Implementation of the nurse practitioner role within a Victorian healthcare network: an organisational perspective

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KEY WORDS

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ABSTRACT

Objective
This paper presents a discussion of the development of a framework to implement and sustain the nurse practitioner (NP) role within one health service designed to strengthen the capacity of the health system and which could be readily transferable to other health services.

Setting
Eastern Health (EH) is a multi-campus tertiary health care organisation servicing a population of approximately 800,000 people in the east and outer eastern suburbs of Melbourne, Australia. EH is committed to advancing the nursing profession and exploring innovative, research based models of practice that are responsive to the needs of the community it serves.

Primary argument
The Framework documents the processes of providing a new career pathway for advanced practice nurses that incorporates education and training, and utilises current evidenced-based practice guidelines to define and promote the scope of practice.

Conclusion
Strong organisational support to facilitate interdisciplinary and multidisciplinary learning opportunities assists integration of the NP role into the healthcare team. Role clarity will assist interprofessional teams to understand and value the role NPs provide.

INTRODUCTION

The role of the Nurse Practitioner (NP) has developed both internationally and more recently in Australia, in response to the need to enhance client outcomes (Donald and McCurdy 2002; Horrocks et al 2002; Venning et al 2002). The NP role is an innovative model of care which allows senior experienced clinical nurses to expand and extend their scope of practice beyond the traditional nursing role. The NP role includes utilisation of nurses' advanced skills and knowledge, and 'extends current clinical nursing practice, is advanced, with a strong foundation in knowledge, skills and competencies' (DHS 2000). The role may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations (ANMC 2006).

The NP role is based on collaboration, with a NP in Victoria being defined as a 'registered nurse educated for advanced practice who is an essential member of the interdependent healthcare team and whose role is determined by the context in which she or he practices' (DHS 2000). There is a strong foundation in evidence-based advanced clinical practice, benchmarking with international best practice. Research and leadership in clinical practice, together with new models of managing patient flow, improving efficiencies in health resources and access to health services are hallmarks of the role. Nationally, the Productivity Commission's Report (PC 2006) has highlighted the need to maximise the skills and expertise of the available workforce and has cited the NP model of practice as facilitating increasing service delivery and workforce demands.

Congruently, Eastern Health (EH) identified the NP role as a practice model with potential to improve health service access, offer greater diversity in services, increase flexibility in models of health care delivery, better manage and coordinate health care provision, and improve the career structure for advanced clinical nurses.

Recruitment and retention of nurses is widely recognised as an ongoing challenge across health services. Development and implementation of the NP role is an innovative strategy that will assist in alleviating some of the workforce issues. Following the release of recommendations of the report '*Victorian Nurse Practitioner Project: Final Report of the Taskforce*' (DHS 2000), the Department of Human Services, through the Nurse Policy Branch, commenced funding projects aimed at developing a framework which would support the NP model of care in a range of Victorian healthcare settings. This work identified key areas where the role of the nurse practitioner could augment existing services through improved access to health services and enhanced patient flow through the organisation.

This paper presents a discussion of the development of an organisational wide framework to support the expanded scope of practice of NPs across EH. Careful planning prior to implementation of the NP role is a critical step towards successful and seamless integration of this new role into existing health services.

DISCUSSION

An organisational review was conducted by the EH Multidisciplinary NP Steering Committee to assess the impact of the NP role within the Emergency Department prior to progressing the role within other clinical streams.

Participation in the Department of Human Services (DHS) funded Emergency Department NP Project led to implementation of the NP role across two emergency departments within EH. Consistent with studies undertaken of the NP role at other Victorian Emergency Departments (Considine et al 2006; Jennings et al 2008) evaluation of the role at both EH emergency departments demonstrated reduced patient waiting times and length of stay in the EDs, along with high levels of patient satisfaction. EH was subsequently granted further funding by DHS to employ a Project Officer to develop a service plan at an organisational level to support the sustainable implementation of the NP role across EH.

The results of the ED NP project highlighted six key findings. First, it was imperative to have a consultative, collaborative approach in the implementation of the NP role and strong organisational leadership that provides the impetus to progress the role (Hurlock-Chorostecki et al 2008).

