Nurse Practitioners in South Australia

A Toolkit for the Implementation of the Role
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Foreword

Nurse Practitioners (NPs) play a vital role in safe, effective health services; improving healthcare access, enabling positive health outcomes for consumers and enhancing consumer satisfaction with health care delivery. The NP role represents an integral and 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. It is therefore 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.

The Toolkit came as a response to a 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. In particular, its focus will enable:

- Flexible, innovative and collaborative models of care to address gaps in service delivery.
- A consistent process for the establishment and implementation of Nurse Practitioner positions within supportive and collaborative environments.
- Alignment with the relevant governance frameworks to ensure robust clinical governance.
- Monitoring and evaluation of Nurse Practitioner role implementation and patient outcomes.

The Toolkit has been reviewed in 2017 to reflect changes to governance requirements and prescribing processes that apply to nurse practitioners working within the public sector.

Lydia Dennett
Chief Nurse and Midwifery Officer
Introduction

In 2008 the Nursing & Midwifery Office of the South Australian Department of Health (now known as the Department for Health and Ageing) commissioned a review to examine the implementation of NP services in South Australia. This report identified barriers and enablers 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 NP role in South Australia and made recommendations to address the following three key areas:

- strategic clinical service planning;
- regulatory requirements for authorisation; and
- policy and regulatory requirements for prescribing and diagnostics.

This toolkit, originally released in 2010, 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.

In 2013 (revised 2017), SA Health released the Policy Directive: The Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health. The Governance Framework articulates the roles and responsibilities of SA Health executive leaders in relation to advanced and extended scope of practice roles in the public sector, including Nurse Practitioners, by:

- facilitating a clear understanding of the purpose and principle considerations for such roles in models of care for service delivery which meet the needs of the consumer and protects patient safety;
- supporting the application of a clear process to facilitate the development and integrations of these roles; and,
- ensuring there is effectiveness, efficiency and sustainability of these roles through monitoring, review and evaluation in a clearly defined process to support safe delivery of care, the required level of standard for practice and ongoing compliance to legislation and regulation.

The Toolkit has been updated to reflect the requirements of this Directive for SA Health, and the Directive must be considered alongside the Toolkit for roles within the SA public sector.
Background

Role of the Nurse Practitioner in Australia and overseas

The Nurse Practitioner (NP) role was established over thirty years ago in the United States and Canada, and in the United Kingdom. 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 the first NP in South Australia was endorsed in the same year.

Benefits of the NP role to health services

NPs provide high quality, responsive clinical care that facilitates an improved patient/resident/client experience and results in increased patient/resident/client satisfaction. Through advanced role preparation, within a defined scope of practice, NPs 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 are forecast workforce shortages 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 Standards for Practice

The NP scope of practice is built on, and expands upon, the platform of the registered nurse scope of practice, and must meet the regulatory and professional requirements for Australia including the registered nurse standards for practice, nurse practitioner standards for practice, Code of ethics for nurses in Australia and the Code of professional conduct for nurses in Australia and a companion document, A nurses guide to professional boundaries.

When assuming the title and scope of practice of a NP, the nurse practitioner understands the changes in the scope of practice from that of a registered nurse, and the ways that these changes affect responsibilities and accountabilities. Fundamentally a NP provides nursing care within their regulated scope.

Nurse Practitioner Definition

A Nurse Practitioner (NP) is an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia to practice within their scope under the legislative protected title ‘nurse practitioner’.

Advanced practice nursing as a nurse practitioner is a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed education level, a specified advanced nursing practice experience, and continuing professional development.

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 the Nursing and Midwifery Board of Australia. NPs collaborate and consult with health consumers, their families and community, other professionals, including health personnel, to plan, implement and evaluate integrated care that optimises outcomes for recipients and the system of care. NPs engage in complex and critical thinking, integrate information and/or evidence, can order and interpret investigations, to facilitate diagnosis and care planning. Care may include nursing interventions that involve initiation, titration or cessation of medications. NPs take responsibility for follow-up on any component of care initiated. They are accountable for care provided and self-monitor their work.

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

As the available pool of NPs within Australian health services increases, the opportunity to recruit endorsed NPs will also increase. Where the recruitment of suitably qualified NPs is not possible, service providers 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; and
- 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.

Advanced Scope of Practice

Advanced scope of practice is a level of practice characterised by an increase in clinical skills, reasoning, critical thinking, knowledge and experience so that the practitioner is an expert working within the scope of established contemporary practice.

The ‘advanced’ scope of practice roles are increasingly seen as key to the development and delivery of efficient and effective health services.

Advanced Scope of Practice with Endorsement

Endorsement for a nurse is verified via the National Register of Practitioners.

An endorsement of registration identifies nurses with additional qualifications and specific expertise which allows them to practice beyond the established, contemporary scope of practice such as the nurse practitioner.

