### Nurses Practitioners at the Alfred

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### Evolution of the Nurse Practitioner role

- 350 authorized NP’s nationally  
- 50 in Victoria, 50% are within the Emergency scope of practice  
- Each Emergency NP model is unique and organisation specific  
- NP Model is dependent on the service need and patient group  
- Initially CPG based- limited drug formulary – 50/140 drugs  
- Moving towards continued professional development frameworks and credentialing

### NP Definition

- NP candidate vs endorsed NP  
- Practices at advanced level  
- Autonomous, independent and collaborative  
- Leads and delivers health assessment, formulates diagnoses and management plans  
- Clinical practice includes prescribing, requesting and interpreting diagnostic investigations, referral to specialists and other allied health professionals, clinical management for admission and discharge, health education and promotion  
- Clinical leadership  
- National standards of practice

### Alfred ED Model

- Funded initially by DHS in 2004 as part of HDM strategy  
- Started with 2 NP’s in training  
- 9 NP’s – 6 authorised and 3 in training  
- Consultant/ Senior ED Reg support & supervision  
- NP’s assess, diagnose, treat, discharge/refer  
- 7 day a week cover 0700-2330  
- Rostered Non clinical hours

### Impact of NP Role

### Organisational

And......

### Department and patient care

#### Alfred ED Model

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>INJURY SPRAIN/STRAIN</td>
<td>758</td>
</tr>
<tr>
<td>INJURY OPEN WOUND</td>
<td>738</td>
</tr>
<tr>
<td>INJURY FRACTURE</td>
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<tr>
<td>MISCELLANEOUS</td>
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<tr>
<td>CELLULITIS</td>
<td>219</td>
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<tr>
<td>REVIEW</td>
<td>155</td>
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<tr>
<td>WOUND MANAGEMENT</td>
<td>151</td>
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<tr>
<td>ENT</td>
<td>132</td>
</tr>
<tr>
<td>RASH</td>
<td>94</td>
</tr>
<tr>
<td>SUSPECTED LRTI</td>
<td>92</td>
</tr>
<tr>
<td>INJURY BURN</td>
<td>91</td>
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<tr>
<td>ABCESS</td>
<td>91</td>
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<tr>
<td>INJURY FOREIGN BODY</td>
<td>88</td>
</tr>
<tr>
<td>JOINT PAIN</td>
<td>87</td>
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<tr>
<td>UTI/CYSTITIS</td>
<td>79</td>
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<tr>
<td>ABDOMINAL PAIN</td>
<td>66</td>
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<tr>
<td>POST OP COMPLICATION</td>
<td>56</td>
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<tr>
<td>NPPE/PPE</td>
<td>56</td>
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<tr>
<td>EYE PROBLEM</td>
<td>56</td>
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<tr>
<td>BITE - NON VENOMOUS</td>
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<tr>
<td>PCP PROBLEM</td>
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<tr>
<td>D &amp; V</td>
<td>36</td>
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<tr>
<td>BACK PAIN</td>
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<tr>
<td>ANAL PAIN</td>
<td>25</td>
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<tr>
<td>RENAL COLIC</td>
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<tr>
<td>MINOR HEAD INJURY</td>
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<tr>
<td>SUSPECTED DVT</td>
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<tr>
<td>HEADACHE</td>
<td>11</td>
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</tbody>
</table>

Source: VEMD – 2009/10 Alfred Hospital
10/12/2010

Impact of NP Role

Organisational

- Improved KPIs - 4 hour and 8 hour KPI target
- Reduced % DNW patients
- Framework tested for expansion of NP model to other areas
- Utilisation of hospital resources
- Sustainability of a highly skilled nursing workforce
- Cost effective long term
- Streamlined patient care

Impact of the NP role

Departmental and patient care

- Decrease in patient TBS/ LOS
- Clinical leadership/ role modelling
- Junior doctor training and supervision
- Best Practice generic guideline development
- Increased job satisfaction for medical staff
- Increased job satisfaction for nursing staff
- Creation of a highly skilled and nursing workforce
- Sustainability and retention

Alfred NP Prescribing

All NP’s must have completed an Accredited Therapeutic Medication Module endorsed by AHPRA

- All medications are countersigned until NP is endorsed
- Pharmacology knowledge is extensively tested & the NP is aware of mechanism of action, clinical indications, specific considerations, drug interactions & dosages for all drugs on their formulary
- NP’s work from a limited formulary from a subset of clinical practice guidelines ie. 50 drugs initially
- Unable to prescribe outside their scope of practice
- NP’s must attend Prescription writing seminar onsite
- Once accredited, the Alfred have provided the NP’s with a PBS number so that they can write in house scripts only

Alfred ED NP Formulary

Includes schedule 2, 3, 4 and 8
Some examples are

- Analgesics- Paracetamol, NSAIDs through to narcotics
- Anti-emetics
- Antibiotics- Penicillins, cephalosporins, aminoglycosides etc
- Anti-retrovirals- Protease inhibitors, nucleoside reverse transcriptase inhibitors
- Vaccines- ADT, Hepatitis B
- Checklist in Pharmacy listing all ED NP medications

Victorian NP Prescribing

As of 1 July 2010, NP’s in Victoria have a notation on their national registration indicating a category or broad area of practice. This notation is for the purpose of Drugs, Poisons and Controlled Substances Act 1981 (DPCS) authorisations when they are working as NP within Victoria.

The eight notations for Nurse practitioner category are

- Acute & Supportive care
- Care of the older person or Aged care
- Critical care
- Maternity care
- Mental health care
- Paediatric care
- Perioperative care
- Primary care

How do you know if a NP is authorised to prescribe?

You are a pharmacist that needs to dispense medicine from a script provided by a nurse practitioner. How do you know if the NP is authorised to prescribe?

The nurse practitioner can provide you with evidence of this authority. You can also check the nurse practitioner's notation details on the public register. Once you find the nurse practitioner's name, click on the name for details and scroll down to the notation section of the register. The nurse practitioner will have a notation of the category that they are able to prescribe. The approved drug list for each category is published on the Drugs and Poison Control Section of the Victorian Government Department of Health.


Prescribing challenges

- Legalities
- Access to PBS
- Awareness of the role
- Keeping abreast of new treatment regimes and medicines
- Accountability
- Increasing scope of practice

Questions

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