Second, medical input was crucial to the advanced learning requirements of the role (Hurlock-Chorostecki et al 2008). In the Emergency Department Project, input and support from senior Emergency Department physicians advanced the role of the NP and scope of practice in the Emergency Department setting.

Third, the need to develop a formal education and training framework for use by NP candidates (NPC), which incorporated group-learning approaches which maximise learning opportunities was recognised.

Fourth, the role needs to be actively promoted within clinical settings, so that there was increased awareness of the role among health professionals, to ensure acceptance and support. Information packages were developed which will be part of the EH orientation package for all new medical and nursing staff.

Fifth, role clarity before and during implementation will assist team members in understanding and valuing the role, thus easing integration of the role into the multidisciplinary team. Finally, EH considered role consistency in multi campus organisations was important for transferability of positions within the organisation. The role would need to allow for local variations, according to particular service delivery needs. Resource availability in different sites might focus on particular aspects of scopes of practice, but essentially the model of care should encompass agreed scopes of practice that are discipline specific across EH.

Service Plan Development

A consultation of key stakeholders was conducted across the organisation, which determined that the preferred organisational NP model of care would be a service demand driven model. It was imperative that the model be aligned with the EH Strategic Plan and be a complimentary service and add value to service delivery, over and above existing nursing roles. It was also considered crucial that the NP be a member of the multidisciplinary team to enable improved access to health services, reduce the number of patient presentations and by early intervention, improve patient outcomes.

Specific service areas identified as potential areas that would benefit from a NP service were new and developing services such as the Renal Service, service areas with current and predicted growth, such as Oncology, Palliative Care and the Mental Health Program and the three Emergency Departments across the organisation.

Liaison with multidisciplinary teams within those designated areas was undertaken to raise awareness of the role and initiate dialogue to determine the level of knowledge and support for implementation of the NP role within the specialty group. Of primary consideration was the need to establish the availability and willingness of medical personnel to provide the level of education encompassed within the NP clinical internship. Of additional importance is the need to establish knowledge levels of nurse's extended scope of practice within the broad range of health professionals operating with a discipline specific team.

An analysis of clinical streams determined whether a discipline specific NP model of care would add value to existing service delivery by utilising two organisational flow charts, developed as part of the EH Service Plan (2006).

The Exploration of Implementing a Nurse Practitioner Position flow chart was developed to assist clinical streams to identify differences between the NP role and other advanced practice roles, and how NP extensions to practice assisted the role and improved service delivery and patient outcomes. The flow chart outlined each step to be considered in the process from an educational, organisational and clinical stream perspective.

It was required that all stages outlined on the flow chart are undertaken by prospective NPCs. This ensures medical support has been identified and formal approval at nursing executive level and the EH NP Steering Committee for the candidature has been sought and obtained.

Similarly, the Development of Extended Scope of Practice Guidelines flow chart, with timeframes specified for each stage of the development process was available for utilisation by clinical streams. EH requirements are that scope of practice guidelines are discipline specific, must be evidence based and reflect current best clinical practice and define the NPs scope of clinical practice. Clinical Practice Guidelines that apply to health practitioners across a multidisciplinary team within a clinical setting may facilitate risk management, reduce variation in practice, and assist in defining clear and concise referral pathways. The rigorous organisational approval process outlined in the flow chart aims to ensure safe and effective patient management.

Nurses Board Victoria (NBV) no longer requires NP Clinical Practice Guidelines as a requirement of endorsement. Following the submission and review of this article the Australian Government has implemented national registration for nurses and midwives, as a result of this change the Nurses Board of Victoria has been absorbed into the Australian Nursing and Midwifery Board of Australia (ANMC).

Once clinical streams identified the need for a NP role, a rigorous NPC selection process was necessary. EH was guided by the International Council of Nurses (ICN) definition of NP and by the ANMC (2006) definition of advanced practice, which are used to benchmark the minimum standards of advanced practice for acceptance as a NPC. A multidisciplinary committee, including the EH Chief Nursing Officer, the specific campus Director of Nursing, a senior medical consultant and other members of the interdependent team relevant to each specific discipline, will undertake selection of candidates once the submission process is completed. EH acknowledges nurses may begin academic preparation towards a NP career path; however the organisation is clear this does not constitute an organisational responsibility to offer employment to the individual as a NP, without completion of the submission process.