The Nursing and Midwifery Board of Australia (NMBA) verifies and approves the endorsement and subsequent notation against the defined registration standard which includes measurement criteria for:

- Registration status
- Experience
- Education
- Demonstration of skills and competence
- Continuous Professional Development

The endorsed nurse will utilise extended and advanced skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of care delivered. This could incorporate endorsement for scheduled medicines, the capacity to provide associated services, refer and order diagnostic investigations.
NP Endorsement Process

Nurse practitioners are regulated through the National Registration and Accreditation Scheme, under the authority of the Nursing and Midwifery Board of Australia. The Board has developed the registration standard on endorsement of nurse practitioners, which describes the requisite qualification, experience, and process required for endorsement as a NP. The registration standard, endorsement as a nurse practitioner, details the Nursing and Midwifery Board of Australia endorsement process.

SA Health Governance and Policy Directives

Advanced scope of practice and scope of practice with endorsement roles contribute to the achievement of a flexible, sustainable, responsive and adaptable workforce that delivers quality clinical and safe patient outcomes. When public sector health services are considering a NP role within the existing service(s) or creation of a new service aligned to health service need, health services need to apply the SA Health Policy Directives: Governance Framework for Advanced Scope of Practice role and Extended Scope of Practice Roles in SA Health Directive and the Nurse Practitioner Policy Directive in association with this Toolkit to guide role creation/implementation. The use of these Policy Directives is to provide consistency across all SA Health professions and practitioner groups, including NPs. These directives articulate the minimum requirements in determining the need, planning, implementing, evaluating and the ongoing monitoring of advanced or extended scope of practice roles, including.

Prescribing

NPs use evidence-based guidelines to facilitate decision making for prescribing medications. They are not directed by rigid protocol-based prescribing, but have comprehensive knowledge of pharmacology and pharmacokinetics related to a specific field of clinical practice.

NPs and their employer need to ensure they are competent to prescribe medicines judiciously, appropriately, safely and effectively. They must understand and comply with requirements of the drugs and poisons legislation and policy for the jurisdiction(s) in which they practice. The South Australian Controlled Substances Act 1984, section 18(1)(a)(i) and sections 18A(a1)(a)(i) authorises a NP acting in the ordinary course of their profession to use their clinical judgement to prescribe the Schedule 4 and 8 medicines they believe are appropriate, within their scope of practice. Nurses acting in the ordinary course of their profession may supply S2 and S3 medicines.

In SA Health, the nominated Credentialling Committee is delegated responsibility by the relevant Local Health Network (LHN) Chief Executive Officer for recommending approval of defined scope of practice roles that may include the endorsed rights to prescribing. The nominated Credentialling Committee as detailed within the Governance Framework for Advanced Scope of Practice role and Extended Scope of Practice Roles in SA Health Directive, is required to review the credentialling and defined scope of practice for extended roles, including the NP role. This review involves determination of which aspects are included within the NP’s scope of practice, and if the scope of practice will include prescribing of medicines for the treatment of conditions within that scope. The Credentialling Committee must include a pharmacist, and a medical practitioner representative with experience in the area in which prescribing is being considered in the NP’s scope of practice.

The nominated Credentialling Committee will consider whether prescribing is important to the model of care to be provided by the NP role, within the context of the relevant hospital/health service. This includes alignment with relevant hospital/health service formulary and policies and guidelines relating to medicines.

The scope of practice for NPs must be recorded on the SA Health Credentialling and Scope of Practice Clinical Practice online system. It must also be recorded if prescribing is included within
the scope of practice. A NP in the public sector without a notation for prescribing on the Credentialling system is **not authorised** to prescribe medications.

**Quality Use of Medicines**

When using medicines, NPs must comply with relevant legislation, the [National Strategy for Quality Use of Medicines](#), and ensure their prescribing is evidence based and in accordance with the recognised clinical standard practices and procedures for health care in Australia, including suitable and wise selection of safe, effective medication and management options.

**Enablers**

- NPS MedicineWise (NPS)
- National Medicines Policy, The Department of Health, Australian Government
- SA Health Medicines and Technology Policy and Programs
- Health Professional Prescribing Pathway, Health Workforce Australia (2013)
Nurse Practitioner Pathway for Prescribing within SA Health

Nurse Practitioner (NP) endorsed by NMBA to enable the NP to prescribe

South Australian Controlled Substances Act 1984, and the South Australian Controlled Substances (Poisons) Regulations 2011 allows NP to prescribe to Scope of Practice

Compliance with:
- NMBA registration standards for NPs
- NMBA NP standards for practice
- NMBA safety & quality guidelines for NPs
- NMBA decision making framework
- NMBA CPD requirements for NPs
- Quality Use of Medicines
- Medicare requirements

Local Health Networks (LHN) identify potential need for a NP role with prescribing *(Sect 4.1.1)

Outcome measures for prescribing are identified by LHN and NP *(Sect 4.2.5)

NP RD details the relevant Scope of Practice, including prescribing and associated outcome measures *(Sect 4.1.3)

