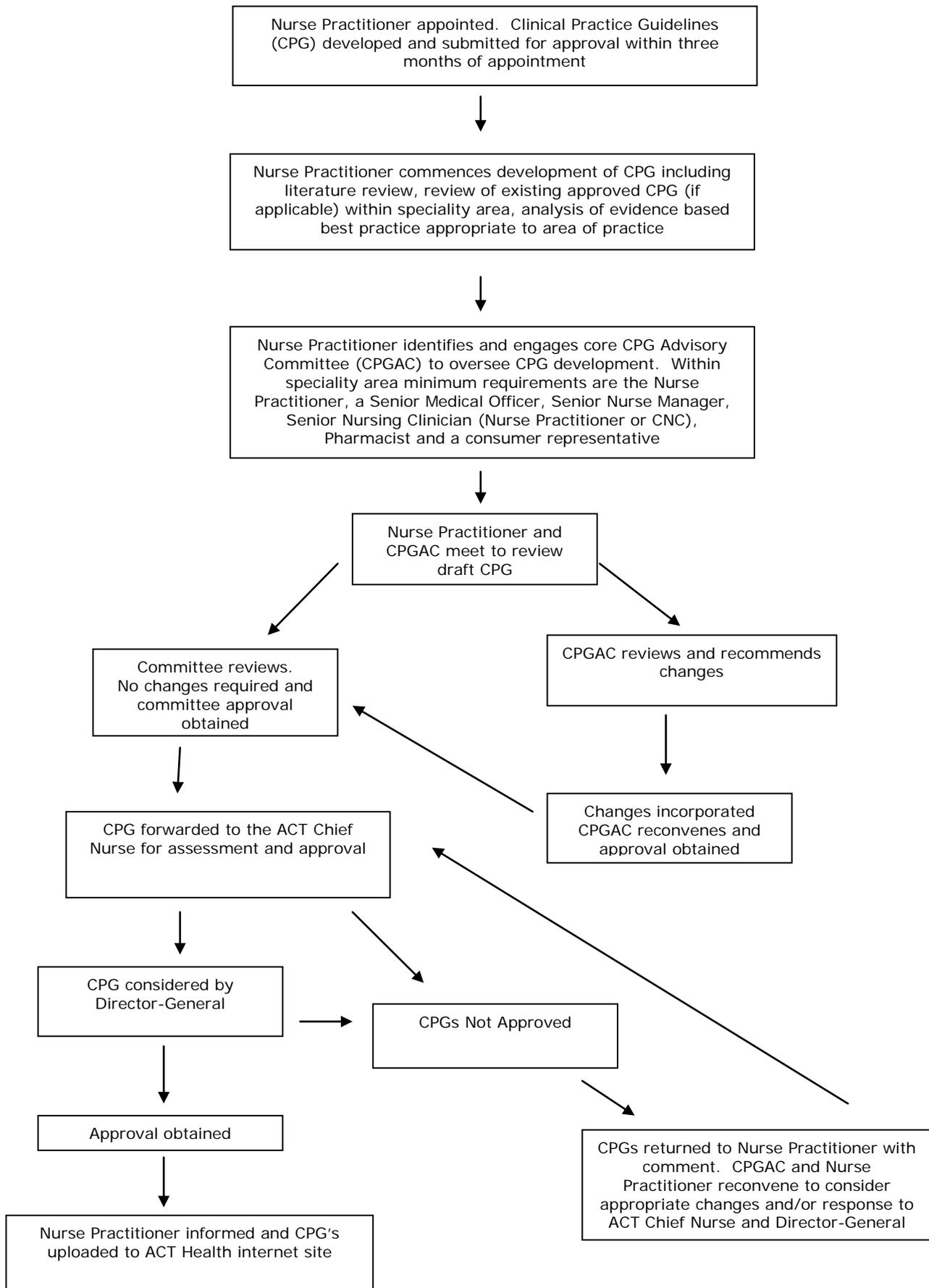
- Position Description Attached

- Scope of Practice Attached

- Covering Letter Attached

- Attached Reference List (if applicable)

Clinical Practice Guidelines Process – Flow Chart



Clinical Practice Guidelines Process – Flow Chart



Insert local health service/speciality logo if applicable

Nurse Practitioner Clinical Practice Guidelines

Health Service
(e.g. Aged Care and Rehabilitation Service)

Speciality Area
(e.g. Aged Care)

Setting
.....
.....
.....
.....
.....
.....
.....