EH considers two years to be a reasonable timeframe for a NP candidature and would expect candidates to seek endorsement as a NP after that period.

Nurse Practitioner (NP) Clinical Internship and Training

The NP role is a new and evolutionary model of care within Victorian health care settings. The Masters academic preparation of the role is well established. EH also recognised that a generic clinical internship program, which is structured to provide context specific flexibility will add value to the academic preparation of individuals.

Masters courses for NPs are approved to ensure students graduate demonstrating ANMC national competencies for NPs (ANMC 2006). Successful completion of their Master's enables NPCs to apply to the Australian Health Practitioner Regulation Agency (APHRA) for endorsement as a NP.

An organisational based internship model can assist the NPC to meet the overarching ANMC national competencies, facilitate the clinical experience required by as part of the Masters and support acquisition of clinical competencies identified by the organisation as part of the scope of practice of a discipline specific NP model of care.

The focus of the clinical internship is to ensure that the NPC has well developed clinical skills in the areas of advanced clinical assessment, diagnostic skill and knowledge, pharmacology knowledge, demonstrated competence in medication management, knowledge of treatment options, research abilities and advanced clinical leadership, and to assist in preparing for endorsement. Medical support, clinical teaching and mentorship are crucial to advancing the clinical and leadership skills required for endorsement.

The aims in developing the EH model were to provide a framework for a generic NP Clinical Internship that has applicability in a range of clinical settings across EH, when the multidisciplinary groups are determining their appropriate clinical learning requirements, and for use at other Victorian health care facilities, if required. Another aim was to enhance interdisciplinary and multidisciplinary learning opportunities between health professionals and refine and improve the framework developed for the ED NP Clinical Internship. Lastly, the generic clinical internship is structured to provide for context specific flexibility.

A clinical internship candidature providing a multidisciplinary team approach allows for a range of resources to be utilised in NP education and training. This model facilitates a range of learning opportunities between health professionals, including nursing, medical, pharmacy, pathology radiology, and physiotherapy. These include case conferencing and monthly review of ordered diagnostics with a senior pathologist and radiologist.

Specifically, participation in the development, implementation and evaluation of a generic framework for an EH NP clinical internship will facilitate collaboration with clinical disciplines to establish team level of knowledge of the extended and expanded scope of practice of NPs. It will enhance role clarity within a clinical setting and facilitate a coordinated approach to developing discipline specific scope of practice guidelines. A Canadian nursing workforce study similarly identified that role clarity assists in promoting interprofessional practices (van Soeren and Micevski 2001). In turn, the linkages between the NP clinical internship and the academic preparation required for the role will be consolidated. The framework aims to foster willingness and availability of appropriate medical personnel to provide the level of education and training required for a NP clinical internship and identifies reciprocal learning opportunities with comparative clinical settings across and within organisations.

A generic program template has been developed in consultation with NPs, NPCs and multidisciplinary stakeholders. The program has been divided into six stages with completion timeframes for each stage and embraces advanced skills and professional development, inclusive of competency assessments and support provided by clinical coaches and mentors. Medical support for the clinical internship is demonstrated by the encouragement offered to Emergency Department NPCs to participate in shared learning opportunities with HMO education and training sessions relevant to the NP scope of practice.

This innovative clinical education model utilises an interdisciplinary and multidisciplinary approach that maximises learning opportunities for NPCs within a staged, competency-based clinical internship framework. The generic and Emergency Department clinical internships provide a framework which can be used by other clinical streams to determine the clinical education and learning requirements of NPCs within that clinical stream.

As well as supporting the clinical requirements of the role, EH acknowledges that a professional internship, which supports the non-clinical components of the role, such as writing for publication, clinical auditing and report writing should be available to NPCs. In Canada, this allocation of time to scholarly work, teaching and research recognises this aspect of NP work ‘value adds’ to the care of the patient, the organisation and the healthcare system (Micevski et al 2001). The EH NP Education and Research Working Party has been formed to ensure that NP clinical education and training and research activities are supported by staff with appropriate expertise in clinical teaching and research. Mentoring and support of the non-clinical aspects of the professional internship will be provided by one of the nurse academics within the EH/Deakin University Research Partnership.