NP role assessed by LHN Credentialing Committee or equivalent as described in Sect 6 of the Governance Framework for Advanced and Extended Scope of Practice Roles in SA Health *(Sect 4.1.2)

Recommendation by Credentialing Committee for introduction of role, supported by LHN CEO - approval *(Sect 4.1.2)

Credentialing database updated with NP details and scope of practice including a notation for prescribing *(Sect 4.1.2)

Ongoing monitoring and evaluation of outcomes for prescribing occurs, including e.g. audit results *(Sect 4.2.5)

NP maintains ‘P’ list that is up to date and consistent with SA Health Formulary and relevant local and statewide policies

Support and liaison from other prescribers and relevant pharmacist

*Relevant section in SA Health Nurse Practitioner Directive

LEGEND:
- NMBA
- Credentialing Committee
- Nurse Practitioner (NP)
- Legislation

Compliance with:
- NMBA registration standards for NPs
- NMBA NP standards for practice
- NMBA safety & quality guidelines for NPs
- NMBA decision making framework
- NMBA CPD requirements for NPs
- Quality Use of Medicines
- Medicare requirements

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Support and liaison from other prescribers and relevant pharmacist

*Relevant section in SA Health Nurse Practitioner Directive
NP Role Implementation Toolkit Framework

The Toolkit has been developed in response to research evidence that shows that the process of successful implementation of NP roles needs to be a collaborative, systematic and evidence based approach.

The purpose of the Toolkit is to provide a staged approach for organisations, service leaders, and their representatives that is:

- responsive to the findings of the review and the review recommendations,
- inclusive of the available evidence related to the introduction of NPs 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, and
- 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, and
- potential risks

Organisations, service leaders and their representatives are encouraged to use the NP Role Implementation Framework below. The framework outlines the steps required to enable successful implementation of the NP role within the healthcare service.
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 (NMBA standards).
- Apply models of advanced practice.
- Establish ongoing educational programs.

Stage 4: Evaluate NP Role and New Model of Care

- NMBA competency achievement
- Role monitoring and evaluation, including use of the CSCPS database
- Role integration
- Role sustainability

Stage 2: Planning

- Establish a process to lead role implementation
- Establish networks for role implementation
- Develop role description and 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 including prescribing of medicine practices
  - List of personal or preferred drugs (P-drugs) 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

Adapted from the PIEPPA Framework: A Participatory, Evidence-Based, Patient/resident/client, Focused Process For Advanced Practice Nursing (APN) Role Development, Implementation and Evaluation

Checklist of Stages and Actions

Stage 1 - Initiation

Action 1.1: Organisation to 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, including any gap in service provision.

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 Advanced Practice Nurse (APN) or NP role, including impact on other professions, and potential disinvestment components.

Stage 2 - Planning

Action 2.1: Organisation to 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 approval from Executive or delegate 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 NMBA NP registration standards and endorsement (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.

Action 4.3: For public sector roles, the use of the Credentialling and Scope of Clinical Practice System (CSCPS) database will enable documentary evidence of NPs scope of practice, and the number of NP roles across Health Networks.
Stage 1 - Initiation – ‘Establish the need’

This preliminary stage is designed to establish the need for a NP 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. The process for the introduction of NP roles within the public sector, aligned to service requirements is detailed in the SA Health Policy Directives: The Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health, and the Nurse Practitioner Directive.

**Action List**

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.

**Key considerations**

There should be a preparatory stage prior to the introduction of the NP/NPC role that includes need identification. 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. 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. Within the public sector, SA Health executive leaders with delegated authority are responsible for aligning service planning to the strategic direction of the organisation.

**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.

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**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?

Will the role require the NP to prescribe medicines?

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**Potential Risks**

Failure to align with strategic priorities will limit ongoing support for NP role

Failure to set the scale and scope of the needs assessment to reflect the resources that can realistically be devoted to the activity will limit its effectiveness

Difficulty recruiting to the NP/NPC role

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South Australian Government Strategic Plan
Department for Health and Ageing Strategic Direction 2016 – 2018
Transforming Health
The Department of Health, Australian Government, Department of Health
Australian Bureau of Statistics
1.2 Identify, consult and engage key stakeholders

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

- Stakeholders may include patients/residents/clients and families, advocacy groups, volunteer agencies, healthcare organisations, members of the healthcare team including other professions, 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^5^. 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^. Consider National and State priorities and plans for healthcare service development and workforce reform. Consider Local Health Network plans and identified priorities for service development.

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**SA Health Guide for Engaging with Consumers and the Community**

**Stakeholder Engagement Framework, Department of State Development, SA Government**
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.
- Include both internal and external stakeholders.
- Include patient/resident/client and carers.
- 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.
- 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 representation within the stakeholder group promotes optimal outcomes and enables a clear reflection of client-focused and holistic nursing values in 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/clients 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.

Critical Reflections

Is our working group representative of both internal and external stakeholders who may be directly impacted by the proposed NP role?