(brief description of the setting the Nurse Practitioner works in e.g. team members, who are services delivered to, under what circumstances, what services are available)

Nurse Practitioner Role
.....
.....
.....
.....
.....

Brief description of the Nurse Practitioner role e.g. works within a team providing assessment, management and treatment of health issues related to....

Client/Patient Population
.....
.....

Identify the population the Nurse Practitioner will provide service to E.g. Nurse Practitioner outpatients/community, age groups specific clinical/health issues

Date of Approval
Date Guidelines are Approved

Review Date
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Local Service Area Clinical Practice Guideline Advisory Committee Members

List all team members, area of speciality/practice, signature and date

Name	Position	Professional Qualifications	Organisation	Signature	Date
	Nurse Practitioner				
	Senior Nurse Manager				
	Senior Nurse Clinician				
	Medical Officer				
	Pharmacist				
	Consumer				

Evidence of additional health professional and/or stakeholder consultation

Provide concise information regarding who was consulted and how this was achieved. In particular state why these additional stakeholders were involved e.g. specialist advice relating to particular aspects of the Clinical Practice Guidelines (CPG).

For example:

The following health care professionals and stakeholders were consulted throughout the development phase of these Clinical Practice Guidelines. This was achieved via individual meetings and CPG Advisory Committee (CPGAC) meetings. Prior to meetings being held draft Clinical Practice Guidelines were submitted for review, comment and appraisal.

Name	Position	Professional Qualifications	Organisation	Rationale for consultation

Introduction

This section should define the overall use of the CPG.

Example

“This CPG is for patients who require a consultation with the Aged Care Nurse Practitioner for comprehensive geriatric assessment with the scope of extended practice being the management and treatment of urinary tract infections, cellulitis without systemic complications, uncomplicated community acquired pneumonia, dementia management strategies and pain management”

A word limit of 250 to 500 words is suggested.

Assessment

Define Nurse Practitioner Assessments

For Example: this would include but not be limited to:

- Patient History
- Symptoms
- Medical History
- Pharmacological History
- Medication Allergy History
- Family History
- Activities of Daily Living/Functional History
- Falls History
- Psychosocial history
- Surgical History
- Informant/Collaborative History

Physical Examination

For example this would include but not be limited to:

- Cardiac Examination
- Respiratory Assessment
- Musculoskeletal assessment
- Ear Examination

Appendix 4

- Temperature
- Pulse
- Blood Pressure

Conditions for Urgent Referral to Emergency Department

(particularly for Nurse Practitioners consulting with patients in community settings)

For example this would include but not be limited to:

Immediate Transfer for:

- Medical Emergency e.g. Cardiac Arrest, Respiratory Arrest
- Myocardial Infarction
- Suspected Pulmonary Embolism or Deep Vein Thrombosis

Semi Urgent Transfer for:

- Urinary Retention
- Suspected Fracture
- Unexplained or Uncontrolled Pain

Conditions for referral to another Health Professional Compromising exacerbation or new presentation of:

For example this would include but not be limited to:

- Diabetes
- Malignant Hypertension
- Dementia
- Psychosis

Management

Treatment Options and Conditions for Nurse Practitioner

List all the health conditions/issues that the Nurse Practitioner will treat within the scope of practice

For example this would include but not be limited to:

- Reversible causes of Delirium e.g. urinary tract infection, constipation, pain
- Constipation and Faecal Incontinence
- Urinary Tract Infection
- Chronic Pain Management

Diagnostic Investigations

List all diagnostic investigations that the Nurse Practitioner will order.

For example this may include but not be limited to the following

- UEC, FBC, LFT, CRP Vit D
- Dementia Screen

Appendix 4

- Microbiology culture and sensitivity of urine, sputum, wound swabs, stool
- Medical Imaging (plain axial skeleton and chest)

Health Promotion/Illness Prevention Strategies and Referrals

For example this may include but not be limited to:

- Hip Protectors
- Lifestyle Modification
- Weight Management
- Pain Management
- Immunisation

Non Pharmacological Management Approaches

For example this would include but not be limited to:

- Massage
- Pressure Area Management
- Diversional Therapy
- Pelvic Floor Exercises

Pharmacological Management

List all the health issues that the Nurse Practitioner would consider appropriate for pharmacological management of (do not include the medications for these here – list these under Formulary heading)

- Treatment of Urinary Tract Infection
- Treatment of Cellulitis without systemic complications
- Pain Management
- Vaccination

Follow Up Care

For example this would include but not be limited to:

- Monitor Test Results
- Evaluate therapeutic response
- Management of abnormal results within scope of practice
- Monitor Progress

Include a statement, similar to the following, to ensure that all stakeholders are aware that this CPG will not cover all possible eventualities.