In future, as the role is implemented in various clinical settings across the organisation, EH will support formation of a NP Collaborative Group to provide an organisation-wide forum for endorsed NPs and NPCs to convene on a regular basis, to discuss and address issues relating to the role.

The suite of tools has been developed for organisational implementation of the NP role including Exploration of Implementing a Nurse Practitioner Position, Development of Extended Scope of Practice Guidelines, position descriptions and the programs for generic and Emergency Department clinical internships (Eastern Health 2006).

Management of Organisational Risk

Adequate organisational resources need to be allocated to implement the NP model of care. Consideration of organisational barriers to implementation need to recognise that the clinical education and training program is resource intensive and, at present, relies on the goodwill and commitment of other health professionals. Over time it is envisaged that as more NPs are endorsed they will assume the roles of clinical coaches and mentors to upcoming NPCs. Backfilling the NP role to allow for completion of both clinical and non-clinical aspects of the role may place additional demands on already stretched nursing resources.

Acceptance from the clinical team and a well-developed model of care will facilitate role integration. Without this, there is a risk that NPCs could experience feelings of isolation. NPs require well defined organisational reporting pathway. Presently, while NP numbers are small, EH has determined that clinical reporting will be to the medical mentor and operational reporting will be to the campus Director of Nursing.

Succession planning minimises risk to service delivery by ensuring a NP service is non-reliant on a sole or limited number of practitioners, should an incumbent leave. EH will continue to identify potential NPCs in organisational priority areas and provide motivated senior clinical nurses with opportunities that fulfil advanced practice nursing career pathways.

Rigorous evaluation will underpin implementation of NP services within EH to ensure the role is fully utilised within each clinical setting and consistent with service demands. Monitoring of the NP model of care will determine whether the NP service experiences unpredicted or uncontrolled growth, leading to practitioner burnout. It will also determine the number of inappropriate referrals to the service. Scrutiny is necessary to ensure scope of practice is not limited by restrictive or under developed scope of practice guidelines. Monitoring also ensures NP compliance to the multidisciplinary team instigated scope of practice.

Evaluating defined referral criteria ensures referrals are appropriate and demonstrate increased service demand. Increasing NP workload may indicate the need for additional resources or a review of the model of care. Clear role definition and well managed patient flow will ensure patient care is directed to the most appropriate member of the health care team, and reduce risk of overlapping of nursing roles, such as the Clinical Nurse Consultant (CNC) and the NP.

CONCLUSION

EH has demonstrated an organisational commitment to implementing the role of NP by participating in the DHS Emergency Department NP Project, which led to establishment of the role in the Emergency Departments at Box Hill and Angliss Hospitals.

Development of the EH Service Plan allowed the organisation to prioritise further clinical areas that fulfil the organisational criteria for potential implementation of the NP model of care. A centralised approach is outlined in the Service Plan which will facilitate implementation of the role within EH.

While EH recognises the organisational requirement for capacity building the nursing workforce across all sites to meet future community needs, and is keen to explore innovative and evidence based models of practice which enhance patient care, the organisation has determined that successful and sustainable roll-out of the NP role is contingent on an organised and timely approach that is congruent with the EH Strategic Plan.

Currently, the Department of Health has provided EH with funding to support NPCs in both Stroke and Renal Streams, and work is underway towards implementation of the NP role within the Oncology and Palliative Care Streams. Box Hill Hospital has two endorsed Emergency NPs and two Emergency NPCs in its staffing profile.

The NP role is a new and evolutionary model of care within Victorian health care settings. Role clarity and raising the profile is a prerequisite to acceptance of NPs by the health care workforce. EH will continue to monitor the progress and evolution of the model and consider its application within clinical settings according to demonstration of future organisational need for the role. Realistically, EH anticipates it will take five years for the role to be fully established within the organisation in such a way as to demonstrate both efficiency and quality patient outcomes.

EH recognises that the organisational framework which resulted in successful implementation of the NP role in clinical settings within the organisation may have applicability and transferability to other healthcare providers, and would therefore like to share the organisational findings and the organisational tools developed and utilised in the process, as outlined in this paper.

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