Do we have a cross section of varied viewpoints and opinions to enable full consideration of potential enablers and barriers to role implementation?

Are stakeholders committed to working in a collaborative manner for the outcome of improved clinical care?

Potential Risks

If the balance of the working group is over represented by one stakeholder group capacity for reflection and transformation may be limited.

If the number within the group is too large then consensus will be more difficult to obtain.
1.4 Consider the current model of care, clarify and prioritise current and future service needs, including any gap in service provision

- Review National, State and regional priorities for healthcare service development and workforce reform.
- Consider the organisational aims, objectives and service delivery priorities.
- Review research evidence.
- Analyse the current model of care to determine strengths and limitations.
- Provide a rationale and prioritise health needs using the following guides:
  - gaps in service delivery,
  - altered demographic profile of service users,
  - increased delay for service provision,
  - marginalised groups
- Categorise and prioritise healthcare needs with a view to reaching group consensus on the desired model of care based upon evidence.

**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. Consensus decisions should be informed by broad stakeholder input and should reflect patient/resident/client’s priority needs.

**Enablers**

Review the link in Action 1.1 as a guide to 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:

  - Provide a broad description of the desired service provision with regard to:
    - Location.
    - Patient/resident/client group.
    - Context of practice.
  - 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. It is likely that for many settings – services, job descriptions and structures may have to change to accommodate new roles and service delivery models.

**Enablers**

Strengthen the argument for a new model of care through 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.
1.6 Identify the relevant clinical nursing role and determine whether to implement an advanced practice role 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.

> Consider how the new healthcare provider role might articulate with or impact on other professional boundaries for health practitioner professions.

> Consider the potential disinvestment of components of existing roles including where efficiencies will be achieved across sites, services or Health Networks.

> 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 outcomes\(^2\).

Implementation decisions involve careful evaluation of the strengths and limitations of alternative nursing and health care provider roles\(^2\). Furthermore, it is important to clarify with employees that a NP role is only available when a position is established by a health unit, aligns to service delivery, and a merit based selection process is undertaken.

**Enablers**

Access to nursing literature and research, the nursing regulatory body, government and/or professional organisations may provide information that assists in clarifying advanced practice and NP roles.
The table below outlines the differences that exist between the Advanced Practice Nursing role and the role of the Nurse Practitioner.

### Comparison Framework for Advance Nursing Practice and Nurse Practitioner roles

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

Stage 2 - Planning

This stage assumes the need for a NP role has been identified by the organisation, 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. Within the public sector, SA Health executive leaders with delegated authority are responsible for aligning service planning to the strategic direction of the organisation.

Action List

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. 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. 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).

Enablers

Access to nursing literature and research will enable a detailed understanding of the barriers and facilitators to successful role implementation. Ensure the individual has access to information about organisational change and team building.
2.2 The senior facilitator should understand the proposed NP role and the NP endorsement process

> Access the initiation stage documentation:
  
  - service needs;
    - organisational aims and objectives,
    - strategic plans, and
    - service delivery priorities
  
  - 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**

The nursing regulatory body, government and/or professional organisations will provide access to information to facilitate an understanding of the NP role and the endorsement process. Consider also professional groups within the NP clinical specialty area as well as any relevant nursing literature and research,

- Nursing and Midwifery Board of Australia
- Nurse Practitioner Standards for Practice
- Endorsement as a Nurse Practitioner
- Nurse Practitioner Registration Standards
- Nurse Practitioner Fact Sheets
- Australian College of Nurse Practitioners
- Australian Government Department of Health, Eligible Nurse Practitioner Services Questions and Answers, 2014
- Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010
- Health Practitioner Regulation National Law (South Australia) Act 2010
- National Health (Collaborative arrangements for nurse practitioners) Determination 2010

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**Critical Reflections**

Does the senior facilitator have a clear understanding of the proposed role, NP role domains, NP standards for practice and the process for endorsement?

How will the proposed role demonstrate the NP role domains and standards for practice?
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).
> Review the evaluation dimensions for successful implementation (listed in Stage 4 of this Toolkit) and consider the processes required for their achievement, namely:
  o national Registration standards achievement
  o quality
  o role integration
  o sustainability
> Identify facilitators and potential barriers that may impact upon the proposed timeline (see Action 2.1). Consider:
  o stakeholder engagement (see Action 2.4)
  o role clarity
  o education
  o resource requirements (see Action 2.6)
> Consider regulatory requirements and achievement of registration standards (see Action 2.2).
> Compile a written implementation timeline.

Key considerations

It is important to ensure that resources for support and facilitators for the incumbents in the roles are in place¹. Planning involves identifying strategies to facilitate role development and anticipating and preventing role barriers². 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 shift¹.

Enablers

Access to the relevant research and literature and consultation with others who have implemented similar roles will provide guidance.
2.4 Senior facilitator to establish networks for role implementation

> Consult with relevant key stakeholders:
  - Internal.
  - 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.
  - 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\(^1\).