This document reflects current safe clinical practice. However, as in all clinical situations there may be factors which cannot be governed or guided by a single set of guidelines. This document does not replace the need for application of expert clinical judgement to each individual presentation

Plan for Dissemination of Clinical Practice Guidelines

Describe how the CPG will be disseminated within the speciality area and to the wider health sector.

For example this would include but not be limited to:

- CPG will be posted on ACT Government Health Website
- Copy of CPG will be held at the Nursing and Midwifery Office
- Copy held at <insert name of Health service area/speciality>
- Copy lodged with Australian College of Nurse Practitioners

Plan for Implementation of Clinical Practice Guidelines

If there is already a Nurse Practitioner in the position then implementation will be immediate. If a Nurse Practitioner has not yet been employed outline if there are any barriers to implementation once a Nurse Practitioner is appointed to the position.

Plan for Review and Revision of Clinical Practice Guidelines

Outline the plan for review, taking into consideration the NH&MRC guideline that review takes place third (3rd) yearly or more frequently for areas of rapid evidence based change. Discuss and describe how the Nurse Practitioner will review the CPGs, who will be involved in this process, where will evidence for updating be obtained and who will be involved in the CPGAC to approve re-drafted CPG.

Medication Formulary

List approved medications within the individual NPs scope of practice.

References/Bibliography

List references as applicable.

Clinical Practice Guidelines Checklist

Before submitting Clinical Practice Guidelines for approval and endorsement of ACT Government Health Directorate Director-General and please review the following check list and ensure all aspects are covered:

Area or Hospital Logo on the Clinical Practice Guidelines if applicable

Description of the Patient/Client Population

Date and Version Number of the Clinical Practice Guidelines

Review Date Stated

Plan for Dissemination, Review and Evaluation of Clinical Practice Guidelines

Reference/Bibliography

Clinical Practice Guidelines Critical Appraisal Tool

This appraisal tool is to be used by the local Nurse Practitioner Clinical Practice Guidelines Advisory Committee (CGPAC) to assess, appraise and make recommendations regarding Nurse Practitioner Clinical Practice Guidelines.

Nurse Practitioner Name

Title of CPG:.....

Speciality Area:.....

Appraisal Date

Scope of Practice of the Nurse Practitioner
(As per Notifiable Instrument of Position Approval)

.....
.....
.....
.....

Committee Member:

Name

Signature

Current Position

CPG Approved:

Yes

No

Comments

.....
.....
.....

Feedback to Nurse Practitioner Provided

Yes

No

Date for Guideline Review:

.....

Appendix 5

Criteria	Yes	No	Comments
<p>Is the Scope of Practice clearly defined?</p> <p>Including defined areas of Demographics of patient group (age, area, other specifics) setting (community health, acute, aged care etc) decisions to consult, decisions to refer, care priorities (eg urgent-non urgent)</p>			
<p>Is the guideline relevant to the specific scope of practice of the Nurse Practitioner?</p> <p>Are the boundaries and limits of the role clearly defined?</p> <p>Is the specific patient population described? Age range Gender Clinical description</p> <p>Does the guideline clearly identify clinical management medication formulary diagnostic investigations decision making process for referrals</p>			
<p>Is the guideline based on current best practice/evidence informed practice?</p> <p>Is this verified in the guideline by current references/bibliography?</p>			
<p>Is the guideline appropriate for the environment in which the Nurse Practitioner will practice?</p> <p>Are the setting dependent variables clearly stated?</p>			
<p>Is the medication formulary appropriate to the scope of practice?</p> <p>Is the Medication Formulary included in the CPG?</p>			
<p>Are the diagnostic investigations appropriate to the scope of practice, patient population and acuity?</p> <p>Investigations defined and clearly described?</p>			

Appendix 5

<p>Do the CPGs meet the standards of safe practice? Australian Nursing and Midwifery Council National Competency Standards for the Nurse Practitioner</p>			
<p>Do the CPGs comply with ACT Legislation and Regulations? Are the relevant Legislative Acts listed?</p>			
<p>Are there any specifics the committee require to be included and/or amended in these particular CPGs?</p>			