**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 role description and employment contract for the role in consultation with the relevant human resources department

> Develop the NP role description (RD), previously known as job and person specification.
  
  ○ Consider the multiple role domains of the NP role related to:
    - clinical practice, including potential prescribing.
    - education.
    - research.
    - professional development.
    - leadership.
  

> Submit the RD to the SA Health Nursing and Midwifery Classification Assessment Panel.

> Develop the employment contract.
  
  ○ Consider study leave and quarantined time for role development.
  
  ○ 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 is between 2 - 3 year duration.
  
  ○ Consider Level RN3 to Level RN4 (management initiated reclassification) effective at time of transition from NPC to NP.
  
  ○ Consider the difference in position description between the NP role and the NPC role.

> Consult with a NP from another practice setting for advice, where relevant.

Key considerations

The specific service to be provided by the NP should be clearly identified prior to implementation. Within the public sector, SA Health executive leaders will ensure the advanced or extended scope of practice role is determined by the context in which the health practitioner is authorised to practice to an agreed and defined scope of practice. Developing role descriptions,
establishing practice standards and changing institutional policies to support NP practice prior to implementing the role represents a basic level of planning. Planning involves identifying the structures to support role autonomy related to (NP) authority, collaborative and independent practice and clinical decision making. Appropriate reporting structures are required. Reporting lines and terms of authority in clinical decision-making need to be clear (in terms of other health care professionals including nurses). Realistic workload and balance between clinical, education, research and leadership needs to be established. Opportunities and time for education and research activities should be protected.

**Enablers**

Work with Local Health Network human resource consultants. Review the current Nursing and Midwifery (South Australian Public Sector) Enterprise Agreement and reference any SA Health policy directive and or guidelines.

- SA Health Policy Register
- SA Health Intranet, People and Culture
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 provision of time for potential successor(s) to work with the NP.
- 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 to travel resources.
  - Continuing professional development annual budget.
- Consider mentoring – the requirement for regular ‘protected’ time with mentor(s) as a component of NP preparation for endorsement.

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. 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. Lack of clerical support possibly also impacts on job satisfaction, retention and perception by others of the NP role within existing hierarchies.
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.
2.7 Senior Facilitator to complete business case and obtain approval from chief executive or delegate to implement the NP role

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

> Context of practice.
  > As developed in Action 1.1
  > Clarification of service needs (current and future).
  > As developed in Action 1.4

> 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

> 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
  > Attach as Appendix 1 – NP Role Implementation timeline.

> Resource requirements.
  > As developed in Action 2.5 and 2.6
  > Attach as Appendix 2 – Role Descriptor.
  > 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. Attach as Appendix 5.
    > Safety.
    > Effectiveness
    > Acceptability.
    > Consumer participation.
    > Access.
    > Efficiency.
  > Provide appropriate evidence that clinical practice and use of medicines is audited at least annually by an

Critical Reflections
How can the implementation of the proposed NP role be successfully argued?
Has information relevant to someone who may not have a clear understanding of the NP role and the ability of the NP role to improve and enhance service provision been included?
Has the need for the NP role been clearly established?
What is the scope of the NP role – what sort of prescribing would the role entail?
What supervision is required for prescribing?
What prescribing outcomes will be measured (e.g. safety, utilisation of the role)?
Has the understanding that the NP role will work in a collaborative framework and within partnership model been demonstrated?
What information have we collected?
What further information may be required?
Has all the required information been included?
Is there anything that has been omitted?
Is the submission concise and relevant?
Is the submission easy to follow?
Does the submission include a comprehensive, strategic implementation and monitoring plan?
interdisciplinary team with expertise in the nurse practitioner’s scope of practice, with a focus on quality use of medicines. For public sector roles, adhere to the requirements of the SA Health Directive: The Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health, including the role and composition of the Credentialling Committee.

- Should the approval of defined scope of practice roles, or scope of practice not be recommended, an appeals process may be required. LHNs may choose to model the process on existing appeals mechanisms, relevant to the particular context of the appeal.

- 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. 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.

- 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. 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.

Key considerations

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

Enablers

Access and modify as required the generic NP, business case template (see Appendix 2)
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.
### Critical Reflections

- What is the patient population and context of practice for the proposed role?
- What skills and attributes will the NP require in this role?
- Will prescribing competency within scope of the role be taken into consideration?
- Are there any prerequisites for the role?
- What is the proposed broad scope of practice?
- Is there any flexibility for the individual to negotiate this proposed scope?
- What are the requirements for endorsement as a NP and what will the timeframe be to achievement?
- What are the reporting and accountability arrangements for the role?
- What key outcomes and activities will the NP need to demonstrate within the service?
- How will these be measured?
- What personal attributes will the NP require to engage in effective collaboration and clinical partnerships?
- How will the NP allocate time between the five NP role domains?
- What provisions have been made for role implementation and ongoing support?

### Potential Risks

Failure to engage key stakeholders (medical and nursing) in the recruitment process may promote team resistance to the new role.

### 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, and submission to Classification Panel, where required.
- Select an interview panel that is reflective of key stakeholders.
- Nominate the interview panel and arrange meetings 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.
- Identify a relevant appeals process.
- Appoint NP or NP candidate.

### Key considerations

Consider: appointing a NP to the panel; an interprofessional panel; 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.

### Enablers

Provide the panel members with a copy of all relevant documents that will assist them in understanding the NP role and the proposed NP service:

- Business Case document (see Action 2.7)
- Role Description (see Action 2.5)
- Relevant documents from the NMBAs as they relate to NPs
- Relevant SA Health Policy Directives
Stage 3 - Implementation

This stage assumes that the NP has been appointed to the position. It 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. This includes review of the credentialling and scope of practice. It is assumed that many of the following actions will occur concurrently.

Action List

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 newly appointed NP keeps evidence that their clinical practice and use of medicines is audited at least annually by a inter-professional team with expertise in the nurse practitioner’s scope of practice, with a focus on quality use of medicines. For public sector roles, this process must adhere to the requirements outlined SA Health Directive: The Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles, with particular reference to the role of the relevant Credentialling Committee. 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.

**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. Access to nursing literature and research, the nursing regulatory body, government and/or professional organisations may provide information that assists in clarifying the NP role and endorsement processes.

- Nursing & Midwifery Board of Australia
- Nurse Practitioner fact sheets
- Australian College of Nurse Practitioners
- The Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health
- Nurse Practitioner Policy Directive
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

- Consider the individual competencies and performance indicators to identify areas for focus.
- Consider NP role domains and how time might be allocated between these domains.
- Consider the need for regular non-clinical time during which role development will occur.
- Consider access to relevant supports and resources to enable objectives to be achieved.
- Develop a clear pathway/written plan of individual learning objectives/professional development needs as part of an overall comprehensive professional development plan.
- Link this plan to the proposed implementation timeline.
- Communicate this plan to NP Implementation Support Group members and enlist their advice and support where relevant (see Action 3.7).

Key considerations

The Nurse practitioner standards for practice build upon, and expand on, those required for a registered nurse. Opportunities and time for education and research activities should be protected1. 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 team1.

Enablers

Nursing & Midwifery Board of Australia

Continuing professional development, Nursing and Midwifery Board of Australia
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, and 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.
- 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.
- Facilitate regular discussion of role expectations and any adjustments that may be required to support collaborative or consultative arrangements.

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. The NP should be integrated into the team as an equal partner, functioning in collegial relationships with all members of the health-care team. 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. The fact that the NP may work relatively autonomously does not preclude the fact that there is also interdependent working with other team members. 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.

Enablers

Access to nursing literature and research, the nursing regulatory body, government and/or professional organisations may provide information that assists in clarifying the NP role and endorsement processes (see Action 3.1). 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.
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**

When developing program curricula and assessing student performance, universities are required to meet minimum standards as set out by the Australian Nursing and Midwifery Accreditation Council in their Nurse Practitioner Accreditation Standard. An accredited Nurse Practitioner program should ensure that the student will be eligible to be endorsed by the Nursing and Midwifery Board of Australia as a Nurse Practitioner in Australia on successful completion of studies.

**Enablers**

- Australian Nursing and Midwifery Accreditation Council, Nurse Practitioner Accreditation Standards
- Nursing & Midwifery Board of Australia

**Potential Risks**

Failure to consider alternatives for the relevant study pathway and the individual requirements to achieve endorsement may risk the inability to meet role development expectations.
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. NPs 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. Appropriate mentorship and a mentorship culture needs to be established and a consistent mentoring system should be developed. 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.

**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.

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**Potential Risks**

Failure to involve NP in a supportive mentoring structure may restrict the ability of the NP to gain confidence and risk role sustainability.

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**Critical Reflections**

Are there specific requirements for mentoring related to the program of tertiary study? (see Action 3.4)

What is the purpose and desired outcome of the mentoring relationship?

How often and for how long will the mentor and mentee need to meet?

Are there specific expectations required of the mentor?

Does the proposed mentor have the time and energy required to fulfil these expectations?

Does the proposed mentor understand the role of the NP? What extra information may be useful to them to enable them to fulfil their mentorship role?

How will the mentor and mentee address any tensions that may arise?
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.
    - Pharmacist 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**

Terms of reference- Appendix 3.
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 and 1.5).
    - Organisational aims and objectives.
    - Strategic plans.
    - Service delivery priorities.
  - Defined model of care and NP role definition (as developed in Actions 1.5 and 1.6).
  - Business Case documentation (as developed in Action 2.7).

> Provide access to professional, legal and regulatory guidelines and standards relevant to the NP role (as accessed in Action 2.2).

> 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.

**Critical Reflections**

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

What is the identified context of practice for the NP role and what services will the NP provide to the identified clinical population?

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

To whom will the NP report?

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

What KPIs for the NP role have been identified in the business case?

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

What are the facilitators and potential barriers to NP role development and implementation? How might these affect the time line for role implementation?

How can the NP Implementation Support Group assist the NP to maximise role facilitators and minimise role barriers?

**Potential Risks**

Lack of clarity about professional boundaries, balance between ‘medical’ versus ‘nursing’ aspects of the role; clinical reporting boundaries and limited knowledge of NP education, role and scope of practice among other health care professionals have been identified as barriers related to NP role implementation.

**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 information¹. 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 implementation¹.
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.

- 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).

- 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.

- 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.

- Link with relevant tertiary educators and researchers to identify teaching and research opportunities with which to be involved.

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. 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. Flexibility, adaptability and effective communication, relationship and team building skills are needed by the NP to reduce resistance for other health care professionals.

Enablers

Professional organisations will provide access to increased understanding and professional support related to role implementation and development. Consider also professional groups within the NP clinical specialty area and the relevant tertiary education provider who may enable teaching and research support opportunities.

Australian College of Nurse Practitioners
### 3.9 NP to develop a scope of practice and referral pathways document

- In consultation with NP Implementation Support Group, and for public sectors roles, with the relevant Credentialling Committee as outlined in Section 6.3 of the SA Health Policy Directive: *Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles in SA Health.* Describe the context of practice and clinical population for which care is provided.
- Linked to previously identified clinical population 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 NMBA (ANMC) National Registration 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, including clinical handover and medication management.
- Articulate mechanisms for quality assurance, service improvement and indemnity insurance.
- Consider how the role will be evaluated.
- Consider access to patient/resident/clients; describe how patient/resident/clients are referred to the NP service and the parameters for the episode of care.
- NP implementation Support Group to review resource provision linked to a 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 formal approval from Executive or delegate. For public sector roles, this is outlined in the SA Health Policy Directive: *Governance Framework for Advanced Scope of Practice role and Extended Scope of Practice Roles in SA Health.*

### Key considerations

The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise. 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”.

A clearly defined scope of practice is required for endorsement of the NP by the relevant nursing and midwifery regulatory authority. Additionally, the nominated Credentialling Committee as detailed within the SA Health Directive: “Governance Framework for Advanced Scope of Practice Roles and Extended Scope of Practice Roles” is required to review the credentials and defined scope of practice for extended roles, including the Nurse Practitioner role. This involves determining which aspects would be included within the nurse practitioner’s scope of practice, and whether the scope of practice would include prescribing of medicines for the treatment of conditions within that scope.

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. The NP scope of practice also needs to reflect the different NP role domains and the NMBA’s NP Standards for Practice. A clearly articulated scope of practice will provide role clarity and define role parameters for all key stakeholders.

**Enablers**

Access to nursing literature and research, the nursing regulatory body, government and/or professional organisations may provide information that assists in clarifying the NP role including scope of practice and endorsement processes.

- Nursing & Midwifery Board of Australia
- Nursing and Midwifery Office, SA Health
- Nurse Practitioner Policy Directive
- SA Health Policy Directives
- SA Health Medicines and Technology Policy and Programs
- The Australian Government, Department of Health, Medicare Financing and Analysis Branch, Requesting for Midwives and Nurse Practitioners Fact Sheet
- Nursing and Midwifery Board of Australia, A national framework for the development of decision-making tools for nurses and midwifery practice (September 2007)
- National Health (Collaborative arrangements for nurse practitioners) Determination 2010
- Nursing and Midwifery Board of Australia, Safety and quality guidelines for Nurse Practitioners, 2016
- Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010

**Potential Risks**

Failure to articulate the NP scope of practice may lead to lack of role clarity, poor utilization of the NP skills and the inability of the role to be endorsed by the relevant nursing and midwifery regulatory authority.
Health Practitioner Regulation National Law (South Australia) Act 2010

Australian Government Department of Health, Eligible Nurse Practitioner Services Questions and Answers, 2014

Australian Government, The Department of Health, Medicare Eligible Midwives Questions and Answers
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 and/or service 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.

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

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. Communications need to be tailored and directed towards specific target groups (including the general public, physicians, pharmacists, nurses, allied health, radiology and pathology providers). Cite and promote Australian research that NPs service appropriately and do not over or under service. Messages should emphasise that the NP role involves highly skilled clinical nursing practice and acts as a complement to...
medicine¹.

**Enablers**

*SA Health Media and Communications Branch*
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).

> 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 a standard of practice in the dynamic environment of health-care delivery. Continuing education should be part of the role description and should be facilitated through appropriate coverage of clinical responsibilities. 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. 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.

Succession planning promotes the development of leadership capability and capacity. 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**

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 planning and 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.
South Australian Government Strategic Plan
Department for Health and Ageing Strategic Direction 2016 – 2018
Transforming Health
The Department of Health, Australian Government,
Department of Health
Australian Bureau of Statistics
Health Workforce Data, Department of Health, Australian Government
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 relevant professional organisations.

> NP should give consideration to their ability to fulfil the clinical leadership component of their role by developing opportunities for mentorship (as required).

Key considerations

The nurse practitioner is a leader in all dimensions of nursing practice. 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. The NP actively participates as a senior member and/or leader of relevant multidisciplinary teams. The NP requires strong communication, relationship and team building skills as well as flexibility and adaptability. The NP engages in and leads clinical collaboration that optimises outcomes for patient/resident/client/s/clients/communities.

Enablers

Consider engagement with the following professional organisations and also professional groups within the NP clinical specialty area:

- **Australian College of Nurse Practitioners**
- **Leading Clinicians, SA Health**
- **Transforming Health**
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. The Credentialing Committee, as outlined in the SA Health Directive: Governance Framework for Advanced Scope of Practice role and Extended Scope of Practice Roles in SA Health, has responsibility for the overall ongoing monitoring and evaluation of the effectiveness of the NP role in the public sector.

Action List

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 NMBA NP registration standards and endorsement (as identified in Action 3.2). In public sector roles, this is done in consultation with the Credentialling Committee.

> Enable dynamic practice.
> Ensure professional efficacy.
> Promote 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.
> Utilise evidence of achievement within the NP professional portfolio.
> Communicate NP progress to the NP Implementation Support Group and enlist their advice and support where relevant.

Critical Reflections

What is the progress towards achieving NP standards of practice and endorsement?
What evidence can the NP utilise to demonstrate individuals achieving standards of practice?
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?
Key considerations

Formal evaluation of progress towards endorsement 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 performance. Linking the evaluation to the Registration Standard for NP 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. Movement through developmental phases is dependent upon performance evaluations and communication between the NP and administrator(s) to ensure that the supports and resources necessary for each phase are provided.

Enablers

Nursing & Midwifery Board of Australia

SA Health Performance Review and Development
4.2 NP to work with the senior facilitator and the NP Implementation Support Group (ISP) 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, including improved patient outcomes for targeted population groups
- acceptability
- consumer participation/satisfaction
- access
- efficiency

Ensure capacity to evaluate compliance with prescribing guidelines, where relevant.

**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.
- 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.

Identify indicators to support evidence of compliance with regulatory and legislative requirements.

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. 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/clients, and the community agencies with which the NP works. Provide ongoing constructive feedback and modify the NP’s role, if necessary, according to patient/resident/client and practice needs. 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. It is recommended that the evaluation focus on a limited number of performance indicators or measures. 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.

**Enablers**

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 the service or specialty area that may have completed their own evaluation and could provide guidance or suggestions. 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.

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

[APN Data Collection Toolkit](#)
4.3 For Public sector roles, the use of the Credentialling and Scope of Clinical Practice System database will enable documentary evidence of NPs scope of practice, and the number of NP roles across SA Health Local Health Networks.

- Identify relevant credentialling officer to ensure information is provided.
- Access database to determine scope of practice and eligibility to prescribe.

Key considerations

SA Health executive leaders are required to evaluate, review and monitor nurse practitioner roles, including achievement against service plans and ongoing workforce planning and review.

Enablers

SA Health Credentialling and Scope of Clinical Practice System
SA Health Registration of Health Practitioners – Recording and Monitoring Policy Directive
SA Health Directive: Governance Framework for Advanced Scope of Practice Role and Extended Scope of Practice Roles in SA Health.

Critical Reflections

Whose responsibility is it to update the database? Is the database up to date? What could be improved? What strategies are required to address these issues?

Potential Risks

Failure to update the database will prohibit the nurse practitioner from prescribing.
References


9. Nurse practitioner standards for practice, Nursing and Midwifery Board of Australia

10. South Health Nursing and Midwifery Strategic Commitment 2016-2018

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, including any gaps in service provision. ☐

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, including impact on other professions, and potential disinvestment components. ☐

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 role description 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 approval from Executive or delegate 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

Role 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 NMBA-endorsed NP registration standards and endorsement. (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.

Action 4.3: For public sector roles, the use of the Credentialling and Scope of Clinical Practice System (CSCPS) database will enable documentary evidence of NPs scope of practice, and the number of NP roles across Health Networks.
Appendix 2

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

Service Description:
- Describe the clinical population health needs.
- As developed in Toolkit Action 1.1
- Clarify the service needs (current and future).
- As developed in Action 1.4
- Describe the context of practice and the proposed role.
- Include the potential benefits of the new role to the existing service (including benefits to current workload of other healthcare professionals).
- Include the rationale for the selection of a NP role.
- As developed in Action 1.6 and 1.7.

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

Resource requirements:
- As developed in Action 2.5 and 2.6.
- 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 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
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.

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

(GVERNMENT 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)

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- 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)
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For more information

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

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.

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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 extended 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 Board of Australia.

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, pharmacists, 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

Nursing and Midwifery Office South Australia
Nursing & Midwifery Board of Australia